

Public health preparedness and response

Implementation of the International Health Regulations (2005)

Report by the Director-General

1. This document responds to the Health Assembly's request in decision WHA70(11) (2017) to the Director-General "to develop, in full consultation with Member States, including through the regional committees, a draft five-year global strategic plan to improve public health preparedness and response, based on the guiding principles contained in Annex 2 to document A70/16, to be submitted for consideration and adoption by the Seventy-first World Health Assembly, through the Executive Board at its 142nd session". Its purpose is to provide Member States with the proposed principles, strategic orientations, global deliverables and timelines of a strategic plan to improve public health preparedness and response, in line with the requirements of the International Health Regulations (2005).

2. The Secretariat issued an information document on the development of a draft five-year global strategic plan to improve public health preparedness and response¹ for discussion by all six regional committees as part of the agendas of their sessions in 2017 and for a web-based consultation open to all Member States for written comments between 19 September to 13 October 2017. A Member State consultation, attended by representatives of Permanent Missions in Geneva, was also held on 8 November 2017. This document presents the draft five-year global strategic plan, which takes into account comments and suggestions made by Member States during the consultative process.

ACTION BY THE EXECUTIVE BOARD

3. The Board is invited to consider the draft strategic plan and the proposed draft decision contained in Annex 2.

¹ Document WHE/CPI/IHR (available at for instance <http://www.afro.who.int/sites/default/files/2017-08/AFR-RC67-4%20International%20health%20regulations%202005-%20review%20of%20draft%20five-year.pdf>, accessed 15 November 2017).

ANNEX 1

DRAFT FIVE-YEAR GLOBAL STRATEGIC PLAN TO IMPROVE PUBLIC HEALTH PREPAREDNESS AND RESPONSE, 2018–2023

1. The draft five-year global strategic plan is based on the following guiding principles: consultation; country ownership and leadership; WHO's leadership and governance; broad partnerships; intersectoral approach; integration with the health system; community involvement; focus on countries with greatest risk of emergencies and outbreaks; regional integration; domestic financing; linking the five-year global strategic plan with requirements under the International Health Regulations (2005); and focus on results, including monitoring and accountability (see Appendix 1 for more details). It is also aligned with the definitions contained in Article 1 of the International Health Regulations (2005).
2. The draft strategic plan presents the Organization's approach to strengthening Member States' ability to implement the core capacities required under the International Health Regulations (2005) as a legally binding obligation and the means to ensure national and global preparedness and response to public health events, including emergencies. It builds on and is aligned with existing global instruments (for instance, WHO's global action plan on antimicrobial resistance,¹ the Research & Development Blueprint for action to prevent epidemics,² and the Pandemic Influenza Preparedness framework³) and regional approaches, networks and mechanisms for health emergency preparedness and response, such as the Sustainable Health Agenda for the Americas 2018–2030,⁴ the Regional Strategy for Health Security and Emergencies 2016–2020 for the African Region,⁵ the Asia Pacific Strategy for Emerging Diseases⁶ – a common strategic framework for the regions of South-East Asia and the Western Pacific, Health 2020⁷ – a policy framework for the European Region, the independent

¹ WHO. Global action plan on antimicrobial resistance. Geneva: World Health Organization; 2015 (<http://www.who.int/antimicrobial-resistance/publications/global-action-plan/en/> (accessed 16 November 2017)).

² WHO. An R&D Blueprint for action to prevent epidemics. Geneva: World Health Organization; 2016 (<http://www.who.int/blueprint/en/>, accessed 16 November 2017).

³ WHO. Pandemic influenza preparedness framework for the sharing of influenza viruses and access to vaccines and other benefits. Geneva: World Health Organization; 2011 (<http://www.who.int/influenza/pip/en/>, accessed 16 November 2017).

⁴ WHO/PAHO. Sustainable health agenda for the Americas 2018–2030: a call to action for health and well-being in the Region (http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=41946&Itemid=270&lang=en, accessed 16 November 2017), approved by the 29th Pan American Sanitary Conference in resolution CSP29.R2 (http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=42290&Itemid=270&lang=en, accessed 16 November 2017).

⁵ WHO Regional Office for Africa. Regional Strategy for Health Security and Emergencies 2016–2020. (<http://afro.who.int/sites/default/files/2017-07/afr-rc66-6-en-2107.pdf> accessed 20 November 2017).

⁶ WHO. Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III): Advancing implementation of the International Health Regulations (2005). Manila: World Health Organization Regional Office for the Western Pacific; 2017 (<http://apps.who.int/iris/bitstream/10665/259094/1/9789290618171-eng.pdf>, accessed 22 December 2017).

⁷ WHO Regional Office for Europe. Health 2020: a European policy framework and strategy for the 21st century. Copenhagen: World Health Organization; 2013 (http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf?ua=1, accessed 16 November 2017).

Regional Assessment Commission established by the Regional Committee for the Eastern Mediterranean,¹ and other regional approaches.

3. The Secretariat's activities related to the implementation of the five-year strategic plan are part of the core work of the WHO Health Emergency Programme, and as such will be covered by the overarching biennial planning and budgeting process of that Programme and as indicated in the draft thirteenth general programme of work 2019–2023.²

GOAL AND OBJECTIVES

4. The goal of the proposed five-year global strategic plan is to strengthen the capacities of both the Secretariat and Member States to ensure implementation of the International Health Regulations (2005), thereby continuously improving public health preparedness and response.

