
Implementation of the International Health Regulations (2005)

Draft global implementation plan

Report by the Secretariat

1. In May 2016, the Director-General submitted the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response to the Sixty-ninth World Health Assembly.¹ The Health Assembly adopted decision WHA69(14) in which, *inter alia*, it requested the Director-General “to develop for the consideration of the Regional Committees in 2016 a draft global implementation plan for the recommendations of the Review Committee that includes immediate planning to improve delivery of the International Health Regulations (2005) by reinforcing existing approaches, and that indicates a way forward for dealing with new proposals that require further Member State technical discussions”. It also requested the Director-General to submit a final version of the global implementation plan to the Executive Board for consideration at its 140th session.

2. A draft of a global implementation plan was discussed during the subsequent sessions of all six regional committees,² before which in two regions formal pre-session meetings were held (Region of the Americas³ and South-East Asia Region⁴). Furthermore, technical briefings were given in the margins of the sessions of most of the regional committees. This document, which still reflects work in progress, incorporates to the extent possible the proposals from all six regional committees.

OVERVIEW OF THE GLOBAL IMPLEMENTATION PLAN

3. The Review Committee made 12 major recommendations and 62 supporting recommendations. The draft global implementation plan proposes modalities and approaches for implementing the recommendations, and identifies six areas of action. Four areas could be implemented immediately but the remaining two will need Member State consultations.

¹ Document A69/21.

² See documents AFR/RC66/4, CD55/12, Rev.1, SEA/RC69/10, EUR/RC66/26 and EM/RC63/INF.DOC.4. The draft plan was discussed by the Regional Committee for the Western Pacific during consideration of the agenda item on the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (document WPR/RC67/9).

³ Document CD55/12, Rev.1 includes (in Annex B) the report of a regional consultation on the draft document; see also decision CD55(D5) of the Directing Council of PAHO.

⁴ Document SEA/RC69/10 Add.1 provides the conclusions and responses of an informal regional consultation (New Delhi, 18 and 19 August 2016).

4. An overview of the relationship between the areas of action of the draft global implementation plan, the related objectives and timelines, and the recommendations of the Review Committee is provided in the Annex. The success of the actions proposed relies on three fundamental and inter-related principles: country ownership, WHO's leadership and effective global partnerships.

5. The four proposed areas of action of this global implementation plan that can be started immediately are as follows:

- **Area of action 1: Accelerating States Parties' implementation of the International Health Regulations (2005)** – this area addresses recommendations 2, 3, 8, 9 and 10 of the Review Committee
- **Area of action 2: Strengthening WHO's capacity to implement the International Health Regulations (2005)** – this area addresses recommendations 4 and 12 of the Review Committee, with the exception of recommendations 12.7 and 12.8
- **Area of action 3: Improving the monitoring and evaluation of and reporting on core capacities under the International Health Regulations (2005)** – this area addresses recommendation 5 of the Review Committee
- **Area of action 4: Improving event management, including risk assessment and risk communication** – this area addresses recommendation 6 of the Review Committee.

6. For two recommendations of the IHR Review Committee (recommendations 7 and 11), and two specific recommendations under recommendation 12 (12.7 and 12.8) the draft plan sets out the Director-General's proposals for a process to take forward their implementation. These proposals are subsumed under the following two areas of action:

- **Area of action 5:** Additional health measures and enhancing compliance with the Temporary Recommendations under the International Health Regulations (2005)
- **Area of action 6:** Rapid sharing of scientific information.

AREA OF ACTION 1: ACCELERATING STATES PARTIES' IMPLEMENTATION OF THE INTERNATIONAL HEALTH REGULATIONS (2005)

7. In order to accelerate the implementation of the International Health Regulations (2005) at country level, in keeping with the recommendations of the Review Committee WHO will give great importance to:

- (a) drafting a five-year global strategic plan to improve public health preparedness and response, which builds on regional efforts and lessons learned, to be submitted to Member States at the Seventy-first World Health Assembly, in May 2018, followed by the development or adaptation of relevant regional operational plans;
- (b) providing support to States Parties for developing national five-year action plans based on the five-year global strategic plan and relevant regional operational plans;
- (c) prioritizing provision of support to States Parties with high vulnerability and low capacity, based on assessments of national core capacities (see area of action 3);

- (d) mobilizing financial resources to facilitate the implementation of the International Health Regulations (2005) at the global, regional and national levels;
- (e) supporting and further strengthening the National IHR Focal Points;
- (f) linking the building of core capacities under the International Health Regulations (2005) with health systems strengthening.

