

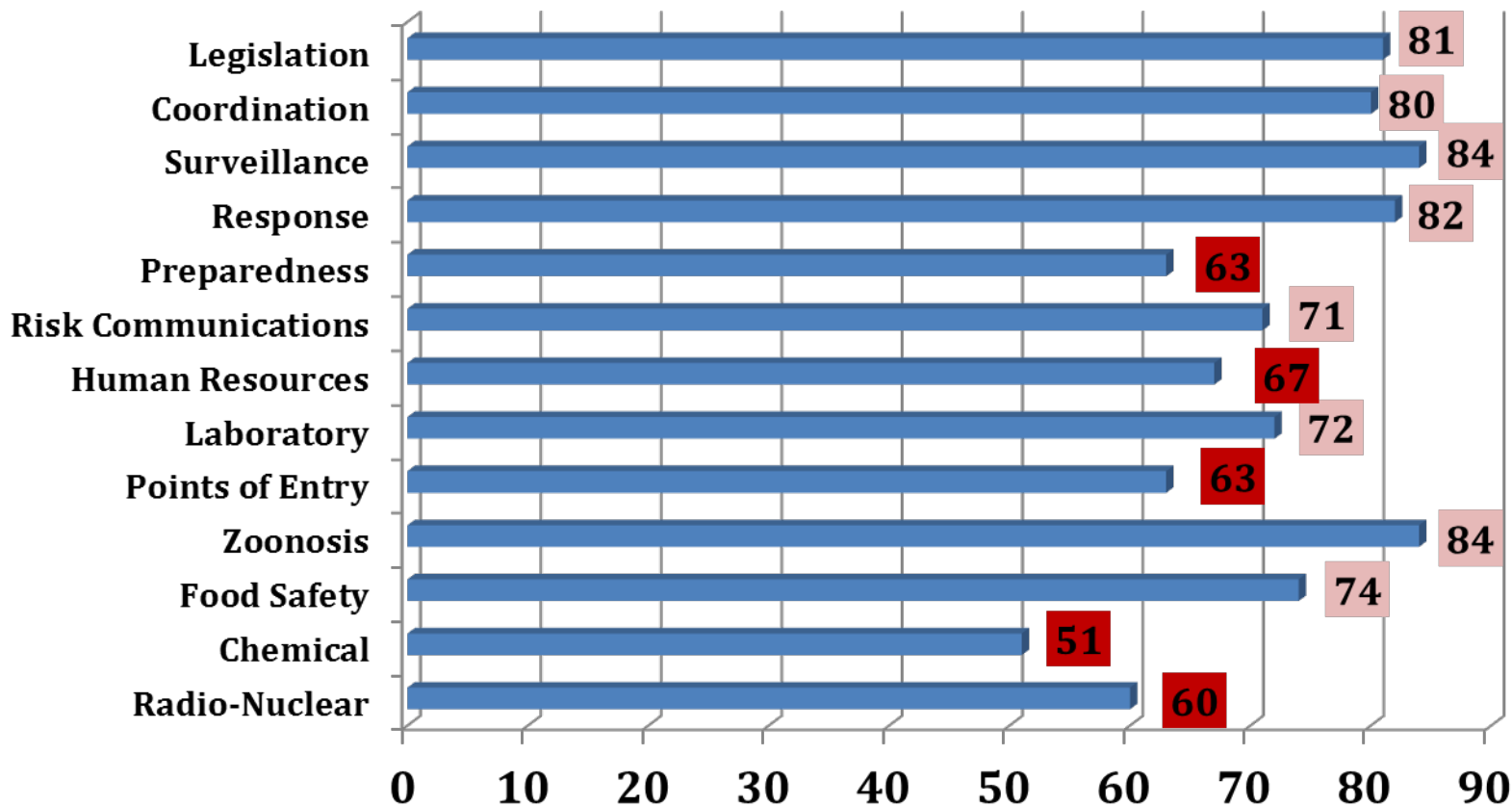
IHR Implementation in EMRO and the Establishment of IHR-RAC

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Regional IHR Implementation Per Capacity: 2014 Monitoring Tool