5. The pillars and objectives of the proposed strategic plan are as follows:

Pillar 1. Building and maintaining States Parties' core capacities required by the International Health Regulations (2005)

The objectives under this pillar are:

- to prioritize the Secretariat's provision of support to high-vulnerability, low capacity countries;
- to mobilize financial resources to facilitate the implementation of the Regulations at the global, regional and national levels;
- to link the building of core capacities under the Regulations with health systems strengthening.

Pillar 2. Strengthening event management and compliance with the requirements under the International Health Regulations (2005)

The objectives under this pillar are:

- to strengthen the capacity of the Secretariat for event-based surveillance and for event management and response;
- to support and further strengthen the National IHR Focal Points;
- to improve States Parties' compliance with requirements under the Regulations;
- for the Secretariat to strengthen its technical capacity by establishing and maintaining relevant technical advisory groups of experts.

¹ Resolution EM/RC62/R.3 (2015).

² Document EB142/3.

Pillar 3. Measuring progress and promoting accountability

The objectives under this pillar are:

- for the Secretariat to maintain and further strengthen its accountability through annual reporting on progress to the Health Assembly;
- for States Parties to continue to report annually to the Health Assembly on the implementation of the Regulations using the self-assessment annual reporting tool;
- for the Secretariat to provide technical support to regional offices and States Parties willing to use the voluntary instruments for monitoring and evaluation of implementation of the Regulations, which provide valuable additional information for the development of national action plans for health emergency preparedness.

PILLARS

Pillar 1. Building and maintaining State Parties' core capacities required under the International Health Regulations (2005)

6. The International Health Regulations (2005) are legally binding on 196 States Parties, including all 194 Member States of WHO. They were adopted by the Health Assembly in May 2005¹ and entered into force on 15 June 2007. Following the entry into force, States Parties had five years to “develop, strengthen and maintain ... the capacity to respond promptly and effectively to public health risks and public health emergencies of international concern”,² including the core capacity requirements for designated airports, ports and ground crossings, as described in Annex 1 to the Regulations. For States Parties that were not able to meet these minimum requirements in the first five years, the Regulations provided for two two-year extensions (2012–2014 and 2014–2016) to allow them time to comply.

7. In view of lessons learned from the Ebola virus disease outbreak in West Africa in 2014–2015 and other recent public health events, States Parties should focus on building and maintaining resilient health systems, and on framing core capacities as essential public health functions of their health systems. While complying with requirements to ensure mutual accountability at the international level with respect to the application and implementation of the Regulations, countries need to establish domestic monitoring and evaluation mechanisms as part of their health systems, an action that would also facilitate the monitoring of the status of core capacities, as essential public health functions.

8. Member States have overwhelmingly realized following the recent Ebola virus disease outbreak in West Africa that strong and resilient health systems underlie the good functioning of core capacities required under the Regulations. During the consultative process Member States unanimously acknowledged the vital importance of strong resilient health systems for the implementation of the Regulations, and the need to integrate the core capacities required under the Regulations with essential public health functions, within the framework of universal health coverage. They have requested the

¹ Resolution WHA58.3 (2005).

² International Health Regulations (2005) – 3rd edition. Geneva: World Health Organization; 2016. Article 13.1.

Secretariat to develop specific guidance on how countries, in particular those that face resource constraints, could be supported in building the core capacities required under the Regulations.

9. A forum on universal health coverage in December 2017 – jointly organized by the World Bank, WHO, the Government of Japan, the multistakeholder platform UHC2030, UNICEF and the Japan International Cooperation Agency¹ – is expected to provide a framework and a road map for building resilient health systems through the framing of core capacities required under the International Health Regulations (2005) as essential public health functions of health systems. Building on the outcome of that forum and the experience of WHO regions in terms of conceptualizing, implementing and monitoring essential public health functions,² the Secretariat will develop a common framework for harmonizing the core capacities required under the International Health Regulations (2005) with the essential public health functions of health systems. This framework will further support the long-term sustainability of investments in, and planning for, resilient health systems.

10. The implications and potential gains, in terms of continuity of certain country capacities that will be triggered by the transition of the Global Polio Eradication initiative to a post-certification strategy, will have to be considered. The Seventieth World Health Assembly requested the Director-General, inter alia, “to develop a strategic action plan on polio transition by the end of 2017, to be submitted for consideration by the Seventy-first World Health Assembly, through the Executive Board at its 142nd session, that: (i) clearly identifies the capacities and assets, especially at country and, where appropriate, community levels, that are required to: sustain progress in other programmatic areas, such as: disease surveillance; immunization and health systems strengthening; early warning, emergency and outbreak response, including the strengthening and maintenance of core capacities of core capacities under the International Health Regulations (2005)”³.

11. States Parties have had more than 10 years to put in place core capacities to prevent, detect, assess, report and respond to public health risks, events and emergencies with potential to spread internationally, in accordance with the requirements of the Regulations. States Parties should continue to build and maintain these core capacities as essential public health functions of their health systems, for the effective application of the implementation of the Regulations, including those capacities related to points of entry.

12. For those States Parties whose existing national planning, financing, and monitoring and evaluation mechanisms for their health systems are suboptimal, the Secretariat will support the building and maintenance of core capacities, consistent with essential public health functions. For this purpose, the Secretariat will prepare guidance and provide technical support to Member States to develop their national action plans for health emergency preparedness, aligned with the national health sector’s strategies, plans, and essential public health functions. In their development and

¹ UHC Forum 2017 (https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Upcoming_events/UHC_Forum_2017/Flyer_for_UHC_Forum_2017.pdf, accessed 16 November 2017).