8. While WHO would prioritize States Parties with high vulnerability and low capacity for provision of support, it would also work with partners to mobilize technical and financial assistance to those States Parties for the assessment of their core capacities and the development and implementation of national action plans to fill gaps and redress weaknesses as rapidly as possible. In particular, it would work with both countries and partners on preparing guidance for cross-border collaboration and coordination in public health matters.

9. The draft plan envisages that the Secretariat would work with States Parties to encourage the allocation of domestic financial resources to the national action plans for the development and maintenance of the core capacities for surveillance and response, as agreed in the Addis Ababa Action Agenda of the Third International Conference on Financing for Development.¹ The Secretariat would develop models for the costing of and budgeting for the national action plans, in the context of broader national health systems strengthening approach. It would support States Parties in strengthening their institutional mechanism for coordinating international cooperation, integrating initiatives by partners in the national planning mechanisms, and, together with financing institutions such as the World Bank, mobilizing resources, for instance through the development of investment cases for allocation of resources. WHO's Strategic Partnership Portal² will help tracking of international financial and in-kind support for national action plans.

10. The five-year global strategic plan will present the Organization's approach to strengthening countries' ability to implement the core capacities detailed in the International Health Regulations (2005) as a legally binding obligation and means to ensure national and global preparedness and response to public health events, including emergencies. It will build on and align with existing global strategies (for instance, WHO's global action plan on antimicrobial resistance) and regional approaches and mechanisms for health emergency preparedness and response such as the Integrated Disease Surveillance and Response³ – a strategy of the Regional Office for Africa, the Asia Pacific Strategy for Emerging Diseases⁴ – a common strategic framework for the regions of South-East Asia and the Western Pacific, Health 2020⁵ – a policy framework and strategy for the European Region, the IHR Regional Assessment Commission established by the Regional Committee for the Eastern Mediterranean,⁶ and other regional approaches. The five-year global strategic plan will be developed

¹ United Nations General Assembly resolution 69/313.

² <https://extranet.who.int/donorportal/> (accessed 14 November 2016).

³ <http://www.afro.who.int/en/integrated-disease-surveillance/idsr.html> (accessed 14 November 2016).

⁴ http://www.wpro.who.int/emerging_diseases/documents/docs/ASPED_2010.pdf?ua=1 (accessed 14 November 2016).

⁵ http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf?ua=1 (accessed 14 November 2016).

⁶ http://applications.emro.who.int/docs/RC62_Resolutions_2015_R3_16576_EN.pdf?ua=1 (accessed 14 November 2016).

in consultation with Member States, regional offices and relevant stakeholders by November 2017, and will be submitted for consideration and prospective endorsement by the Seventy-first World Health Assembly in May 2018, through the Executive Board at its 142nd session.

11. In those States Parties where the current planning mechanism of the health ministry and/or the interministerial planning mechanisms do not adequately address the ability of the States Party to comply with the provisions of the International Health Regulations (2005) in a sustainable manner, the development of national action plans will be informed by existing relevant plans and planning mechanisms, States Parties' annual reports submitted to the Health Assembly, and the monitoring and evaluation framework as described in area of action 3. The development of the national action plans should be aligned with national health sector's strategies and plans, and, in their development and implementation, they should emphasize coordination of multiple sectors and partners, such as OIE and FAO under the "One Health" approach. Because the core capacities required under the Regulations cut across several sectors, financial and other sectors should be part of the planning process to ensure cross-sector coordination and appropriate financial allocations.

