

# **Implementation of the International Health Regulations (2005)**

## **Report by the Director-General**

1. This document is submitted in response to decision WHA71(15) (2018) on Implementation of the International Health Regulations (2005): five-year global strategic plan to improve public health preparedness and response, 2018–2023, in which the Health Assembly requests the Director-General “to continue to submit every year a single report to the Health Assembly on progress made in implementation of the International Health Regulations (2005), containing information provided by States Parties and details of the Secretariat’s activities, pursuant to paragraph 1 of Article 54 of the International Health Regulations (2005)”. Pursuant to requests in resolution WHA73.1 (2020) on COVID-19 response, a report on implementation of the resolution<sup>1</sup> and a report of the Review Committee on the Functioning of the International Health Regulations (2005) during COVID-19 are submitted separately.<sup>2</sup> The Executive Board at its 148th session noted an interim progress report of that Review Committee and adopted decision EB148(2) on strengthening WHO’s global health emergency preparedness and response.<sup>3</sup>

### **EVENT MANAGEMENT**

#### **Event-related information**

2. Information on events monitored by the Secretariat comes from a variety of sources, including national government agencies, National IHR Focal Points, WHO offices, news media and other organizations or partners. The Secretariat routinely requests verification of information on such events under Article 10 of the Regulations. As in previous years, substantial delays were observed in 2020 in States Parties’ notification of events to the Secretariat as well as their response to requests for event verification under Articles 6 and 10 of the Regulations.

3. In 2020, events monitored by the Secretariat resulted in 149 publications on the Event Information Site for National IHR Focal Points (EIS), relating to 126 country-specific public health events. Most event updates concerned COVID-19, influenza due to identified avian or animal influenza viruses, Middle East respiratory syndrome, yellow fever, Ebola virus disease, measles and dengue. In parallel, 175 announcements were published on the EIS, mainly relating to additional health measures in response to COVID-19. In addition, WHO published 74 updates as disease outbreak news on its website in 2020.

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<sup>1</sup> Document A74/15.

<sup>2</sup> Document A74/9 Add.1.

<sup>3</sup> Document EB148/19; see also the summary records of the Executive Board at its 148th session, fourth and fifth meetings.

## Emergency committees

4. The Director-General convened an IHR Emergency Committee for the outbreak of Ebola virus disease in the Democratic Republic of the Congo on three occasions in 2020: in February, April and finally on 26 June. At the last meeting, the Director-General accepted the Committee's assessment, terminated the status of a public health emergency of international concern for this event and issued final temporary recommendations which expired automatically three months later.

5. The IHR Emergency Committee regarding ongoing events and context involving transmission and international spread of poliovirus is entering its seventh year of existence following the initial declaration that it constituted a public health emergency of international concern by the Director-General in April 2014. In 2020, it continued to meet on a quarterly basis. At its twenty-seventh meeting on 1 February 2021, multiple outbreaks of circulating vaccine-derived poliovirus remained a concern, as well as the continued potential effects of COVID-19 on polio eradication. On the advice of the Committee, the Director-General maintained the status of a public health emergency of international concern and issued revised temporary recommendations.

6. The IHR Emergency Committee for COVID-19 met on five occasions in 2020. At its seventh and latest meeting on 15 April 2021, the Director-General followed the advice of the Committee and maintained the status of a public health emergency of international concern, issuing updated temporary recommendations under the International Health Regulations (2005). In this regard, it is noted that, under Article 15.3 of the IHR (2005), "[t]emporary recommendations may not continue beyond the second World Health Assembly after the determination of the public health emergency of international concern to which they relate". The Seventy-fourth World Health Assembly is the second Health Assembly after the determination of SARS-CoV-2 as a public health emergency of international concern and the issuance of temporary recommendations. Considering the evolving risk of international spread of SARS-CoV-2 and the necessity for periodic review and relevant updates to the recommended public health measures, the Health Assembly is invited to follow the same approach that was adopted in relation to the management of the public health emergency of international concern arising from the international spread of wild poliovirus.<sup>1</sup> Accordingly, the Health Assembly is invited to consider deciding to endorse the continuation of the management of the public health emergency of international concern through temporary recommendations issued by the Director-General under the International Health Regulations (2005), on the advice of the IHR Emergency Committee for COVID-19, in connection with the public health emergency of international concern arising from the international spread of SARS-CoV-2.