² WHO Regional Office for the Eastern Mediterranean. Assessment of essential public health functions in countries of the Eastern Mediterranean Region: assessment tool. Cairo: WHO Regional Office for the Eastern Mediterranean; 2017 (<http://www.emro.who.int/about-who/public-health-functions/index.html>, accessed 16 November 2017) and Pan American Health Organization, 42nd Directing Council, document CD42/15 (2000) on essential public health functions (http://apps.who.int/iris/bitstream/10665/168476/1/cd42_15-e.pdf, accessed 16 November 2017); see also Regional Office for Europe, The 10 essential public health operations, available at: <http://www.euro.who.int/en/health-topics/Health-systems/public-health-services/policy/the-10-essential-public-health-operations> (accessed 20 November 2017).

³ See decision WHA70(9), paragraph 9(a).

implementation, the national action plans should emphasize coordination of multiple relevant sectors and partners, such as the Food and Agriculture Organization and *Office International des Epizooties*, under the “One Health” approach. Financial and other sectors should be part of the planning process in order to ensure cross-sector coordination and appropriate financial allocations. The Secretariat encourages the allocation of domestic financial resources to build, implement, and sustain core capacities under the Regulations within the context of existing national planning and financing mechanisms.

13. The Secretariat will work with Member States to support the development or strengthening of national action plans for health emergency preparedness, taking into account the differences between countries when it comes to governance and public health capacity. It will provide guidance and technical support in a continuum of assessment, planning, costing, implementation, monitoring and reviewing. Governments should elaborate their national action plans on the basis of the results of comprehensive country capacity assessments, with emphasis on country ownership, intersectoral coordination and strategic partnerships. Consideration will also need to be given to the role and involvement of the private sector and community and civil society organizations in the assessment, planning and implementation stages. The planning stage will build on existing country processes (for example, the “One Health” approach, initiatives to tackle antimicrobial resistance, pandemic preparedness plans, action plans to implement the 2030 Agenda for Sustainable Development, the Sendai Framework for Disaster Risk Reduction 2015–2030¹) in order to ensure a holistic approach and avoid duplication.

14. The Secretariat will work with Member States to encourage international commitment and the allocation of domestic financial resources for the implementation of the national action plans in order to develop and maintain core capacities for surveillance and response, as agreed in the Addis Ababa Action Agenda of the Third International Conference on Financing for Development.² When gaps have been identified and areas for investment prioritized, it is crucial that Member States rapidly develop estimates of the capital and recurrent expenditures needed to bridge them. The Secretariat will develop costing and budgeting models for the national action plans, in the broader context of national health systems strengthening. It will support efforts at the national level to strengthen institutional mechanisms for coordinating international cooperation, based on the principles of effective development cooperation (country ownership, focus on results, inclusive partnerships, transparency and accountability³).

15. 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).

¹ Sendai Framework for Disaster Risk Reduction 2015-2030 (<http://www.unisdr.org/we/inform/publications/43291> (accessed 16 November 2017)).

² United Nations General Assembly resolution 69/313 (2015).

³ Global Partnership for Effective Development Co-operation – principles (<http://effectivecooperation.org/about/principles/>, accessed 16 November 2017).

Pillar 2. Strengthening event management and compliance with the requirements under the International Health Regulations (2005)

16. The Secretariat and States Parties should continue to fulfil their obligations under the Regulations in relation to detection, assessment, notification and reporting of and response to public health risks and events with the potential for international spread. The functioning of the National IHR Focal Points will have to be strengthened, for instance through the provision of technical guidance, standard operating procedures, training, information sharing and lessons-learned activities.

17. The Secretariat will continue to strengthen the global network of National IHR Focal Points, by outlining strategies to stimulate investment, trust-building, country ownership, and capacity-building, as well as strategies to strengthen communication and information sharing among them. The Secretariat will accelerate action to build the capacity of National IHR Focal Points to implement the Regulations, including calling for them to play a more prominent part 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 ways to endow them with adequate resources and to give them the authority to fulfil their obligations. These objectives will be achieved for instance through training and community-of-practice-related activities led by the Secretariat, and the enactment of appropriate national legislation with respect to the functions of National IHR Focal Points. The Secretariat will maintain a strong network of National IHR Focal Points by holding regular regional and global meetings to build capacity and share lessons learned. The content of training courses and their accessibility will be expanded through the Health Security Learning Platform in the context of the Regulations;¹ activities will include e-learning and real-time, multicountry exercises.

18. The Secretariat and States Parties will strengthen their functions and capacities for event management and response. National public health emergency operation centres need to be supported with adequate human and other resources, as part of national public health preparedness and response plans. The Secretariat will continue to work with partners in the network of emergency operations centres (EOC-NET) in developing evidence-based guidance for building, operating and improving public health emergency operations centres. The Global Outbreak Alert and Response Network will further strengthen its support to WHO and to the building of global capacity for surveillance, risk assessment, rapid international coordination of investigations and timely response.

