

Implementation of the International Health Regulations (2005)

Report by the Director-General

1. In resolution WHA61.2, the Health Assembly decided that States Parties to the International Health Regulations (2005) and the Director-General shall report annually to the Health Assembly on the implementation of the Regulations. It further decided that the first review of the functioning of the Regulations shall be made by the Sixty-third World Health Assembly.

2. This report gives an account of key actions taken by WHO within the framework of the Regulations in response to the pandemic (H1N1) 2009 – the first event deemed to constitute a public health emergency of international concern under the Regulations. The report also describes the procedures for convening an IHR Review Committee, in February 2010, which will provide its views to the Director-General on the functioning of the Regulations and on relevant technical issues. The report further summarizes information received by WHO regarding implementation activities carried out by States Parties to the Regulations between 15 June 2007 and October 2009. Finally, it gives an account of activities undertaken by WHO under the “areas of work for implementation” established in 2007.¹

REVIEW COMMITTEE ON THE FUNCTIONING OF THE INTERNATIONAL HEALTH REGULATIONS AND RELEVANT TECHNICAL ISSUES

3. Members of the Review Committee will be selected from the IHR Roster of Experts, and, where appropriate, other expert advisory panels of the Organization in accordance with Article 50 of the Regulations. As of 1 October 2009, by appointment of the Director-General, 56 experts, nominated by as many States Parties, are listed on the Roster. The selection of review committee members is based on the principles of equitable geographical representation, gender balance, a balance of experts from developed and developing countries, representation of a diversity of scientific opinion, approaches and practical experience in various parts of the world, and an appropriate interdisciplinary balance. The review committee will provide the Director-General with technical advice on the functioning of the Regulations since their entry into force on 15 June 2007. The Director-General will communicate the views and advice of the review committee in accordance with Article 52 of the Regulations.

¹ See: International Health Regulations (2005): Areas of work for implementation at http://www.who.int/ihr/area_of_work/en/index.html; accessed 22 October 2009.

WHO'S ACTIONS IN RESPONSE TO PANDEMIC (H1N1) 2009

4. The Regulations have provided the legal framework for the management of the global response to the pandemic. For the first time since their entry into force, the Regulations have been used by the Director-General for the determination of a public health emergency of international concern and the issuance of temporary recommendations. The timely reporting by States Parties to WHO through the channel of National IHR Focal Points alerted the world to the emergence and international spread of an influenza A virus that would eventually lead to the first pandemic of the twenty-first century and the first human influenza pandemic since 1968. The Regulations' requirements and procedures for detection, risk assessment, information sharing and coordinated response provided an invaluable basis for action in the face of this global threat. From April to October 2009, WHO recorded 201 pandemic influenza-related events in its Event Management System and the IHR Event Information Site, the secure web site for sharing information with National IHR Focal Points, has been systematically used with 788 postings on pandemic (H1N1) 2009, including 72 events, 689 event updates and 27 announcements. The networks of National IHR Focal Points and WHO IHR Contact Points have acted as an efficient conduit for information sharing and dissemination between governments and to and from WHO.

5. On 25 April 2009, the first IHR Emergency Committee, successfully convened at short notice, provided expert advice to the Director-General that facilitated the dissemination of important public health messages to all States Parties. The Emergency Committee met by teleconference on four occasions between April and June 2009 with a fifth meeting through electronic communication in September 2009.

6. In support of States Parties, the Secretariat has provided public health guidance and direct technical support, including field missions. The Public Health Security Exercise carried out in June 2008¹ tested WHO's alert and response procedures worldwide and led to improved standard operating procedures across the Organization as a whole, enabling WHO to be better prepared at the outset of the current influenza pandemic. These procedures are being used on a daily basis by WHO's well-established event management structure and teams at headquarters and in the regional offices.

INFORMATION RECEIVED FROM STATES PARTIES TO THE INTERNATIONAL HEALTH REGULATIONS

7. In order to facilitate States Parties' reporting to the Health Assembly, in accordance with paragraph 1 of Article 54 of the Regulations, the Secretariat prepared questionnaires in 2008 and in 2009. Summary responses from these questionnaires were noted by the Health Assembly.¹ The responses received from 119 States Parties in all WHO regions show that National IHR Focal Points continue to establish cross-sectoral links (83% of all responses) and that, in addition to the health sector, the sectors of food safety (89%) and agriculture, fisheries and forestry (84%), and drug and chemical safety (86%) are the most frequently cited collaborators. All 119 responding States Parties indicated that activities had been undertaken to promote awareness of the Regulations' requirements with health sector personnel (87% of all Parties) being the most frequently identified target of such activity, followed by policy and decision-makers (86%). Other primary targets for these activities are personnel in the food safety sector (80%) and those involved in emergency preparedness (86%).