12. The Secretariat will accelerate action to strengthen the capacity of the National IHR Focal Points to implement the International Health Regulations (2005), including calling for them to play a more prominent role in the broader national public administration, within and beyond the health sector. In addition, it will accelerate the development or revision of standard operating procedures for and guidelines on the role of National IHR Focal Points and make recommendations on empowering them with adequate resources and the authority to carry out their obligations, for instance through the implementation of training programmes and the adoption of appropriate national legislation with respect to the functions of National IHR Focal Points. It will maintain a strong network of the national focal points by holding regular regional and global meetings for reinforcing the ability to carry out their functions across States Parties, and for sharing lessons learned to make the use of the International Health Regulations (2005) part of the daily working routine. The Secretariat will expand the content of and will improve the accessibility to its training courses through its Health Security Learning Platform in the context of the Regulations;¹ these include e-learning and real-time, multi-country exercises.

13. The Secretariat will further strengthen the operational links between its work on health systems strengthening and the WHO Health Emergencies Programme, paying particular attention to ensuring a coordinated programme of work in the development of national action plans and in the implementation of capacity-building activities in the areas of human resources for health, health planning (including monitoring and evaluation), health financing and health system resilience. Such stronger links will have a beneficial impact on health security, through the development of core capacities under the International Health Regulations (2005), and on universal health coverage, contributing thus to the attainment of the Sustainable Development Goal 3 (Ensuring healthy lives and promote well-being for all at all ages).

14. Through the coordinated programme of work, the Secretariat will provide support to countries integrating core capacities detailed in the Regulations into the overall health systems strengthening. The plan will include work to support: harmonization of guidance for tools for country planning and assessment, such as the Joint Assessment of National Health Strategies and the Joint External Evaluation of core capacities required under the Regulations; integration of health care delivery

¹ <https://extranet.who.int/hslp/training/> (accessed 14 November 2016).

systems and essential public health functions; and workforce development as a means to strengthen preparedness and response to public health emergencies.

AREA OF ACTION 2: STRENGTHENING WHO'S CAPACITY TO IMPLEMENT THE INTERNATIONAL HEALTH REGULATIONS (2005)

15. The new WHO Health Emergencies Programme will substantially strengthen the capacity of the Organization to implement the International Health Regulations (2005). Under the new Programme, the number of personnel dedicated to work on the Regulations, including work on country health emergency preparedness will be considerably increased at all three levels of the Organization, including especially support of countries with high vulnerability and low capacity. Country health emergency preparedness in the context of both the Regulations and the Sendai Framework for Disaster Risk Reduction 2015–2030¹ is one of the major elements of the results framework for the new Programme, which includes outputs on the monitoring, evaluation and assessment of core capacities for all-hazards emergency risk management, the development of national plans and critical core capacities for health emergency preparedness.

16. To ensure effectiveness and efficiency the WHO Health Emergency Programme will focus on certain priorities including: increasing core operations capacities; developing standardized services for emergency responses; expanding partnership arrangements; and supporting country preparedness. The Programme is also focused on improving all areas of core services in order to underpin preparedness and response, from sustainable financing and staffing, resource mobilization, communication and advocacy to leadership, planning and performance management.

17. In the context of the new Programme, WHO will enhance its collaboration on health emergencies with other entities and agencies both within and outside the United Nations system. So as to promote the Regulations and their full implementation, WHO will build on its preliminary work to include in the remit of the United Nations Secretary-General's Special Representative for Disaster Risk Reduction a mandate to act as an advocate for the Regulations to ensure that they are well understood and positioned prominently across sectors in both governments and international organizations. The result should be improved global awareness and recognition of the Regulations, which would be a powerful signal from outside the Organization about their importance for national governments and not just health ministries.²

18. The Inter-Agency Standing Committee is the primary mechanism for the coordination between agencies of international humanitarian assistance and is convened by the United Nations Emergency Relief Coordinator of the United Nations Office for the Coordination of Humanitarian Affairs. At their recent meeting (Washington DC, 7 and 8 June 2016), the Standing Committee's Principals concurred on the use of the mechanisms of the Standing Committee and the United Nations Office for the Coordination of Humanitarian Affairs to coordinate the international response to large-scale infectious disease emergencies, under the strategic and technical leadership of WHO. The United Nations Office for the Coordination of Humanitarian Affairs and WHO will lead the drafting of standard operating procedures for the work of the Standing Committee in infectious disease emergencies with the aim of having a draft document by end of 2016. Progress in this regard will be among the issues reported to

¹ Sendai framework for disaster risk reduction 2015–2030. United Nations Office for Disaster Risk Reduction, Geneva, 2015. (<http://www.unisdr.org/we/inform/publications/43291>, accessed 14 November 2016).

