Summary report on the Regional meeting for national focal points for the International Health Regulations

Amman, Jordan
9–10 April 2017
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1. Introduction

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

To better measure and to provide accountability for implementing the Regulations, the new IHR monitoring and evaluation framework adopts the recommendations of IHR Review Committee (WHA 68/22 Add.1), Resolution EBSS/3/2015/REC/1 on the Ebola virus disease outbreak, as well as the report of the Ebola Interim Assessment Panel which urges a move from exclusive self-evaluation in considering novel approaches and methods regarding the short and long term assessment of national core capacity for the implementation and effective functioning of the IHR.

A concept note outlining this revised approach was discussed by the WHO Regional Committees in 2015, and a revised IHR Monitoring and Evaluation Framework- including four components of annual reporting, joint external evaluation, after action review and simulation exercise- was noted by the 69th World Health Assembly. The Director-General proposed that the new IHR monitoring and evaluation framework is used by all State Parties for assessment and reporting on IHR (2005) core capacities. This new IHR monitoring and evaluation framework was presented during the fifth regional stakeholder meeting to review the implementation of IHR (2005) in Cairo, Egypt from 20–22 September 2016.
The Regional Assessment Commission to assess implementation of the IHR (2005) in the Region (IHR-RAC) was established as per the resolution (EM/RC62/R.3) of the 62nd session of the WHO Regional Committee for the Eastern Mediterranean. The joint external evaluation (JEE) mission reports were shared with the members of the IHR-RAC before convening their second meeting on 19 September 2016; the Commission recommended countries to empower the national IHR focal points, and to establish or further empower IHR multisectoral committees to be able to enhance coordination for implementing IHR capacities. Empowering the IHR national focal points was also recommended by the Review Committee on the functioning of the IHR (2005) during the Ebola outbreak and response, presented to Member States at the 69th World Health Assembly in May 2016.

In this context, a regional meeting for the national IHR focal points was convened with the following objectives:

- introduce tools and modules for the annual reporting, after action review and simulation exercise as part of IHR monitoring and evaluation framework post 2015;
- introduce approaches to conduct joint external evaluation in countries under conflict;
- share several scenarios of public health events with potential international concern: risk assessment and notification to WHO by using the Annex II of IHR (Decision Instrument); and
- discuss and identify elements to empower the national IHR focal points; and improve functionality of IHR multisectoral committees.

The meeting was inaugurated by Dr Michel Thieren, Director of the WHO Health Emergencies Programme in the WHO Regional Office for the Eastern Mediterranean. Reminding representatives that the recent Ebola outbreak originated within a country in crisis and
characterized by institutional fragility, Dr Thieren emphasized the importance of maintaining collective health security through investing in IHR capacity. Dr Thieren further stressed that supporting these novel monitoring and evaluation approaches to build capacity in crisis countries, in particular through the joint external evaluation, presented a unique opportunity to synergize across disciplines and stakeholders which was the guiding rationale of the WHO emergency reform.

2. Summary of discussions

Update on IHR implementation in the Region

The WHO Eastern Mediterranean Region is the leading Region in conducting joint external evaluation (JEE), and therefore has gained invaluable experience and lessons learned to share both regionally and globally. There is high-level institutional support for this approach in strengthening IHR, as the 63rd Regional Committee for the Eastern Mediterranean in 2016 urged Member States to undertake JEE and develop national plans of action to implement the recommendations (EM/RC63/R.1). Thus far, 13 Member States in the Region have undergone JEE, with four more shortly forthcoming. External evaluations were successfully held for Somalia and Afghanistan despite significant challenges.

Representatives present from Afghanistan, Bahrain, Jordan, Lebanon, Morocco, Pakistan, Qatar and Sudan shared their experiences with preparing for the JEE, prioritizing the recommendations, and developing and costing the national action plan afterwards.

Key successes focused on multisectoral collaboration, helpful preparatory planning missions, identification of priorities, and the effectiveness of the tool and results for domestic policy makers.
Challenges in conducting JEE were associated with composing a technically competent and diverse team to cover all areas, nuances with interpreting the tool, availability of background documents (confidentiality/exclusively hard copies/language), timeliness of the final report turnaround to begin national action, and then creating a national plan to consider regions and sub-regional needs.

