

Implementation of the International Health Regulations (2005)

Report by the Director-General

1. In resolution WHA61.2, the Health Assembly decided that States Parties to the International Health Regulations (2005) and the Director-General would report annually to the Health Assembly on the implementation of the Regulations. It further decided that the first review and evaluation of the functioning of the decision instrument described in Annex 2 of the Regulations would be submitted to the Sixty-second World Health Assembly session.
2. This report describes activities undertaken since the report submitted to the Health Assembly in May 2008,¹ and is structured in line with the “areas of work for implementation” established in 2007.² It also summarizes information received by WHO regarding implementation activities carried out by States Parties for the period 15 June 2007 to May 2008.
3. In order to facilitate States Parties’ reporting to the Health Assembly, in accordance with Article 54.1 of the Regulations, the Secretariat prepared a questionnaire, which was circulated in February 2008, requesting information on progress achieved in implementation of the Regulations since their entry into force on 15 June 2007. The Secretariat summarized the information received from the 144 States Parties that responded and sent that report to National IHR Focal Points in October 2008. Nearly all respondents (97%) provided full contact details of the national focal point, and most (89%) reported establishment of a means to provide continuous coverage for urgent communications with WHO. The responses indicated that communication channels between the national focal points and other relevant national authorities had been established by 83% of reporting Parties, with the agriculture ministry being the most frequently cited as the focal point. The competent authorities for the application of health measures at points of entry had been identified by 80% of respondents. Nearly three quarters (73%) of Parties reported having taken action to promote the awareness and understanding of the Regulations. At the time of reporting, 21% of Parties’ countries indicated that they had examined the possible need for additional financial resources in order to implement adequately the requirements of the Regulations. Some 68% of respondents expressed an intention to adapt existing national legislation to meet their obligations, and 58% reported their participation in regional arrangements that explicitly covered implementation of the Regulations.

¹ Document A61/7.

² Document WHO/CDS/EPR/IHR/2007.1.

GLOBAL PARTNERSHIP

4. In order to raise awareness further, the Secretariat continues to produce multilingual online training packages for all staff and national health authorities. These packages contain, inter alia, general knowledge about the Regulations and a more specific training module on event assessment and notification using the decision instrument. Another is being developed on adjustments of national legislation appropriate for full and efficient implementation. The second edition of the Regulations, published in English in 2008, includes Annex 9 as revised by ICAO¹ in 2007, and appendices containing a list of States Parties and their reservations and other communications to WHO. It is available on the WHO web site. The other five language versions are in preparation.

5. WHO maintains close working relationships with other organizations of the United Nations system and international agencies and other entities, including the Cruise Lines International Association and the International Association of Independent Tanker Owners. WHO also continues to rely heavily on its technical partners¹ including those in the Global Outbreak Alert and Response Network. Efforts to encourage the donor community and development agencies to support implementation are being made with regard to the strengthening of national surveillance and response capacities, as set out in Annex 1 of the Regulations. Regional organizations such as the Asian Development Bank, the European Union and MERCOSUR (the Common Market of the South) have been powerful allies in this endeavour. A role for finance and commerce ministries and for central banks in support of implementation is also being explored.

STRENGTHENING NATIONAL CAPACITY

6. Regarding national capacities in disease surveillance and response, the Secretariat, through its regional and country offices, continues to adapt WHO's regional strategies for national disease surveillance and response systems to the requirements of the Regulations. The WHO Lyon Office for National Epidemic Preparedness and Response continues to provide technical assistance for the assessment of existing national structure and resources, the development of regional surveillance networks, and the promotion of laboratory quality systems. It also supports training in field epidemiology and risk communications.

