Implementation of the International Health Regulations (2005)

Annual report on the implementation of the International Health Regulations (2005)

Report by the Director-General

1. In accordance with paragraph 1 of Article 54 of the International Health Regulations (2005) and resolution WHA61.2 (2008), States Parties and the Director-General report annually to the Health Assembly on the implementation of the Regulations. The current document gives an account of actions taken by the States Parties and the Secretariat within the framework of the Regulations since the last report considered by the Health Assembly in May 2016.1

INTERNATIONAL HEALTH REGULATIONS (2005) COMMITTEES

2. Since June 2016, a number of actions have been taken in relation to emergency and review committees convened under the International Health Regulations (2005), a summary of which is provided below.

EMERGENCY COMMITTEES

Poliomyelitis

3. Since the international spread of wild poliovirus was declared a public health emergency of international concern on 5 May 2014, the Emergency Committee regarding the international spread of poliovirus has met on 13 occasions. At its thirteenth meeting on 24 April 2017, the Committee agreed that the epidemiological situation still constituted a public health emergency of international concern and advised the extension of the revised temporary recommendations. The Committee further urged all countries to avoid complacency, which could easily lead to a resurgence of polio. The Director-General endorsed the Committee’s conclusions and issued temporary recommendations under the Regulations. Travel recommendations were updated.

Zika virus, microcephaly and Guillain–Barré syndrome

4. The Emergency Committee for Zika virus and observed increase in neurological disorders and neonatal malformations met on five occasions in 2016. At its fifth and final meeting on 18 November

1 Document A69/20.
2016, the Committee felt that Zika virus and associated consequences remained a significant enduring public health challenge requiring intense action but no longer represented a public health emergency of international concern. The Director-General agreed with the Committee and on 18 November 2016 declared the end of the public health emergency of international concern.

**Yellow fever**

5. The Emergency Committee concerning yellow fever (in response to outbreaks in Angola and the Democratic Republic of the Congo) has met on two occasions in 2016. At its second meeting on 31 August 2016, the Committee examined the use of the fractional dose strategy for yellow fever vaccination in Kinshasa, Democratic Republic of the Congo, which resulted in high population coverage. The impact of the vaccination campaign will be assessed. On the basis of the evidence available at the time of the second meeting, the Director-General accepted the Committee’s assessment that the outbreaks in Angola and the Democratic Republic of the Congo did not constitute a public health emergency of international concern, but advised that, due to the seriousness of the outbreaks, it remains a serious public health event warranting a sustained scale-up of response activities, both nationally and internationally, and a close monitoring of the situation.

**The Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response**

6. In decision WHA69(14) (2016), the Health Assembly 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. The draft plan was developed and reviewed by all six regional committees in 2016. The results of these regional consultations were taken into account and a revised draft plan was presented to the Executive Board at its 140th session in January 2017.¹

7. During the discussions at the 140th session of the Executive Board, the revised draft global implementation plan was discussed in detail by Board Members and Member States. A number of salient issues were raised that require further consultation. Consequently, the Secretariat held on 23 March 2017 an information session for the diplomatic Missions to the United Nations and other International Organizations at Geneva, to receive additional Member State input in relation to key areas of action of the draft global implementation plan.²

**PROGRESS ON IMPLEMENTATION OF THE INTERNATIONAL HEALTH REGULATIONS (2005)**

**Capacity-building**

8. States Parties, the Secretariat and other key partners have continued to make progress on the implementation of the Regulations. This progress continues to be achieved through multiple channels and sustained coordination. A summary of the most recent developments is included below.

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¹ Document EB140/14.
² See document A70/16.
9. In 2014, the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation recommended to move from exclusive self-evaluation to approaches that combine self-evaluation, peer review and voluntary external evaluation. This approach was also supported by the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response. To that end, a concept note outlining a new approach for monitoring and evaluation of the Regulations was presented to the regional committees in 2015. This proposed new monitoring and evaluation framework was noted by the Sixty-ninth World Health Assembly. The Framework has four components: the mandatory annual reporting by States Parties and three complementary elements, all on a voluntary basis, comprising joint external evaluations, after-action reviews and simulation exercises.

10. In 2016, States Parties continued to provide information to the Secretariat. Since 2010, 195 States Parties have reported at least once to WHO using the annual reporting questionnaire. As at 28 February 2017, 120 of 196 States Parties had completed the questionnaire sent in July 2016. Details of the 2016 annual reporting by States Parties and other activities related to the monitoring and evaluation of the implementation of the Regulations are published on the WHO website, Globally, progress has been made since 2010 across the 13 core capacities required by the Regulations, particularly in surveillance, response, and zoonoses, but the overall average scores suggest further efforts are urgently needed in the areas of human resources, capacities at points of entry, chemical events and radiation emergencies.

11. An analysis of scores of 27 joint external evaluations conducted in 2016 indicates that surveillance and laboratory systems are relatively well advanced in the countries that volunteered for the evaluation. Vaccine coverage, access and delivery are also very well established, with almost all of the 27 countries having demonstrated capacity in these areas. Of these 27 countries, 7% (2/27) had developed or demonstrated capacity in the area of antimicrobial stewardship; 33% (9/27) had developed, demonstrated or sustainable capacity in identifying their priority public health risks; 33% (9/27) had developed, demonstrated or sustainable capacity in terms of the availability of multihazard emergency response plans; 52% (14/27) had developed, demonstrated or sustainable capacity in terms of having procedures for emergency operation centres; and 52% (14/27) had developed, demonstrated or sustainable capacity in activating an emergency operations programme. An initial comparison of the 2016 monitoring questionnaire data and joint external evaluation data from 26 countries (for which both datasets were available) confirms the areas identified above as priorities (human resources, capacities at points of entry, chemical events and radiation emergencies) and the joint external evaluations, in addition, show that the areas of response and preparedness also require attention.

