World Health Organization

SEVENTY-SECOND WORLD HEALTH ASSEMBLY **A72/8**
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Public health emergencies: preparedness and response

International Health Regulations (2005)

Annual report on the implementation of the International Health Regulations (2005)

Report by the Director-General

1. This document is submitted in response to decision WHA71(15) (2018), which requests the Director-General "to continue to submit every year a single report 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)". Progress in the implementation of the five-year global strategic plan to improve public health preparedness and response (2018–2023)[1] is reported in the relevant sections below.

EVENT MANAGEMENT

Event-related information

2. Throughout 2018, altogether 484 public health events were recorded in WHO's event management system (a 16% increase from 2017), of which 352 (73%) were attributed to infectious diseases, 47 (10%) to disasters and 19 (4%) to food safety. National government agencies, including National IHR Focal Points, were the initial source of information in reporting 151 (31%) of these events. Other sources of information included WHO offices, news media and other organizations. As in previous years, substantial delays were observed in States Parties' notification of events to WHO as well as their response to requests for event verification, in contravention of the relevant requirements under Articles 6 and 10 of the Regulations.

3. During the same period, WHO posted 120 updates on the Event Information Site for National IHR Focal Points, relating to 82 public health events. Events were reported from the African Region (40%), the Western Pacific Region (20%), the Region of the Americas (16%), the European Region (12%), the Eastern Mediterranean Region (11%) and the South-East Asia Region (1%). Most event updates

[1] For the global strategic plan, see document A71/8, Annex (https://apps.who.int/iris/handle/10665/276308?search-result=true&query=Document+A71%2F8&scope=&rpp=10&sort_by=score&order=desc, accessed 5 March 2019).

concerned influenza, Middle East respiratory syndrome, cholera, polio and yellow fever. In addition, WHO published 91 updates as disease outbreak news on its official website in 2018.[1]

4. In 2018, WHO continued to work closely with partners in the Global Outbreak Alert and Response Network, through weekly operational calls for information sharing and coordination of alert, risk assessment and response activities, in order to support public health preparedness and response operations for diphtheria and the monsoon in Bangladesh, listeriosis in South Africa, Lassa fever in Nigeria, cholera in the Democratic Republic of the Congo, cholera in Angola, and Ebola virus disease in the Democratic Republic of the Congo (in the provinces of Equateur, North Kivu and Ituri). The Go.Data software, a tool for field data collection, visualization of chains of transmission and contact follow-up and which uses open source data, has been developed and will be available to Member States and partners free of charge in 2019.

5. During the two outbreaks of Ebola virus disease in the Democratic Republic of the Congo in 2018, the Secretariat provided intensive support to the nine priority neighbouring countries identified as being at high risk based on public health risk assessment. A regional strategic plan for preparedness for all nine countries was developed that highlighted the need for the development of priority capacities and resource mobilization. The Secretariat, in coordination with partners and donors, supported country-level contingency planning in alignment with the regional plan, with emphasis on cross-border capacity development and collaboration in order to control cross-border transmission of cases of Ebola virus disease.

Emergency Committees

6. The Emergency Committee under the International Health Regulations (2005) regarding ongoing events and context involving transmission and international spread of poliovirus has been meeting every three months since 2014, when the international spread of poliovirus was declared a public health emergency of international concern. In 2018, the Emergency Committee was convened four times. The situation continues to be managed through temporary recommendations under the Regulations, in accordance with Health Assembly decision WHA68(9) (2015) on poliomyelitis. At the twentieth meeting of the Emergency Committee on 19 February 2019, seven States Parties reported on their national polio situation, and the Director-General maintained the public health emergency of international concern and issued corresponding temporary recommendations.[2]

7. In addition, the Director-General convened an Emergency Committee for the two distinct outbreaks of Ebola virus disease occurring in the Democratic Republic of the Congo in 2018: the first occurred in the Equateur province between May and June, and the second one started in August in the North Kivu and Ituri provinces and, at the time of writing, is ongoing. Two meetings of the Emergency Committee were convened, on 18 May 2018[3] and 17 October 2018,[4] and the committees, while issuing public health advice, did not consider either event to constitute a public health emergency of

[1] Disease Outbreak News, available at http://www.who.int/csr/don/en/ (accessed 4 March 2019).

