Implementation of the International Health Regulations (2005)

Global implementation plan

Report by the Secretariat

1.   In May 2016, the Director-General submitted the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response to the Sixty-ninth World Health Assembly.[1] The Health Assembly adopted decision WHA69(14) in which, inter alia, it 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 that includes immediate planning to improve delivery of the International Health Regulations (2005) by reinforcing existing approaches, and that indicates a way forward for dealing with new proposals that require further Member State technical discussions". It also requested the Director-General to submit the global implementation plan to the Executive Board for consideration at its 140th session.

2.   A draft of a global implementation plan was discussed during the subsequent sessions of all six regional committees.[2] Two regions held formal pre-session meetings (Region of the Americas,[3] and South-East Asia Region[4]). Furthermore, technical briefings were given in the margins of the sessions of most of the regional committees. A document incorporating, to the extent possible, the proposals from all six regional committees, was presented to the Executive Board at its 140th session in January 2017.[5]

3.   The Executive Board, at its 140th session, requested that further consideration be given to the input from the six regional committees, and that consultations be held with Member States and the finalized global implementation plan be presented to the Seventieth World Health Assembly. This document is a revised version of document EB140/14, which takes account of the comments made by

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[1] Document A69/21.

[2] See documents AFR/RC66/4, CD55/12, Rev.1, SEA/RC69/10, EUR/RC66/26 and EM/RC63/INF.DOC.4. The draft plan was discussed by the Regional Committee for the Western Pacific during consideration of the agenda item on the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (document WPR/RC67/9).

[3] Document CD55/12, Rev.1 includes (in Annex B) the report of a regional consultation on the draft document; see also decision CD55(D5) of the Directing Council of PAHO.

[4] Document SEA/RC69/10 Add.1 provides the conclusions and responses of an informal regional consultation (New Delhi, 18 and 19 August 2016).

[5] Document EB140/14.

the Executive Board, further consultations with the regional offices, and comments received from Member States during a mission information session held at WHO headquarters on 23 March 2017.

OVERVIEW OF THE GLOBAL IMPLEMENTATION PLAN

4.   The Review Committee made 12 major recommendations and 62 supporting recommendations. The global implementation plan proposes modalities and approaches for implementing the recommendations, and identifies six areas of action.

5.   An overview of the relationship between the areas of action of the draft global implementation plan, the related objectives and timelines, and the recommendations of the Review Committee is provided in Annex 1. The success of the actions proposed relies on three fundamental and interrelated principles: country ownership, WHO's leadership and effective global partnerships.

6.   The proposed areas of action of this global implementation plan are as follows:

- **Area of action 1: Accelerating States Parties' implementation of the International Health Regulations (2005)** – this area addresses recommendations 2, 3, 8, 9 and 10 of the Review Committee;

- **Area of action 2: Strengthening WHO's capacity to implement the International Health Regulations (2005)** – this area addresses recommendations 4 and 12 of the Review Committee, with the exception of recommendations 12.7 and 12.8;

- **Area of action 3: Improving the monitoring and evaluation of and reporting on core capacities under the International Health Regulations (2005)** – this area addresses recommendation 5 of the Review Committee;

- **Area of action 4: Improving event management, including risk assessment and risk communication** – this area addresses recommendation 6 of the Review Committee;

- **Area of action 5: Additional health measures and enhancing compliance with the Temporary Recommendations and advice given by the Director-General under the International Health Regulations (2005)** – this area addresses recommendation 7 and sub-recommendations 12.7 and 12.8; and

- **Area of action 6: Rapid sharing of scientific information** – this area addresses recommendation 11.

AREA OF ACTION 1: ACCELERATING STATES PARTIES' IMPLEMENTATION OF THE INTERNATIONAL HEALTH REGULATIONS (2005)

7.   In order to enhance States' capacity to comply with the requirements under the International Health Regulations (2005) and, in keeping with the recommendations of the Review Committee, WHO will give great importance to:

(a)   drafting a five-year global strategic plan to improve public health preparedness and response, which builds on regional efforts and lessons learned, to be submitted to Member States at the Seventy-first World Health Assembly, in May 2018, followed by the development or adaptation of relevant regional operational plans;

(b)   providing support to States Parties for developing national action plans taking into account national context, the strategic directions from the global strategic plan, and the relevant regional operational plans;

(c)   linking the building of core capacities required by the International Health Regulations (2005) with health systems strengthening;

(d)   supporting National IHR Focal Points and strengthening their capacities further, including through building a global network of IHR Focal Points;

(e)   prioritizing provision of support to States Parties with high vulnerability and low capacity, based on assessments of national core capacities, and other risk assessments;[1,2]

(f)   mobilizing financial resources to facilitate the implementation of the International Health Regulations (2005) at the global, regional and national levels.