12. In 2016, the Secretariat supported the planning and implementation of 27 simulation exercises in 17 countries, to test various functional capacities in preparedness, detection and response, in support of country health emergency preparedness and implementation of the Regulations. These exercises included discussions stimulated by table-top exercises, drills, functional exercises as well as field exercises. Most simulation exercises were conducted at the national and subnational levels, although some exercises had a regional or global scope. Simulation exercises at the national and subnational level included testing rapid response teams, intersectoral coordination mechanisms and emergency preparedness and response systems for events such as outbreaks of Ebola virus disease, meningitis and

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1 See document A69/20 and the summary records of the Sixty-ninth World Health Assembly, fifth meeting and seventh meeting, section 1.

cholera and chemical events. They proved to be useful in identifying specific gaps and proposing particular actions to reinforce preparedness and response capacities for public health emergencies.

13. In February 2017, a tool for after-action review was tested in one State Party, which had experienced an unusual outbreak of dengue fever. The method used during the review was evaluated as useful by the majority of the participants.

14. The WHO Health Emergencies Programme provided active support across the three levels of the Organization in relation to implementation of the Regulations. It provides direct assistance to priority countries vulnerable to disease outbreaks such as countries experiencing humanitarian emergencies. Technical and operational support allowed the strengthening of intersectoral and cross-cutting capacities for emergency preparedness, in line with core capacity requirements (such as early warning systems, laboratory quality and biorisk management), the fostering of intersectoral work (such as with the animal sector under the One Health approach), and the transport, travel and tourism sectors for supporting capacities at points of entry.

15. In February 2017, the Secretariat hosted a stakeholders consultation on planning, costing and financing for accelerated IHR implementation and global health security. The consultation allowed participants to share the lessons learned, agree on a process for the development of national action plans and define best practices and models, as well as identifying opportunities for linkages with national health systems strengthening efforts and for multisectoral investment and coordination.

**Yellow fever**

16. The period of effectiveness of vaccination against yellow fever and the validity of the related certificate for the life of the person vaccinated entered into force on 11 July 2016. The third edition of the International Health Regulations (2005) reflects this change. Countries’ yellow fever vaccination requirements at entry and WHO vaccination recommendations were updated in 2017 on WHO’s website.¹ The scientific and technical advisory group on geographical yellow fever risk mapping maintains up-to-date yellow fever risk mapping and provides advice to WHO on yellow fever vaccination for travellers.

**CHALLENGES TO THE IMPLEMENTATION OF THE INTERNATIONAL HEALTH REGULATIONS (2005)**

17. The finalization of the above-mentioned draft global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response and its full implementation, once adopted, will further accelerate the implementation of the Regulations. Empowering National IHR Focal Points requires the sustained support of governments. Workforce development and intersectoral collaboration remain important challenges despite significant progress made, such as through innovative e-learning and training approaches and, at the human–animal interface, through active collaboration between FAO, OIE and WHO, including under the tripartite agreement. More sustained efforts are required with the transport, travel and tourism sectors as well as with the security sector, public–private partnerships and community involvement. In addition, the rapid development, monitoring and implementation of the national action plans requires sustained support from national authorities and the international

communities to ensure adequate and sustained funding of such plans and the regular assessment of the core capacities required under the Regulations.

18. The period of validity of yellow fever vaccination for the life of the person vaccinated was adopted in resolution WHA67.13 (2014) and needs to be implemented by all States Parties, to avoid unnecessary interference with international traffic.

CONCLUSION

19. This year marks the tenth anniversary since the Regulations entered into force for the vast majority of States Parties on 15 June 2007. The Regulations have provided a global framework that has contributed significantly to an increase in information sharing, risk assessment and coordination of response in relation to international public health risks and emergencies. These communications have been carried out through the unique global network of National IHR Focal Points, accessible at all times by WHO IHR Contact Points in all six regional offices. The network has further been used for bilateral communications between countries, such as for international contact tracing. Another hallmark of the Regulations has been the convening by the Director-General of a series of emergency and review committees. Since their entry into force, a total of six emergency committees have been established, four of which have resulted in the declaration of a public health emergency of international concern and the issuance of temporary recommendations by the Director-General. The other two emergency committees were instrumental in drawing attention to important public health threats that galvanized the international community to take specific steps to tackle critical emerging health events. Three review committees have also been convened by the Director-General, with a view to learning lessons from the influenza A(H1N1) 2009 pandemic and outbreaks of Ebola virus disease in particular, and more generally to take stock of where the global community stands in relation to the functioning and implementation of the Regulations. The recommendations from these review committees have paved the way for a more structured approach to implementing the Regulations. To give but one example, the advent of voluntary joint external assessments of core capacities derives from a recommendation of the second and third review committees. Finally, the new WHO Health Emergencies Programme further improves the Secretariat’s operational capacity for the timely detection, risk assessment and response to public health emergencies, the management of specific risks associated with high-threat pathogens, and the Secretariat’s support to country health emergency preparedness.

ACTION BY THE HEALTH ASSEMBLY

20. The Health Assembly is invited to note the report.

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