## STRENGTHENING NATIONAL CORE CAPACITIES

7. In 2020, the Secretariat continued to provide the State Party Self-Assessment Annual Reporting tool, an electronic format that allows States Parties to report online, thereby facilitating the reporting by States Parties, as well as providing transparency, enabling the real-time monitoring of reports submitted and offering opportunities for quality checks of data provided.

8. In September 2020, the Secretariat sent a supplementary questionnaire, along with the request for the 2020 State Party Annual Reports, to National IHR Focal Points in order to capture experiences of

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<sup>1</sup> Document A68/21 Add.3 and decision WHA68(9).

countries during the COVID-19 pandemic and to obtain information about capacities to deal with a severe epidemic and pandemic.

9. The number of annual reports submitted for 2020 was lower than in 2019, as many States Parties had difficulties reporting owing to their focus on responding to the COVID-19 pandemic. In 2019, 175 (89%) States Parties submitted reports to WHO but for 2020, as at 16 April 2021, the figure was 164 States Parties (84%), 127 of whose reports were completed online through the electronic State Parties Self-Assessment Annual Reporting tool. In 2020, reports have been submitted by States Parties from all WHO regions. The reporting rates were: 100% of States Parties from the African and the South-East Asia regions reporting; for the Region of the Americas, reports were received from 80% of the State Parties (28/35 countries), for the European Region 69% (38/55 countries), for the Eastern Mediterranean Region 90% (19/21), and for the Western Pacific Region 78% (21/27 countries). Of the 164 States Parties that reported in 2020, 146 States Parties had previously reported in 2018 and 2019.

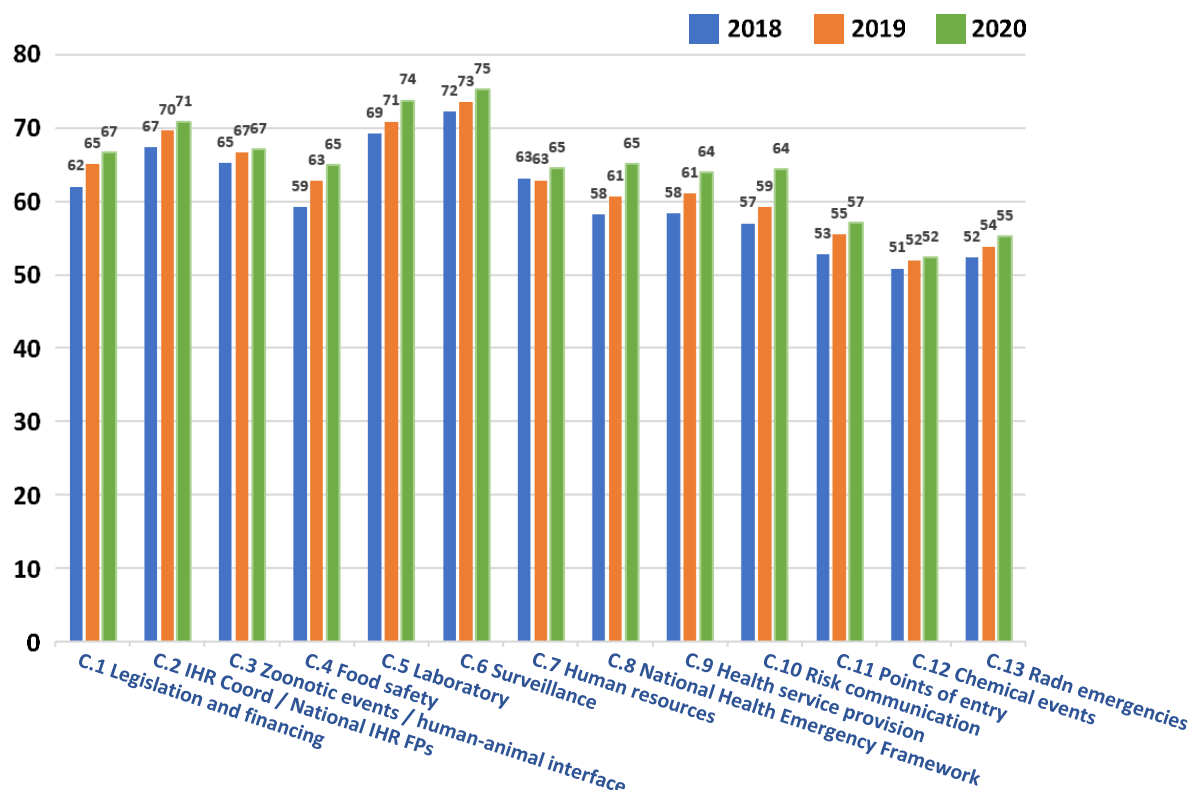
10. Globally, progress has been reported for some of the 13 core capacities under the Regulations, based on the reports received as at 16 April 2021. When considering the total numbers of reports received in 2018 (183), 2019 (175) and 2020 (164), the average of scores suggests that almost all States Parties are improving in key capacities such as laboratory capacity, surveillance, national health emergency framework, and risk communication. Small but steady improvement has been made in the capacities for legislation and financing, IHR Coordination and National IHR Focal Point functions, zoonotic events and animal–human health interface, food safety, human resources and health service provision. Further sustained efforts are still needed in the areas of chemical events, capacities at points of entry and radiation emergencies.