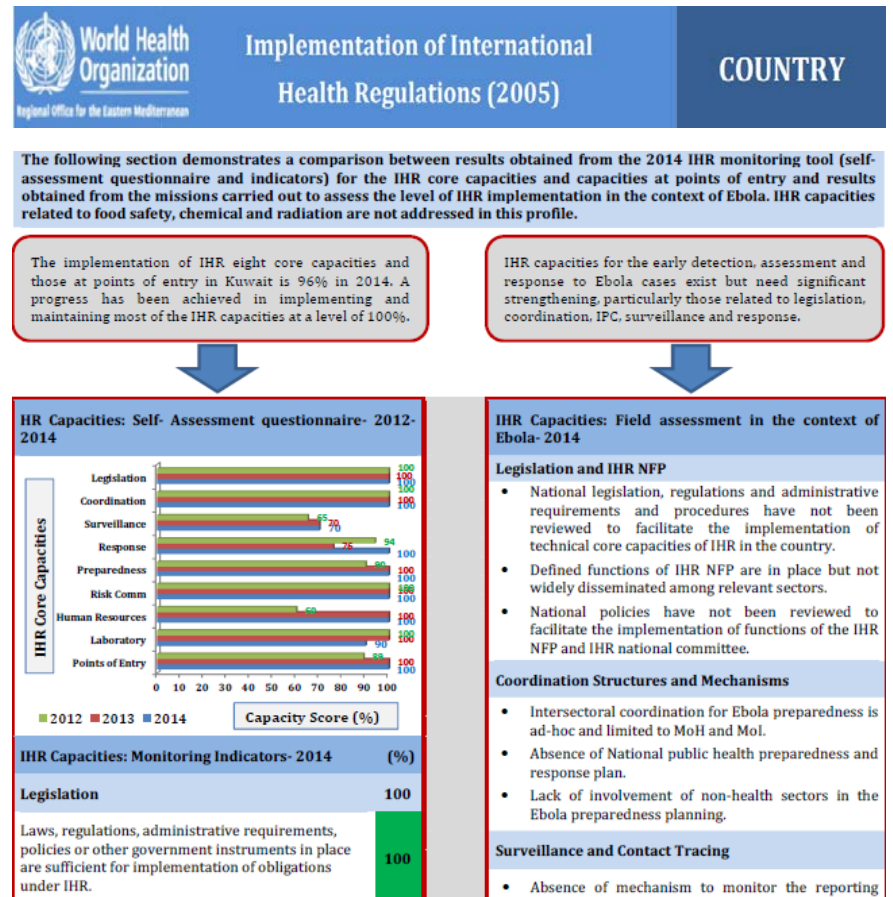
IHR Capacities



IHR Implementation Scores per Capacity (%)

Country Profiles

- Country Profile- a comparison between:
 - results obtained from the 2014 IHR monitoring tool
 - results obtained from the Ebola assessment missions



New Approach Ins needed

- Technical paper: new approach for assessment and monitoring of IHR implementation
 - Highlighted current threats to global health
 - Limitations of current monitoring of implementation of IHR capacities
 - Gaps identified through Ebola assessment preparedness missions
 - Proposed new approach for assessment and monitoring IHR implementation.



Regional Committee Resolution: EM/RC 62/ R.3

- Establish Independent IHR Regional Assessment Commission (IHR-RAC)
- Urges countries to conduct objectives assessment annually
- Request RD to develop ToR for IHR-RAC
- Establish regional task force to harmonize existing tools for assessment including GHSA assessment tool.
- IHR-RAC to report to RC on progress of IHR implementation

WORLD HEALTH
ORGANIZATION



ORGANISATION MONDIALE
DE LA SANTE

Resolution

EASTERN MEDITERRANEAN

October 2015

Sixty-second Session
Agenda item 4(c)

Assessment and monitoring of the implementation of the International Health Regulations (2005)

The Regional Committee,

Having reviewed the progress report on national core capacities for implementation of the International Health Regulations (2005)¹ and the technical paper on assessment and monitoring of the implementation of the International Health Regulations (2005)²;