The five-year global strategic plan

8.   The five-year global strategic plan will be drafted on the basis of the following principles: consultation; country ownership; WHO leadership; broad partnerships; an intersectoral approach; integration with the health system; community involvement; focus on fragile context; regional integration; domestic financing for sustainability; balance between legally binding and voluntary elements; and focus on monitoring, results and accountability. Annex 2 presents these guiding principles, including the proposed consultative process for the development of the five-year global strategic plan.

9.   The five-year global strategic plan will present the Organization's approach to strengthening countries' ability to implement the core capacities detailed in the International Health Regulations (2005) as a legally binding obligation and means to ensure national and global preparedness and response to public health events, including emergencies. It will build on and align with existing global strategies (for instance, WHO's global action plan on antimicrobial resistance) and regional approaches, networks and mechanisms for health emergency preparedness and response such as the Integrated Disease Surveillance and Response[3] – a strategy of the Regional Office for Africa, the Asia Pacific Strategy for Emerging Diseases[4] – a common strategic framework for the regions of South-East Asia and the Western Pacific, Health 2020[5] – a policy framework and strategy for the European Region, the IHR Regional Assessment Commission established by the Regional Committee

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[1] The INFORM Index for Risk Management is a tool for understanding the risk of humanitarian crises and disasters. Available at: http://www.inform-index.org/Portals/0/InfoRM/INFORM%20Global%20Results%20Report%202017%20FINAL%20WEB.pdf?ver=2016-11-21-164053-717 (accessed 27 April 2017).

[2] See also document UPDATE. WHO Health Emergencies Programme: progress and priorities. Financing dialogue. 31 October *2016* for the list of WHO Health Emergencies Programme priority countries. Available at: http://www.who.int/about/finances-accountability/funding/financing-dialogue/whe-update.pdf?ua=1 (accessed 27 April 2017).

[3] http://www.afro.who.int/en/integrated-disease-surveillance/idsr.html (accessed 1 May 2017).

[4] http://www.wpro.who.int/emerging_diseases/documents/docs/ASPED_2010.pdf?ua=1 (accessed 1 May 2017).

[5] http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf?ua=1 (accessed 1 May 2017).

for the Eastern Mediterranean,[1] and other regional approaches. The five-year global strategic plan will be developed in consultation with Member States, regional offices and relevant stakeholders by November 2017, and will be submitted for consideration and prospective endorsement by the Seventy-first World Health Assembly in May 2018, through the Executive Board at its 142nd session.

National action plans

10.   WHO will work with countries 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. The national action plans will be elaborated on the basis of the results of comprehensive country capacity assessments (including annual reporting under the International Health Regulations (2005), joint external evaluations, and others), with emphasis on country ownership, intersectoral coordination, and strategic partnerships. Consideration will also 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, antimicrobial resistance initiatives, pandemic preparedness plans, action plans to implement the 2030 Agenda for Sustainable Development, the Sendai Framework for Disaster Risk Reduction[2]) to ensure a holistic approach and avoid duplication.

11.   The Secretariat will work with States Parties 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.[3] When gaps have been identified and areas for investment prioritized, it is crucial that countries rapidly develop estimates of 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 accountability).[4]

12.   The development of the national action plans should be aligned with national health sector's strategies and plans, and, in their development and implementation, they should emphasize coordination of multiple sectors and partners, such as OIE and FAO under the "One Health" approach. Because the core capacities required under the Regulations cut across several sectors, financial and other sectors should be part of the planning process to ensure cross-sector coordination and appropriate financial allocations.

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[1] http://applications.emro.who.int/docs/RC62_Resolutions_2015_R3_16576_EN.pdf?ua=1 (accessed 1 May 2017).

[2] http://www.unisdr.org/we/inform/publications/43291 (accessed 1 May 2017).

[3] United Nations General Assembly resolution 69/313.

[4] Global Partnership for Effective Development Cooperation – principles. (Available at: http://effectivecooperation.org/about/principles/. Accessed 1 May 2017.)

Health systems strengthening and health security

13.   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). Building on the work of the WHO regional offices, a technical consultation will take place in the second half of 2017 to develop a framework for integrating essential public health functions, health systems building blocks and the core capacities required by the International Health Regulations (2005), to further support the long-term sustainability of investments in and planning for health security for resilient health systems.