11. For the 146 countries that reported in 2018, 2019 and 2020, we see an improvement across all capacities over the three years, as demonstrated in Fig.1. The COVID-19 pandemic has, however, had a significant impact on the frequency of certain activities such as voluntary joint external evaluations and after-action reviews. Details of the 2020 annual reporting by States Parties is published on WHO's electronic State Parties Self-Assessment Annual Reporting portal, the Strategic Partnership Portal for the IHR and the Global Health Observatory website.<sup>1</sup>

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<sup>1</sup> See e-SPAR platform (<https://extranet.who.int/e-spar/>), the Strategic Partnership for Health Security and Emergency Preparedness (SPH) Portal (<https://extranet.who.int/sph/>) and the International Health Regulations (2005) monitoring framework ([https://www.who.int/data/gho/data/themes/international-health-regulations-\(2005\)-monitoring-framework](https://www.who.int/data/gho/data/themes/international-health-regulations-(2005)-monitoring-framework)) (all accessed 29 March 2021).

**Fig.1. International Health Regulations (2005): 13 average core capacity scores for same countries that reported in 2018, 2019 and 2020.\***



\*Based on information of 146 States Parties reporting in 2018 (n=183), 2019 (n=175) and 2020 (n=164 as of 16.April.2021).  
Source: SPAR tool (<https://extranet.who.int/e-spar>)

12. The Secretariat has coordinated and supported assessments of national core capacities through various approaches provided by the IHR Monitoring and Evaluation Framework. Since February 2016, a total of 113 States Parties had conducted a voluntary joint external evaluation, of which 21 were carried out in 2019. The Secretariat has continued to focus on improving the quality of the evaluation through the use of standardized tools and materials and developing guidance for external evaluation in special-context countries. In 2020, the Secretariat started to develop guidance for virtual and hybrid joint external evaluations to facilitate their implementation when travel is restricted. Several Joint External Evaluation Kick Off Orientation Workshops have been conducted virtually in two States Parties in the European Region (Ukraine and Uzbekistan).

