

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

1. In May 2016, the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response presented its recommendations to the Director-General at 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 further 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”.² It also requested the Director-General to submit a final version of the global implementation plan for the consideration of the Executive Board at its 140th session.

Overview of the draft global implementation plan

2. The Review Committee made 12 major recommendations and 60 supporting recommendations. Its first recommendation was to “implement rather than amend” the International Health Regulations (2005). During the Health Assembly’s deliberations on the Committee’s report, however, a number of representatives of Member States expressed concern that some of the recommendations could in fact require revisions to the International Health Regulations (2005), although there were no detailed discussions on this specific group of recommendations. Accordingly, this draft global implementation plan proposes modalities and approaches for implementing the recommendations of the Review Committee in respect of which planning and implementation can start immediately. For other recommendations, it proposes a way forward. An overview of the relationship between the proposed areas of action of the draft global implementation plan and the recommendations of the Review Committee is provided in the Annex.

3. The six proposed areas of action of the draft global implementation plan are as follows:

- **Accelerating country implementation of the International Health Regulations (2005)** – this area addresses recommendations 2, 3, 8, 9 and 10 of the Review Committee.
- **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.

¹ Document A69/21 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_21-en.pdf).

² Document A69/DIV.3 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_DIV3-en.pdf).

- **Improving the monitoring and evaluation of and reporting on core capacities under the International Health Regulations (2005)** – this area presents the Director-General’s proposal in response to recommendation 5 of the Review Committee.
- **Improving event management, including risk assessment and risk communication** – this area presents the Director-General’s proposal in response to recommendation 6 of the Review Committee.
- **Enhancing compliance with the temporary recommendations under the International Health Regulations (2005)** – this area presents the Director-General’s proposal in response to recommendation 7 of the Review Committee and supporting recommendations 12.7 and 12.8.
- **Rapid sharing of scientific information** – this area presents the Director-General’s proposal in response to recommendation 11 of the Review Committee.

Area 1. Accelerating country implementation of the International Health Regulations (2005)

4. In order to accelerate the country-level implementation of the International Health Regulations (2005), in keeping with the recommendations of the Review Committee, WHO will give priority to actions to:

- develop a 5-year global strategic plan, which builds on regional efforts and lessons learned, to improve public health preparedness and response, to be presented to Member States at the Seventieth World Health Assembly, in May 2017, followed in turn by the development or adaptation of relevant regional action plans;
- develop national 5-year action plans based on the global strategic plan and relevant regional action plans;
- prioritize WHO support to countries with high vulnerability and low capacity, based on objective assessments of national core capacities (see Area 3);
- mobilize financial resources to facilitate the implementation of the International Health Regulations (2005) at the global, regional and national levels;
- support and further strengthen the work of the National IHR Focal Points; and
- systematically link the building of core capacities under the International Health Regulations (2005) with health systems strengthening.

5. WHO proposes that the final version of the global implementation plan for the recommendations of the Review Committee should serve as the basis for the global strategic plan to improve public health preparedness and response. The global strategic plan would be implemented through the new WHO Health Emergencies Programme,¹ the results framework² for which includes all the relevant elements for supporting the six areas of action covered by the draft global implementation plan.

6. Under this draft global implementation plan, countries with the highest vulnerability and lowest capacity would be prioritized for WHO in-country capacity building activities. WHO will also work with partners to mobilize technical and financial assistance to countries with high vulnerability and low capacity for the assessment of their core capacities and the development and implementation of national action plans to address gaps and weaknesses as rapidly as possible.

7. 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, as agreed in the Addis Ababa Action Agenda of the Third International Conference on Financing for Development.³ WHO will develop models for the costing of and budgeting for the national action plans, in the context of broader national health systems strengthening plans. It will support States Parties in mobilizing and tracking international financial and in-kind support for national action plans by further enhancing and maintaining WHO's Strategic Partnership Portal.

8. WHO will accelerate action to strengthen the capacity of the National IHR Focal Points to use the International Health Regulations (2005), including by calling for the National IHR Focal Points to play a more prominent role in the broader national public administration, within and beyond the health sector. In addition, WHO 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 empowering National IHR Focal Points with adequate resources and the authority to carry out their obligations, including through the adoption of appropriate national legislation with respect to the functions of National IHR Focal Points. It will strengthen its work to maintain a strong network of National IHR Focal Points by holding regular regional and global meetings for training purposes and for sharing lessons learned to accelerate the use of the International Health Regulations (2005) on a day-to-day basis.

9. WHO will further strengthen the operational links between its work in health systems strengthening and the new WHO Health Emergencies Programme, paying particular attention to ensuring a joint 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 financing and health system resilience. This will have a beneficial impact on health security, through the development of core capacities under the International Health Regulations (2005), on the attainment of the Sustainable Development Goals, and on universal health coverage.

¹ Document A69/30 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_30-en.pdf).

