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National focal points for International Health Regulations[1]

[1] This report is extracted from the Summary report on the Regional meeting for national focal points for the International Health Regulations, Amman, Jordan, 9–10 April 2017 (http://apps.who.int/iris/bitstream/10665/255584/1/IC_Meet_Rep_2017_EN_19725.pdf, accessed 13 November 2017).

Examples of crisis countries include Iraq, Somalia, Syrian ArabRepublic and Yemen.

International Health Regulations (IHR; 2005) (1) make up the comprehensive legal framework for the prevention, detection, and containment of public health risks at their source through the collaborative actions of State Parties, WHO and all relevant stakeholders. The purpose and scope of IHR are, “to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade” (1).

To improve measurement and accountability of the regulations’ implementation, the new IHR monitoring and evaluation framework adopts the recommendations of IHR Review Committee (WHA 68/22 Add.1) (2), Resolution EBSS/3/2015/REC/1 (3) on the Ebola virus disease outbreak, as well as the report of the Ebola Interim Assessment Panel (4). These reports urge a move from exclusive self-evaluation in considering novel approaches regarding the short and long-term assessment of national core capacity for the implementation and effective functioning of the IHR.

A concept note outlining this revised approach was discussed by the WHO Regional Committees in 2015, and a revised IHR Monitoring and Evaluation Framework – including four components of annual reporting, joint external evaluation, after action review and simulation exercise – was noted by the Sixty-sixth World Health Assembly. The Director-General proposed that the new IHR monitoring and evaluation framework is used by all State Parties for assessment and reporting on IHR (2005) core capacities. This new IHR monitoring and evaluation framework was presented during the fifth regional stakeholder meeting to review the implementation of IHR (2005) in Cairo, Egypt, 20–22 September 2016 (5).

A regional meeting for national IHR focal points was convened in Amman, Jordan, 9–10 April 2017 (6). The meeting was inaugurated by Dr Michel Thieren, Director for Health Emergency Programme, WHO Regional Office for the Eastern Mediterranean. Reminding representatives that the recent Ebola outbreak originated within a country in crisis and characterized by institutional fragility, Dr Thieren emphasized the importance of maintaining collective health security through investing in IHR capacity. Dr Thieren further stressed that supporting these novel monitoring and evaluation approaches to build capacity in crisis countries, in particular through the joint external evaluation, presented a unique opportunity to synergize across disciplines and stakeholders, which was the guiding rationale of the WHO emergency reform. In this context, the meeting sought to address the following objectives:

to introduce tools and modules for the annual reporting, after action review and simulation exercise as part of IHR monitoring and evaluation framework post-2015;

to introduce approaches to conduct joint external evaluation in countries under conflict;

to share several scenarios of public health events with potential international concern: and

to discuss and identify elements to empower the national IHR focal points and improve functionality of IHR multi-sectoral committees.

Summary of discussions

The WHO Eastern Mediterranean Region leads in conducting joint external evaluation (JEE). Key successes focused on multi-sectoral collaboration, helpful preparatory planning missions, identification of priorities, and the effectiveness of the tool and results for domestic policy makers. Challenges in conducting JEE were associated with composing a technically competent and diverse team to cover all areas, nuances with interpreting the tool, availability of background documents, and timeliness of the final report to begin national action.

Crisis countries in particular need additional support to build their IHR capacities, and WHO will work with these countries to ensure that they are ready to undergo JEE. Undertaking the JEE additionally provides an opportunity to maintain systematic thinking regarding longer-term country capacity planning, and effectively transition out of humanitarian dependency. Securing the commitment of partners and donors is crucial in the preparatory phase to guarantee the support, both technical and financial, for implementing the priority actions. Extended preparation to properly ensure that the country is ready for the JEE is also needed during this phase, and could be achieved through technical visits and senior advocacy in-country meetings.

Undertaking a JEE in crisis countries requires special considerations given the country context; however, despite the need to adapt unique approaches, the overall process must be kept consistent and standardized. To maintain the

integrity of the tool, the JEE should be performed in its entirety and not divided among technical areas. A draft guidance document outlining the standardized methodology, definitions, and approaches for conducting joint external evaluation in crisis countries is being finalized.

Annual reporting on IHR progress is required under Article 54 of the Regulations (1) and remains the sole mandatory component of the IHR monitoring and evaluation framework components. A new tool for States Parties Annual Reporting (SPAR) has been proposed to ensure continuity of the reporting process, as well as consistency with the JEE tool. An after-action review would present an in-depth qualitative review of performance during an acute public health event in order to identify actions to strengthen public health preparedness. An after-action review should be held within 3 months of the event and in coordination with multiple sectors.

The strengthening of national IHR focal points was one of the key recommendations resulting from the Review Committee on the Role of the IHR in Ebola Outbreak and Response for accelerating country implementation of IHR. Therefore, national IHR focal points should be well-positioned centres composed of sufficient staff with experience, expertise and seniority, and should be supported with the required resources (administrative, logistical and financial) to carry out all of their mandatory coordination and communication functions.

Recommendations

To Member States

sharing national best practices related to IHR implementation with WHO and disseminating them via a reactivated IHR regional bulletin;

operationalizing possible JEE priority actions;

conducting after-action reviews and exercises where feasible, documenting and sharing the outcomes and lessons learned;

developing national action plans using the priority actions identified from JEE;

linking JEE processes with national planning and budget cycles to ensure sustainable follow-up and implementation of the national action plan.

To WHO

finalizing the guidance document detailing approaches to conducting joint external evaluation and country planning in crisis countries;

supporting advocacy activities targeting senior officials in countries concerning the scoring system of the JEE indicators;

supporting countries to identify both external and internal partners to be involved in JEE and country planning and subsequent implementation;

revising existing guidance document designed for the IHR national focal points, considering current discussions and identified needs;

reactivating the IHR regional bulletin.

References

1. World Health Organization. International Health Regulations (2005). Geneva: World Health Organization; 2016 (http://www.who.int/ihr/publications/9789241580496/en/, accessed 13 November 2017).

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3. World Health Organization Executive Board Special Session on the Ebola Emergency. Resolution EBSS/3/2015/REC/1. Geneva: World Health Organization; 25 January 2015 (http://apps.who.int/gb/ebwha/pdf_files/EBSS3-REC1/EBSS3_REC1-en.pdf#page=15, accessed 13 November 2017).

4. World Health Organization. Report of the Ebola interim assessment panel. Geneva: World Health Organization; July 2015 (http://www.who.int/csr/resources/publications/ebola/report-by-panel.pdf?ua=1, accessed 13 November 2017).

5. WHO Regional Office for the Eastern Mediterranean (EMRO). Summary report on the fifth regional stakeholders meeting to review the implementation of International Health Regulations (2015). Cairo: EMRO; 2016 (http://applications.emro.who.int/docs/IC_Meet_Rep_2016_EN_19347.PDF?ua=1, accessed 14 November 2017).

6. World Health Organization. Summary report on the Regional meeting for national focal points for the International Health Regulations. Geneva: World Health Organization; 2017 (http://apps.who.int/iris/bitstream/10665/255584/1/IC_Meet_Rep_2017_EN_19725.pdf, accessed 14 November 2017).

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