13. The Secretariat has also developed guidance to support States Parties to conduct all-hazards strategic risk assessments and strengthen national planning for health emergency responses and to prioritize key actions using a whole-of-society risk-based approach. Overall, 64 country risk-profiling workshops have been completed to date. The hazard level risk information is being used to develop an emergency and disaster risk calendar which is planned to be launched in the first half of 2021.

14. In 2020, the Secretariat also supported 24 simulation exercises to enhance functional capacities for preparedness and response; in total, 136 exercises have been completed since 2016. The simulation exercises addressed preparedness and response capacities at national, subnational and regional levels, as well as the public health capacities of non-State actors and international partners and WHO's

capacities for health emergency operations. The Secretariat, in particular the regional and country offices, also supported the conduct of 16 after-action reviews, involving stakeholders at national, regional and local levels, community representatives, non-State actors and international partners, making a total of 62 reviews accomplished since 2016.

15. Since February 2020, the Secretariat has developed seven simulation exercise packages to help countries to prepare with their responses to COVID-19.<sup>1</sup> One simulation exercise focused on minimization of social and economic disruptions through targeted public health and social measures. Two vaccine-deployment simulation exercises, developed in close collaboration with COVAX, focused on supporting countries to get ready for introduction of COVID-19 vaccines. The material developed is available in all the official languages of WHO plus Portuguese.

16. The Secretariat also developed tools for COVID-19 intra-action reviews to conduct periodic assessments of existing COVID-19 preparedness and responses at national and subnational levels. These reviews contribute to continuous learning and improvement of COVID-19 response and to building long-term health security. As at 21 January 2021, 33 countries have successfully conducted these reviews using WHO's tools.

17. More information about the joint external evaluations, simulation exercises and after-action reviews can be found at WHO's portal for the Strategic Partnership for IHR and Health Security.<sup>2</sup> The portal is an interactive digital platform that facilitates the sharing, analysis and exchange of information on International Health Regulations (2005) and multisectoral health security investments, activities and capacities on a national, regional and global scale. The portal has been revamped and enhanced with comprehensive country profiles that cover risk and hazard, country capacity, national plans, and activities and areas of interest of donors and partners. The portal also links with the COVID-19 Partners Platform, WHO Emergency Dashboard and the Global Health Observatory.

18. The Secretariat has continued to provide support to States Parties' efforts to strengthen laboratory and biosafety capacity through the development and dissemination of technical guidance, materials and tools, as well as the provision of technical assistance to vulnerable and fragile States Parties. The Secretariat has published updated WHO guidance on the shipping of infectious substances and the certification of shippers and has provided technical assistance to improve access to quality-assured laboratory diagnostic capacities in safe and secure facilities, as well as online and on-site training workshops and provision of laboratory proficiency-testing. The Secretariat has also developed the Global Laboratory Leadership Programme, a collaborative effort between WHO and key partners and organizations.

## **COMPLIANCE WITH REQUIREMENTS OF THE REGULATIONS**

19. This section provides information about compliance with several requirements of the Regulations, including those in the areas of additional health measures; event notification and verification; the establishment and maintenance of National IHR Focal Points; and key provisions in relation to points of entry and yellow fever vaccination.

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<sup>1</sup> Coronavirus disease (COVID-19) training: Simulation exercise (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/training/simulation-exercise>, accessed 30 March 2021).

<sup>2</sup> Strategic Partnership for Health Security and Emergency Preparedness (SPH) Portal (<https://extranet.who.int/sph/>, accessed 30 March 2021).

## **Additional health measures**

20. The Secretariat has continued to implement a structured approach for monitoring States Parties' compliance regarding additional health measures, in accordance with Article 43 of the Regulations, and has maintained a database of such measures. During the Ebola virus disease outbreak in the Democratic Republic of the Congo, in line with the temporary recommendations that were issued following the determination of the event as a PHEIC, no country has imposed travel or trade restrictions.