² WHO Health Emergency Programme results framework and budget requirements 2016–2017, 16 May 2016 (http://www.who.int/about/who_reform/emergency-capacities/emergency-programme-framework-budget.pdf?ua=1).

³ United Nations General Assembly resolution 69/313 (http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/69/313).

Area 2. Strengthening WHO's capacity to implement the International Health Regulations (2005)

10. 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 the Regulations and preparedness capacity building will be considerably increased at all three levels of the Organization, including and especially in countries with high vulnerability and low capacity. Country health emergency preparedness in the context of the International Health Regulations (2005) 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 and the provision of secretariat support for the implementation of the International Health Regulations (2005).

11. In the context of the new Programme, WHO will enhance its coordination and collaboration on health emergencies with other entities and agencies both within and outside the United Nations system. To promote the International Health Regulations (2005) 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 International Health Regulations (2005) to ensure that they are well understood and positioned prominently across sectors in both governments and in international organizations, and that their ongoing implementation is closely monitored. This would serve to improve global awareness and recognition of the Regulations and would be a powerful signal from outside WHO about their importance for national governments and not just for ministries of health.¹

12. The Inter-Agency Standing Committee is the primary mechanism for the interagency coordination 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. On 7 June 2016, 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 emergencies, under the strategic and technical leadership of WHO. The United Nations Office for the Coordination of Humanitarian Affairs and WHO will lead the drafting of standard operating procedures for the work of the Standing Committee in infectious disease emergencies with the aim of having a draft document by the end of September 2016. 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.²

13. The new WHO Health Emergencies Programme also establishes a number of mechanisms to further strengthen WHO's partnership work in respect of the implementation of the International Health Regulations (2005), particularly in collaboration with the Global Outbreak Alert and Response Network, the members of the Global Health Cluster and a range of expert networks. In June 2016, the Steering Committee of the Global Outbreak Alert and Response Network agreed to further strengthen the Network to enhance the WHO's capacity for surveillance, risk assessment and risk communication.

¹ See document A69/21, Annex, supporting recommendation 4.1 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_21-en.pdf).

² See document A69/30, para. 13 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_30-en.pdf).

Area 3. Improving the monitoring and evaluation of and reporting on core capacities under the International Health Regulations (2005)

14. Following the adoption of Health Assembly resolution WHA61.2, requesting States Parties to report annually on the implementation of the Regulations,¹ the reporting instrument for conducting annual self-assessments and annual reporting by States Parties, was the WHO's Checklist and Indicators for Monitoring Progress in the Development of IHR Core Capacities in 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 Regulations-related hazards, notably biological (zoonotic, food safety and other infectious hazards), chemical, radiological and nuclear, based on Annex 1 to the International Health Regulations (2005).

15. The Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation recommended in 2014 moving “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 A concept note⁴ outlining a revised approach was discussed by the WHO Regional Committees in 2015, and a revised International Health Regulations (2005) monitoring and evaluation framework was noted by the Sixty-ninth World Health Assembly.⁵ That framework has four components: annual reporting, joint external evaluation, after-action review and/or simulation exercises.

16. The Secretariat, with input from partners, has developed a joint external evaluation tool⁶ as one of the four components of this new framework for the monitoring and evaluation of the International Health Regulations (2005). The tool has been used in 10 countries as of July 2016. It contains 19 areas grouped under four main headings: “Prevent”, “Detect”, “Respond” and “Other IHR-related hazards and Points of Entry”. The new monitoring and evaluation framework proposes that all countries conduct at least one external evaluation every four years.

17. The Director-General proposes that States Parties should continue to conduct self-assessments for the purpose of annual reporting to WHO on the achievement of core capacities under the International Health Regulations (2005). The Director-General further proposes that the new monitoring and evaluation framework should be used by all States Parties to assess their core capacities and, on a voluntary basis, can be used to complement the information contained in annual self-assessments, with particular attention being paid to the experience gained and lessons learned from voluntary, external evaluations. For consistency within the new monitoring and evaluation framework, it is proposed that, after 2016, the annual reporting tool should follow the same format as the joint external evaluation tool for those elements of the annual report on the self-assessment that are included in the joint external evaluation tool.

¹ WHA Resolution WHA61.2 (http://apps.who.int/iris/bitstream/10665/23569/1/A61_REC1-en.pdf).

² <http://www.who.int/ihr/publications/checklist/en/>.

³ Document A68/22 Add.1, Annex 1 (http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_22Add1-en.pdf).

⁴ http://www.who.int/ihr/publications/concept_note_201507/en/.

⁵ Document A69/20, Annex (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_20-en.pdf).

⁶ http://www.who.int/ihr/publications/WHO_HSE_GCR_2016_2/en/.

Area 4. Improving event management, including risk assessment and risk communication

18. 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 detected public health events. The new procedures will involve a systematic assessment of the hazard, exposure, vulnerability and 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 publicly available, in addition to their dissemination through the current WHO processes, and, in the case of high and very high-risk events, will be directly and immediately communicated to the United Nations Secretary-General, the National IHR Focal Points and the Principals of the Inter-Agency Standing Committee.