² See document A69/21, Annex, supporting recommendation 4.1.

the Global Health Crises Task Force that has been established by the United Nations Secretary-General to monitor and support implementation of the recommendations of the High-level Panel on the Global Response to Health Crises.¹

19. The WHO Health Emergencies Programme is also establishing mechanisms to strengthen further WHO's partnership work in respect of the implementation of the Regulations, particularly in collaboration with the Global Outbreak Alert and Response Network, the members of the Global Health Cluster, and a range of expert networks. In June 2016, the Steering Committee of the Global Outbreak Alert and Response Network agreed to further strengthen the Network in order to enhance WHO's capacity for surveillance, risk assessment and risk communication.

AREA OF ACTION 3: IMPROVING THE MONITORING AND EVALUATION OF AND REPORTING ON CORE CAPACITIES UNDER THE INTERNATIONAL HEALTH REGULATIONS (2005)

20. Following the adoption by the Health Assembly of resolution WHA61.2 (2008) in which it decided that States Parties shall report to it annually on the implementation of the Regulations, the Secretariat developed a reporting instrument for States Parties to conduct annual self-assessments and annual reporting by States Parties.² The annual reporting process involved the assessment of the implementation of eight core capacities and the development of capacities at points of entry and for hazards covered by the Regulations, notably biological (zoonotic, food safety and other infectious hazards), chemical, radiological and nuclear, based on Annex 1 of the Regulations.

21. The Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation recommended in 2014 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."³ To that end, a concept note⁴ outlining a new approach was discussed by the WHO regional committees in 2015, and a revised monitoring and evaluation framework was noted by the Sixty-ninth World Health Assembly.⁵ The IHR Monitoring and Evaluation Framework has four complementary components: States Parties' annual reporting, joint external evaluation, after-action review and simulation exercises.

22. Taking into account the support for and comments made by Member States through the regional committees in 2016, the monitoring and evaluation framework is progressively being introduced and includes procedures related to the mandatory State Party annual report, and to the three voluntary components: joint external evaluation, after-action review and simulation exercises. The State Party

¹ See document A69/30, paragraph 13.

² WHO. IHR core capacity monitoring framework: checklist and indicators for monitoring progress in the development of IHR core capacities in States Parties. Document WHO/HSE/GCR/2013.2, Geneva: World Health Organization; 2013 (<http://www.who.int/ihr/publications/checklist/en/>, accessed 15 November 2016).

³ Document A68/22 Add.1, Annex 1.

⁴ Development, monitoring and evaluation of functional core capacity for implementing the International Health Regulations (2005): concept note, available at: http://www.who.int/ihr/publications/concept_note_201507/en/ (accessed 15 November 2016).

⁵ See documents A69/20, Annex, and WHA69/2016/REC/3, summary records of Committee A, fifth meeting and seventh meeting, section 1.

annual reporting tool is more concise than the instrument used by the Secretariat since 2010 and, to the extent possible, ensures continuity of the reporting process as well as consistency with the joint external evaluation tool developed by the WHO Secretariat and partners.

AREA OF ACTION 4: IMPROVING EVENT MANAGEMENT, INCLUDING RISK ASSESSMENT AND RISK COMMUNICATION

23. Central to the WHO Health Emergencies Programme is a new single, unified set of procedures across the three levels of the Organization for conducting rapid risk assessments in response to newly detected public health events. The new procedures will involve a systematic assessment of the hazard, exposure, vulnerability and States Parties' capacities in order to determine whether an event constitutes a low, medium, high or very high risk of amplification and international spread. The results of these risk assessments will be made available to all States Parties, through the IHR Event Information Site, and, in the case of high and very high risk events, will also be directly and immediately communicated to the United Nations Secretary-General and the Principals of the Inter-Agency Standing Committee.

