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The World Health Organization (WHO) Regional Committee for the Eastern Mediterranean is WHO's decision-making body in the Eastern Mediterranean Region. It meets annually with representation from all Member States of the Region. A main function of the Committee is to formulate policies and strategies that provide Member States with guidance on action that needs to be taken to promote and protect health in the Region. This section, Regional Committee papers, comprises extracts from selected papers (Annual Report of the Regional Director, Progress reports, Technical discussions, Technical papers) presented at the Sixty-second session of the WHO Regional Committee for the Eastern Mediterranean, 5–8 October 2015 in Kuwait. It serves to inform readers of certain key issues related to the regional health priorities that are under consideration by the Committee at its Sixty-second session.

This article is an abridgement of the progress report "Progress report on national core capacities for implementation of the International

Health Regulations: meeting the 2016 deadline" presented at the Sixty-second session of the WHO Regional Committee for the Eastern Mediterranean in Kuwait 5–8 October 2015 (EM/RC62/INF.DOC 4). The full report is available on the Regional Office web site at: http://applications.emro.who.int/docs/RC_technical_papers_2015_Inf_Doc_4_16476_EN.pdf?ua=1

National core capacities for implementation of the IHR: meeting the 2016 deadline

Background

Full implementation of IHR is a critical step for reducing the impact of emerging, re-emerging and other public health emergencies including those of international concern. The five-year target date for implementing the International Health Regulations (2005) following their entry into force in 2007 passed in 2012. Of the 21 States Parties in the WHO Eastern Mediterranean Region, only one declared its readiness to meet the obligations by June 2012 and seven (7)

States Parties indicated their readiness to meet the obligations by June 2014. The 13 remaining States Parties in the Region requested a second extension and submitted a new implementation plan to WHO, which was granted as per the recommendations of the IHR Review Committee that met in November 2014.

Key issues

WHO monitors implementation of the Regulations using the IHR monitoring (self-assessment) tool. Results generated from this tool indicate that the regional implementation level of core capacity requirements was 72% in 2014, slightly higher than the 70% level achieved in 2013. Overall, States Parties are making good progress in surveillance, laboratory, risk communication, legislation, coordination and food safety. However, capacities for preparedness, human resources, points of entry and for handling chemical and radio-nuclear events remain low. Comprehensive assessment of national capacity of all countries of the Region to deal with a potential importation of Ebola virus disease took place in compliance with Regional Committee for the Eastern Mediterranean resolution EM/RC/61/R.2. Information collected from these missions was not consistent with information reported by countries through the IHR monitoring tool.

WHO monitors the compliance with the Regulations. Insufficient capacity of most national IHR focal points and the lack of legislation to support the functions of the national focal points have led to delays by States Parties in notifying WHO and providing comprehensive information about public health events of potential international concern. Under the IHR, WHO is requested to provide to State Parties timely updates on acute public health events of international importance while respecting the sensitivity and potential confidentiality of such information through a web-based event information site for secure communications with national IHR focal points and other officials designated by the focal points. However, as coordination between the national IHR focal points and other relevant national sectors is insufficient in most countries of the Region, the sharing of information posted on the site with relevant officials in other sectors is not well established, nor is the sharing of relevant information from other sectors with the national IHR focal points. Between January 2014 and July 2015, 75 public health events were posted on the website from 50 countries. The majority of these events concerned infectious diseases. Of the 75 events, 13 occurred in 12 countries of the Region and involved cases of Middle East respiratory syndrome (Egypt, Islamic Republic of Iran, Jordan, Kuwait, Oman, Qatar, Saudi Arabia, Tunisia, United Arab Emirates and Yemen), poliomyelitis (Syrian Arab Republic), yellow fever (Sudan) and avian influenza (H9N2) (Egypt).

Some State Parties implemented measures not consistent with the conditions laid out in Article 43. These measures have had the potential to significantly interfere with international traffic. Twelve States Parties in the Region shared with WHO their list of all of ports authorized to issue ship sanitation certificates, which is required by the IHR in order to avoid any delay or

interference with international shipping.

Thirteen countries in the Region require yellow fever vaccination certificate from travellers over 9 months or one year of age arriving from countries with risk of yellow fever transmission and for travellers having transited more than 12 hours through an airport of a country with risk of yellow fever transmission. Of which, seven countries reported that the validity of the yellow fever vaccination certificate is for life in compliance with the World Health Assembly resolution WHA67.13.

The way forward

The IHR Review Committee, in its report, concluded that the work to develop, strengthen and maintain the core capacities under the IHR should be viewed as a continuing process for all countries and that the implementation of the IHR should now advance beyond simple “implementation checklists” to a more action-oriented approach to periodic evaluation of functional capacities. The Review Committee recommended to the Secretariat 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 involving a combination of domestic and independent experts”. Such a mechanism is necessary to ensure full implementation and sustainability of IHR capacities beyond 2016.

In order to make further progress with implementation of the IHR, Member States of the Region need to take the following measures.

Implement recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation.

Support the establishment of a regional external mechanism to assess, monitor and support the implementation of IHR beyond 2016.

Establish linkages with programmes for patient safety, strengthening human resources for health, health information system management and emergency preparedness and response.

Evaluate the response to public health events and improve response mechanisms accordingly; document best practices and share them widely with other States Parties, academic institutions and other stakeholders at regional and global levels.

Facilitate and participate in subregional initiatives to share experience and enhance cross-border collaboration.

Establish twinning and networking programmes with other States Parties and with technical institutions to enhance national IHR capacities.

Establish on-the-job training to overcome the high turnover among human resources and enhance capacity of human resources.

Prioritize capacity-building efforts based on vulnerability assessment and mapping of hazards.

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