

Summary report on the

# Sixth stakeholder's meeting to review the implementation of the International Health Regulations (2005)

WHO-EM/IHR/011/E

Amman, Jordan  
5–7 December 2017



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## **1. Introduction**

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

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

The WHO Eastern Mediterranean Region has taken the initiative of establishing an IHR Regional Assessment Commission (IHR-RAC), an independent body composed of regional and international experts, to support the implementation of the Regulations in the Region and specifically to promote external assessments of IHR core capacities. Such assessments are also supported by the WHO Regional Committee for the Eastern Mediterranean, which in 2015 and 2016 issued resolutions urging countries to conduct joint external evaluation (JEE) of IHR capacities and to develop corresponding plans of action for health security based on the outcome of the evaluation.

June 2017 marked the tenth anniversary of the entry into force of IHR (2005). In recognition of the need for review of IHR implementation globally, the WHO Regional Office for the Eastern Mediterranean organized a first global meeting of IHR national focal points. The sixth IHR stakeholders' meeting convened both regional and global participants to discuss the progress in IHR implementation and identify ways forward, including funding and implementing the national plans of action. Members of the IHR-RAC additionally held their third meeting on the side of the regional meeting to review progress in IHR implementation and advise Member States and WHO accordingly.

In this context, the sixth stakeholders' meeting to review progress in implementing the IHR was convened in Amman, Jordan from 5–7 December 2017. In attendance were national IHR focal points from countries of the Region and globally. The objectives of the meeting were:

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

The meeting was inaugurated by Dr Michel Thieren, Director, WHO Health Emergencies Programme, WHO Regional Office for the Eastern Mediterranean. Highlighting the importance of incorporating the International Health Regulations (IHR) as an integral component of the WHO emergency programme's all-hazard approach, Dr Thieren

emphasized that a functioning IHR was fundamental at every stage of the cyclic emergency management framework, from preparedness and readiness to response and recovery. IHR implementation was therefore a good barometer of the level of emergency preparedness within a country and across the Region.

## **2. Summary of discussions**

*IHR monitoring and evaluation framework: joint external evaluation, after action review and simulation exercises*

The Eastern Mediterranean Region has championed the use of external evaluation as an effective monitoring approach. With 14 out of 22 countries having completed evaluations, it is the WHO region with the highest completion rate.

Countries shared their experiences in planning and undergoing a JEE, as well as how the evaluation results were utilized within national efforts for planning and capacity building. Representatives from Afghanistan, Oman, Palestine and Tunisia shared their lessons learned on the JEE process and the outcomes. Repeated across national contexts, countries stressed the importance of convening and including diverse stakeholders across all sectors, and ensuring effective coordination and communication among all relevant parties.

Conducting the JEE within a crisis country context represents unique challenges and opportunities. WHO has developed specialized guidance across diverse contextual constraints (federal states, island nations, etc.) that is also relevant for countries experiencing acute and protracted crises.

Experience from the Somalia JEE reiterated the importance of considering the context and complexity of ground realities to arrive at

a meaningful score, which would be useful for the country's follow-up action and planning.

The Regional Office provided training to four countries (Iraq, Libya, Syria, Yemen) on the modalities of preparing, conducting, and following up on such an assessment. Representatives from Libya and Iraq presented their progress on advocating for the JEE and making preliminary preparations for the self-assessment.

Representatives present from Saudi Arabia and Morocco presented their national experiences in using diverse exercises and after action reviews, sharing their lessons learned in making use of these approaches to track and improve capacities. Considerable interest was expressed in the development of a widely accessible platform or repository to exchange materials and best practices among counterparts, and build upon regional expertise and experiences.

#### *National action planning for health security (NAPHS)*

Given the large number of completed JEEs within the Region, providing support to the national development and costing of viable action plans to effectively operationalize JEE findings constitutes a priority direction for the Regional Office. WHO presented global guidance on principles of national action planning for health security (NAPHS) – covering key components in developing a country plan, building on existing relevant plans and implementation efforts, alignment with national planning and budgeting cycles, as well as guidance on costing. Numerous available IHR costing tools were presented, including those from Georgetown University and the OIE One Health Performance of Veterinary Services tool.

Representatives present from Morocco and Pakistan, as well as participants from institutions and global organizations, shared their successes and challenges in their efforts to prioritize among JEE results and priority actions and translate them into a national action plan. An initial dissemination and wide sharing of the results was essential in securing multisectoral support through convening encompassing stakeholder meetings to agree on the most pressing recommendations. Identification of domestic funding was also commonly expressed as a key concern as well as difficulties in attempting to line cost the plan across diverse sectors.