19. The WHO Health Emergencies Programme will initiate within 72 hours an on-the-ground assessment when notified 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

20. The Director-General will establish a scientific advisory group of experts for infectious hazards to help 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.

Area 5. Enhancing compliance with the temporary recommendations under the International Health Regulations (2005)

21. In the context of a public health emergency of international concern under the International Health Regulations (2005), WHO has monitored on an ad-hoc basis the additional measures taken by States Parties that went beyond the temporary recommendations issued by the Director-General in terms of travel and trade. Going forward, WHO will establish a standardized process to identify, collate and monitor such additional measures, and to systematically engage with the relevant States Parties to verify the reported measures, understand the basis for their implementation and, if inappropriate, request that they be rescinded.

22. WHO will maintain a publicly accessible repository of public health measures adopted by countries in response to public health emergencies of international concern, including recommendations for travellers. Based on the data in the repository, the WHO Secretariat will publicly report on the additional measures through the WHO website and to the Health Assembly as part of WHO's regular reporting on implementation of the International Health Regulations (2005). WHO will establish a follow-up system with countries reporting additional measures, and consider the development of standard operating procedures for escalating cases of non-compliance.

¹ See document A69/30, paragraph 10 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_30-en.pdf).

Area 6. Rapid sharing of scientific information

23. The Director-General has, in 2016, established new WHO policies and mechanisms, in the context of public health emergencies, for sharing line-listed data with appropriate entities for the purposes of epidemiologic 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.

24. The findings, deliberations and recommendations of the Pandemic Influenza Preparedness Framework 2016 Review Group will inform the next phase of WHO's work to enhance the sharing of genetic sequence data for other pathogens.

ACTION BY THE REGIONAL COMMITTEE

25. The Regional Committee is invited to provide comments on the Director-General's 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, to inform the development of a final version of the implementation plan for the consideration of the Executive Board at its 140th session, in January 2017.

ANNEX

**RELATIONSHIP BETWEEN THE PROPOSED AREAS OF ACTION OF THE DRAFT
GLOBAL IMPLEMENTATION PLAN AND THE RECOMMENDATIONS OF THE
REVIEW COMMITTEE ON THE ROLE OF THE INTERNATIONAL HEALTH
REGULATIONS (2005) IN THE EBOLA OUTBREAK AND RESPONSE**

Area of action of the draft global implementation plan	Corresponding recommendations of the International Health Regulations Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response
<p>1. Accelerating country implementation of the International Health Regulations (2005)</p> <ul style="list-style-type: none"> • Develop a global strategic plan to improve public health preparedness and response, and present this to Member States at the Seventieth World Health Assembly, in May 2017. • Prioritize WHO support to high vulnerability, low capacity countries, based on objective assessments. • Mobilize financial resources to facilitate the implementation of the International Health Regulations (2005) at the global, regional and national levels. • Support and further strengthen the National IHR Focal Points. • Link core capacities under the International Health Regulations (2005) with health systems strengthening. 	<p>Recommendation 2: Develop a global strategic plan to improve public health preparedness and response.</p> <p>Recommendation 3: Finance implementation of the International Health Regulations (2005), including to support the global strategic plan.</p> <p>Recommendation 8: Strengthen National IHR Focal Points.</p> <p>Recommendation 9: Prioritize support to the most vulnerable countries.</p> <p>Recommendation 10: Boost core capacities under the International Health Regulations (2005) within health systems strengthening.</p>
<p>2. Strengthening WHO's capacity to implement the International Health Regulations (2005)</p> <ul style="list-style-type: none"> • Sustain WHO collaboration with the United Nations system. • Strengthen WHO capacity to implement the International Health Regulations (2005). 	<p>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.</p> <p>Recommendation 12: Strengthen WHO's capacity and partnerships to implement the International Health Regulations (2005) and to respond to health emergencies.</p>
<p>3. Improving the monitoring and evaluation of and reporting on core capacities under the International Health Regulations (2005).</p>	<p>Recommendation 5: Introduce and promote external assessment of core capacities.</p>
<p>4. Improving event management, including risk assessment and risk communication.</p>	<p>Recommendation 6: Improve WHO's risk assessment and risk communication.</p>
<p>5. Enhancing compliance with the temporary recommendations under the International Health Regulations (2005).</p>	<p>Recommendation 7: Enhance compliance with requirements for additional measures and temporary recommendations.</p> <p>Recommendation 12.7: WHO should collaborate with WTO [...] to develop a prototype template for standing recommendations [...].</p> <p>Recommendation 12.8: WHO should encourage recognition of such standing recommendations in dispute settlement proceedings [...].</p>
<p>6. Rapid sharing of scientific information.</p>	<p>Recommendation 11: Improve rapid sharing of public health and scientific information and data.</p>

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