14.   Through the coordinated programme of work, the Secretariat will provide support to countries for integrating core capacities detailed in the Regulations into the overall health systems strengthening. The programme of work will include work to support: harmonization of guidance for tools for country planning and assessment, such as the Joint Assessment of National Health Strategies and the Joint External Evaluation of core capacities required under the Regulations; integration of health care delivery systems and essential public health functions; and workforce development as a means to strengthen preparedness and response to public health emergencies.

National IHR Focal Points

15.   The Secretariat will accelerate action to strengthen the capacity of National IHR Focal Points to implement the International Health Regulations (2005), including calling for them to play a more prominent role 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 endowing them with adequate resources and the authority to fulfil their obligations. This will be achieved for instance through training programmes and the adoption 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 meetings to build their capacities 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] these will include e-learning and real-time, multi-country exercises.

AREA OF ACTION 2: STRENGTHENING WHO'S CAPACITY TO IMPLEMENT THE INTERNATIONAL HEALTH REGULATIONS (2005)

16.   The new WHO Health Emergencies Programme will substantially strengthen the capacity of the Organization to implement the International Health Regulations (2005). Under the new Programme, the number of personnel dedicated to work on the Regulations, including work on country health emergency preparedness will continue to be considerably increased at all three levels of the

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[1] https://extranet.who.int/hslp/training/ (accessed 1 May 2017).

Organization, including especially support of countries with high vulnerability and low capacity. Country health emergency preparedness in the context of both the Regulations and the Sendai Framework for Disaster Risk Reduction 2015–2030[1] is one of the major elements of the results framework for the new Programme, which includes outputs on the monitoring, evaluation and assessment of core capacities for all-hazards emergency risk management, the development of national plans and critical core capacities for health emergency preparedness.

17.   To ensure effectiveness and efficiency the WHO Health Emergency Programme will focus on certain priorities including: increasing core operations capacities; developing standardized services for emergency responses; expanding partnership arrangements; and supporting country preparedness. The Programme is also focused on improving all areas of core services in order to underpin preparedness and response, from sustainable financing and staffing, resource mobilization, communication and advocacy to leadership, planning and performance management.[2]

18.   In the context of the new Programme, WHO will enhance its collaboration on health emergencies with other entities and agencies both within and outside the United Nations system. So as to promote the Regulations and their full implementation, WHO will build on its preliminary work to include in the remit of the United Nations Secretary-General's Special Representative for Disaster Risk Reduction a mandate to act as an advocate for the Regulations to ensure that they are well understood and positioned prominently across sectors in both governments and international organizations. The result should be improved global awareness and recognition of the Regulations, which would be a powerful signal from outside the Organization about their importance for national governments and not just health ministries.[3]

19.   The Inter-Agency Standing Committee is the primary mechanism for the coordination between agencies of international humanitarian assistance and is convened by the United Nations Emergency Relief Coordinator of the United Nations Office for the Coordination of Humanitarian Affairs. The Standing Committee's Principals concurred on the use of the mechanisms of the Standing Committee and the United Nations Office for the Coordination of Humanitarian Affairs to coordinate the international response to large-scale infectious disease emergencies, under the strategic and technical leadership of WHO. Standard operating procedures for the work of the Standing Committee for level 3 infectious disease emergencies were developed in December 2016.[4] Progress in this regard will be among the issues reported to the Global Health Crises Task Force that has been established by the United Nations Secretary-General to monitor and support implementation of the recommendations of the High-level Panel on the Global Response to Health Crises.[5]

20.   The WHO Health Emergencies Programme is also establishing mechanisms to strengthen further WHO's partnership work in respect of the implementation of the Regulations, particularly in collaboration with the Global Outbreak Alert and Response Network the members of the Global

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[1] http://www.unisdr.org/we/inform/publications/43291 (accessed 1 May 2017).

[2] See also related documents: A70/8 Report of the Independent Oversight Advisory Committee for the WHO Health Emergencies Programme; A70/9 WHO response in severe, large scale emergencies; A70/10 Research and development for potentially epidemic diseases; A70/11 Health workforce coordination in emergencies with health consequences.

[3] Document A69/21, Annex, supporting recommendation 4.1.

[4] https://interagencystandingcommittee.org/principals/documents-public/final-iasc-system-wide-level-3-l3-activation-procedures-infectious (accessed 1 May 2017).

[5] Document A69/30, paragraph 13.