Further high-level advocacy is needed in sensitizing national stakeholders, especially those beyond the reach of the health sector, which will ensure a concerted national effort. The process in its entirety needs to be truly cross-sectoral from the start, and not only managed by the health sector alone. Additional preparatory national stakeholder meetings should be considered, as well as involving international organizations, such as FAO/OIE, to liaise with their national counterparts to further advocate for comprehensive and inclusive JEE and NAPHS.

Securing financial commitment, domestically and externally, constituted a pressing concern while developing a NAPHS. Therefore, ensuring that stakeholders and national financial and planning colleagues are properly identified, mapped, and included from the very beginning of the process was a key lesson learned within the Region.

An official trained roster of IHR monitoring and evaluation framework experts, including JEE leads/technical area experts, is currently being compiled globally across the Organization's regions to lead on JEE and NAPHS. WHO also identifies national experts within country to help facilitate these activities on the national stage.

Planning for national health security should take a long-term sustainable approach, considering a 5-year period, and furthermore be broken into realistic multi-year targets. Given the numerous priority areas, a country should first start with a national prioritization of these gaps to effectively factor how they can be best incorporated over the 5-year time plan.

The planning process should utilize the existing national planning and budgeting procedures, yet ensure a high-level coordination and monitoring process so that responsibilities are distributed and accountability for implementation exists.

In federal or devolved settings, experience has noted that it is very important to engage regional or local governments early in the process to properly take into account the local priority needs when developing a comprehensive national plan which will be implemented.

### *Preparedness*

One national preparedness plan addressing all hazards is much more beneficial than a series of disease or event specific national plans, which have the potential to conflict or involve cohorts with duplicative functions. An all-hazard public health preparedness plan would be comprised of public health risks assessed as specifically relevant to a country and include all national stakeholders, above and beyond health.

The main preparedness gaps highlighted in the JEE reports for the Region consisted of the lack of mapping of public health risks and resources, public health emergency preparedness and response plans in different contexts, emergency operations centre, standard operating procedures and emergency operations centre plans, as well as understaffing and funding gaps. Therefore, supporting Member States to develop/update their risk profile along with developing/updating

their emergency preparedness and response plan for all hazards were identified as among the top priority actions.

The Regional Office has been technically supporting countries to develop their risk profile by using the STAR tool – essentially allowing countries to prioritize across all types of hazards which may have an impact on human health. In addition, the exercise helps countries to organize their response operations and make better use of available resources.

Furthermore, there is a pressing need to have functioning emergency operations centre at country level which facilitates the response of health sector. WHO has published a “Framework for a Public Health Emergency Operations Centre” which could effectively guide Member States in developing their own public health emergency operations centre. Challenges surrounding the proper role of the emergency operations centre exist in many countries within the Region, often relegated to disasters or major traffic incidents. These centres therefore have limited capacity to properly respond to a major public health event. Additional technical guidance from the Regional Office is also needed for risk assessment process and emergency operations centre.

Based on the Sendai Framework risk management approach is highly promoted. This should be reflected not only on health sector plans but in other related sectors plans also. This may require technical support from WHO to Member States to ensure effective risk management.

### *One Health*

Under the aegis of the One Health approach, issues concerning management of food safety are commonly expressed across the Region, and are characterized by very little coordination and communication existing at the higher national levels. The human and

animal sectors experience little collaboration in their activities, and information exchange among the sectors is not formalized but is rather limited to solely interpersonal or ad hoc basic.

Representatives from Lebanon, Oman, Sudan and Tunisia shared national experiences in securing the involvement of diverse One Health sectors, in particular embedding health focal points in other sectors or using national/local level committees to ensure coordination. Oman shared a specific example of their integrated antimicrobial resistance framework and vector management strategies jointly and effectively supported by the ministries of health and agriculture.

Representatives from Lebanon gave a detailed account of success stories and challenges facing national coordination and communication efforts over the last few years. The representative highlighted the need for stakeholders to better understand their roles and responsibilities when implementing project work. There was a clear lack of mechanisms that enables stakeholders to monitor and evaluate projects activities especially projects that target private and public sectors simultaneously.

Increased international coordination among United Nations agencies (WHO/FAO/OIE) could assist in streamlining activities and global efforts, nevertheless, it is country responsibility to ensure that multisectoral coordination is promoted and enacted under the One Health approach.

WHO/FAO/OIE provided guidance to countries on how to engage United Nations agencies to establish platforms to enhance multisectoral coordination and communication under the One Health approach.

Despite the considerable amount of awareness about the One Health approach and its practical interpretation, disease events, particularly zoonotic events remain looked at as bisectoral (i.e. animal and human sectors). No real links to determinants from other sectors are clearly represented in the One Health approach undertaken in the Region. There was a general consensus by participating countries on the need to enhance the levels of coordination and collaboration with sectors other than animal and human health.