19. The Secretariat will continue to maintain and strengthen the use of event management initiatives already in use, such as the Event Information Site for the National IHR Focal Points, regional alerts and reports, bilateral exchanges, and other communication pathways related to the Regulations, as well as linkages with valuable information sites such as the International Network of Food Safety Authorities (INFOSAN) and the Ports, Airports and Ground Crossing Network (PAG-Net). The Secretariat will strengthen its functions for event-based surveillance through the newly developed Epidemic Intelligence from Open Sources platform for early detection and risk assessment of public health events.

20. The Epidemic Intelligence from Open Sources initiative is a network of organizations with one common goal: the reduction of global morbidity and mortality through early warning for rapid response. It is both a network of experts and the source of a suite of efficient tools and platforms to

¹ Health Security Learning Platform in the context of the IHR (<https://extranet.who.int/hslp/training/>) (accessed 16 November 2017).

support it. When launched, the platform will offer access to data from more than 6500 sources in multiple languages, including government and official sites, specific social media, news aggregators and expert groups (more than one million articles per week). The platform will collect, aggregate, deduplicate, categorize and disseminate information to end users. Access to the platform will be made gradually available to national public health institutions in Member States but the aim of the platform is not to be a reporting tool for formal notifications under the Regulations. It will contribute to the development of an integrated global alert and response system for public health emergencies, fulfilling core capacity requirements under the Regulations.

21. The Secretariat will strengthen its role in administering the existing expert advisory groups established to support the application and implementation of and compliance with the Regulations, that is, the roster of experts for the emergency and review committees, the Scientific and Technical Advisory Group on geographical yellow fever risk mapping, and the WHO Ad-hoc Advisory Group on aircraft disinsection for controlling the international spread of vector-borne diseases. Experts for technical advisory groups will be selected in accordance with the Regulations for Expert Advisory Panels and Committees.¹

22. A critical element for the optimal functioning of the global alert and response system is compliance by States Parties with the requirements of the Regulations in relation to additional health measures taken in response to public health risks or public health emergencies of international concern. The term “health measure” is defined in Article 1 of the Regulations.² The Secretariat, in compliance with Article 43 (Additional health measures) of the Regulations, will share with States Parties information related to additional health measures implemented by States Parties. It will systematically collect information on additional measures, and, for measures that significantly interfere with international traffic, WHO in accordance with Article 43.3 must share with other States Parties the public health rationale and the relevant scientific information provided by the States Parties implementing those measures.

23. The Secretariat will continue to collect, monitor and report on additional health measures implemented by States Parties, in collaboration with partners such as the International Civil Aviation Organization and the International Air Transport Association. In this process, the Secretariat will:

- (a) continue to post on its website the health measures required in response to specific public health risks and the temporary recommendations associated with public health emergencies of international concern;
- (b) systematically collect information on additional health measures taken by States Parties, which may interfere with international traffic, and will post all public health measures on the WHO website, including the source of information;

¹ Regulations for expert advisory panels and committees (<http://apps.who.int/gb/bd/PDF/bd48/basic-documents-48th-edition-en.pdf#page=127>, accessed 16 November 2017).

² Article 1 of the Regulations states that “health measure” means procedures applied to prevent the spread of disease or contamination; a health measure does not include law enforcement or security measures.

(c) request States Parties to provide the public health rationale and scientific evidence for additional health measures that significantly interfere¹ with international traffic under Article 43 of the Regulations, and enhance structured dialogue with States Parties implementing additional health measures that significantly interfere with international traffic under Article 43 of the Regulations, through standard operating procedures;

(d) post, on the password-protected Event Information System website for National IHR Focal Points, the public health rationale and scientific information provided by States Parties implementing additional health measures that significantly interfere with international traffic, provided pursuant to Article 43 of the Regulations; and

(e) report to the Health Assembly on additional health measures that significantly interfere with international traffic and have been implemented by States Parties, as part of the Director-General's regular reporting on the application and implementation of the Regulations.

24. WHO will maintain regular contact with the World Trade Organization to devise a mechanism to deal with trade-related issues during public health emergencies of international concern. Furthermore, the Director-General will continue to fulfil mandates related to the settlement of disputes as described in Article 56 of the Regulations.

25. The Secretariat will strengthen its work on monitoring and improving compliance of States Parties with requirements under the Regulations. Through a strategic and more systematic approach in outlining the key elements of compliance within the Regulations, the Secretariat will delineate more clearly the incentives available for States Parties to maintain compliance, and develop standard operating procedures to bring to the attention of responsible authorities instances of non-compliance. This may include increasing transparency in sharing information, peer-pressure and promoting dialogue among States Parties.

Pillar 3. Measuring progress and promoting accountability

26. An important element for global health preparedness and response is the regular monitoring of progress, both in establishing and maintaining by States Parties the core capacities defined in Annex 1 to the Regulations, and in the ability of the Secretariat to prevent and respond to the international spread of diseases and to public health risks with the potential for international spread.

27. Article 54.1 of the Regulations requires that "States Parties and the Director-General shall report to the Health Assembly on the implementation of these Regulations as decided by the Health Assembly". Such reports shall comprise monitoring the status of core capacities defined in Annex 1 to the Regulations. The annual frequency of reporting to the Health Assembly was determined by the Sixty-first World Health Assembly in 2008.² Since 2010, the Secretariat has proposed a self-assessment tool, focusing on core capacities, for use by States Parties in order to fulfil their annual reporting obligation to the Health Assembly. A historical overview of monitoring implementation of the Regulations is presented in Appendix 2.