Health Cluster, and a range of expert networks. In June and December 2016, the Steering Committee of the Global Outbreak Alert and Response Network agreed on a number of key strategic orientations to further strengthen the Network's support to WHO and the global capacity for surveillance, risk assessment, rapid international coordination for investigations and timely response.[1]

AREA OF ACTION 3: IMPROVING THE MONITORING AND EVALUATION OF AND REPORTING ON CORE CAPACITIES UNDER THE INTERNATIONAL HEALTH REGULATIONS (2005)

21.   Following the adoption by the Health Assembly of resolution WHA61.2 (2008) in which it decided that States Parties shall report to it annually on the implementation of the Regulations, the Secretariat developed a reporting instrument for States Parties to conduct annual self-assessments and annual reporting by States Parties.[2] The annual reporting process involved the assessment of the implementation of eight core capacities and the development of capacities at points of entry and for hazards covered by the Regulations, notably biological (zoonotic, food safety and other infectious hazards), chemical, radiological and nuclear, based on Annex 1 of the Regulations.

22.   The Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation recommended in 2014 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."[3] To that end, a concept note[4] outlining a new approach was discussed by the WHO regional committees in 2015, and a revised monitoring and evaluation framework was presented to, and noted by, the Sixty-ninth World Health Assembly.[5] The IHR Monitoring and Evaluation Framework has four complementary components: States Parties' annual reporting required under the International Health Regulations (2005), and voluntary joint external evaluation, after-action review and simulation exercises.

23.   To ensure coherence and consistency between the various instruments, WHO will review the annual reporting tool, and this revised instrument will be proposed to States Parties for future annual reporting. Lessons learned from other instruments will be reviewed regularly by the WHO Secretariat, together with interested countries and technical partners.

AREA OF ACTION 4: IMPROVING EVENT MANAGEMENT, INCLUDING RISK ASSESSMENT AND RISK COMMUNICATION

24.   Central to the WHO Health Emergencies Programme is a new single, unified set of procedures across the three levels of the Organization for conducting rapid risk assessments in response to newly

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[1] The Global Outbreak Alert and Response Network website: https://extranet.who.int/goarn/.

[2] WHO. IHR core capacity monitoring framework: checklist and indicators for monitoring progress in the development of IHR core capacities in States Parties. Document WHO/HSE/GCR/2013.2, Geneva: World Health Organization; 2013 (http://www.who.int/ihr/publications/checklist/en/, accessed 1 May 2017).

[3] Document A68/22 Add.1, Annex 1.

[4] Development, monitoring and evaluation of functional core capacity for implementing the International Health Regulations (2005): concept note, available at: http://www.who.int/ihr/publications/concept_note_201507/en/ (accessed 1 May 2017).

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

detected public health events. The new procedures will involve a systematic assessment of the hazard, exposure, vulnerability and States Parties' capacities in order to determine whether an event constitutes a low, medium, high or very high risk of amplification and international spread. The results of these risk assessments will be made available to all States Parties, through the IHR Event Information Site, and, in the case of high and very high risk events, will also be directly and immediately communicated to the United Nations Secretary-General and the Principals of the Inter-Agency Standing Committee.

25. The WHO Health Emergencies Programme will initiate within 72 hours an on-the-ground assessment when notified of the presence or emergence of a high-threat pathogen (for example, human-to-human transmission of a novel influenza virus), clusters of unexplained deaths in high-vulnerability, low-capacity settings, and other events deemed appropriate at the discretion of the Director-General. When feasible, the Programme will engage partner agencies with relevant expertise to assist in such risk assessments. The outcomes will be communicated to the Director-General within 24 hours of completion of the assessment, together with recommendations of the Programme on risk mitigation, management and response measures as appropriate.[1] The Secretariat will continue to improve reporting of events and risk communication through the established channel of the Event Information System, and the development of new epidemiological intelligence tools.

26. WHO will work with partners to harmonize instruments for risk assessment in the fields of humanitarian assistance and infectious diseases epidemics in order to develop a common approach for risk assessment in health emergencies.

27. In May 2016 the Director-General established the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme,[2] whose 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.

28. The Director-General will establish a Technical Advisory Group of Experts on Infectious Hazards that will help to guide the Organization's work in evaluating and managing new and evolving public health risks, as well as its broader work in the identification, characterization and mitigation of high threat pathogens. The technical advisory group will have no executive, implementation or supervisory functions and will have a clear role that complements the Independent Oversight and Advisory Committee and the IHR emergency committees. The draft terms of reference for the Technical Advisory Group are presented in Annex 3.

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[1] Document A69/30, paragraph 10.