The lack of functional mechanisms to help engage the private sector in the planning and implementation of One Health related activities was a common point of weakness. It was agreed that more advocacy and consultation with the private sector is required to better understand way forward in terms of needs, challenges and opportunities to enhance private–public One Health partnership. Success stories were exchanged, in particular that of Indonesia, on the implementation of projects targeting data collection to inform decision-making process and enhance communication across sectors with quantifiable measures.

### *Points of entry*

Cross-border collaboration represents a critical need in improving IHR implementation within the Region. Establishing networks supportive of information sharing and data exchange among countries is crucial for enabling joint surveillance and response among neighbouring countries.

Ground crossings in particular present unique opportunities for consolidated efforts, as countries with common borders and health threats should effectively combine their resources and capacities for improved surveillance and response.

Sudan will host a large-scale meeting with its neighbouring countries to address common health threats and improvement of information exchange. These types of meetings could be further replicated within the Region to address common needs synergistically.

### *Chemical and radiation events*

The Ministry of Health should be included in the planning and development of relevant policies given that they are responsible for the population health impact in the event of a chemical or radiation incident.

An effective and reliable evidence-based surveillance system to detect and report on chemical and radiation events should be in place for all countries within the Region and complete with guidelines, standard operating procedures, and training materials for health personnel.

Numerous avenues for increased technical support and capacity building were discussed, including for functioning poison centres (strengthening laboratory capacity for networking, sampling and analysing chemicals of public health concern), updated chemical profiles, training for first and second responders to chemical events, as well as increasing the capacity of the health sector for the assessment and risk communication concerning chemicals of public health concern.

Opportunities for increased technical support concerning radiation events included the development of standard operating procedures for the management of radiation emergencies (including risk assessment, reporting, event confirmation and notification, and investigation), training to improve risk communication strategies and conducting national assessments, and technical assistance in the compiling, updating and drilling of national emergency radiological response plans.

Improved coordination mechanisms between the different sectors responsible for the management of chemical events, and an alignment of these sectors under a multi-hazard national public health emergency preparedness and response plan was additionally discussed as a regional necessity.

In addition, effective communication and collaboration is needed for information exchange among sectors, and it is important to identify in advance the information necessary for sharing so as not to compromise sensitivities surrounding security and confidentiality.

### *IHR networks and workforce*

The placement and empowerment of the IHR national focal point function across the Region presents unique challenges. An ability to liaise across diverse sectors for information sharing and dissemination is crucial for a functional implementation of the Regulations, and national focal points must be supported with such a mandate to perform this essential responsibility. IHR national focal points are often senior level officials, and thus have decision-making abilities, yet often these officials are not solely dedicated to IHR as an area of work and face many competing agendas to balance.

Performing a mapping of all IHR related workforce across sectors within a country was suggested to holistically assess capacity building needs, which could then be transformed into a training plan. Regarding the IHR workforce as a whole, this training plan should be ideally linked with the NAPHS.

*Support from technical partners and donors*

Several donors and technical partners presented their expertise in IHR. The following table captures their activities in supporting IHR implementation, both regionally and globally.

World Organization for Animal Health (OIE)	National bridging workshops, JEE/PVS tools  Antimicrobial resistance Performance of veterinary services (PVS) evaluations Funding given for supporting priority countries Participation within JEE Contribute to IHR Monitoring and Evaluation Framework Planning
Food and Agriculture Organization (FAO)	Capacity-building for the livestock sector  Development of national action plans for antimicrobial resistance Food safety monitoring instruments (with OIE) Food safety resilience and benefits for human health Chemical safety in conjunction with the agriculture sector
European Centre for Disease Prevention and Control (ECDC)	Simulation exercises  Repository of exercises and materials Provision of training on how to prepare SimEx Provision of training on biosafety/personal protective equipment Risk rankings and country preparedness planning 24/7 information scanning and sharing with countries
US Centers for Disease Prevention and Control (CDC)	WHO collaborating centre for multi-hazard preparedness  (FETP/laboratories/emerging infectious diseases/points of entry) Cooperative strategic framework (early warning systems/epi-prone diseases/NAPHS/response) Surveillance systems Laboratory capacities, biosafety and biosecurity FETP Emergency management and emergency operations centres Simulation exercises