[2] Statement of the Twentieth IHR Emergency Committee regarding the International Spread of Poliovirus, see https://www.who.int/news-room/detail/01-03-2019-statement-of-the-twentieth-ihr-emergency-committee (accessed 20 March 2019).

[3] Statement on the 1st meeting of the IHR Emergency Committee regarding the Ebola outbreak in 2018, see https://www.who.int/news-room/detail/18-05-2018-statement-on-the-1st-meeting-of-the-ihr-emergency-committee-regarding-the-ebola-outbreak-in-2018 (accessed 4 March 2019).

[4] Statement on the October 2018 meeting of the IHR Emergency Committee on the Ebola virus disease outbreak in the Democratic Republic of the Congo, see https://www.who.int/news-room/detail/17-10-2018-statement-on-the-meeting-of-the-ihr-emergency-committee-on-the-ebola-outbreak-in-drc (accessed 4 March 2019).

international concern. The advice of the Committee was accepted by the Director-General and the statements of both meetings, including the public health advice contained therein, were made available on the WHO website.

STRENGTHENING NATIONAL CORE CAPACITIES

8. Since 2010, all 196 States Parties have reported at least once to the Secretariat using the State Party Annual Reporting questionnaire. In 2018, a new version of this questionnaire was introduced. As at 1 April 2019, 186 (95%) States Parties had reported (among them 179 completed and returned the questionnaire sent in June 2018): broken down by region, 47 (100%) of the responding States Parties were from the African Region, 33 (94%) from the Region of the Americas, 11 (100%) from the South-East Asia Region, 49 (89%) from the European Region, 21 (100%) from the Eastern Mediterranean Region and 25 (93%) from the Western Pacific Region. Detailed information on the 2018 annual reporting by States Parties is published on WHO's Global Health Observatory website.[1] Globally, progress has been reported across all 13 IHR core capacities, particularly in respect of surveillance, laboratory capacity and IHR coordination and National IHR National Focal Point functions, but the overall average scores suggest further and sustained efforts are urgently needed in the areas of chemical events, capacities at points of entry and radiation emergencies.[2]

9. The Secretariat has supported the conduct of voluntary external evaluations including Joint External Evaluations. As at 8 March 2019, a total of 92 States Parties had conducted a voluntary joint external evaluation, of which 24 were done in 2018. The Secretariat had focused on improving the quality of the evaluation, for instance through the use of standardized tools and materials to prepare States Parties for the evaluation, implementing a performance evaluation process to identify areas for further improvement, and developing guidance for evaluation in special-context countries.[3] In 2018, 31 simulation exercises designed to test various functional capacities for preparedness and response were conducted by States Parties with the support of the Secretariat, giving a total of 97 exercises completed since 2016. The Secretariat, in particular the regional and country offices, also supported the conduct of 18 after-action reviews, involving stakeholders at national, regional and local levels, community representatives, non-State actors and international partners, making a total of 45 reviews accomplished since 2016. Three regional training workshops on simulation exercises and after-action reviews were conducted, benefiting 112 trainees from health ministries and WHO offices. The Secretariat has established a roster of experts to support the planning, implementation and evaluation of the exercises and reviews. Detailed information about the joint external evaluations, simulation exercises and after-action reviews conducted can be found at WHO's portal for the Strategic Partnership for International Health Regulations (2005) and Health Security.[4]

10. A preliminary analysis of the data collected under the IHR monitoring and evaluation framework[5] shows that almost all the States Parties are overall performing better in the detection capacities, such as

[1] Global Health Observatory data repository, see http://apps.who.int/gho/data/node.main.IHR00ALLN?lang=en (accessed 4 March 2019).