[2] http://www.who.int/about/who_reform/emergency-capacities/oversight-committee/en/ (accessed 1 May 2017).

AREA OF ACTION 5: ADDITIONAL HEALTH MEASURES AND ENHANCING COMPLIANCE WITH THE TEMPORARY RECOMMENDATIONS AND ADVICE GIVEN BY THE DIRECTOR-GENERAL UNDER THE INTERNATIONAL HEALTH REGULATIONS (2005)

29.   The WHO Secretariat will collect, monitor and report on the health measures implemented by States Parties. 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 its website, including the source of information;

(c)   request the public health rationale and scientific evidence for additional health measures that significantly interfere with international traffic under Article 43 of the International Health Regulations (2005),[1] and enhance structured dialogue with States Parties implementing additional health measures that significantly interfere with international traffic under Article 43 of the International Health Regulations (2005), 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, under Article 43 of the Regulations; and

(e)   report to the Health Assembly on additional health measures that significantly interfere with international traffic, implemented by States Parties, as part of the Secretariat's regular reporting on the application and implementation of the International Health Regulations (2005).

30.   WHO will maintain regular contact with WTO to develop a mechanism to address trade-related issues during public health emergencies of international concern. Furthermore, the Director-General remains prepared to fulfil mandates related to the settlement of disputes as described in Article 56 of the Regulations.

AREA OF ACTION 6: RAPID SHARING OF SCIENTIFIC INFORMATION

31.   In 2016, the Director-General established new policies and mechanisms, in the context of public health emergencies, for WHO's sharing of line-listed data with appropriate entities for the purposes of epidemiological studies and mathematical modelling to facilitate understanding of and the response to emergencies, and for ensuring rapid access to new information and data from public health studies and clinical trials to allow the timely application of such data in a response. In this connection, WHO published a statement on its policy on data sharing in the context of public health emergencies in

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

May 2016. This statement concerns data resulting from surveillance, epidemiological and response activities as well as genetic sequences and the findings of observational studies and clinical trials.[1] Under this policy, the Secretariat will disclose data related to emergency response in accordance with the relevant provisions of the International Health Regulations (2005). These data will be anonymized to protect privacy and to ensure confidentiality, and the Organization will consult affected countries before disclosing data. The Secretariat further underlines the principle that originating parties in data sharing should always receive appropriate attribution and authorship and be supported in accordance with applicable international principles.

32.   The sharing of biological samples will be the subject of additional consultations.[2] More specifically, a consultation on WHO's Research and Development Blueprint[3] related to the elaboration of an online tool to provide guidance on a material transfer agreement was held in December 2016.[4] A consultation on biobanking is planned for April 2017. Also of relevance to the sharing of biological samples are the accompanying reports on the public health implications of the implementation of the Nagoya Protocol[5] and on the review of the Pandemic Influenza Preparedness Framework.[6,7]

33.   As part of the Pandemic Influenza Preparedness (PIP) Advisory Group's ongoing work on the handling of genetic sequence data under the PIP Framework, the PIP Advisory Group's Technical Working Group on the Sharing of Influenza Genetic Sequence Data submitted to the Advisory Group on 22 June 2016 the final version of a document entitled "Optimal characteristics of an influenza genetic sequence data sharing system under the PIP Framework". The document is publicly available on the WHO website[8] and provides examples of best practices for the sharing of data in relation to other diseases and public health risks and emergencies.

ACTION BY THE HEALTH ASSEMBLY

34.   The Health Assembly is invited to endorse the Global Implementation Plan. It is further invited to note that the Global Implementation Plan provides areas of action which will constitute a significant proportion of the five-year global strategic plan. As such, the Health Assembly may wish to consider the five-year global strategic plan as an extension of the Global Implementation Plan, building on the guiding principles presented in Annex 2 of this document.

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[1] See full article for details: Policy statement on data sharing by WHO in the context of public health emergencies (as of 13 April 2016). Weekly epidemiological record, 2016, 91(18):237-240, available at: http://www.who.int/entity/wer/2016/wer9118/en/index.html (accessed 3 May 2017).

[2] See document A70/57.

[3] WHO. Being ready for the next epidemic: How to improve R&D funding for preparedness and response to emerging pathogens. An exploration of different funding and coordination models in the framework of the WHO R&D Blueprint for action to prevent epidemics I. Geneva: World Health Organization; 2016, available at: http://www.who.int/csr/research-and-development/workstream_5_document_on_financing.pdf (accessed 1 May 2017).