7. Special attention has been given to the importance of good laboratory practices and quality management for the most vulnerable health systems. Microbiology External Quality Assessment programmes for epidemic-prone diseases were continued for 76 reference laboratories in 46 countries in the African Region and 21 countries in the Eastern Mediterranean Region. Thirteen twinning projects were established between resource-limited laboratories and specialized institutions throughout WHO's six regions. Laboratory biosafety training programmes and laboratory certification for transport of infectious substances also form part of WHO's efforts to bring the laboratory back to the core of national surveillance systems. Programmes in this area have been set up in the African, South-East Asia and Western Pacific Regions.

8. For further improvement of global influenza preparedness, WHO has been strengthening national and regional capacities in influenza laboratory diagnosis, surveillance, preparedness and response by working with three countries on the formal designation of three new WHO Influenza Collaborating Centres, by supporting the designation and setting-up of seven new national influenza

¹ Document A61/7.

centres since November 2007, and by supporting stepped-up quality assurance and training activities. The launch of the WHO External Quality Assessment project for the detection of influenza subtype A viruses using the polymerase chain reaction was followed by distribution of two proficiency testing panels to all national influenza centres and other national influenza laboratories with capacity to use the polymerase chain reaction test. In 2008, tailored training as follow-up to the WHO External Quality Assessment project was organized for national influenza centres in Asia, Africa and the Middle East. In addition, advanced training at WHO Collaborating Centres was provided to regional influenza laboratories in Africa and the Middle East. In the past two years, training workshops for safe handling of infectious substances under ICAO regulations were held in all six WHO regions. For the past several years, WHO Collaborating Centres for reference and research on influenza have been updating and distributing influenza diagnostic reagents for surveillance to national influenza centres at no cost.

9. WHO has supported States Parties in assessing and strengthening capacities at designated international airports, ports and ground crossings, in accordance with Annex 1 of the Regulations, and has also been supporting the implementation of the requirements of the Regulations concerning ship inspection and the issuance of Ship Sanitation Certificates. As of 15 October 2008, more than 1600 ports have been listed as authorized to issue Ship Sanitation Certificates by 68 countries in all WHO regions. Joint initiatives were prepared as part of the Cooperative Agreement for Preventing the Spread of Communicable Diseases through Air Travel, under the leadership of ICAO. Following a series of expert consultations and workshops, with over 500 participants from 87 countries in all WHO regions, several technical documents were developed, existing guidelines were updated, and new technical guidelines are in preparation for the certification of ports, airports and ground crossings. The workshops provided the opportunity to validate and introduce new tools for implementation of the Regulations at global level.

PREVENTION AND RESPONSE TO INTERNATIONAL PUBLIC HEALTH EMERGENCIES

10. The networks of National IHR Focal Points and International Health Regulations Contact Points have been used effectively for rapid communication of public health information between WHO and States Parties. WHO has maintained and tested the accessibility and effectiveness of its Regulations Contact Points in all six regional offices. The number of users with access to the Regulations Event Information web site has continued to grow; the current number of accounts is 577, representing 150 States Parties. Between 15 June 2007 and 1 October 2008, 479 public health events were entered into WHO's Event Management System, 43 (9%) of which were communicated to WHO through national focal points. This limited percentage suggests that States Parties can still make greater use of the national focal point network for notification, consultation and reporting of public health events.

11. Case definitions for the four notifiable diseases in the Regulations have been posted on the WHO web site together with the WHO Interim Guidance for the use of the decision instrument; an expert consultation (Geneva, 20–22 October 2008) was arranged to provide advice to WHO on further refining the draft interim document, to be available in early 2009, and to define a methodology to review and evaluate the functioning of the decision instrument. On 11 and 12 June 2008, WHO tested its alert and response procedures worldwide through the Public Health Security Exercise, which helped to identify opportunities for improvement in detecting and responding to potential or real international public health emergencies. Although the processing and consolidation of information proved to be challenging, a flow of crucial public health information was quickly established and sustained between the Secretariat (headquarters, regional offices and country offices) and participating Member States.