Public Health England (PHE)	<ul style="list-style-type: none"> <li>CBRN, training of trainers at national levels</li> <li>Simulation exercises</li> <li>WHO collaborating centre for mass gatherings</li> <li>Training modules</li> </ul>
Robert Koch Institute (RKI)	<ul style="list-style-type: none"> <li>Resilient health systems</li> <li>Infectious disease control, biosecurity capacity building</li> <li>Antimicrobial resistance</li> <li>German global health programme</li> <li>Strengthening surveillance systems</li> <li>Outbreak response</li> <li>Emergency operations centres</li> <li>Points of entry surveillance and cross-border collaboration</li> <li>One Health training</li> <li>IHR summer school</li> </ul>
International Federation for Red Crescent (IFRC)	<ul style="list-style-type: none"> <li>Community-based health and primary health care</li> <li>First aid</li> <li>Community-based surveillance for common health threats</li> <li>Community health workers and linkages to health systems</li> </ul>
Finnish National Institute of Health	<ul style="list-style-type: none"> <li>Essential public health functions</li> <li>Surveillance and response</li> <li>Multilateral and bilateral agreements</li> <li>Organizing IHR training, study visits, summer schools</li> <li>JEE alliance</li> </ul>
The Eastern Mediterranean Public Health Network (EMPHNET)	<ul style="list-style-type: none"> <li>Strengthening public health capacities</li> <li>FETP</li> <li>Training of trainers for One Health</li> <li>Emergency response, emergency operations centre capacity-building</li> <li>Training, rapid response</li> <li>Training, polio</li> <li>Biosafety/biosecurity/bio-risk management</li> </ul>

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### 3. Action points

The meeting concluded with diverse action points for continuing to advance IHR implementation within the Region.

*To Member States*

- Include all IHR-bound sectors in creating diverse exercises to target prioritized capacity building, and monitor and evaluate the incorporation of their outcomes and improvement.
- Share best practices and lessons learned surrounding national expertise in IHR MEF components (simulations and after action reviews) within the Region and globally to promote collective knowledge.
- Ensure high-level support and coordination for the country planning process.
- Utilize existent national planning and budgeting processes during the country planning process to ensure linkages with the annual planning cycles
- Include national finance and planning sectors right from the beginning of the JEE to ensure proper costing input for the multi-year stages
- Create parallel complementary plans in alignment with national administrative realities, i.e. federal settings, provinces or internal states, that will achieve targeted and local priorities.
- Initiate the implementation of priority activities until the plan of action is ready.

One Health

- Conduct advocacy activities targeting all levels on One Health.
- Establish platforms for the rapid information sharing between animal and human sectors to inform rapid response.
- Enhance forecasting of zoonotic disease outbreaks by considering and integrating ecological data.
- Expand the target of the existing training programmes to include representatives from animal sectors.

- Establish mechanisms to involve private sectors in the planning and implementation for one-health related programs/activities.
- Implement JEE related outcomes on biosafety and biosecurity.
- Maintain and further strengthen health laboratory systems in line with the Strategic Framework for Strengthening Health Laboratory Services 2016–2020.

#### IHR network and workforce

- Adapt and use the IHR training guidance and material.
- Develop national strategies for workforce development for health security.

#### Preparedness

- Conduct and regularly update the national all hazards risk assessment and mapping of resources and update the national public health emergency preparedness and response plan accordingly.
- Ensure existence of public health and an integrated component within the national emergency preparedness and response programme.
- Develop or operationalize an emergency operations centre within the health sector and ensure its linkages with the national emergency operations centre including the necessary standard operating procedures.

#### Points of entry

- Ensure the implementation of JEE outcomes related to training needs assessment; ship inspection and issuance of ship sanitation certificate, functioning and sustained vector surveillance plan, animal quarantine, public health contingency plans, standard operating procedures and exercises.

- Countries sharing borders should consider to establish cross-border collaboration tailored to local settings for prevention and control of international transmission of diseases via ground crossings.

#### Chemicals and radiation

- Enhance coordination between public health sector and chemical and radiation sectors.
- Ensure the implementation of JEE outcomes related to chemical and radiation emergencies.

#### *To WHO*

- Establish a pool of experts for IHR monitoring and evaluation.
- Provide tools, technical guidance and assistance for the development and costing of national action plans.
- Facilitate partnerships with technical and financial donors to support country planning and implementation of health security.
- Provide clear definitions and practical guidance on the implementation of the One Health approach in countries.
- Develop training packages and modules for One Health.
- Organize future simulation exercises jointly with other regions and other international organizations.
- Develop and disseminate templates and tools for hazards and risk assessment and planning.
- Train nationals on how to conduct the all hazards risk assessment and develop the public health preparedness and response plans and supporting testing them through simulation exercises.
- Support the establishment of emergency operations centres within the health sector to coordinate the public health response to events.
- Conduct a survey on learning needs for IHR national focal points: competency framework, knowledge network, IHR learning materials.

- Launch the IHR NFP community of practice for the Region, including working group, terms of reference and activity plan.
- Develop country guides and mechanisms to adapt the IHR training toolkit materials based on country needs and support overall IHR workforce related development plans.
- Create and manage an exchange platform or repository to house best practices, exercise scenarios and materials, which is accessible to IHR national focal points.
- Support the public health capacity of countries in the Region to manage chemical and radiation events through developing a regional plan of acting with defined targets and timeline.



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