[4] http://www.who.int/csr/research-and-development/documents/dev_guide_tools-bios/en/ (accessed 27 April 2017).

[5] Document EB140/15.

[6] Document EB140/16; see also http://www.who.int/influenza/pip/2016-review/en (accessed 1 May 2017).

[7] In accordance with decision EB140(5), the Secretariat has continued collaboration with the Secretariat of the Convention on Biological Diversity and other relevant international entities, in the context of existing international commitments on access to pathogens and fair and equitable sharing of benefits, in the interest of public health, and reports thereon to the Seventieth World Health Assembly.

[8] See http://www.who.int/influenza/pip/advisory_group/twg_doc.pdf?ua=1 (accessed 1 May 2017).

AREAS OF ACTION OF THE DRAFT GLOBAL IMPLEMENTATION PLAN, ACTION AND MILESTONES, AND RELATED RECOMMENDATIONS OF THE REVIEW COMMITTEE ON THE ROLE OF THE INTERNATIONAL HEALTH REGULATIONS (2005) IN THE EBOLA OUTBREAK AND RESPONSE

Area of action for WHO in the draft global implementation plan	Objectives and timelines	Recommendations of the International Health Regulations Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response
1. **Accelerating States Parties' implementation of the International Health Regulations (2005)** • Develop a five-year global strategic plan to improve public health preparedness and response for submission to the Seventy-first World Health Assembly, in May 2018 • 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 • Support and further strengthen the National IHR Focal Points • Link the building of core capacities under the International Health Regulations (2005) with health systems strengthening	• Five-year global strategic plan drafted by November 2017 and submitted to the Seventy-first World Health Assembly through the 142nd session of the Executive Board • WHO to support 60 countries in developing national action plans in 2018, and a further 70 countries in 2019 (Source: Proposed programme budget 2018–2019, Document A70/7) • Regional implementation plans for the global strategy, taking into account regional frameworks, to be implemented • Health Security Learning Platform for National IHR Focal Points to include three additional modules on IHR implementation by December 2017, and three new modules by end of 2018 • Each WHO region will begin holding annual or biannual meetings of the IHR National Focal Points network held by 2018 • Conceptual framework on the integration of requirements under the Regulations in the health system and essential public health functions to be developed by September 2017 and piloted in five countries in 2018 • WHO Strategic Partnership Portal to be regularly updated to map progress and available resources.	**Recommendation 2:** Develop a five-year global strategic plan to improve public health preparedness and response **Recommendation 3:** Finance implementation of the International Health Regulations (2005), including to support the five-year global strategic plan **Recommendation 8:** Strengthen National IHR Focal Points **Recommendation 9:** Prioritize support to the most vulnerable countries **Recommendation 10:** Boost core capacities under the International Health Regulations (2005) within health systems strengthening

Area of action for WHO in the draft global implementation plan	Objectives and timelines	Recommendations of the International Health Regulations Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response
2. Strengthening WHO's capacity to implement the International Health Regulations (2005) • Enhance WHO's collaboration with organizations in the United Nations system • Strengthen the Secretariat's capacity to implement the International Health Regulations (2005)	• Standard operating procedures for the Inter-Agency Standing Committee on infectious diseases to be applied in health emergencies in five priority countries • WHO's leadership in the United Nations Secretary-General's Global Health Crises Task Force to be maintained • Global Outbreak Alert and Response Network to be further strengthened by 2018 in the areas of surveillance, risk assessment and risk communication	**Recommendation 4:** Increase awareness of the International Health Regulations (2005), and reaffirm the lead role of WHO within the United Nations system in implementing them **Recommendation 12:** Strengthen WHO's capacity and partnerships to implement the International Health Regulations (2005) and to respond to health emergencies
3. Improving the monitoring and evaluation of and reporting on core capacities under the International Health Regulations (2005) • Revise and submit the IHR Monitoring and Evaluation Framework to the Seventieth World Health Assembly, in May 2017 for consideration for adoption	• Support to be given to 60 countries for the implementation of the IHR monitoring and evaluation framework voluntary components of joint external evaluation, after action review or simulation exercises) in 2018 and 60 more in 2019 (Source: Proposed programme budget 2018–2019, Document A70/7) • Results of IHR Monitoring and Evaluation Framework assessments reported annually to the Health Assembly	**Recommendation 5:** Introduce and promote external assessment of core capacities
4. Improving event management, including risk assessment and risk communication	• Technical advisory group of experts on infectious hazards to be established by September 2017	**Recommendation 6:** Improve WHO's risk assessment and risk communication
5. Additional health measures and enhancing compliance with the temporary recommendations under the International Health Regulations (2005)	• Web-based repository of WHO health measures for public health risks and temporary recommendations for public health emergencies of international concern to be maintained and regularly updated • WHO Standard operating procedures for following up on additional health measures and raising cases of concern to the appropriate national authority to be drafted by June 2017	**Recommendation 7:** Enhance compliance with requirements for Additional Measures and Temporary Recommendations **Recommendation 12.7:** WHO should collaborate with WTO and other relevant agencies to develop a prototype template for Standing Recommendations **Recommendation 12.8:** WHO should encourage recognition of such Standing Recommendations in dispute settlement proceedings […]