[2] Based on the analysis of information received from 151 States Parties as at 28 January 2019. Three States Parties submitted reports in a format that could not be included in the analysis.

[3] The initial categories of special-context countries identified by WHO include small island countries, Federal States, countries in conflict and overseas territories.

[4] Available at https://extranet.who.int/spp/ (accessed 4 March 2019).

[5] International Health Regulations (2005) monitoring and evaluation framework (https://apps.who.int/iris/bitstream/handle/10665/276651/WHO-WHE-CPI-2018.51-eng.pdf?sequence=1?, accessed 13 March 2019).

surveillance and laboratory, with the average scores on the State Party Annual Reporting questionnaire and joint external evaluations above 65% globally, than in response capacities, such as emergency preparedness and response, for which the global average score is around 55%. These findings are further validated by after-action reviews and simulations exercises, which show that the detection capacities are more functional and better performing than the response capacities. More than half the after-action reviews and simulation exercises had a multisectoral component as they were associated with zoonotic events, such as brucellosis, West Nile fever, Rift Valley fever, yellow fever, Ebola virus disease or rabies. This trend is in line with the scores of the State Party Annual Reporting questionnaire and Joint External Evaluations with a global average score of 60% for IHR coordination and capacities related to zoonoses. Gaps in capacities at the points of entry and for chemical safety and radiation emergencies are observed, with the global average scores at about 45–49% in both the State Party Annual Reporting and Joint External Evaluation results.

11. The Secretariat has continued to provide support to States Parties' efforts to strengthen laboratory and surveillance capacity through the development and dissemination of technical guidance, materials and tools, and the provision of technical assistance to vulnerable and fragile States. Activities have focused on the safety and timeliness of specimen collection and transport, access to quality-assured laboratory diagnostic capacity in safe and secure facilities, and strengthening of surveillance systems for early detection of public health events. Some of these activities have been conducted in the context of the regional preparedness plan for Ebola virus disease in the African Region.

COMPLIANCE WITH REQUIREMENTS OF THE REGULATIONS

12. With the entry into force of the Regulations, States Parties must comply with all provisions of the Regulations that apply to them. 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, the IHR Roster of Experts and yellow fever vaccination.

Additional health measures

13. 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. Since May 2018, it has held structured dialogues with six States Parties that had implemented additional health measures that significantly interfered with international traffic and movement of people. As a result, two of the six States Parties lifted the restrictions.

14. During the Nipah virus outbreak in Kerala, India (May–June 2018), for which WHO advised against application of any travel or trade restrictions, five States Parties temporarily banned fruits and vegetables imports from Kerala. Following WHO's interaction with these States Parties, two lifted the ban imposed and one provided a public health rationale for the ban. However, by the time of writing, WHO has not been informed of the lifting of the ban imposed by the three other States Parties.

15. During the current Ebola virus disease outbreak in the Democratic Republic of the Congo, the Secretariat, taking into account the Emergency Committee's recommendations, advised against application of any travel or trade restrictions. At the time of writing, one State Party is implementing procedures including a 21-day quarantine for all passengers coming from the areas of the Democratic Republic of the Congo affected by Ebola virus disease, including humanitarian volunteers and health workers involved in activities related to the disease.

16. The Secretariat will continue to monitor systematically additional health measures in relation to public health events. The Secretariat is also exploring approaches for reporting and presenting such information to States Parties, including the details of actions by States Parties under Article 43. In order to better inform States Parties about the effectiveness of additional health measures, the Secretariat is drafting evidence-based guidelines on the effectiveness of exit/entry screening in reducing international spread of infectious diseases.

