Implementation of International Health Regulations (2005): Summary

SIXTH MEETING OF THE CASPCA-MIDDLE EAST PROJECT (CAPSCA-MID/06);
Khartoum, Sudan
20-22 Feb 2017

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World Health Organization
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Monitoring IHR Implementation: WHA Resolution

In 2008, the 61st WHA adopted a resolution in accordance with Article 54 of the IHR whereby States Parties and the WHO are required to report to the WHA on progress made in implementing IHR

WHA61.2   Implementation of the International Health Regulations (2005)

2. DECIDES:

(1) in accordance with paragraph 1 of Article 54 of the International Health Regulations (2005), that States Parties and the Director-General shall report to the Health Assembly on the implementation of the Regulations annually, with the next report to be submitted to the Sixty-second World Health Assembly;

(2) in accordance with paragraph 2 of Article 54 of the International Health Regulations (2005), that the first review of the functioning of the Regulations shall be made by the Sixty-third World Health Assembly;
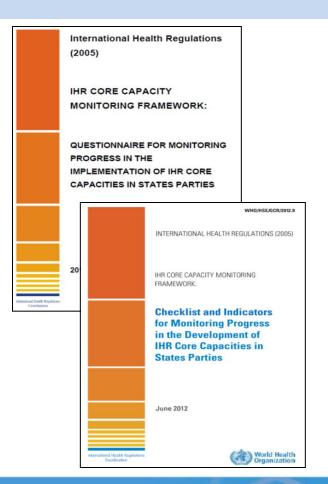
4. REQUESTS the Director-General:

(1) to submit every year a single report, including information provided by States Parties and about the Secretariat's activities, to the Health Assembly for its consideration, pursuant to paragraph 1 of Article 54 of the International Health Regulations (2005);
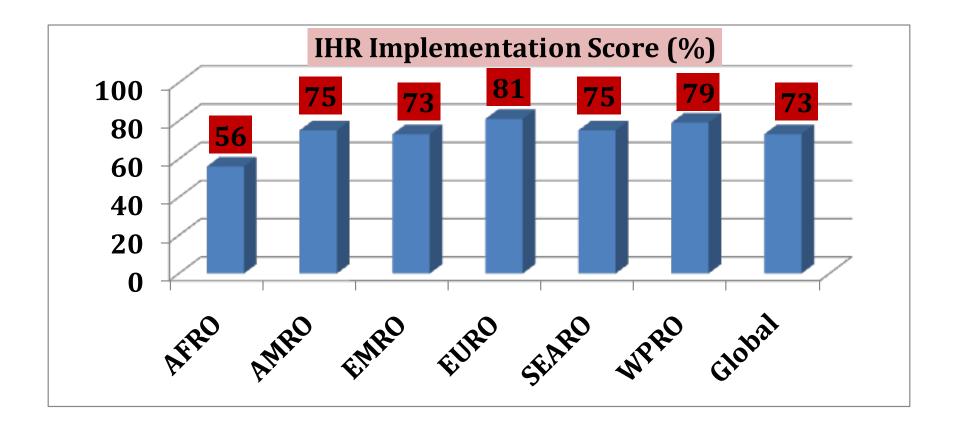
IHR Monitoring Framework

- IHR Monitoring framework (checklists, and questionnaires)
  - Self-assessment

- **Annual reports WHA, EB and RC**
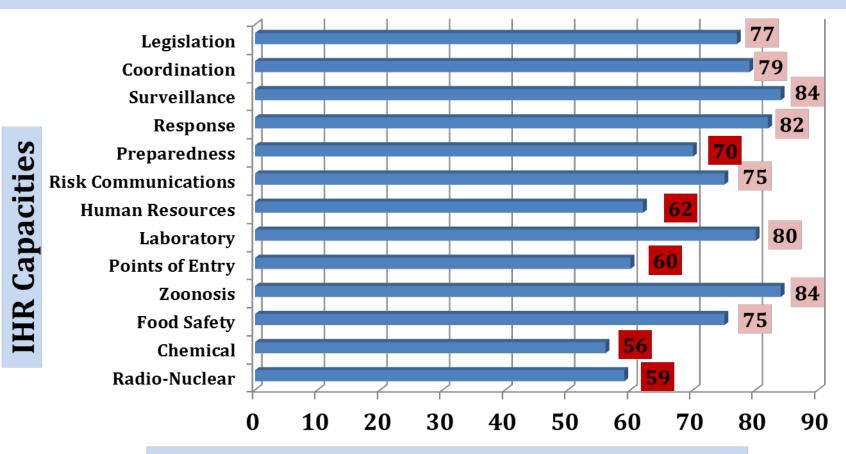 - Progress reports,
  - WHO strategic Plans

International Health Regulations (2005)

IHR CORE CAPACITY MONITORING FRAMEWORK:

QUESTIONNAIRE FOR MONITORING PROGRESS IN THE IMPLEMENTATION OF IHR CORE CAPACITIES IN STATES PARTIES

WHO/HSE/GCR/2012.9

INTERNATIONAL HEALTH REGULATIONS (2005)