21. Following the PHEIC determination by the Director-General on 30 January 2020 regarding the outbreak originating in China of what was then known as 2019-nCoV, the Director-General issued temporary recommendations that reiterated the advice against any travel or trade restrictions on the basis of the information available at that time, while accelerating efforts for containment of the outbreak. The situation evolved rapidly and on 11 March 2020, the COVID-19 outbreak was characterized by the Director-General as a pandemic. Since the first reported measures on 24 January 2020, 194 of the 196 IHR States Parties have reported additional measures on travel and trade to WHO through its regional offices. As at 4 February 2021, WHO has received reports of 2706 new measures, extensions or termination of measures that interfere with international travel or trade, including air, land and maritime border closures against one or more countries, quarantine requirements, testing before, on or after arrival and, more recently, in relation to vaccination.

22. Working through its regional offices and in close collaboration with other relevant international organizations, WHO continues to monitor the adoption of measures by countries in response to the COVID-19 pandemic. The rationale for additional measures provided by these 194 States Parties was related to uncertainties about the new virus and its potential animal source; uncertainties about the epidemiology of the disease and its full clinical spectrum; the absence of a specific treatment or vaccine; and the vulnerabilities of public health response systems in case of importation of the disease, in particular in the small island developing States. In accordance with Article 43 of the Regulations, the Secretariat shared information about these measures with all States Parties on a weekly basis, through the secure platform of the Event Information Site.

23. Mindful of the scope and purpose of the Regulations (to protect, prevent and respond to international spread of disease without causing unnecessary interference with international traffic), on 6 and 17 February 2020, the Director-General communicated officially on this matter with States Parties. He reiterated that, although the evidence showed that restriction of movements during the early containment phase of an outbreak might allow affected countries to implement sustained response measures and unaffected countries to gain time to initiate and implement effective preparedness measures, such restrictions, however, should be short in duration and proportionate to the public health risks and should be reconsidered regularly as the situation evolved. The Secretariat continues to work with all States Parties to support the emergency response to this outbreak, while encouraging compliance with obligations under the Regulations.

## **Event notification and verification**

24. Several WHO regional offices have continued the monitoring and reporting of States Parties' compliance with obligations under the Regulations with regard to event notification and verification. In 2020, notification of public health events improved in the African Region despite the COVID-19 pandemic. However, States Parties' timely responses to verification request from the Secretariat remain a challenge.

25. The Secretariat continues to develop guidance documents and practical tools, including learning applications, to support States Parties in fulfilling relevant obligations for urgent event-based communications under the Regulations and in operationalizing National IHR Focal Point functions. These include microlearning videos for the Event Information Site for National IHR Focal Points, the IHR Proficiency-Testing Module, IHR Microlearning and Tutorials on IHR Notification.

### **National IHR Focal Points**

26. The Secretariat has continued to facilitate the round-the-clock accessibility of all National IHR Focal Points and WHO IHR Contact Points. In 2020, 76% of National IHR Focal Points confirmed or updated their contact information and 53% confirmed or updated their list of designated users of the Event Information Site for National IHR Focal Points. By the end of 2020, there were 882 designated users of the Site, of whom 178 were new users or had been newly granted access. Responding to requests by the Secretariat concerning the contact details of the Focal Points and users of the Site remains a challenge in a number of States Parties. The Secretariat has been developing a new tool which allows the Focal Points to self-update their contact information and list of designated Site users, which used to be a partially or entirely manual process. The tool was launched in November 2020 and tutorials and presentations were shared with National IHR Focal Points and WHO's IHR Contact Points in regional offices.

27. Online capacity-building courses on the Regulations released in 2020 include Public health Event management in air transport, produced in collaboration with the International Civil Aviation Organization, and Navigating the tripartite zoonoses guide: a training for advocates and implementers. Owing to COVID-19, learning activities focused primarily on addressing the pandemic and its challenges. These activities were supported by, for example, included online learning materials on COVID-19 at Points of Entry and COVID-19 for members of National Rapid Response Teams, and webinars on specific topics related to the roles and responsibilities of national rapid response teams. The Global and Regional Knowledge Networks for National IHR Focal Points provided a platform for more than 1000 experts, and relevant stakeholders all over the world to stay connected amidst the COVID-19 pandemic and to share the latest updates and information on the evolving global epidemiological situation, progress on various scientific research endeavours, and new and effective approaches in response to COVID-19, as well as to gain access to the latest technical guidance documents, webinars and training resources.

