Regional Progress in International Health Regulations 2005 and preparedness in the Eastern Mediterranean Region

2nd CAPSCA Middle East Meeting

Cairo, Egypt, 3-5 December 2012
Outline

• Progress in IHR (2005) Implementation: Regional Situation

• Main Achievements

• Existing Gaps in Capacity requirements

• Extension Status

• Meeting the deadline to 15 June 2014
Progress in Implementing IHR

- Pandemic influenza 2009

- Assessment and monitoring of national capacity requirements
  - IHR core capacity assessment missions in 18 countries
  - Legislation assessment missions in 3 countries
  - Point of entry assessment missions in 2 countries
  - Advocacy meetings in 10 countries
  - Simulation exercises in 1 country
IHR Monitoring Framework 2012

- 18 countries responded in 2010
- 17 countries responded in 2011
- 10 countries responded in 2012

- General obligations at PoE including those for coordination and communication
- Routine capacities for effective surveillance
- Routine capacities for effective control

International Health Regulations (2005)

IHR Core Capacity Monitoring Framework:

Questionnaire for Monitoring Progress in the Implementation of IHR Core Capacities in States Parties

2012 Questionnaire

Regional IHR Stakeholders Meeting
CAPSCA 3-5 December
IHR implementation level Per WHO Region, 2011

Regional IHR Stakeholders Meeting
CAPSCA 3-5 December
Regional IHR Achievements Per Capacity, 2011

<table>
<thead>
<tr>
<th>Category</th>
<th>Implementation Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislation</td>
<td>78%</td>
</tr>
<tr>
<td>Coordination</td>
<td>79%</td>
</tr>
<tr>
<td>Surveillance</td>
<td>80%</td>
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<tr>
<td>Response</td>
<td>74%</td>
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<tr>
<td>Preparedness</td>
<td>61%</td>
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<tr>
<td>Risk…</td>
<td>67%</td>
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<tr>
<td>Human Resources</td>
<td>56%</td>
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<tr>
<td>Laboratory</td>
<td>72%</td>
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<td>PoE</td>
<td>72%</td>
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<tr>
<td>Zoonosis</td>
<td>75%</td>
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<tr>
<td>Food Safety</td>
<td>68%</td>
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<tr>
<td>Chemical</td>
<td>45%</td>
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<tr>
<td>Radionuclear</td>
<td>57%</td>
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</tbody>
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Regional IHR Stakeholders Meeting
CAPSCA 3-5 December
Assessment of Designated PoE

- Checklist for core capacity requirements for coordination, communication of event information and adoption of measures
- Checklist for core capacity requirements for designated airports, ports and ground crossings.
  - At all Times (Routine)
  - For responding to events that may constitute PHEIC (Emergencies)

<table>
<thead>
<tr>
<th>Core Capacities Measured of Compliance</th>
<th>Stage of Implementation</th>
<th>Describe Implementation of Capacities and/or Action to be Taken (e.g., Progress, Gaps and Plan for Capacity Development, Including Resource and Timelines, etc.)</th>
</tr>
</thead>
</table>
| 1. International communication link with competent authorities at other points of entry | Full | Competent authority at each point of entry has current contact details of officers in charge of international communication with other points of entry abroad and means of communication and procedures available to inform such and public health measures taken pursuant to the International Health Regulations, such as:
  - communication with competent authorities at other points of entry, internationally, to provide relevant information regarding evidence found and control measures still needed on arrival of affected conveyance. |
| 2. National communication link between competent authorities at points of entry and health authorities at local, intermediate and national levels | Partial | Local, intermediate and national levels (including National IHR Focal Points) have current contact details of competent authorities at points of entry and current, regularly updated, documented and tested procedures, including any Memorandum of Understanding - MoU and protocols, are in place for routine and urgent communication and collaboration during a public health emergency of international concern, including:
  - The competent authority at other points of entry and health authorities at local, intermediate and national levels.
  - Other relevant government ministries, agencies, government authorities and other partners involved with points of entry activities. |

International Health Regulations (2005)

Assessment tool for core capacity requirements at designated airports, ports and ground crossings

Regional IHR Stakeholders Meeting
CAPSCA 3-5 December

World Health Organization
Regional Office for the Eastern Mediterranean
Main Achievements at PoE

12 MSs have assessed their designated PoE. 9 MSs have updated their Legislations and other administrative acts.

11 MSs have mechanisms to share of information between PoE and medical facilities. 8 MSs have Standard Operating procedures for response at PoE.
The IHR put the responsibility for initiating and fulfilling the procedure on Member States, therefore, WHO is not mandated to make any determinations regarding which States require an extension.
Extension of the deadline to 15 June 2014

• 16 Countries complied with required conditions
  – Afghanistan, Bahrain, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Morocco, Oman, Qatar, Saudi Arabia, Sudan, Syria, Tunisia and Yemen.