¹ "Significant interference generally means refusal of entry or departure of international travellers, baggage, cargo, containers, conveyances, good and the like, or their delay, for more than 24 hours" (Article 43.3 of the International Health Regulations, (2005)).

² Resolution WHA61.2 (2008).

28. The Secretariat will continue to provide States Parties with the self-assessment annual reporting tool,¹ introduced in 2010. The Secretariat is revising the annual self-assessment reporting tool, and this revised instrument will be proposed, through the governing bodies, to States Parties for future annual reporting. The self-assessment annual reporting tool will continue to be the instrument used by States Parties to fulfil their obligations for annual reporting to the Health Assembly.

29. In compliance with resolution WHA68.5 (2015) on the recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation, including the recommendation that the Secretariat should develop 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”, the plan proposes three additional and voluntary instruments to complement the assessment and monitoring of core capacities under the Regulations. These instruments include voluntary joint external evaluations, simulation exercises and after-action reviews. The Secretariat has developed corresponding technical tools and will revise and adapt them in the light of experience gained. The outcomes of the different monitoring and evaluation processes inform the development of national action plans for public health preparedness and response. However, the Secretariat’s overall support to Member States for developing and implementing national action plans to improve their public health preparedness and response is not conditional on the conduct of these voluntary assessments.

30. The voluntary joint external evaluations allow Member States to further identify strengths and weaknesses within their national health systems in relation to public health emergency preparedness and response. This is done through a dialogue between national and external experts through the joint review of country self-evaluation compared with the evaluation by external experts. The selection of experts for the assessment team and the method for conducting the assessment will be agreed in advance with the country that has requested the voluntary joint assessment. A jointly agreed score is then determined. The joint external evaluation tool, developed by the Secretariat with input from external experts assesses 19 technical areas and is available on the WHO website.² It is being used in joint external evaluations. The tool will be reviewed on the basis of experience gained from volunteered countries.

31. Two other additional instruments have been developed by the Secretariat to support countries to assess the operational capability of their national capacity for public health preparedness and response. Use of both is voluntary and involves the participation of external experts. They include two elements: (a) simulation exercises, to test the actual functioning of alert and response elements, in particular in relation to information sharing, communication, overall coordination, capacity mobilization and response timeliness – a specific WHO guideline has been developed for simulation exercises;³ and (b) after-action review, to assess the real-life response to a past public health emergency in order to

¹ WHO. IHR core capacity monitoring framework: Questionnaire for monitoring progress in the implementation of IHR core capacities in States Parties. Geneva: World Health Organization; 2016 (<http://www.who.int/ihr/publications/WHO-HSE-GCR-2016.16/en/>, accessed 16 November 2017).

² WHO. IHR (2005) Monitoring and Evaluation framework: joint external evaluation tool (JEE tool). Geneva: World Health Organization; 2016 (http://who.int/ihr/publications/WHO_HSE_GCR_2016_2/en/, accessed 16 November 2017).

³ WHO. WHO Manual for simulation exercises: a practical guide and tool for planning, conducting and evaluating simulation exercises for outbreaks and public health emergency preparedness and response. Geneva: World Health Organization; 2017, document WHO/WHE/CPI/2017.10 (<http://who.int/ihr/publications/WHO-WHE-CPI-2017.10/en/>, accessed 16 November 2017).

draw lessons and identify opportunities for improvement. The Secretariat is finalizing an after-action review guide, which it is pilot testing in volunteer Member States.

32. The draft strategic plan includes deliverables and timelines for measuring progress at the global and regional levels (see Appendix 3). Most WHO regions have existing strategies and frameworks that will be taken into account in implementing and monitoring the plan.

33. In May 2016 the Director-General established the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.¹ The Committee's 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. As the five-year global strategic plan is intended to be an integral part of the WHO Health Emergencies Programme, once adopted it will also be regularly reviewed and monitored by the Independent Oversight and Advisory Committee.

34. The deliverables, timelines and indicators that comprise the framework for monitoring the progress of implementation of the five-year global strategic plan are set out in Appendix 3.

¹ For further information see http://www.who.int/about/who_reform/emergency-capacities/oversight-committee/en/ (accessed 16 November 2017).

Appendix 1

GUIDING PRINCIPLES FOR THE DRAFT FIVE-YEAR GLOBAL STRATEGIC PLAN

This Appendix presents the guiding principles contained in document A70/16 after revision in the light of comments and suggestions received during the discussions of the WHO regional committees in 2017, the subsequent web-based consultation and the meeting of Member States (Geneva, 8 November 2017). The goal of the plan is to strengthen the capacities of both the Secretariat and Member States to ensure implementation of the International Health Regulations (2005), thereby continuously improving public health preparedness and response. The guiding principles are outlined in the following table.