24. The WHO Health Emergencies Programme will initiate within 72 hours an on-the-ground assessment when notified of the presence or emergence of a high-threat pathogen (for example, human-to-human transmission of a novel influenza virus), clusters of unexplained deaths in high-vulnerability, low-capacity settings, and other events deemed appropriate at the discretion of the Director-General. When feasible, the Programme will engage partner agencies with relevant expertise to assist in such risk assessments. The outcomes will be communicated to the Director-General within 24 hours of completion of the assessment, together with recommendations of the Programme on risk mitigation, management and response measures as appropriate.¹ The Secretariat intends to establish a real-time web-based platform in 2017 to further facilitate reporting of events, risk communication and information sharing among countries.

25. WHO will work with partners to harmonize instruments for risk assessment in the fields of humanitarian assistance and infectious diseases epidemics in order to develop a common approach for risk assessment in health emergencies.

26. In May 2016 the Director-General established the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme,² whose main functions include assessing the performance of the Programme's key functions in health emergencies; determining the appropriateness and adequacy of the Programme's financing and resourcing; providing advice to the Director-General; and reporting, through the Director-General and the Executive Board, to the Health Assembly on progress in implementing the programme.

27. The Director-General will further look at the opportunity to establish a scientific advisory group of experts on infectious hazards that would help to guide the Organization's work in evaluating and managing new and evolving public health risks, as well as its broader work in the identification, characterization and mitigation of high threat pathogens. Should the Director-General establish a scientific advisory group of experts on infectious hazards it would have no executive, implementation

¹ See document A69/30, paragraph 10.

² http://www.who.int/about/who_reform/emergency-capacities/oversight-committee/en/ (accessed 15 November 2016).

or supervisory functions and would have a clear role that complements the Independent Oversight and Advisory Committee and the IHR emergency committees.

AREA OF ACTION 5: ADDITIONAL HEALTH MEASURES AND ENHANCING COMPLIANCE WITH THE TEMPORARY RECOMMENDATIONS UNDER THE INTERNATIONAL HEALTH REGULATIONS (2005)

28. The WHO Secretariat will reinforce, in consultation with States Parties, the current process in place for identifying, collating and monitoring, through the secretariat of the International Health Regulations (2005), additional health measures adopted by States Parties for public health risks and public health emergencies of international concerns. States Parties will be systematically reminded of their obligation to report to WHO additional health measures deemed to fall under Article 43 of the Regulations. The Secretariat will also engage with the relevant States Parties to verify reports of additional health measures brought to its attention in order to understand the basis for their introduction and, if they are inappropriate, to request that they be rescinded. This process will encompass:

- (a) reviewing criteria to be applied by States Parties and by the Secretariat to determine whether a measure should or could be regarded as an additional health measure;
- (b) reinforcing the follow-up system with States Parties that report additional health measures through the drafting of standard operating procedures including bringing cases of non-compliance to the attention of higher levels of authority;
- (c) posting on the WHO website the repository of WHO's travel recommendations as well as of public health measures, inclusive of the source of information, adopted by States Parties in response to public health events, including public health emergencies of international concern;
- (d) posting on the password-protected Event Information Site for National IHR Focal Points on the WHO website public health rationale provided by Member States under Article 43 (Additional health measures) of the Regulations;
- (e) reporting by the Secretariat on the additional health measures taken to the Health Assembly as part of the Secretariat's regular reporting of the application and implementation of the International Health Regulations (2005).

AREA OF ACTION 6: RAPID SHARING OF SCIENTIFIC INFORMATION

29. The Director-General has, in 2016, established new policies and mechanisms, in the context of public health emergencies, for WHO's sharing of line-listed data with appropriate entities for the purposes of epidemiological studies and mathematical modelling to facilitate understanding of and the response to emergencies, and for ensuring rapid access to new information and data from public health studies and clinical trials to allow the timely application of such data in a response. In this connection, WHO published a statement on its policy on data sharing in the context of public health emergencies in May 2016. This statement concerns data resulting from surveillance, epidemiological and response

activities as well as genetic sequences and the findings of observational studies and clinical trials.¹ Under this policy, the Secretariat will disclose data related to emergency response in accordance with the relevant provisions of the International Health Regulations (2005). These data will be anonymized to protect privacy and to ensure confidentiality, and the Organization will consult affected countries before disclosing data. The Secretariat further underlines the principle that countries should share benefits arising from the use of the data received through WHO in accordance with applicable international commitments.