• 1 Country indicated readiness
  – Iran

• 7 Countries
  – Libya and UAE: Request for extension
  – Pakistan and Somalia: No response
Main Gaps in Capacity Requirements

Annex 1

Eight Core Capacity
- Legislation, policy and financing
- Coordination and NFP communication
- Surveillance
- Response
- Preparedness
- Risk communication
- Human resources
- Laboratory

Points of Entry
- General obligations at PoE
- Effective surveillance at PoE
- Effective control at PoE

IHR four-related Hazards
- Zoonosis
- Food safety
- Chemical
- Radio-Nuclear

Regional IHR Stakeholders Meeting
CAPSCA 3-5 December
Meeting the new deadline- Actions by WHO

• Fifty Nine session of the Regional Committee EM/RC59/R.4

• National core capacities for the International Health Regulations (2005): meeting the 2014 deadline
  – Member States
  – WHO
• Review and implement the national plans based on the gaps identified, and take all the required steps, including putting in place supportive legislation and adequate human and financial resources, to implement the national plans;

• Strengthen and empower the National IHR Focal Points, to enable effective performance of all core functions..

• Establish mechanisms for intrasectoral and multisectoral coordination and effective communication to facilitate implementation of core public health capacities, including by addressing risk management for all hazards, particularly the requirements for chemical and radionuclear-related hazards;

• Establish mechanisms of coordination and collaboration among neighboring countries to ensure implementation of core public health capacities of surveillance and response, specifically those related to points of entry;

• Provide technical, logistical and financial support to other States Parties, to the extent possible, upon their request, to build and maintain their public health core capacities;

• Report annually to WHO on the progress in strengthening and maintaining national core public health capacities required under IHR and in line with the national implementation plan.

REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN

Fifty-ninth Session
Agenda item 4 (b)

National core capacities for the International Health Regulations (2005): meeting the 2014 deadline

The Regional Committee,

Having reviewed the technical paper on national core capacities for the International Health Regulations (2005): meeting the 2014 deadline;¹

Recognizing that difficulties remain in the implementation of the International Health Regulations (2005), especially regarding points of entry and chemical and radionuclear-related hazards;

Recalling resolutions WHA64.1 and WHA65.23 on implementation of the International Health Regulations (2005) and WHA64.10 on strengthening national health emergency and disaster management capacities and the resilience of health systems;

Noting the decision of many States Parties to seek a two-year extension, in which to fulfill their obligations;

Concerned that all States Parties are at risk of not meeting the technical obligations for implementation of the International Health Regulations (2005) by 15 June 2014;

1. URGES States Parties to:

   1.1 Review and implement the national plans based on the gaps identified, and take all the required steps, including putting in place supportive legislation and adequate human and financial resources, to implement the national plans;

   1.2 Strengthen and empower the National IHR Focal Points, to enable effective performance of all core functions as required under articles 4, 6, 8, 22 and 37 and Annex 1 of the International Health Regulations (2005);
• Provide technical and logistical support, and facilitate mobilization of resources to States Parties, upon request, for building and sustaining the public health core capacities for surveillance and response;

• Foster partnership and engagement of States Parties with international organizations, such as the International Atomic Energy Agency, Food and Agricultural Organization of the United Nations and the World Organization for Animal Health (OIE), and institutions to facilitate the implementation of the IHR.

• Facilitate experience sharing and information exchange between States Parties, including by posting a relevant summary of the country information collected through the IHR monitoring framework on the restricted WHO web site for National IHR Focal Points;

• 2.4 Monitor the progress made in the implementation of, and the sustainability in achieving, the national core capacities required under the International Health Regulations (2005) in all States Parties.

• 2.5 Report annually to the Regional Committee on the progress of States Parties in implementing the International Health Regulations (2005).

REQUESTS the Regional Director to:

2.1 Provide technical and logistical support, and facilitate mobilization of resources to States Parties, upon request, for building and sustaining the public health core capacities for surveillance and response;

2.2 Foster partnership and engagement of States Parties with international organizations, such as the International Atomic Energy Agency, Food and Agricultural Organizations of the United Nations and the World Organization for Animal Health (OIE), and institutions to facilitate the implementation of the International Health Regulations (2005);

2.3 Facilitate experience sharing and information exchange between States Parties, including by posting a relevant summary of the country information collected through the IHR monitoring framework on the restricted WHO web site for National IHR Focal Points;

2.4 Monitor the progress made in the implementation of, and the sustainability in achieving, the national core capacities required under the International Health Regulations (2005) in all States Parties.

2.5 Report annually to the Regional Committee on the progress of States Parties in implementing the International Health Regulations (2005).
Meeting the new deadline- Actions by WHO

• Harmony and consistency in WHO actions: All functions related to Health Security and Regulation have been grouped under one division

• Assessment: assessment of national core capacity requirements in some countries in the Region, particularly assessment of PoE

• Monitoring: missions, IHR monitoring indicators, access to guiding documents and toolkits and regional monitoring workshops.

• Regional Committee: Progress in implementations
Challenges to Meet the Deadline of 2014

• Lack of supportive legal instruments

• Insufficient coordination and communication at national level and between countries

• High turnover of qualified personnel including IHR focal points

• Insufficient financial resources
Recommendations

• Review of national policy and legislation
• Establishment of a multisectoral coordination body
• Identification of obligations of national IHR focal points
• Assessment of gaps in human resources
• Strengthening of cross-border coordination
• Resource mobilization
• Reporting on progress of implementation
Thank You !!