INTERNATIONAL HEALTH REGULATIONS (2005)

MONITORING AND EVALUATION FRAMEWORK

World Health Organization

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1- INTRODUCTION

1.1 BACKGROUND OF THE INTERNATIONAL HEALTH REGULATIONS (2005)

The International Health Regulations (IHR)[1] was first adopted by the World Health Assembly (WHA) in 1969 and covered six diseases. The Regulations were amended in 1973, and again in 1981, to focus on just three: cholera, yellow fever, and plague. In 1995, in consideration of increases in international travel and trade, and the emergence, re-emergence and international spread of diseases and other threats, the WHA called for another substantial revision. This revision extended the scope of the IHR from a limited number of diseases to any potential public health emergency of international concern, irrespective of origin or source, including those involving the natural, accidental or deliberate release of biological, chemical or radio-nuclear materials. The revised IHR, or IHR (2005), entered into force on 15 June 2007. This document henceforth refers to the IHR (2005) as 'the IHR.' The IHR include several procedures that States Parties are required to comply with for effective implementation of the Regulations. These include:

1. to establish a National IHR Focal Point, available 24/7 for urgent communication with WHO (Article 4);
2. to have or develop and maintain core public health capacities to implement the Regulations effectively, in accordance with Articles 5 and 13;
3. to notify WHO within 24 hours of all events that may constitute a public health emergency of international concern (Article 6), and to respond to WHO's request for verification of information (Article 10);
4. to provide to WHO the public health rationale for additional health measures that significantly interfere with international traffic[2] (Article 43);
5. to report to the World Health Assembly on the implementation of the IHR (Article 54).

This document focuses on obligations related to the establishment of core capacities under articles 5 and 13.

Art: 5 Each State Party shall develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party, the capacity to detect, assess, notify and report events in accordance with these Regulations, as specified in Annex 1.

—and:

Art: 13 ...the capacity to respond promptly and effectively to public health risks and public health emergencies of international concern as set out in Annex 1.

Compliance with the other obligations is monitored by WHO through other mechanisms[3-4,]

1.2 DEVELOPMENT OF THE IHR MONITORING AND EVALUATION FRAMEWORK

States Parties and the Director-General of WHO report annually to the WHA on their progress in implementing the IHR, as required by Article 54 of the IHR and Resolution A61.2 *Implementation of the International Health Regulations (2005)*[5]. States Parties currently report using a self-assessment approach that is facilitated by WHO data collection instruments and supporting tools.

WHO shall collaborate with States Parties, upon requests, to extent the possible, in the evaluation and assessment of their public health capacities in oder to facilitate the effective implementation of these regulations (Article 44).

The IHR Review Committee on Second Extensions for establishing national public health capacities and on IHR implementation (WHA68/22 Add.1[6]) in 2014 recommended that *the Director-General consider a variety of approaches for the shorter- and longer-term assessment and development of IHR core capacities as follows:*

States Parties should urgently: (i) strengthen the current self-assessment system (e.g., if not already done, the annual self-assessment reports and planning processes should be enhanced through multi-sectoral and multi-stakeholder discussions);

1 - International Health Regulations (2005) (http://www.who.int/ihr/publications/9789241596664/en/ accessed on 12 June 2018)
2 - Significant interference with international traffic "generally means refusal of entry or departure of international travellers, baggage, cargo, containers, goods, and the like, or their delay, for more than 24 hours" (Article 43)
3 - Monitoring compliance with IHR requirements for establishing the national IHR focal points, and for communication and information verification
4 - Monitoring compliance with IHR requirements in relation to additional health measures (Article 43 of (IHR(2005). (Articles: 4, 6-10 of IHR(2005))
5 - WHO. Sixty-First World Health Assembly- Resolutions and Decisions (http://apps.who.int/gb/ebwha/pdf_files/WHA61-REC1/A61_REC1-en.pdf accessed on 12 June 2018)

and (ii) implement in-depth reviews of significant disease outbreaks and public health events. It should promote a more science or evidence-based approach to assessing effective core capacities under "real- life" situations. Simultaneously, the Secretariat should promote a series of regional formal evaluations or meta-evaluations of the outbreak reviews, managed by the regional offices, to facilitate cross-region learning and to distill lessons learned for future IHR programming.