Event notification and verification

17. Several WHO regional offices, including those for Africa, the Americas and Europe, have embarked on systematic monitoring and reporting of States Parties' compliance with obligations under the Regulations with regard to event notification and verification. For example, Regional Office for the Americas has been monitoring the response to verification requests since June 2007, sharing the results with respective States Parties, and has published an annual report since 2014. In 2018, the timeliness in responding to verification requests within 24 hours, as required by the Regulations, was 67% (47/70) for States Parties in the African Region,[1] 40% (14/35) for those in the Region of the Americas and 84% (11/13) for the European Region.

18. The Secretariat has been developing guidance documents and tools to support States Parties in fulfilling relevant obligations for urgent event-based communications under the Regulations and operationalizing National IHR Focal Point functions. These include the IHR Serious Game, Proficiency Testing Module, and IHR Implementation assistance for States Parties; a Multilateral National IHR Focal Point Strengthening Workshop Toolkit[2] has been developed by the Regional Office for the Americas.

National IHR Focal Points

19. The Secretariat has continued to facilitate accessibility around the clock of all National IHR Focal Points and WHO IHR Contact Points. In 2018, 154 (79%) National IHR Focal Points confirmed or updated their contact information, as required by the Regulations, and 110 (56%) confirmed or updated their list of designated users of the event information site. By the end of 2018, there were 848 designated users of the event information site, with 153 new users created or users for whom access had been granted. With regard to the use of the event information site by National IHR Focal Points, 160 out of 196 (82%) National IHR Focal Points accessed the site at least once in 2018 in order to obtain up-to-date information on ongoing public health events and emergencies.

20. The Secretariat has initiated the Global Knowledge Network of National IHR Focal Points at both the global and regional levels, with the network established in the African Region and those in the European and the South-East Asian regions under discussion. The Secretariat continues to develop and update learning programmes and training resources, including innovative tools and online learning courses that focus on National IHR Focal Points and other stakeholders. All these resources are made available through the Health Security Learning Platform.[3]

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[1] Based on events for which dates are currently known.

[2] PAHO. Multilateral IHR NFP Strengthening Workshop Toolkit, see https://www.paho.org/hq/index.php?option=com_content&view=article&id=13846:multilateral-ihr-nfp-strengthening-workshop-toolkit&Itemid=42465&lang=en (accessed 4 March 2019).

[3] Available at https://extranet.who.int/hslp/ (accessed 4 March 2019).

21. To support States Parties better in fulfilling their obligations under the Regulations, the Secretariat is assessing the experiences and needs of National IHR Focal Points in conducting their functions. The findings will inform the Secretariat's efforts to support National IHR Focal Points more effectively, through updated guidance and training tools and a competency framework, which is being validated.

22. Some regional offices held meetings with the National IHR Focal Points in 2018 with the aim of providing training, sharing lessons and experiences, and building communities of practice at the regional level. The Regional Office for the Western Pacific conducted its annual virtual Exercise Crystal in December 2018, involving 29 countries and areas, to test communication between National IHR Focal Points and the Regional WHO IHR Contact Point. In November 2018, the Regional Office for Europe conducted its first Joint Assessment and Detection of Events exercise, with the participation of 27 National IHR Focal Points, to practise procedures for event notification and communication, intersectoral coordination and emergency risk communication. This exercise is set to become an annual practice in the European Region.

23. The Regional Office for the Americas has conducted tests of communication between the Regional WHO IHR Contact Point and the National IHR Focal Points annually since 2007 and biannually since 2010. In 2018, the tests performed with the 35 States Parties were successful by email for 31 (89%) and 33 (94%) States Parties in the first and second semesters, respectively, and by telephone for 32 (91%) and 33 (94%) States Parties in the same periods, respectively. The high success rates are consistent with data observed in previous years.

Points of entry

24. Since 2007, 108 out 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. According to reports from some States Parties, some ship sanitation certificates are still being issued by unauthorized ports; some do not conform to the model in Annex 3 of the Regulations; and knowledge and capacity gaps exist in conducting ship inspections and in understanding the function of different certificates. To redress these weaknesses, the Secretariat continues to provide support to the States Parties by providing access to an online course as well as face-to-face training for ship inspection and issuance of ship sanitation certificates. The Secretariat also supports countries on an ad hoc basis when issues arise with regard to ship sanitation certificates.