Recalling World Health Assembly resolutions WHA61.2 Implementation of the International Health Regulations (2005) and WHA 68.5 The recommendations of the Review Committee on second extensions for establishing national public health capacities and on IHR Implementation; and Regional Committee resolution EM/RC61/R.2 Global health security: challenges and opportunities with special emphasis on the International Health Regulations (2005);

Recognizing that Member States are collectively accountable for protecting global health in accordance with the International Health Regulations (2005) and that the assessments of preparedness for Ebola virus disease conducted in the Region exposed considerable gaps in the capacities of countries with regard to effective monitoring and detection of, and response to, emerging health threats;

IHR-RAC: Aim & Tasks (1)

Aim: Oversee the implementation of IHR

- **Task (1)** assess the IHR implementation the Region;
- **Task (2)** review qualitative and quantitative data obtained related to IHR implementation;
- **Task (3)** advise Member States on matters relating to the implementation of the national core capacities required under the Regulations and identify strategic priority activities to address these issues with a defined time frame;

IHR-RAC: Aim & Tasks (2)

- **Task (4)** identify major concerns and challenges and recommend measures to be addressed by WHO and partners to support Member States in the Region to meet their obligations;
- **Task (5)** report annually to the Regional Committee for the Eastern Mediterranean through the Regional Director on the progress of IHR implementation in the Region.

Membership- Appointment and Renewal

- All members are appointed by the RD
- Technical expertise and affiliation
- Other considerations for appointment include geographic and gender diversity.
- The Commission members are assigned based on their personal capacity will not have any reporting role to their countries.
- Duration: 4 years with renewal of 25% of Members.

Composition of IHR-RAC (1)

- The IHR-RAC should function with a minimum of 10 and a maximum of 15 members who are expected to attend all scheduled and ad hoc meetings, actively discuss, review and verify reports and make recommendations.
- It is estimated that members will have to commit *between 10 to 15 business days* annually to the activities of the Commission.

Composition of IHR-RAC (2)

- The Commission is multidisciplinary with sufficient diversity, depth and breadth of expertise.
- 1 or 2 independent, senior experts from each of the following disciplines/areas:
 - *Legislation, Disease surveillance and response, laboratory, Animal health, Food and chemical safety, Radiation safety, Risk communication, Public health aviation, Mass gathering, Travel health, Infection control, Emergency preparedness and response.*

Methodology of Work: *Formal recognition and general support*

- WHO EMRO is the Secretariat.
- The Secretariat will develop SOPs procedures for the IHR-RAC membership and orient the members accordingly.
- Significant changes to the membership or SOPs, will be communicated through the RD by a circular or equivalent.



Methodology of Work: *Meetings*

- One IHR stakeholders meeting should be scheduled annually.
- Additional meetings and conference calls will be organized regularly and on an ad hoc basis as deemed necessary and IHR-RAC.
- The chairperson of the IHR-RAC will represent the Commission at annual sessions of the EMRC and other global meetings, as requested by the Regional Director.



Methodology of Work: Country Missions

- The secretariat will organize/undertake country missions to evaluate the implementation of the IHR capacities
 - WHO experts, Regional pool of experts, GHSA expert, National counterparts, experts from the relevant international organizations OIE, FAO, IAEA and ICAO.
- A report is expected to be developed, using a template, immediately after each country mission.
- Report will be reviewed by IHR-RAC

IHR Assessment Tool- Harmonization: WHY?

- **Regional Committee Resolution**

URGES Member States to conduct objective assessment of implementation of the International Health Regulations with WHO support and report annually to the regional assessment commission on progress in implementing the regulations, using a harmonized tool and standardized methodology;

3. REQUESTS the Regional Director to:

- 3.2 Establish a regional task force to harmonize the existing tools for assessment of implementation of the International Health Regulations, including the global health security agenda assessment tool.

Joint External Evaluation (JEE)

- Purpose: qualitative and quantitative information on functionality of capacities.
 - Every 4-5 years
 - Voluntary and in the respect of sovereignty
 - Joint: Ownership from country
 - MS to share findings of the mission among peer MS
 - Commitment from WHO, partners and donors to support MS that has volunteered to be evaluated



Thank you



**World Health
Organization**

Regional Office for the Eastern Mediterranean