Area of action for WHO in the draft global implementation plan	Objectives and timelines	Recommendations of the International Health Regulations Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response
	• Repository of information on State Parties' rationale and scientific information on additional health measures that significantly interfere with international traffic are regularly accessible on the Event Information System on the WHO website • The WHO 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	
6. Rapid sharing of scientific information	• Consultations on the development of an online tool to provide guidance on material transfer agreements and on biobanking in the context of WHO's Research and Development Blueprint to be held by mid-2017 • Consultations on development of data sharing agreements to be held by end of 2017	**Recommendation 11:** Improve rapid sharing of public health and scientific information and data

ANNEX 2

DRAFT GLOBAL FIVE-YEAR STRATEGIC PLAN TO IMPROVE PUBLIC HEALTH PREPAREDNESS AND RESPONSE 2018–2022: GUIDING PRINCIPLES

Background

Document EB140/14 (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) requests the WHO Secretariat to develop a global five-year strategic plan for public health preparedness and response, to be submitted to the Seventy-first World Health Assembly in May 2018, through the Executive Board at its 142nd session in January 2018.

Scope

The global five-year strategic plan will comprise guiding principles and strategic orientations for sustained implementation of the International Health Regulations (2005), with the aim of strengthening capacities at the global, regional and country levels to prepare, detect, assess and respond to public health emergencies with the potential for international spread.

Guiding principles

The global five-year strategic plan will be developed on the basis of 12 interrelated guiding principles:

1. Consultation

The development of the plan will follow a consultative process from May to November 2017, which will comprise specific technical consultations, web-based consultations with Member States, regional technical consultations, and at least one information session for focal points from permanent missions to the United Nations Office at Geneva. The draft plan will be presented to the Executive Board at its 142nd session in January 2018 for submission to the Seventy-first World Health Assembly in May 2018.

2. Country ownership

Building and sustaining capacity for health security and public health emergency preparedness and response is the primary responsibility of national governments. In this process, governments take into account their national health, social, economic, security and political contexts to develop and implement adequate capacities at national and subnational level.

3. WHO leadership and governance

The WHO Health Emergencies Programme will lead the development and implementation of the global five-year strategic plan for public health preparedness and response. The WHO Secretariat will report on progress to the governing bodies, as part of regular reporting on the application and implementation of the International Health Regulations (2005).

4.   Broad partnerships

Many countries require technical support to assess and enhance their capacities for health security and public health emergencies preparedness. Many global partners support countries in the field of health security and public health emergencies. As decided by the Fifty-eighth World Health Assembly, WHO will cooperate and coordinate its activities, as appropriate, with the following: United Nations, International Labour Organization, Food and Agriculture Organization, International Atomic Energy Agency, International Civil Aviation Organization, International Maritime Organization, International Committee of the Red Cross, International Federation of Red Cross and Red Crescent Societies, International Air Transport Association, International Shipping Federation, and *Office International des Epizooties.*[1] Cooperation with other relevant non-State actors and industry associations will also be considered.

5.   Intersectoral approach

Responding to public health security threats 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 Global five-year strategic plan will emphasize the importance of planning for public health preparedness across multiple sectors.

6.   Integration with the health system

The Ebola virus disease outbreak has put both health security and health system resilience high on the development agenda. Integrating the core capacities required by the International Health Regulations (2005) with the essential public health functions will mutually reinforce health security and health systems, leading to resilient health systems.

7.   Community involvement

Effective emergency 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 fragile context: "we are as strong as our weakest link"

While the WHO Health Emergencies Programme is supporting all countries in their preparation for and response to public health risks and emergencies, the initial focus will be on a set of priority countries in fragile situations.[2] The identification of priority countries will take into account an

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[1] WHA58.3. Revision of the International Health Regulations. Available at: http://apps.who.int/gb/ebwha/pdf_files/WHA58-REC1/english/Resolutions.pdf (accessed 1 May 2017).