¹ Document WHA/62/2009/REC/3, summary record of the second meeting of Committee A.

GLOBAL PARTNERSHIP

8. WHO, in accordance with Article 14 of the Regulations, has strengthened its relationships with other international and intergovernmental organizations during the period under review, particularly with those active in the transport sector such as the United Nations World Tourism Organization, ICAO, the International Maritime Organization, IATA, the International Shipping Federation, and Airports Council International. Examples of this include, in the context of pandemic (H1N1) 2009, particularly close collaboration since May 2009 with the aviation industry and ICAO. This cooperation has been facilitated by the access such organizations have been granted to the Event Information Site for National IHR Focal Points. The global transport community has been mobilized through the Transport Emergency Response Network while the Global Outbreak Alert and Response Network continued to provide, on request, field support to countries to respond to emerging diseases and epidemics, including pandemic (H1N1) 2009. The Secretariat participated in the biennial meeting, in July 2009, of Competent Authorities to the Conventions on Early Notification of a Nuclear Accident and on Assistance in the Case of a Nuclear Accident or Radiological Emergency, to which WHO is a Party. WHO is also providing input, through IAEA, to the Joint Radiation Emergency Management Plan of the International Organizations. The Secretariat also arranged an International Health Regulations awareness session in Geneva (August 2009) for delegations of States Parties to the Biological and Toxin Weapons Convention in collaboration with the Implementation Support Unit of that Convention. Collaboration with FAO and OIE continues, particularly in the area of laboratory networks and prevention and control of zoonotic and foodborne diseases. Many emerging diseases now considered under the Regulations originate at the human–animal interface, and a clear framework for WHO’s future work in this area is being developed.

STRENGTHENING NATIONAL CAPACITY

9. The Organization at all levels continues to support States Parties in fulfilling the core capacity requirements under the Regulations through WHO’s regional strategies for national disease surveillance and response systems. WHO regional offices are leading this effort, by providing direct support to countries through regional initiatives and numerous on-site technical support missions. WHO is providing technical standards, tools and support to regional offices and countries for the development and implementation of IHR national action plans. These cooperative efforts include the strengthening of laboratory quality systems through Microbiology External Quality Assessment programmes, laboratory twinning programmes, laboratory biosafety training, laboratory certification for transport of infectious substances, regional surveillance networks, training in intervention epidemiology, training in risk communication, technical guidelines and support to designated airports, ports, and ground crossings, training for the issuance of ship sanitation certificates, and the development of indicators for the overall assessment and monitoring of Regulations core capacities in countries. The Secretariat continues to make available to public health professionals, through the International Health Regulations library, multilingual online Regulations-related materials and training modules. Some of these modules are specifically designed for professionals working in National IHR Focal Points institutions.

10. The Secretariat’s Global Influenza Preparedness Framework and guidance thereon have played a central role in determining the appropriate actions that were taken by the international community and WHO in response to the emerging pandemic, including the 11 June 2009 statement by the

Director-General announcing its beginning following a meeting of the IHR Emergency Committee.¹ The efforts made by most States Parties in recent years to strengthen national capacities provided the world with an essential first line of defence against the new pandemic.

11. The extensive technical network of the Global Polio Eradication Initiative, including the extensive surveillance capacity for acute flaccid paralysis and global laboratory network of 145 laboratories, is being successfully used to detect, investigate and respond to events of international public health importance, including outbreaks of avian influenza, measles and yellow fever. In 2009, members of this network have been active in searching for clusters of influenza-like cases, particularly in many high-population countries and countries with weak health infrastructures in sub-Saharan Africa and South Asia, in response to pandemic (H1N1) 2009. It is expected that such existing infrastructures will be maintained and further built upon, in order to help countries create the capacities necessary to comply fully with the Regulations. As an illustration of the increasing operational link between the Global Polio Eradication Initiative and implementation of the Regulations, in 2009, the IHR Event Information Site for National IHR Focal Points was used to alert Member States of increasing risks relating to poliovirus transmission from Chad, Nigeria, Sudan and from countries in western Africa.

PREVENTION AND RESPONSE TO INTERNATIONAL PUBLIC HEALTH EMERGENCIES

12. The networks of National IHR Focal Points and WHO IHR Contact Points have been increasingly used for rapid communication of public health information between WHO and States Parties. In particular, their accessibility at all times has proven to be an important asset in the response to public health risks and emergencies. The number of users accessing the IHR Event Information Site has continued to grow; the current number of accounts is 669, representing 166 States Parties.

