



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 of influenza A (H1N1) 2009 virus – the first event determined by the Director-General to constitute a public health emergency of international concern under the Regulations. The report also describes the procedures for convening the IHR Review Committee, in April 2010, which will provide its views to the Director-General on the functioning of the Regulations. 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 At its 126th session in January 2010, the Executive Board noted an earlier version of this report.²

REVIEW COMMITTEE ON THE FUNCTIONING OF THE INTERNATIONAL HEALTH REGULATIONS

3. In January 2010, the Director-General presented a draft plan for the first review of the functioning of the International Health Regulations (2005) to the Executive Board at its 126th session.³ The draft plan proposed that the IHR Review Committee be convened prior to the Sixty-third World Health Assembly and that the Committee’s preliminary findings be presented to that session of the Health Assembly in May 2010. The draft plan further established that, subject to the wishes of the governing bodies, a final report would be presented to the Sixty-fourth World Health Assembly in May 2011. 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

¹ Information on the areas of work is accessible online at http://www.who.int/ihr/area_of_work/en/index.html; accessed 23 March 2010.

² Document EB126/2010/REC/2, summary record of the second meeting, section 2.

³ Document EB126/INF.DOC./3.

the Regulations. As at 1 March 2010, over 200 experts have been appointed by the Director-General to the IHR Roster, including 54 at the request of IHR States Parties in accordance with Article 47 of the Regulations. During the discussion of the item on implementation of the Regulations by the Executive Board at its 126th session, the Director-General called on States Parties to continue to submit nominations for the Roster.¹ 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 opinions, 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, and on the global actions taken in pandemic preparedness and response. It will also identify the major lessons learnt from pandemic (H1N1) 2009.

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

4. The Regulations have continued to provide 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 led to the first pandemic of the twenty-first century and the first influenza pandemic since 1968. The Regulations' requirements and procedures for detection, risk assessment, information sharing and coordinated response continue to provide an invaluable basis for action in the face of this global event. From 1 April 2009 to 28 February 2010, WHO recorded 240 pandemic influenza-related events in its Event Management System. In addition, the IHR Event Information Site, the secure web site for sharing information with National IHR Focal Points, has been systematically used with 840 postings made on pandemic (H1N1) 2009, including 80 events, 715 event updates and 45 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 on seven occasions between April 2009 and February 2010. At its seventh meeting, on 26 February 2010, the Emergency Committee advised the Director-General that it was premature to conclude that all parts of the world had experienced peak transmission of pandemic influenza A (H1N1) 2009 virus and that additional time and information were needed to permit conclusions to be drawn regarding the status of the pandemic. Based on this advice, the current epidemiological evidence and other relevant information, the Director-General determined that there had been no change in the pandemic phase and decided to continue to monitor the situation and developments closely and to convene the Emergency Committee again before the Sixty-third World Health Assembly.

¹ See document EB126/2010/REC/2, summary record of the second meeting, section 2.

INFORMATION RECEIVED FROM STATES PARTIES TO THE INTERNATIONAL HEALTH REGULATIONS (2005)

6. 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. A report on implementation of the Regulations, providing details of the initial responses to the questionnaire issued in 2009, was noted by the Sixty-second World Health Assembly.¹ The questionnaire has now been fully analysed and responses received from 119 States Parties in all WHO regions show that National IHR Focal Points are continuing 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%).

GLOBAL PARTNERSHIP

7. WHO, in accordance with Article 14 of the Regulations, has continued to strengthen 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, the International Air Transport Association, the International Shipping Federation, and Airports Council International. This cooperation is being facilitated by the access such organizations have been granted to the IHR Event Information Site. The global transport community has been mobilized through the Transport Emergency Response Network, while the Global Outbreak Alert and Response Network has continued to provide, on request, field support to countries in responding to emerging diseases and epidemics. Collaboration with FAO and OIE continues, particularly in the area of laboratory networks and prevention and control of zoonotic and foodborne diseases. Many emerging disease events 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

8. 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 national action plans under the Regulations. These cooperative efforts include the following: 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;

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

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 development of indicators for the overall assessment and monitoring of the core capacities in countries that are required under the Regulations. Multilingual online materials and training modules concerning the Regulations continue to be made available to public health professionals by the Secretariat, by means of a dedicated electronic library. In addition to this, a new implementation course for the Regulations was launched in March 2010, bringing together a diversity of professionals from around the world to strengthen critical human resources and thus secure global public health within the framework of the Regulations. This on-the-job training course includes three basic modules: surveillance and early warning and response, health management and international relations and law.