25. Membership of the Ports, Airports and Ground Crossings Network, which aims to enhance information and knowledge sharing about preparedness for and response to public health events affecting points of entry, has been growing, with a total of 615 professionals from 122 countries so far. In 2018, two training workshops were conducted in collaboration with the International Civil Aviation Organization, focusing on public health event management in aviation; these were attended by 83 health and aviation professionals from 31 countries. Three online thematic courses aiming at strengthening preparedness and operational readiness for public health events at points of entry have been developed in order to maximize global outreach. Technical guidance on IHR capacity building at ground crossings and cross-border collaboration using a risk-based approach is currently being elaborated jointly with partners.

IHR Roster of Experts

26. The IHR Roster of Experts established by the Director-General under the Regulations currently includes a total of 443 experts, of whom 88 were appointed by the Director-General at the request of States Parties. The European Region has the highest representation, with 154 experts (35%) on the roster (with almost half from only three countries), followed by the Region of the Americas (23%) (with almost

half from one country), and the Western Pacific Region (15%) (with almost two thirds from three countries). The regions with the lowest representation are the African Region (11%), the Eastern Mediterranean Region (8%) and the South-East Asia Region (7%). The roster includes experts in 81 areas of expertise including epidemiology, vector control, infection control, travel medicine, risk communications, viral haemorrhagic fevers, mass gatherings and points of entry. Only about one third of experts on the roster are women. The Secretariat has been actively undertaking to improve the gender balance of the roster and to identify additional experts from the less-represented regions and countries, and in areas of less-represented expertise, such as logistics and field support, mathematical modelling, medical anthropology and social sciences. The Secretariat would welcome requests for appointment to the roster from States Parties, especially from States Parties currently underrepresented on the roster.

Yellow fever

27. As of 28 January 2019, 86 States Parties and 27 overseas territories had responded to the annual questionnaire on international travel and health in order to collect States Parties' requirements for yellow fever vaccination for international travellers. Since 2015, 104 States Parties and 19 territories have reported requesting a certificate of vaccination against yellow fever for incoming travellers. Of these, 99 States Parties and 19 territories have confirmed that the international certificates of vaccination against yellow fever, using approved WHO vaccines, are now accepted as valid for the life of the person vaccinated, as they should be in accordance with Annex 7 of the Regulations, as amended by resolution WHA67.13 (2014) on implementation of the International Health Regulations (2005).

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

28. The Secretariat has provided sustained support to States Parties to enhance preparedness for all hazards, with country-level activities focusing on evidence-based planning and implementation. In 2018, 19 countries were supported in developing their public health risk profiles, based on which 16 countries developed contingency plans; 16 countries expanded their readiness capacities to respond to imminent risks; and four countries implemented safety programmes in their priority health facilities. The risk-informed and evidence-based planning allowed countries to identify the most urgent needs within their health systems and to prioritize actions to enhance preparedness and operational readiness in order to respond to all-hazard emergencies.

29. In 2018, with the support of the Secretariat, 27 countries finalized national action plans for health emergency preparedness. The Secretariat has created a framework,[1] along with guidance and a toolkit for the development and implementation of national action plans, to support countries in strengthening preparedness and response capacities. The Regional Office for South-East Asia conducted a regional orientation workshop in July 2018 to familiarize National IHR Focal Points and WHO staff members with the framework and toolkit.

30. WHO and the World Organisation of Animal Health (OIE) have together designed National Bridging Workshops on the International Health Regulations (2005) and the OIE Performance of Veterinary Services Pathway. In 2018, 11 such workshops were held in order to support countries in strengthening collaboration between animal and human health services. The workshops brought together national stakeholders from central, regional and local levels from both sectors to create a joint road map

[1] Strengthening health security by implementing the International Health Regulations (2005): National Action Plan for Health Security, available at https://www.who.int/ihr/procedures/health-security-national-action-plan/en/ (accessed 4 March 2019).

for the prevention and detection of and response to zoonotic disease outbreaks and food safety emergencies. The results of these workshops were used to identify priorities for inclusion in national action plans for health emergency preparedness.