IHR CORE CAPACITY MONITORING FRAMEWORK:

Checklist and Indicators for Monitoring Progress in the Development of IHR Core Capacities in States Parties

June 2012

Global IHR Implementation per Region: 2014 Monitoring Tool

Global IHR Implementation Scores Per Capacity: 2014 Monitoring Tool

IHR Capacities

Capacity	Score
Legislation	77
Coordination	79
Surveillance	84
Response	82
Preparedness	70
Risk Communications	75
Human Resources	62
Laboratory	80
Points of Entry	60
Zoonosis	84
Food Safety	75
Chemical	56
Radio-Nuclear	59

IHR Implementation Scores per Capacity (%)

A Call for Moving from Exclusive Self-Evaluation

IHR Review Committee met in Nov. 2014: advise on IHR second extensions and on strengthening IHR assessment and implementation

Conclusion
IHR self-assessment is limited by the provided variable quality and reliability of information.

Recommendation 7

WHO to develop through regional consultative mechanisms options to move from exclusive self-evaluation to approaches that combine self-evaluation, peer review and voluntary external evaluations.

IHR Monitoring and Evaluation Framework

IHR-MEF

- Self Reporting (annual)
- External Evaluation (4-5 years)
- After action Review
- Simulation Exercises

<u>Combined</u> approach with 4 Components
- Transparency
- Accountability
- Identifying strengths
- Development
- Sustainability

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Annual Reporting to WHA and EB

- Purpose
  - Institutionalization and sustainability of core capacities based on a grading scale (quantitative component)
  - <u>Not a review of functionality</u>

- Based on documentable evidence
- Tool: being developed in alignment with existing tools (e.g. JEE)
- Annual submission
- Self Administered

After Action Review

- Purpose:
  - To characterize the functionality of core capacities (qualitative component)
- Based on real events considered by MS and WHO for their potential international public health implications
- Tool: Surveys (e.g. on EIS) for affected MS; peer MS; experts and WHO Secretariat (Tool is being drafted)
- Triggers for action based on the review

Simulation Exercises

- Purpose
  - To characterize the functionality of core capacities (qualitative component)
- If no real life events can be selected for after action review.
- Exercises should be a part of continuous national preparedness.
- Tools: Existing exercises
- The need to partner with other agencies/institutes will be considered.
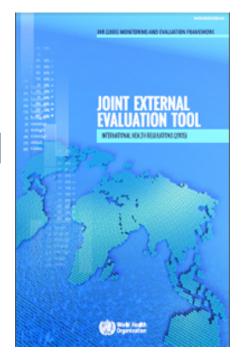
Joint External Evaluation (JEE)

IHR Review Committee Recommendations

"…combine self-evaluation, peer review and voluntary external evaluations involving a combination of domestic and independent experts."

External Evaluation Tool

- A live document

- Intended to assess country capacity to prevent, detect, and rapidly respond to public health threats

- Combines 13 IHR capacities and 11 GHSA Action Packages (APs)

- It is structured around 19 technical areas with targets and indicators for each technical area.

Indicators for PoE

Score	Indicators – Points of Entry (PoE)	
	PoE.1 Routine capacities are established at PoE.	PoE.2 Effective Public Health Response at Points of Entry
No Capacity – 1	No capacity at PoE for appropriate medical services	No National public health emergency contingency plan exists for responding to public health emergencies occurring at points of entry.
Limited Capacity – 2	Designated PoE have access to appropriate medical services including diagnostic facilities for the prompt assessment and care of ill travellers and with adequate staff, equipment and premises (Annex 1B, 1a)	National public health emergency contingency plan in place for responding to public health emergencies occurring at points of entry, integrated with other PH response plans, covering all relevant sectors and services at PoE developed and disseminated to all key stakeholders
Developed Capacity – 3	Designated PoE can provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility	Facilities for assessing potentially contaminated/ infected travellers and animals either onsite or through liaison with local PH services available as well as facilities for the assessment and quarantine of suspect travellers
Demonstrated Capacity – 4	Inspection program to ensure safe environment at PoE facilities functioning. A functioning programme for the control of vectors and reservoirs in and near PoE exists (Annex 1b, Art. 1e)	Referral system and transport for the safe transfer of ill travellers to appropriate medical facilities in place with regular updating and testing of national public health emergency contingency plan with published reports
Sustainable Capacity – 5	Trained personnel for the inspection of conveyances are available at designated PoE (Annex 1b, Art. 1c)	Evaluation and publication of effectiveness in responding to PH Events at PoE

Main Gaps in implementing IHR requirements at PoE

- Access to trained personnel
  - Early detection, notification, assessment and management of ill passengers
  - Inspection programs (food and goods)
- Public health contingency plans
- Quarantine services and vector surveillance and control at PoE
- Vector surveillance and control
- Ship sanitation certificates

Thank you

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