Further advocacy sensitizing national stakeholders on IHR, the JEE, as well as the interpretation of the final scores was cited as a need. A meta-data system, i.e. an additional set of data attached to an indicator to further demonstrate how a score is composed, could help to contextualize and interpret these results. Additional preparatory national stakeholder meetings should be considered, as well as involving international organizations, such as FAO/OIE, to liaise with their national counterparts to further advocate for the JEE process in country.

An official roster of JEE experts to be trained in advance, including both lead and technical area experts, is currently being compiled globally across the Organization’s regions.

*Implementation approaches for conducting joint external evaluation in crisis countries*

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

Undertaking a JEE in crisis countries requires special considerations given the country context; however, despite the need to adapt unique approaches, the overall process must be kept consistent and standardized. To maintain the integrity of the tool, the JEE should be performed in its entirety and not divided amongst technical areas.

National networks could be utilized to help a country conduct the self-assessment, and there is regional experience of using this approach in insecure environments. The polio cluster has an active and high capacity network in many of these crisis countries (Iraq, Somalia, Syrian Arab Republic, Yemen), and also has the experience of training local networks of the field epidemiology training programme, national STOP and academia, which provided training could help conduct the self-assessment as well as conduct some specialized field visits.

The external evaluation component would be preferably held in-country for the purposes of cost and the validation of scores. However, given the security situation, the existing United Nations country team (cluster structures) could be used to host the external evaluation, or a national team would be taken outside to another country. An additional two days would be added to the mission duration to then develop the plan of action right afterwards with all stakeholders present.
A draft guidance document outlining the standardized methodology, definitions, and approaches for conducting joint external evaluation in crisis countries will be finalized and shared.

**New tool for IHR annual reporting**

Annual reporting on IHR progress is required under Article 54 of the Regulations and remains the sole mandatory component of the IHR monitoring and evaluation framework components. A new tool for States Parties annual reporting (SPAR) has been proposed to ensure a continuity of the reporting process, as well as consistency with the Joint External Evaluation tool. Instead of dichotomous responses, the new tool will reflect the same calibrated grading system of the JEE, and will thus be useful to systematically track and conceptualize progress in the interim periods between JEEs.

The new SPAR tool will be discussed during the upcoming World Health Assembly in May 2017 as a component of the IHR monitoring and evaluation framework.

**IHR monitoring and evaluation framework: modules for after action review and simulation exercises**

In alignment with the recommendations of the IHR Review Committee (WHA 68/22 Add.1), these two novel components of the IHR monitoring and evaluation framework represent action-oriented approaches to evaluate functionality of IHR core capacities.

An after action review would present an in-depth qualitative review of performance during an acute public health event with the aim to identify actions to strengthen public health preparedness. An after action review should be held within 3 months of the event and in
coordination with multiple sectors with the lessons learned documented and disseminated.

Exercises also represent an action-oriented approach and qualitative assessment of IHR functionality and can be tailored for specific capacities. They can range in complexity and design from simpler table-tops to full scale simulation exercises. Exercises are utilized to validate plans, develop and practice staff competencies, and to test and improve well-established procedures. In addition, they are helpful to ascertain if previously identified gaps have improved.

After action reviews and exercises are widely utilized across the Region, and countries expressed willingness to share lessons learned and best practices transparently. Cross-country observation in exercises, and publishing and disseminating results were well-received suggestions to proliferate knowledge and build capacity.

*Fundamentals for IHR national focal point empowerment and IHR multisectoral committees*

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

Regional representatives were asked for their best practices how to empower and enable national focal points across four domains concerning their legal mandate, role in monitoring and evaluation
components, continuous training needs, and country collaboration opportunities. Discussions globally revealed that national focal points should be empowered by sound legal decrees or decisions, and positioned at a higher and senior level which would allow them to regularly coordinate across sectors. Coordination could be further enhanced with IHR committees and even mandatory reporting of IHR bound sectors to the national focal points. A training needs assessment should be initially conducted to identify and track needs, and specific modular trainings were even suggested to be provided as an IHR national focal point induction training package. Finally, joint exercising and cross-border initiatives to share and disseminate best practices would be effective collaborative resources for national focal points.