[2] See document "UPDATE | WHO Health Emergencies Programme: progress and priorities. Financing dialogue. 31 October 2016" for the list of priority countries. Available at: http://www.who.int/about/finances-accountability/funding/financing-dialogue/whe-update.pdf?ua=1 (accessed 1 May 2017).

assessment of national core capacities and other risk assessments, for example using the INFORM methodology.[1]

9. Regional integration

Building on the global five-year strategic plan, WHO regional offices will develop regional implementation plans, taking into account existing regional frameworks and mechanisms, such as: Integrated Disease Surveillance and Response – a strategy of the Regional Office for Africa,[2] the Asia Pacific Strategy for Emerging Diseases – a common strategic framework for the regions of South-East Asia and the Western Pacific,[3] Health 2020 – a policy framework and strategy for the European Region,[4] the Regional Assessment Commission for the International Health Regulations (2005) established by the Regional Committee for the Eastern Mediterranean,[5] and other regional approaches.

10. Domestic financing

For long-term sustainability, the budgeting and financing of core capacities required by the International Health Regulations (2005) should be supported at least in part from domestic resources. WHO will work with countries to encourage the allocation of domestic financial resources to the national action plans for the development and maintenance of the core capacities for surveillance and response. In countries that require substantial external resources the WHO 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).[6]

11. Linking the global five-year strategic plan with requirements under the International Health Regulations (2005)

The five-year global strategic plan will propose strategic directions in relation to the relevant IHR requirements for States Parties and for WHO, as well as voluntary operational and technical aspects that are not a requirement under the International Health Regulations (2005).

12. Focus on results, including monitoring and accountability

The Global five-year strategic plan will have its own monitoring framework, including indicators and timelines, which will be developed through the consultative process, and used for annual reporting on progress to the Health Assembly.

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[1] INFORM Index for Risk Management is a tool for understanding the risk of humanitarian crises and disasters. Available at: http://www.inform-index.org/Portals/0/InfoRM/INFORM%20Global%20Results%20Report% 202017%20FINAL%20WEB.pdf?ver=2016-11-21-164053-717 (accessed 1 May 2017).

[2] http://www.afro.who.int/en/integrated-disease-surveillance/idsr.html (accessed 1 May 2017).

[3] http://www.wpro.who.int/emerging_diseases/documents/docs/ASPED_2010.pdf?ua=1 (accessed 1 May 2017).

[4] http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf?ua=1 (accessed 1 May 2017).

[5] http://applications.emro.who.int/docs/RC62_Resolutions_2015_R3_16576_EN.pdf?ua=1 (accessed 1 May 2017).

[6] Global Partnership for Effective Development Cooperation – principles. (Available at: http://effectivecooperation.org/about/principles/. Accessed 1 May 2017.)

ANNEX 3

**DRAFT TERMS OF REFERENCE FOR THE TECHNICAL ADVISORY GROUP
OF EXPERTS ON INFECTIOUS HAZARDS**

Purpose

The purpose of the Technical Advisory Group of Experts on Infectious Hazards is to provide independent analysis and advice to WHO on infectious hazards that may pose a threat to global health security.

Functions

The functions of the Technical Advisory Group are to:

- review information on new and emerging infectious disease events;

- assess the global context, on a regular basis, for changing determinants of infectious hazards;

- conduct horizon scanning of new and emerging infectious hazards;

- review risk assessments of past events;

- review response to past events;

- provide analysis and advice on priority-setting for WHO's prevention and preparedness activities related to infectious hazards; and

- provide analysis and advice on new partnerships for greater global health security.

Structure

The Technical Advisory Group will comprise up to 10 Members, appointed by the WHO Director-General, in accordance with the WHO Regulations for Expert Advisory Panels and Committees.[1]

The Chairperson shall be appointed by the Director-General.

The Technical Advisory Group shall report to the Executive Director of the WHO Health Emergencies Programme.

The WHO Health Emergencies Programme will provide the Secretariat functions for the Technical Advisory Group, including for organizing meetings and providing the necessary meeting documentation services.

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[1] http://apps.who.int/gb/bd/PDF/bd47/EN/regu-for-expert-en.pdf (accessed 1 May 2017).

Procedures

The Technical Advisory Group will meet quarterly by teleconference.

WHO will keep the Technical Advisory Group informed, through the Group's Secretariat, about relevant public health events, the ongoing implementation of long-term prevention and control strategies, and any recommendations from other technical advisory groups.

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