12. The application of the Regulations to the management of specific health risks continues to be analysed in relation to the undiminished threat posed by current outbreaks of avian influenza, human infections with avian influenza viruses and the preparations for a possible influenza pandemic. WHO has convened a series of global consultations to update guidance on pandemic influenza preparedness and response. This new advice will be disseminated to Member States and other stakeholders shortly.

13. During the period under review, WHO has responded to significant public health events in accordance with the Regulations, including cases of lead intoxication in children and the new and widespread global resistance to the antiviral agent oseltamivir among seasonal influenza viruses A (H1N1). In the related area of chemical and radiological public health risks, WHO has ensured that its threat-specific networks, such as the Radiation Emergency Medical Preparedness and Assistance Network, ChemiNet (WHO Global Chemical Incident Alert and Response Network), the poisons centre network, and BioDoseNet (the Global Biodosimetry Network), are fully aware of the requirements of both the Regulations and their roles in improving national surveillance capacities and in assisting in international alert, assessment and response. WHO has conducted surveillance and assessment of chemical-related outbreaks, provided technical support to countries facing chemical emergencies and organized emergency response missions, for example to deal with an outbreak of illness of unknown etiology (later identified as due to sodium bromide) and mass lead poisoning in children. WHO has used its recently developed common platform for alert and response to potential public health emergencies to participate in the 2008 international nuclear emergency exercise, named "ConvEx-3", periodically organized and coordinated by IAEA.

INTERNATIONAL FOOD SAFETY AUTHORITIES NETWORK

14. The 167 country strong International Food Safety Authorities Network is increasingly being called upon to share experiences and technical information on the assessment and management of foodborne risks and on the establishment of efficient, modern, food-safety systems in a globalized world where food commodities and food-associated risks move rapidly and in greater volumes from country to country. The 2007 Beijing Declaration on Food Safety recognizes the need to understand food safety not only as a national responsibility, but also as an international one. The Network functions as an active part of the WHO global alert and response system under the Regulations. Partly because of the broad scope of the Regulations, the Network not only responds to the reports received by WHO of human cases of foodborne disease, but also provides information to countries when a food contamination event has the potential to affect human or animal health at a later stage. The Network and the Global Early Warning System for Major Animal Diseases, including Zoonoses have strengthened their information sharing processes. The Global Early Warning System is a confidential early warning network of FAO, WHO, and OIE and is used to track, verify and analyse transboundary zoonotic diseases. It brings together the expertise of the three different organizations for prevention and control of zoonotic diseases. The Network and System coordinate efforts on food-safety events linked to animal health (e.g. avian influenza), animal feed contamination (e.g. by aflatoxin) or farm practices (e.g. leading to antimicrobial resistance).

15. The Network operates in two complementary ways.

- (a) On a routine basis it facilitates the exchange of food-safety information and experience among its members. Six to 12 times a year it publishes Information Notes, in WHO's six official languages, in order to provide its members with summaries on relevant food-safety issues (e.g. nanotechnology and antimicrobial resistance related to food). This function is supplemented with capacity-building efforts aimed at establishing integrated food safety systems to manage and monitor events with national or international implications.

(b) It identifies, assesses and helps in managing food-related outbreaks of international concern. When necessary, in collaboration with WHO's alert and response operations, it provides technical assistance to national governments in managing food-safety and food production-related events. Examples of recent international events include: contamination with *Escherichia coli* O157,H7 of spinach from the United States of America in 2006, *Shigella* in baby corn from Thailand in 2007, Rift Valley Fever in Sudan in 2007, *Listeria* in soft-cheese from France in September 2008 and the contamination of infant milk products with melamine in China in September and October 2008.