Examples of effective IHR committees were also discussed and regional representatives cited highly diverse structures and arrangements. Nevertheless, the ability to convene members in peacetime and emergencies across all IHR relevant sectors and the flexibility to include subject or technical area experts as needed were key common attributes. A comparison of IHR committee best practices will be collected to inform forthcoming global guidance on strengthening these committees and shared to help countries in empowering or establishing their own.

*Elements and guidance for health security country planning*

The Strategic Partnership for Country Planning will be developing global guidelines for assisting countries in translating their JEE results and priority actions into a national action plan for health security built from the examples of the United Republic of Tanzania and Pakistan. The guidance will cover key components in developing a country plan would include building on existing relevant plans and implementation efforts, alignment with national planning and budgeting cycles, and
guidance on costing. This guidance will eventually be shared for further input and soon finalized. The strategic partnership portal will be used to assist in mobilizing support and donor tracking for the five-year period of the country national action plan for health security.

Regional successes and challenges were shared from the representatives in their efforts to prioritize among the JEE results and priority actions and translate them into a national action plan. First steps included sharing the results and securing multisectoral support through widely encompassing stakeholder meetings to agree on the most pressing recommendations. Identification of domestic funding was a key concern as was attempting to cost the plan. The representative from Pakistan shared their experience, having utilized a top to bottom approach in creating a national plan first, and then moving onto the separate decentralized districts which reflect their national health structure.

Health systems, IHR and essential public health functions synergies

The essential public health functions (EPHF) initiative adopts a more holistic approach in achieving public health with the aim to improve, promote, protect, and restore the health of the population through collective action. The EPHF assessment seeks to assist countries in assessing and building up public health capacity through conducting an objective assessment designed to identify strengths, and weaknesses in public health capacity. Several countries within the Region have agreed to have an independent assessment of public health functions.

Linkages with the two tools, EPHF assessment tool and the JEE tool, have been made and the former includes IHR elements and links them to different components of the health system. The two assessments are not duplicative, but rather complimentary, and the information garnered from one can easily help furnish the self-assessment portion
of the other. Performing these two assessments would then provide an effective in-depth and over-arching analysis on health related capacities within a country.

3. Recommendations

The meeting concluded with diverse recommendations for continuing to advance IHR implementation within the Region, including joint external evaluation and country planning.

To Member States

1. Share national best practices related to IHR implementation with WHO which will be disseminated via the IHR regional bulletin.
2. Begin immediate action on possible JEE priority actions as the action plan is developed and further endorsed.
3. Conduct after action reviews and exercises as feasible, and document and share the outcomes and lessons learned.
4. Develop national action plans using the priority actions identified from JEE, other national assessments, in addition to considering the outcomes of after action reviews and exercises.
5. Conduct an essential public health functions assessment and ensure conceptual alignment with JEE.
6. Link JEE processes with national planning and budget cycles to ensure sustainable follow-up and implementation of the national action plan.

To WHO

7. Finalize the guidance document detailing approaches to conducting joint external evaluation and country planning in crisis countries.
8. Support advocacy activities targeting senior officials in countries concerning the scoring system of the JEE indicators.
9. Ensure that international organizations (FAO/OIE) further advocate via their national counterparts.
10. Support countries to identify both external and internal partners to be involved in JEE and country planning and subsequent implementation.
11. Revise existing guidance document on the IHR national focal points, considering current discussions and identified needs.
12. Share with countries a template outlining key elements and best practices for an IHR multisectoral committee to cover the following elements: legal mandate, composition (including nongovernmental organizations and civil society), terms of reference, frequency of meetings/documentation, decision-making authority.
13. Develop training modules and an online course for IHR national focal point capacity building and reactivate the IHR national focal point online training.
14. Identify or develop a global platform to share lessons learnt and best practices from after action review and exercises between countries and regions.
15. Reactivate the IHR regional bulletin.