Table. Guiding principles for the five-year global strategic plan to improve public health preparedness and response¹

Guiding principle	Details
1. Consultation	Consultative process from May to November 2017 through the regional committees, a web-based consultation and a formal consultation of Member States, through the focal points in the Geneva-based permanent missions, followed by discussion by Member States at the 142nd session of the Executive Board and further consideration by the Seventy-first World Health Assembly in May 2018.
2. Country ownership and leadership	Building and sustaining core capacities as required under the International Health Regulations (2015) as essential public health functions of their health systems, at the national and subnational levels, are the primary responsibility of governments, taking into account their national health, social, economic, health security and political contexts.
3. WHO's leadership and governance	The WHO Health Emergencies Programme will lead the development and implementation of the five-year global strategic plan. The Director-General will report on progress to the governing bodies, as part of the regular reporting on the application and implementation of the International Health Regulations (2005).
4. Broad partnerships	Many Member States require technical support to assess, build and maintain their core capacities required under the Regulations as essential public health functions of their health systems. Many global partners support countries in the field of health systems strengthening and public health preparedness and response. As decided by the Fifty-eighth World Health Assembly, ² WHO will cooperate and coordinate its activities, as appropriate, with the following: the United Nations, Food and Agriculture Organization, International Air Transport Association, International Atomic Energy Agency, International Civil Aviation Organization, International Labour Organization, International Maritime Organization, International Committee of the Red Cross, International Federation of Red Cross and Red Crescent Societies, International Shipping Federation and <i>Office International des Epizooties</i> . WHO will also cooperate and

¹ Based on document A70/16, Annex 2.

² Resolution WHA58.3 (2005).

Guiding principle	Details
	coordinate its activities, as appropriate, with those of regional political and economic organizations (including The Africa Union, Association of Southeast Asian Nations, European Union, Southern African Development Community and the Pacific Community). Cooperation with other relevant non-State actors and industry associations will also be considered, within the WHO's Framework of Engagement with Non-State Actors. ¹
5. Intersectoral approach	Responding to public health risks, events and emergencies requires a multisectoral, coordinated approach (for example, with agriculture, transport, tourism and finance sectors). Many countries already have health coordination platforms or mechanisms in place, such as the One-Health approach. The five-year global strategic plan will provide strategic orientation for the planning for public health preparedness and response across multiple sectors.
6. Integration with the health system	The Ebola virus disease outbreak in West Africa in 2014–2015 put both health security and health systems resilience high on the development agenda. Framing the core capacities detailed in Annex 1 to the International Health Regulations (2005) as essential public health functions will mutually reinforce health security and health systems, leading to resilient health systems.
7. Community involvement	Effective public health preparedness can only be achieved with the active participation of local governments, civil society organizations, local leaders, and individual citizens. Communities must take ownership of their preparedness and strengthen it for emergencies that range in scale from local or national events to pandemics and disasters.
8. Focus on countries with greatest risk of emergencies and outbreaks	The WHO Health Emergencies Programme is supporting all countries in their preparedness and response efforts in relation to public health risks, events and emergencies, but its initial focus will be on a set of countries that have been identified by the Programme to be in vulnerable situations. The Secretariat's support to countries for health emergency preparedness will be aligned with the priorities identified by the draft thirteenth general programme of work 2019–2023. ²
9. Regional integration	Building on the five-year global strategic plan, the regional offices will consider the development of regional operational plans, taking into account the respective roles of the three levels of WHO, and the existing regional frameworks and mechanisms, such as: the Sustainable Health Agenda for the Americas 2018–2030 – a strategic call to action for health and well-being in the Region, ³ the Regional Strategy for Health Security and Emergencies 2016–2020 – a strategy adopted by the Regional Committee for Africa; ⁴ the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies – a common strategic framework for the regions of South-East Asia and the Western Pacific; ⁵ Health 2020 – a

¹ WHO's Framework of Engagement with Non-State Actors, adopted in resolution WHA69.10 (2016) (http://www.who.int/about/collaborations/non-state-actors/A69_R10-FENSA-en.pdf?ua=1, accessed 16 November 2017).

² Document EB142/3.

³ Adopted in resolution CSP29.R2 (2017).

⁴ Adopted in resolution AFR/RC66/R3 (2016).

⁵ Adopted in resolution WPR/RC67.R6 (2016).

Guiding principle	Details
	policy framework and strategy for the European Region; ¹ the Regional Assessment Commission on the status of implementation of the International Health Regulations (2005) established by the Regional Committee for the Eastern Mediterranean, ² the Sustainable Health Agenda for the Americas 2018–2030 – a strategic call to action and well-being in the region, ³ and other regional approaches, and emphasizing collective approaches to achieve the core capacities required under the Regulations.
10. Domestic financing	For long-term sustainability, the budgeting and financing of core capacities required under the Regulations as essential public health functions should be supported to the extent possible from domestic resources. The Secretariat will work with Member States to encourage the allocation of domestic financial resources to build and sustain essential public health functions within the context of existing national planning and financing mechanisms. In Member States that require substantial external resources, the Secretariat will provide support for strengthening the institutional mechanisms for coordinating international cooperation, based on the principles of effective development cooperation (country ownership, focus on results, inclusive partnerships, transparency and accountability). ⁴
11. Linking the five-year global strategic plan with requirements under the International Health Regulations (2005)	The five-year global strategic plan proposes strategic directions in relation to the relevant requirements under the Regulations for States Parties and for the Secretariat, as well as voluntary operational and technical aspects that are not a requirement under the Regulations.
12. Focus on results, including monitoring and accountability	The five-year global strategic plan has its own monitoring framework, including indicators and timelines. Indicators for monitoring implementation of the strategic plan are presented in Appendix 3.

¹ Adopted in resolution EUR/RC62/R4 (2012).

² Resolution EM/RC62/R.3 (2015).

³ Adopted in resolution CSP29.R2.

⁴ Global Partnership for Effective Development Co-operation – principles (<http://effectivecooperation.org/about/principles/>, accessed 17 November 2017).