30. The sharing of biological samples will be the subject of additional consultations. More specifically, consultations on WHO's Research and Development Blueprint² related to the elaboration of a material transfer agreement and on biobanking are planned for December 2016 and early 2017, respectively. Also of relevance to the sharing of biological samples are the accompanying reports on the public health implications of the implementation of the Nagoya Protocol³ and on the review of the Pandemic Influenza Preparedness Framework.⁴

31. As part of the Pandemic Influenza Preparedness (PIP) Advisory Group's ongoing work on the handling of genetic sequence data under the PIP Framework, the PIP Advisory Group's Technical Working Group on the Sharing of Influenza Genetic Sequence Data submitted to the Advisory Group on 22 June 2016 the final version of a document entitled "Optimal characteristics of an influenza genetic sequence data sharing system under the PIP Framework". The document is publicly available on the WHO website site⁵ and may provide examples of best practices for the sharing of data in relation to other diseases and public health risks and emergencies.

ACTION BY THE EXECUTIVE BOARD

32. The Board is invited to consider the draft global implementation plan for the recommendations of the Review Committee.

¹ See full article for details: Policy statement on data sharing by WHO in the context of public health emergencies (as of 13 April 2016). Weekly epidemiological record, 2016, 91(18):237-240, available at: <http://www.who.int/entity/wer/2016/wer9118/en/index.html> (accessed 15 November 2016).

² WHO. Being ready for the next epidemic: How to improve R&D funding for preparedness and response to emerging pathogens. An exploration of different funding and coordination models in the framework of the WHO R&D Blueprint for action to prevent epidemics I. Geneva: World Health Organization, 2016, available at: http://www.who.int/csr/research-and-development/workstream_5_document_on_financing.pdf (accessed 16 November 2016).

³ Document EB140/15.

⁴ Document EB140/16; see also <http://www.who.int/influenza/pip/2016-review/en> (accessed 7 December 2016).

⁵ See http://www.who.int/influenza/pip/advisory_group/twg_doc.pdf?ua=1 (accessed 15 November 2106).

ANNEX

AREAS OF ACTION OF THE DRAFT GLOBAL IMPLEMENTATION PLAN, ACTION AND MILESTONES, AND RELATED RECOMMENDATIONS OF THE REVIEW COMMITTEE ON THE ROLE OF THE INTERNATIONAL HEALTH REGULATIONS (2005) IN THE EBOLA OUTBREAK AND RESPONSE

| Area of action for WHO in the draft global implementation plan | Objectives and timelines | Recommendations of the International Health Regulations Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response |
|--|---|--|
| <p>1. Accelerating States Parties' implementation of the International Health Regulations (2005)</p> <ul style="list-style-type: none"> • Develop a five-year global strategic plan to improve public health preparedness and response for submission to the Seventy-first World Health Assembly, in May 2018 • Prioritize the Secretariat's provision of support to high-vulnerability, low-capacity countries • Mobilize financial resources to facilitate the implementation of the Regulations at the global, regional and national levels • Support and further strengthen the National IHR Focal Points • Link the building of core capacities under the International Health Regulations (2005) with health systems strengthening | <ul style="list-style-type: none"> • Five-year global strategic plan drafted by November 2017 • Final five-year draft global strategic plan submitted to Seventy-first World Health Assembly in May 2018 • Regional and country action plans to improve IHR core capacities prepared and implemented • New courses accessible on the Health Security Training site on WHO's IHR portal by December 2017 • Issue revised guidance and tutorials on the use of IHR by June 2017 • Global meeting of the IHR National Focal Points network held in 2017 • Guidance for cross-border collaboration and public health coordination issued by June 2017 • Conceptual framework on the integration of requirements under the Regulations in the health system as a whole developed by March 2017 | <p>Recommendation 2: Develop a five-year global strategic plan to improve public health preparedness and response</p> <p>Recommendation 3: Finance implementation of the International Health Regulations (2005), including to support the five-year global strategic plan</p> <p>Recommendation 8: Strengthen National IHR Focal Points</p> <p>Recommendation 9: Prioritize support to the most vulnerable countries</p> <p>Recommendation 10: Boost core capacities under the International Health Regulations (2005) within health systems strengthening</p> |