9. The Secretariat's Global Influenza Preparedness Framework and guidance continue to play a central role in determining the appropriate actions to be taken by the international community and WHO in response to the continuing pandemic.¹ The efforts made by most States Parties in recent years to strengthen national capacities have provided the world with an essential first line of defence against the new pandemic.

10. The extensive technical network of the Global Polio Eradication Initiative, including the extensive surveillance capacity for acute flaccid paralysis and the global 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 were 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 existing infrastructures of this type will be maintained and further built upon, in order to help countries to 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

11. The networks of National IHR Focal Points and WHO IHR Contact Points have been consistently 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 continues to grow; the number of accounts has increased greatly and now stands at 877, representing 178 States Parties.

12. 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 1 April 2009 to 28 February 2010, 318 events that related to diseases such as avian influenza, meningitis, yellow fever, cholera and dengue and other

¹ See document HSE/GIP/PIP/2009.1.

public health events were recorded in the Event Management System and followed. These routine international surveillance and response activities have been strengthened by the new Event Management System which includes increased capabilities to support alert and response operations systematically across WHO.

13. The Secretariat has commissioned studies from two research institutions to review and evaluate the functioning of Annex 2 of the Regulations, as recommended by a group of experts in October 2008.¹ The first study involved a representative sample of countries and corresponding health professionals from National IHR Focal Points who were interviewed by telephone. These interviews informed two quantitative surveys that were sent to all States Parties. The first results for analysis will be presented to the Secretariat in March 2010 and the final reports will be made available to the IHR Review Committee in April 2010.

14. During the period under review, WHO has conducted surveillance and assessment of chemical-related outbreaks. In addition, the Organization 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 of, and response to, disease outbreaks of unknown etiology.

15. 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 working group were presented to an international consultation held on 4 and 5 March 2010 in Stockholm. In addition, with the support of the Centers for Disease Control and Prevention (Atlanta, Georgia, United States of America), and the European Centre for Disease Prevention and Control, an expert consultation was held in Geneva, Switzerland, from 30 November to 1 December 2009 to 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. A working group has been constituted to finalize this list.

16. The specific risk associated with food and food products is dealt with under a separate item on the provisional agenda.²

LEGAL ISSUES AND MONITORING

17. The administrative procedures developed during table top exercises and simulations of emergency events have been crucial for the successful organization and running of Emergency Committee meetings during the current public health emergency of international concern. In addition, provisions of Article 43 of the Regulations have been brought into play, dealing with the additional measures States Parties may take that vary from WHO recommendations. 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 continues to monitor reports regarding the implementation of this type of health measure.

¹ http://www.who.int/ihr/summary_report_annex2.pdf

² Food safety; document A63/11.

18. 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 in which several expert consultations were held, involving States Parties, WHO and outside institutions and partners. A monitoring tool was pilot tested over several months in 2009 and in 2010 in selected countries in the six WHO regions and finalized based on consensus from all regions. A questionnaire to gather data on the indicators has been sent to all National IHR Focal Points and a web-based tool allowing continuous updating of the data by States Parties will be made available later this year.

REGIONAL ACTIVITIES

19. During the period under review, WHO regional and country offices have continued to provide direct support to States Parties in an array of activities for implementing the Regulations. Regional strategies that already incorporate the Regulations' requirements continue to be used to engage technical partners, and to conduct workshops on the Regulations, and meetings and field visits. Other regional strategies are being updated to reflect the relevant requirements. Training and awareness initiatives on all aspects covered by the Regulations are regularly organized in WHO regional offices. In the context of pandemic (H1N1) 2009, regional implementation activities have been geared towards supporting States Parties in their pandemic preparedness and response priorities.

IMPLEMENTATION PROGRESS

20. Although progress in implementing the Regulations continues to be made by States Parties with the support of WHO regional offices, challenges remain. These include respecting the broad scope of the Regulations, under which public health surveillance and response are required for a wide spectrum of public health risks. Another area where progress is needed concerns the development of plans of action to strengthen public health capacities at designated points of entry, including ground crossings. Additional technical and financial resources and partners also need to be identified in order to support countries to further develop and implement their national action plans under the Regulations.

ACTION BY THE HEALTH ASSEMBLY

21. The Health Assembly is invited to take note of the report.

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