31. The Secretariat has continued its efforts to strengthen its partnerships to promote implementation of the Regulations. In October 2017, a meeting on Managing Future Global Health Risks by Strengthening Civilian and Military Health Services (Jakarta, 24-26 October 2017) brought together more than 160 public health and security representatives from 44 countries, international organizations, partners and donors. Guiding principles were agreed on how to strengthen collaboration between the security and civilian health sectors in line with the commitment made by members of the Group of 20 to strengthen global health security and accelerate the implementation of the Regulations.

32. A WHO high-level conference on preparedness in public health emergencies (Lyon, France, 3 and 4 December 2018) focused on multisectoral approaches for effective leadership in preparedness for public health emergencies in urban areas. More than 200 participants, including health ministers, mayors and urban leaders, as well as representatives of relevant international organizations and partners, attended the conference. In a joint statement,[1] participants called for WHO and partners to designate 2019 as a Year of Action on preparedness for health emergencies, committing themselves to more predictable and coordinated multisectoral collaboration for public health emergency preparedness and response, in order to minimize the negative impact of health emergencies on public health, international air transport and global tourism.

33. In 2018, WHO regional and country offices continued their active provision of support to States Parties in accelerating implementation of the Regulations and strengthening capacities in public health emergency preparedness. Some regional offices developed 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. A ministerial and high-level meeting on the implementation of the action plan to improve public health preparedness and response in the European Region (Istanbul, Turkey, 12–14 February 2019) was held in order to galvanize commitment to the full implementation of the regional action plan. Guided by the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies, States Parties in the Western Pacific and South-East Asia regions have updated or developed their national action plans on health security.

34. Also in 2018, the training arm of the Global Outbreak Alert and Response Network commenced development of the third tier (advanced training) for the Network's Outbreak Response Leads and Field Coordinators, organized outbreak response training for States Parties in the African Region, and started to introduce training workshops with the field epidemiology training programmes. The Network's partners also held a workshop on integrating research into response activities.

CONCLUSION

35. Overall, in 2018, States Parties made encouraging progress in preparing for and responding to public health emergencies under the framework of the International Health Regulations (2005). Many States Parties recorded laudable achievements in building and maintaining IHR core capacities particularly in respect of surveillance, laboratory and IHR coordination. However, significant gaps still remain, particularly with regard to capacities in the most vulnerable countries with weak health systems and in conflict-affected and fragile settings, as well as States Parties' capacity to manage all-hazards

[1] Available at https://reg.unog.ch/event/25908/material/42/0.pdf (accessed 4 March 2019).

health emergencies. In this context, timely and transparent reporting of country capacity and event-related information is therefore essential. The substantial delays observed in States Parties' notification of events to WHO as well as their response to requests for event verification need joint efforts by States Parties, WHO and all stakeholders to ensure that the relevant obligations under the Regulations are fulfilled and events are detected at early stages, thereby ensuring effective and timely responses to public health events of international importance. Meanwhile, WHO will continue to work closely with States Parties and to monitor travel and trade restrictions that countries may implement during major public health events or emergencies, with a view to ensuring compliance with the requirements of the Regulations and thus mitigating negative economic impacts for countries affected by outbreaks.

36. Developing and maintaining the capacities required under the Regulations for public health emergency preparedness, response and risk management are of upmost importance, while resilience of national systems to emergencies depends greatly on countries having strong health systems. As such, States Parties should take stock of the existing momentum and initiatives in support of the implementation of the Regulations and continue their efforts to strengthen and maintain core capacities in the context of health system development and strengthening.

ACTION BY THE HEALTH ASSEMBLY

37. The Health Assembly is invited to note this report.

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