28. Some regional offices continued to hold meetings with National IHR Focal Points in 2020 with the aim of providing training, sharing lessons and experiences, and building communities of practice at the regional level. Owing to the COVID-19 pandemic, most of that regional training was held virtually, including the annual training on the submission of the State Party Annual Report. In the South-East Asia Region virtual meetings of the Focal Points were conducted and the regional IHR knowledge network was maintained to strengthen sharing of information and lessons learned across countries in the Region (including strengthening of international contact tracing).

### **Points of entry**

29. In collaboration with partners, the Secretariat has produced tools, guidance, scientific briefs, online learning courses, as well as organizing global and regional webinars and face-to-face training to support countries in strengthening capacities and implementing public health measures at points of entry in order to mitigate the effects of introduction or export, and the potential spread, of SARS-CoV-2, and cross-border risk management in the context of COVID-19. In addition, the Secretariat published, in collaboration with the United States Centers for Disease Control and Prevention and the International

Organization for Migration, a Handbook for public health capacity-building at ground crossings and cross-border collaboration to guide countries in mitigating the effects of introduction and potential spread of new pathogens or vectors in new areas and to protect the health of international travellers. Additional products include the online course on Public health event management in air transport (see paragraph 27 above) and a manual for trainers and tutors for vector surveillance and control at points of entry.

30. The Secretariat conducted systematic reviews to gather the evidence available on the impact of travel-related measures in the context of COVID-19. In December 2020, the Secretariat published a package of interim guidance documents on considerations to implement a risk-based approach to international travel in the context of COVID-19, encompassing an operational risk-assessment tool that aimed at assisting national authorities in implementing a context-specific risk-management approach to international travel.

31. In the context of the COVID-19 pandemic, extensive and regular coordination has been maintained with global partner organizations in the areas of travel, transport, economic development, migration or tourism, with the aim of sharing knowledge and promoting a coordinated multisectoral response to the pandemic in line with the provisions of the Regulations. Key partners include, among others, International Civil Aviation Organization and its Council's Aviation Recovery Task Force, International Air Transport Association, International Maritime Organization, International Chamber of Shipping, International Labour Organization, International Organization for Migration, World Tourism Organization and the United Nations economic commissions.

32. Since 2007, 111 of a total of 152 coastal States Parties and four landlocked States Parties with inland ports have sent WHO the list of ports authorized to issue ship sanitation certificates, as required by the Regulations. The global list of authorized ports is now 1829, with nearly 2100 ship inspectors across the world having enrolled in the Ship Sanitation Inspection and Issuance of Ship Sanitation Certificate Learning Programme. The Secretariat's support for Points of Entry in the context of COVID-19 is detailed in accompanying document A74/15.

### **Yellow fever vaccination**

33. The country list in WHO's International Travel and Health presents State Parties' requirements and WHO's recommendations on vaccination and prophylaxis for international travellers, particularly for yellow fever, malaria and poliomyelitis. Information about States Parties' requirements is collected annually through a questionnaire sent to all National IHR Focal Points. As at 26 January 2021, 27 countries, territories or areas had not updated their requirements since 2015, of which seven had not done so since 2013. Currently, 125 States Parties and territories request a certificate of vaccination against yellow fever for incoming travellers. Of these, 122 have confirmed that international certificates of vaccination against yellow fever, using WHO-approved vaccines, are now accepted as valid for the life of the person vaccinated, which they should be in accordance with Annex 7 of the Regulations, as amended by resolution WHA67.13 (2014) on implementation of the Regulations.