16. Network focal points nominated at a national level facilitate two-way sharing of information between their country and the Network's secretariat, including the dissemination of Information Notes to interested parties. Focal points from different countries are also encouraged to communicate with each other to share expertise and information. Emergency Contact Points are officially designated by the Network's member countries and provide information on events to its secretariat. Sensitive information is shared through a restricted access web site. Contact points also receive International Food Safety Authorities Network Emergency Alerts and ensure appropriate action is undertaken in their country. On average, the Network's secretariat assesses 200 food-safety events per month. The criteria applied in this assessment reflect the Regulations, namely: the public health impact; the unusual or unexpected nature of the event; the potential for international spread; possible trade restrictions; and the need for technical assistance. Some of these events are shared with the relevant food safety authorities to obtain additional information, resulting in an average of one to two Network alerts per month being disseminated to affected countries or to the entire Network. The Network also has an Advisory Board that is an external advisory group made up of experts from national food safety authorities from across the globe and provides input to the strategic direction of the Network.

17. With regard to strengthening the Network, activities are designed to respond to the identified needs and concerns of Member States: (1) to be provided in a timely manner with informative materials they can easily use; (2) to refer to a global reference network (versus the numerous regional networks); and (3) to learn and benefit from the experiences from other countries to prevent foodborne diseases and improve the management of food-safety incidents. The rapid enrolment of Member States into the Network (150 within the first two years) signifies a high level of acceptance. The Network can be strengthened further to increase the breadth of collaboration and the efficiency of information sharing. The following initiatives are considered as part of a future strategic upgrading of the Network:

- (a) extension to a global food-safety network linking existing technical networks focusing on foodborne disease and food contamination, in order to facilitate the timely identification and management of food-safety events;
- (b) a coherent approach to capacity building in Member States that encourages intersectoral collaboration in food-safety management;
- (c) development of an international mechanism for emergency risk assessment in order to respond to urgent situations, assist countries with limited resources to undertake their own assessments, and share results and experiences of available risk assessments;
- (d) possibility of interaction with food-industry and international consumer organizations as major stakeholders in food safety, facilitating two-way information sharing;

(e) further development of the secure web site to facilitate the exchange of food contamination and foodborne-disease information for risk assessment purposes as well as sharing of experiences with regard to food-safety issues; and

(f) in partnership with the Global Outbreak Alert and Response Network, the setting-up of a food-safety specific section of the Global Outbreak Alert and Response Network involving institutions with mandates on food safety, to assist Member States to respond to food-safety emergencies.

LEGAL ISSUES AND MONITORING

18. In accordance with requirements of the Regulations, the Director-General has appointed 56 experts nominated by States Parties to serve on the Roster of Experts in 21 subject areas, and she has proposed an additional 100 experts. Administrative procedures have been developed so that the Secretariat can meet requirements during a public health emergency of international concern. Advice and information on the Regulations and other implementation issues are continuously provided within WHO, to States Parties and to competent intergovernmental organizations or international bodies.

19. The Secretariat monitors the progress of States Parties in establishing national focal points, their communications and their access to the Regulations Event Information Site. The preparation of specific indicators to monitor national progress in strengthening core capacities set out in Annex 1 of the Regulations is reaching its final stages.

REGIONAL ACTIVITIES

20. Provision of support to States Parties by WHO's regional and country offices has increased. Activities to raise awareness in health and other governmental sectors in countries have been carried out. Relying heavily on existing regional strategies and technical partners, workshops on the Regulations, meetings and field visits, including in the area of capacity strengthening at points of entry (international ports, airports and ground crossings), have been organized in all WHO regions.

21. In addition to WHO's contact points being available on a continuous basis at regional level for urgent communications with national focal points, all WHO regional offices have set up emergency operation rooms with greatly improved communication facilities. All were tested during the Public Health Security Exercise.

22. Key issues in implementation include the need to continue to increase awareness by national and regional stakeholders. Regional offices have identified a need for greater focus in the mobilization of resources and the role of disease-specific programmes in contributing to generic capacity strengthening.

ACTION BY THE EXECUTIVE BOARD

23. The Executive Board is invited to take note of this report.

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