13. WHO continues to detect, track and respond to public health risks and emergencies in a timely manner and in close collaboration with countries, within the framework of the Regulations. In addition to events related to pandemic (H1N1) 2009, from April to October 2009, 171 events that related to diseases such as avian influenza, meningitis, yellow fever, cholera and dengue and other public health emergencies were recorded in the Event Management System and followed. These routine international surveillance and response activities have been recently bolstered by the launching of the new Event Management System which includes increased capabilities to support alert and response operations systematically across WHO.

14. The Secretariat is reviewing and evaluating the functioning of Annex 2 of the Regulations, as recommended by a group of experts in October 2008.² Three studies, one qualitative and two quantitative, are being conducted in collaboration with two research institutions identified for this purpose. The first study involves a representative sample of countries and corresponding health professionals from National IHR Focal Points who will be interviewed by telephone. These interviews will inform two quantitative surveys to be sent to all States Parties to the Regulations. The first results for analysis are expected to be available in early 2010, in time for the IHR Review Committee in February 2010 and, for subsequent consideration by the Sixty-third Health Assembly.

¹ See also document EB126/INF.DOC./1.

² http://www.who.int/ihr/summary_report_annex2.pdf.

15. During the period under review, WHO has conducted surveillance and assessment of chemical-related outbreaks, including mass poisoning of children with diethylene glycol through pharmaceutical products. In addition, WHO has provided technical support to countries facing chemical emergencies. Many technical units within the Secretariat, including those concerned with chemical safety and food safety, have collaborated on the risk assessment and response to disease outbreaks of unknown etiology. In 2009, WHO published the *Manual for the Public Health Management of Chemical Incidents*¹ to help Member States meet the Regulations' core capacity needs relating to chemical incidents. Furthermore, a publication, developed in partnership with European radiation protection agencies, provides a comprehensive set of technical guidelines for response to radiation exposure.²

16. The informal working group of experts on country-specific mapping of yellow fever risk finalized its review of the list of countries and/or areas where the risk of transmission exists, in accordance with Annex 7 of the Regulations. The recommendations of the group will be presented to an international consultation, scheduled to be held in 2010. In addition, an expert consultation is planned and will review the criteria for determining the list of countries or areas for which WHO might recommend disinsection for departing conveyances, as set out in Annex 5 of the Regulations.

17. The specific risk associated with food and food products is dealt with under a separate item on the provisional agenda.³

LEGAL ISSUES AND MONITORING

18. The administrative procedures developed during exercises were crucial for the successful organization and running of Emergency Committee meetings during the current public health emergency of international concern. In addition to this, and for the first time, provisions of Article 43 of the Regulations dealing with the additional measures States Parties may take that vary from WHO recommendations have been brought into play. In particular, certain Member States have provided reports of measures that could significantly interfere with international travel and trade. Such information was shared with all countries through the IHR Event Information Site for National IHR Focal Points. The Secretariat has followed up, where appropriate, regarding certain measures.

19. Indicators to monitor States Parties' progress in the development of core capacities set out in Annex 1 of the Regulations have been developed through a process of expert consultations. A monitoring tool is currently being pilot tested in selected countries in all WHO regions.

REGIONAL ACTIVITIES

20. During the period under review, WHO regional and country offices have directly provided support to States Parties in an array of activities for implementing the Regulations. Regional strategies incorporating the Regulations' requirements continue to be used to engage technical partners, and to conduct workshops on the Regulations, meetings and field visits. Training and awareness initiatives on all aspects covered by the Regulations are regularly organized in WHO regional offices. In the context

¹ *WHO Manual: The Public Health Management of Chemical Incidents*. Geneva, World Health Organization, 2009.

² The publication is available at: <http://www.tmthandbook.org>; accessed 26 October 2009.

³ Food safety; document EB126/11.

of pandemic (H1N1) 2009, regional implementation activities have been geared towards supporting States Parties in their pandemic preparedness and response priorities.

IMPLEMENTATION PROGRESS

21. Although progress has been made by States Parties to implement the Regulations with the support of WHO regional offices, a number of technical challenges remain. These include implementing the broad scope of the Regulations, which require public health surveillance and response in order to encompass different types of public health risks. Another area where progress is still needed is in the development of plans of action to strengthen public health capacities at designated points of entry, particularly for ground crossings. The identification of additional technical and funding partners for supporting countries in further developing and implementing their IHR national action plans is also required.

ACTION BY THE EXECUTIVE BOARD

22. The Executive Board is invited to take note of the report.

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