Appendix 2

HISTORICAL OVERVIEW OF MONITORING PROGRESS IN THE IMPLEMENTATION OF THE INTERNATIONAL HEALTH REGULATIONS (2005)

1. Article 54.1 of the Regulations requires that “States Parties and the Director-General shall report to the Health Assembly on the implementation of these Regulations as decided by the Health Assembly”; this requirement implicitly also covers monitoring the status of core capacities. In 2008, the Health Assembly, through resolution WHA61.2, decided that “States Parties and the Director-General shall report to the Health Assembly on the implementation of the Regulations annually”. The Health Assembly also requested the Director-General “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”. In 2008 and 2009, a questionnaire was sent by the Secretariat to States Parties, focused mainly on self-reported processes related to the establishment and functioning of the National IHR Focal Points.¹

2. In 2010, the Secretariat developed and shared with States Parties a core capacity monitoring framework,² with a questionnaire on the status of implementation of the Regulations for States Parties to complete on a voluntary basis. This framework included a checklist and 20 indicators on the status of eight core capacities, capacities at points of entry, and four specific hazards covered by the Regulations, namely biological (zoonotic diseases, food safety events and other infectious hazards), chemical, radiological and nuclear events. The self-assessment tool, completed and submitted by States Parties to the Secretariat on an annual basis (from 2010 to 2017), constituted the basis for compiling the report on the implementation of the Regulations by the Secretariat to the Health Assembly. States Parties’ specific scores related to the status of each core capacity were included in the Secretariat’s annual implementation report to the Health Assembly from 2013 to 2015.³ From 2015, these scores were made available online through the Global Health Observatory.⁴

3. In 2015, the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation recommended that the Secretariat develop “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”.⁵ In resolution WHA68.5 (2015) the Health Assembly urged Member States to support the implementation of the recommendations of the Review Committee and requested the Director-General to present an update to the Sixty-ninth World Health Assembly on progress made in taking forward those recommendations. The Secretariat then developed a concept note outlining a new approach for

¹ See documents A62/6 and A63/5.

² IHR core capacity monitoring framework: checklist and indicators for monitoring progress in the development of IHR core capacities in States Parties. Geneva: World Health Organization; 2013 (http://apps.who.int/iris/bitstream/10665/84933/1/WHO_HSE_GCR_2013.2_eng.pdf?ua=1, accessed 17 November 2017).

³ Documents A64/9, A65/17, A66/16, A66/16 Add.1, A67/35, A67/35 Add.1 and A68/22.

⁴ Global Health Observatory data: International Health Regulations (2005) Monitoring Framework (<http://www.who.int/gho/ihr>, accessed 17 November 2017).

⁵ See document WHA68/2015/REC/1, Annex 2.

monitoring and evaluation of the core capacities required by the Regulations.¹ The concept note was discussed by the WHO regional committees in 2015, and a revised monitoring and evaluation framework was submitted to, and noted by, the Sixty-ninth World Health Assembly in 2016.²

¹ Development, monitoring and evaluation of functional core capacity for implementing the International Health Regulations (2005). Concept note (http://www.who.int/ihr/publications/concept_note_201507/en/, accessed 17 November 2017).

² See documents A69/20, Annex, and WHA69/2016/REC/3, summary records of Committee A, fifth meeting and seventh meeting, section 1.

Appendix 3

DELIVERABLES, TIMELINES AND INDICATORS TO MONITOR THE IMPLEMENTATION OF THE DRAFT FIVE-YEAR GLOBAL STRATEGIC PLAN, 2018–2023

Pillars and objectives of the draft five-year global strategic plan	Deliverables and timelines	Indicators
<p>Pillar 1. Building and maintaining State Parties' core capacities required under the International Health Regulations (2005)</p> <ul style="list-style-type: none"> • 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 • Link the building of core capacities under the Regulations with health systems strengthening 	<ul style="list-style-type: none"> • Conceptual framework for harmonizing the core capacities requirements under the Regulations with national health systems and essential public health functions developed by May 2018, building on the outcome of the universal health coverage forum to be held at the end of 2017 • WHO's Strategic Partnership Portal regularly updated to map progress and available resources 	<ul style="list-style-type: none"> • Number of countries supported annually in the development or updating of their national action plans for health emergency preparedness
<p>Pillar 2. Strengthening event management and compliance with the requirements under the International Health Regulations (2005)</p> <ul style="list-style-type: none"> • Strengthen the capacity of the Secretariat for event-based surveillance and for event management and response • Support and further strengthen the National IHR Focal Points • Improve States Parties' compliance with requirements under the Regulations • The Secretariat to strengthen its technical capacity by establishing and maintaining relevant technical advisory groups of experts 	<ul style="list-style-type: none"> • Epidemic intelligence from open sources platform for early detection and risk assessment of public health events developed by March 2018 and updated annually • Coordination procedures in place and implemented with partners in the Global Outbreak and Alert Response Network for assessments, response planning and deployment of support to countries for any event of potential international concern • Strategy for strengthening National IHR Focal Points developed by October 2018 • Strategic approach/mechanism for monitoring and improving compliance of States Parties with requirements under the Regulations established by the Secretariat by June 2018, and reviewed annually 	<ul style="list-style-type: none"> • Average time between an event occurring and being reported • Number of regional meetings of partners in the Global Outbreak and Alert Response Network held annually • Number of outbreak response training courses conducted by the Global Outbreak and Alert Response Network annually • Go.Data tool for management of contact tracing and visualization of chains of transmission designed and developed by June 2018 • Number of regional and global meetings of the National IHR Focal Points held annually