| Area of action for WHO in the draft global implementation plan | Objectives and timelines | Recommendations of the International Health Regulations Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response |
|--|--|--|
| <p>2. Strengthening WHO's capacity to implement the International Health Regulations (2005)</p> <ul style="list-style-type: none"> Enhance WHO's collaboration with organizations in the United Nations system Strengthen the Secretariat's capacity to implement the International Health Regulations (2005) | <ul style="list-style-type: none"> Standard operating procedures for the Inter-Agency Standing Committee on infectious diseases finalized by December 2016 WHO's leadership in the United Nations Secretary-General's Global Health Crises Task Force maintained Global Outbreak Alert and Response Network further strengthened by 2017 in the areas of surveillance, risk assessment and risk communication | <p>Recommendation 4: Increase awareness of the International Health Regulations (2005), and reaffirm the lead role of WHO within the United Nations system in implementing them</p> <p>Recommendation 12: Strengthen WHO's capacity and partnerships to implement the International Health Regulations (2005) and to respond to health emergencies</p> |
| <p>3. Improving the monitoring and evaluation of and reporting on core capacities under the International Health Regulations (2005)</p> <ul style="list-style-type: none"> Revise and submit the IHR Monitoring and Evaluation Framework to the Seventieth World Health Assembly, in May 2017 for consideration for adoption | <ul style="list-style-type: none"> IHR Monitoring and Evaluation Framework revised by February 2017 Joint external evaluations of core capacities required under the Regulations conducted in 30 more countries by end-2017 Results of IHR Monitoring and Evaluation Framework assessments reported annually to the Health Assembly, starting from the Seventy-first World Health Assembly in May 2018 | <p>Recommendation 5: Introduce and promote external assessment of core capacities</p> |
| <p>4. Improving event management, including risk assessment and risk communication</p> | <ul style="list-style-type: none"> Web-based platform for facilitating event reporting, risk communication and information sharing put into operation in 2017 | <p>Recommendation 6: Improve WHO's risk assessment and risk communication</p> |
| <p>5. Additional health measures and enhancing compliance with the temporary recommendations under the International Health Regulations (2005)</p> | <ul style="list-style-type: none"> Systematically identify and share recommended travel, transport and trade-related health measures at the onset of any given event with potential or actual international public health implications, starting in January 2017 Standard operating procedures for follow-up of additional health measures and raising cases of non-compliance to higher level of authority drafted by June 2017 | <p>Recommendation 7: Enhance compliance with requirements for Additional Measures and Temporary Recommendations</p> <p>Recommendation 12.7: WHO should collaborate with WTO and other relevant agencies to develop a prototype template for Standing Recommendations</p> <p>Recommendation 12.8: WHO should encourage recognition of such Standing Recommendations in</p> |

| Area of action for WHO in the draft global implementation plan | Objectives and timelines | Recommendations of the International Health Regulations Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response |
|--|---|--|
| | <ul style="list-style-type: none"> Repository of information on State Parties' compliance with requirements for additional health measures and enhancing compliance with Temporary Recommendations during public health emergencies of international concern accessible on the Event Information System on the WHO website, by June 2017 The additional health measures reported to the Health Assembly | dispute settlement proceedings [...] |
| 6. Rapid sharing of scientific information | <ul style="list-style-type: none"> Consultations on the development of a material transfer agreement and on biobanking in the context of WHO's Research and Development Blueprint held by mid-2017 | Recommendation 11: Improve rapid sharing of public health and scientific information and data. |