### **ACTIVITIES BY THE SECRETARIAT IN SUPPORT OF STATES PARTIES TO IMPLEMENT THE REGULATIONS**

34. The Secretariat has continued to provide sustained support to States Parties to enhance preparedness for all hazards. It also developed in 2020 a checklist for rapid hospital readiness and a suite of health service capacity assessments, which have been applied in many countries in the context of the



COVID-19 pandemic. It primarily assists hospitals in preparing to effectively respond to the pandemic by assessing existing capacities and identifying those areas that need further strengthening.

35. In 2019, 20 countries completed their national action plans for health emergency preparedness. The Secretariat created a three-step strategic framework, along with guidance and a toolkit for the inception, development and implementation of national action plans and benchmarks for IHR capacities in order to support countries in strengthening emergency preparedness and response capacities. In 2020, the Secretariat developed an operational planning tool to support countries in enhancing the implementation of the national action plans.

36. Because COVID-19 limited physical workshops in 2020, WHO and the World Organisation for Animal Health (OIE) organized a unique national bridging workshop in Mali linking the International Health Regulations (2005) and the OIE Performance of Veterinary Services Pathway and supporting the development of national One Health roadmaps, making Mali the 32nd country to benefit from this programme.

37. In 2020, WHO regional and country offices continued to support States Parties in the implementation of the Regulations and strengthening capacities in public health emergency preparedness. Some regional offices continued to use regional action plans to improve public health preparedness and response, in line with the global five-year global strategic plan to improve public health preparedness and response and the Thirteenth General Programme of Work, 2019–2023. The Regional Committee for South-East Asia at its seventy-third session endorsed the WHO South-East Asia Region Member States' declaration on collective response to COVID-19<sup>1</sup> to improve timely reporting of outbreaks, to strengthen core capacities as required by the Regulations and to prioritize investment in universal health coverage and primary health care to ensure equitable access by all people to all essential health services. WHO has also supported three countries (Bangladesh, Indonesia and Thailand) in conducting national intra-action reviews in 2020 to support continuous improvement in their country responses to COVID-19 and to identify priority actions for strengthening health security systems. Intra-action reviews were also carried out in the European Region, in Kyrgyzstan, Republic of Moldova, Ukraine and Uzbekistan. In line with previous practice, the Region of the Americas has produced a thorough account of IHR Implementation which was considered by the 58th Directing Council (seventy-second session of the WHO Regional Committee for the Americas).<sup>2</sup>

## CONCLUSION

38. The implementation of the International Health Regulations (2005) has been a challenge during the COVID-19 pandemic. As the pandemic took hold, traditional ways of working became increasingly constrained and supporting countries to better exercise their rights and meet their obligations was conducted almost exclusively through virtual platforms. These new ways of working, although challenging, proved to be effective, especially in the area of training. More detail on the functioning of the Regulations during COVID-19 is provided in the report of the Review Committee<sup>3</sup> on the functioning of the International Health Regulations (2005) during the COVID-19 response.

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<sup>1</sup> Resolution SEA/RC73/R1. WHO South-East Asia Region Member States' Declaration on collective response to COVID-19 (<https://apps.who.int/iris/handle/10665/334243>, accessed 15 April 2021).

<sup>2</sup> Document CD58/INF/1. Implementation of International Health Regulations (<https://www.paho.org/en/documents/cd58inf1-implementation-international-health-regulations>, accessed 30 March 2021).

<sup>3</sup> Document A74/9 Add.1.

## **ACTION BY THE HEALTH ASSEMBLY**

39. The Health Assembly is invited to note this report. It is also invited to consider the following draft decision.

The Seventy-fourth World Health Assembly, having considered the report of the Director-General,<sup>1</sup> endorsed the continuation of the management of the public health emergency of international concern through temporary recommendations issued by the Director-General under the International Health Regulations (2005), on the advice of the IHR Emergency Committee for COVID-19, in connection with the public health emergency of international concern arising from the international spread of SARS-CoV-2.

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<sup>1</sup> Document A74/17.