International Health Regulations post-2016

Document SEA/RC69/10 provides details on the International Health Regulations (IHR) post-2016.

This addendum provides the conclusions and responses of the Informal Consultation on the International Health Regulations Global Implementation Plan in the South-East Asia Region held in WHO-SEARO, New Delhi, India on 18–19 August 2016.
Informal Consultation on International Health Regulation Global Implementation Plan in the South-East Asia Region, 18–19 August 2016, WHO-SEARO Conference Hall, New Delhi, India

Conclusions and responses of the IHR Consultation, 18–19 August, 2016

During the High-Level Preparatory Meeting for the Regional Committee held in SEARO from 11–15 July 2016, a recommendation was made by Member States that a further consultation on the draft IHR Global Implementation Plan (GIP) was to be conducted before the upcoming RC in Colombo from 6–9 September 2016. Based on Member States’ concern, an informal consultation to ensure a broader discussion and consultation on the ‘WHO 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’ was conducted. Eight of the 11 Member States participated. Dr Guenael Rodier, Director of Country Health Emergency Preparedness and IHR from WHO headquarters, attended this consultation and presented the six areas of the IHR Global Implantation that was recommended by the IHR review committee (A69/21).

The discussions in this consultation are to assist Member States to (1) clarify issues on the draft GIP of IHR recommendations and (2) to provide inputs to the finalization of the draft paper for the consideration of the Executive Board at its 140th session in January 2017.

Conclusions and discussions of this consultation are mentioned in line with the six areas of the Global Implementation Plan.


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| Alignment and syncing of National Action Plans with Global Action Plan and Regional Strategy to implement IHR 2005 | • The IHR National Action Plan is the primary document that describes the existing national core capacity and action to further develop these.  
• The Global Implementation Plan is a guiding framework for Member States (MS) to implement IHR recommendations. It is not binding on the National Action Plan.  
• All elements of the proposed IHR monitoring and evaluation framework can be used to identify the gaps in the national capabilities to fully implement IHR and bridge the existing gaps. |
| Role of headquarters and SEARO in helping MS in implementing IHR 2005 | • SEARO has a bi-regional strategy with WPRO (APSED) to help MS to implement IHR 2005.  
• When approved, the Global Implementation Plan for IHR will be a guiding tool for all MS. (WHO headquarters and SEARO already provide assistance to MS through human and financial resource management and capacity development.)  
• WHO headquarters and SEARO also assist MS by strongly taking up intersectoral advocacy at various regional and international levels. |
National IHR focal points and their role

- National IHR focal points are the national centres/departments dealing with emerging infectious diseases and are represented by the identified person or persons from that centre.

### Area 2: Strengthening WHO's Capacity to Implement IHR (2005)

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| Clarification of WHO capacity with MS capacity | • The individual MS core capacity needs to define capacity at the country level. WHO aims to continue supporting MS in bridging the gaps in core capacities in various areas.  
• WHO headquarters and SEARO continue to maintain accountability in reporting to MS about its approach and intersectoral advocacy efforts.  
• WHO is the lead in case of Infectious Hazard Management with the support of other UN agencies and international organizations.  
• This is in line with WHO’s reform in its work in emergencies. |


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| Monitoring and Evaluation Framework | • The new IHR Monitoring and Evaluation (M&E) Framework, developed at the recommendations of the IHR Review Committee on Second Extension for establishing national public health capacities in 2014 and noted by the Sixty-ninth World Health Assembly, should be used on a voluntary basis by all IHR States Parties to assess their core capacities.  
• The M&E Framework has four components:  
  - Annual Reporting to the World Health Assembly. This will be similar to the self-assessment Member States are already doing but is proposed to be modified to be in line with the Joint External Evaluation (JEE)tool  
  - JEE  
  - After Action Review to be conducted following any outbreak or other health emergency to validate the functionality of the preparedness and response  
  - Simulation Exercise in the absence of any outbreak or other health emergency. |
Clarification of Joint External Evaluation (JEE) process

- JEE is a voluntary joint external evaluation on request of MS by MS and external experts. It is usually a large group including 13–14 core area external experts identified by WHO. The total costs for WHO to conduct a JEE is generally around US$ 40 000–50 000. (Primarily, this covers the travel and allowance of the external experts; this is usually borne by WHO and partners. Local costs expected to be borne by the government are limited to funding local participants, venue, local transport and other miscellaneous requirements.)

- JEE tool has 19 areas for evaluation – 13 are core to IHR and the rest are relevant and related to the implementation of these capacities (e.g. EOCs, AMR immunization).

- The JEE involves a detailed preparatory phase for the gathering of supporting documents. The actual visit and the duration of evaluation take usually 5 days.

- The JEE is expected to be carried out by volunteering MS every 4–5 years.

- The JEE is not a pre-requisite for additional funding from donors.

Partnerships with WHO and MS for JEE

- GHSA and now the Alliance led the initiative to promote external evaluation in order to develop core capacities in MS but JEE is a tool developed by WHO to help MS achieve an objective validation of their self-assessment using WHO identified experts.

- 11 countries have already conducted the JEE post February 2016.

- Reports are usually publicly available post JEE in the following website https://ghsagenda.org/assessments.html

Additional tools being developed for JEE

- Two important and additional tools to develop core capacities of MS are being developed in the form of guidelines for developing National Action Plans (post JEE) and costing of that plan.

**Area 4: Improved Event Management, including Risk Assessment and Risk Communication**

Points of discussion

- Any systemic procedure laid down for systematic risk assessment at national level

Response

- It is an MS mandate to assess risks regularly in consultation with WCO and report accordingly to SEARO and headquarters any possible event with epidemic/pandemic potential. As part of WHO emergency reform, WHO will be strengthened to further help MS on the ground to develop the required IHR core capacity.
Points of discussion | Response
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- There are WHO Guidelines to conduct Public Health Risk Assessment within 72 hours of an event. This will apply in low-capacity highly vulnerable countries. The Region has been actively helping MS in their risk assessment for specific threats/hazards (e.g. conduct of Ebola risk/preparedness programme/Zika risk assessment).

**Area 5: Enhanced Compliance with Temporary Recommendations under IHR (2005)**

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<td>Role of WHO and SEARO to help MS in implementing temporary measures and assess effectiveness of the measures put in place by MS in view of WHO Guidelines.</td>
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| - It is a challenge and has to be dealt with at national level but, when needed, WHO should continue to raise concern at various levels and engage in intersectoral advocacy and collaboration.  
- Agree with the observation made and need for strong advocacy and partnerships with various sectors.  
- It is also advisable to advocate and promote a publicly available repository of the measures taken by MS and the justification provided in view of different MS situation and risk assessments during hazards.  
- WHO to engage with UN counterparts of other sectors to help implement temporary recommendations during a PHEIC. For example, WHO can work with ICAO or UNWTO as needed. |

**Area 6: Rapid Sharing of Scientific Information**

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<td>WHO policies and mechanisms to share scientific information, especially for genetic data</td>
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<td>- At present, clear guidelines for sharing genetic sequence data and relevant scientific information is available only through the system provided by the Pandemic Influenza Preparedness (PIP) framework. This is limited to influenza with pandemic potential only. The review PIP group is working on looking at these issues. A subcommittee is constituted to suggest guidelines for sharing genetic data and will inform the WHO and IHR review committee.</td>
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