Pillars and objectives of the draft five-year global strategic plan

Deliverables and timelines

Indicators

- | Pillars and objectives of the draft five-year global strategic plan | Deliverables and timelines | Indicators |
|---|--|--|
| | <ul style="list-style-type: none"> • WHO's standard operating procedures for following-up on additional health measures and raising cases of concern to the appropriate national authority drafted by February 2018 and communicated to Member States, and used systematically in case of public health emergencies • Web-based repository of WHO health measures for public health risks and temporary recommendations for public health emergencies of international concern regularly maintained and updated • The Director-General's annual progress report on the implementation of the International Health Regulations (2005) to contain information on the additional health measures implemented by States Parties under Article 43 of the Regulations, starting from 2018 | <ul style="list-style-type: none"> • Number of modules on implementation of the Regulations on the Health Security Learning Platform for National IHR Focal Points developed and used annually • Number of meetings of the International Health Regulations and Emergency Committees held • Percentage of States Parties having designated a State-nominated expert to the IHR Expert Roster • Number of countries having implemented additional health measures not in compliance with Article 43 of the Regulations • Repository of information on State Parties' rationale and scientific information on additional health measures that significantly interfere with international traffic regularly accessible on the Event Information System on the WHO website, and reviewed annually • Number of meetings of the technical expert advisory groups held annually |
| <p>Pillar 3. Measuring progress and promoting accountability</p> | <ul style="list-style-type: none"> • Revised self-assessment annual reporting tool proposed to States Parties by June 2018 • Annual self-assessment reporting tool used by States Parties for reporting annually on the status of implementation of the Regulations • Report on progress on implementation of the five-year global strategic plan submitted to the Health Assembly annually, starting from 2019, as part of the annual progress report to the Health Assembly on implementation of the International Health Regulations (2005) | <ul style="list-style-type: none"> • Number of countries that improve their year-to-year scores on core capacities under the Regulations • Number of countries supported by the Secretariat annually for the evaluation of their capacities through the voluntary monitoring and evaluation instruments |

Pillar 3. Measuring progress and promoting accountability

- The Secretariat to maintain and further strengthen its accountability through regular reporting on progress to the Health Assembly
- States Parties to continue to report annually to the Health Assembly on the implementation of the Regulations, using the self-assessment reporting tool

- Revised self-assessment annual reporting tool proposed to States Parties by June 2018
- Annual self-assessment reporting tool used by States Parties for reporting annually on the status of implementation of the Regulations
- Report on progress on implementation of the five-year global strategic plan submitted to the Health Assembly annually, starting from 2019, as part of the annual progress report to the Health Assembly on implementation of the International Health Regulations (2005)

- Number of countries that improve their year-to-year scores on core capacities under the Regulations
- Number of countries supported by the Secretariat annually for the evaluation of their capacities through the voluntary monitoring and evaluation instruments

ANNEX 2

DRAFT DECISION**Implementation of International Health Regulations (2005):
draft five-year global strategic plan to improve public health
preparedness and response, 2018–2023**

The Executive Board, having considered the report of the Director-General on the public health preparedness and response: implementation of the International Health Regulations (2005),¹ decided to recommend to the seventy-first World Health Assembly the adoption of the following decision:

The seventy-first World Health Assembly, having considered the draft five-year global strategic plan to improve public health preparedness and response, contained in document A71/xx; recalling decision WHA70(11) (2017), in which the Seventieth World Health Assembly took note of the report contained in document A70/16 on implementation of the International Health Regulations (2005): Global implementation plan and requested the Director-General “to develop, in full consultation with Member States, including through the regional committees, a draft five-year global strategic plan to improve public health preparedness and response, based on the guiding principles contained in Annex 2 of document A70/16, to be submitted for consideration and adoption by the Seventy-first World Health Assembly, through the Executive Board at its 142nd session”; and appreciating the contribution of Member States to the extensive consultative process to develop the draft five-year global strategic plan, including discussions at the sessions of all six regional committees in 2017, the web-based consultation conducted by the Secretariat between 19 September and 13 October 2017, and the consultation of Member States, through the Permanent Missions in Geneva, on 8 November 2017,

- (1) decided:
 - (a) to endorse the five-year global strategic plan to improve public health preparedness and response, contained in document A71/xx;
 - (b) that States Parties and the Director-General shall continue to report annually to the Health Assembly on the implementation of the International Health Regulations (2005), using the self-assessment annual reporting tool;
- (2) requested the Director-General:
 - (a) to provide the necessary financial and human resources to support the implementation of the five-year global strategic plan contained in document A71/xx, with, as necessary, adaptation of the plan to regional contexts and existing relevant frameworks;

¹ Document EB142/10.

(b) to continue to submit every year a single report to the Health Assembly on progress in implementation of the International Health Regulations (2005), containing information provided by States Parties and on the Secretariat's activities, pursuant to paragraph 1 of Article 54 of the International Health Regulations (2005);

(c) to continue to provide support to Member States to build, maintain and strengthen core capacities under the International Health Regulations (2005), including on request the use of the voluntary monitoring and evaluation instruments developed by the Secretariat (joint external evaluation, simulation exercises, and after-action review) to assess the core capacities.

= = =