In parallel, and with a longer term vision, the Secretariat should develop through regional consultative mechanisms options to move from exclusive self-evaluation to approaches that combine self-evaluation, peer review and voluntary external evaluations involving a combination of domestic and independent experts. These additional approaches should consider, amongst other things, strategic and operational aspects of the IHR, such as the need for high-level political commitment, and a whole of government / multi-sectoral engagement. Any new monitoring and evaluation scheme should be developed with the active involvement of WHO regional offices and subsequently proposed to all States Parties through the WHO governing bodies' process.

The concept note on the development, monitoring and evaluation of functional capacity for implementing the International Health Regulations (2005)[7] was developed in response to the recommendations of the Review Committee report. As part of a global formal consultative process, in July 2015 the concept note was shared with all States Parties to the IHR, by e-mail and via the web.

Discussions on the proposed IHR monitoring and evaluation framework (IHRMEF) during the 2015 Regional Committees showed that all WHO Regions well accepted the underlying principles. The IHR monitoring and evaluation framework consists of 4 components; mandatory annual reporting and three voluntary components, i.e., after action review, simulation exercise and voluntary external evaluation. States Parties expressed the wish that the existing annual reporting questionnaire should be continued in a simplified form. The value of after action reviews and simulation exercises were well recognised and the importance of an intersectoral approach was emphasized, as was that of strong national ownership of voluntary external evaluations.
The IHR-MEF aims to provide a comprehensive, accurate, country-level overview of the implementation of requirements under the IHR to develop and monitor capacities to detect, monitor and maintain public health capacities and functions (Article 5). This overview contributes to mutual accountability for global public health security among States Parties and the WHO secretariat and helps build trust through transparent reporting, sharing of best practices, and dialogue. It proposes both quantitative and qualitative methods for monitoring, as well as approaches for periodic and continuous evaluations.

1.3 PURPOSE AND SCOPE OF THIS DOCUMENT

This document proposes a framework and processes by which States Parties can monitor and evaluate the implementation of IHR capacities in accordance with the requirements for capacity development outlined in Annex 1 of the IHR. It also contributes to Article 54[8] of the IHR, which calls on States Parties and WHO to report to the WHA on the implementation of the IHR. This framework encourages the use of existing available information from other monitoring and evaluation tools to avoid duplication and to help ensure countries are not overburdened.

This framework is not legally binding. It does, however, represent a consensus of technical expert views drawn globally from the Member States, technical institutions, partners, and WHO Secretariat.

1.4 INTENDED USERS

This document is intended primarily for use by government authorities and other stakeholders including but not limited to public health professionals, national IHR focal points (NFPs), institutions, and partners.

6 - Implementation of the International Health Regulations (2005 – Report of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation (http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_22Add1-en.pdf accessed on 12 June 2018)
7 - Development, monitoring and evaluation of functional core capacity for implementing the International Health Regulations (2005): Concept note (http://www.who.int/ihr/publications/concept_note_201507/en/ accessed on 28 February, 2018)
8 - Resolution 61.2 establishes the periodicity of annual reporting (http://www.who.int/ihr/Processes_of_IHR_Monitoring_framework_and_Indicators.pdf accessed on 12 June 2018)

2. OBJECTIVES OF THE IHR MONITORING AND EVALUATION FRAMEWORK

It is important to note that the processes described in this document are not intended for use in ranking or comparing countries' performances; instead, they are tools to support countries in monitoring their progress in the development and maintenance of the national capacities required by the IHR (2005). The IHRMEF helps countries evaluate their status as regards to implementation of IHR capacities and their functioning, and in doing so helps plan, develop, maintain and enhance these capacities. This document builds on the work of the previously used IHR Core Capacity Monitoring Framework[9], and related recommendations from the Review Committee and the Member States.

With respect to States Parties, this framework aims to:

- Support States Parties in evaluating their status of IHR implementation and determining their progress towards fully developed, sustainable IHR capacities
- Assist States Parties with a qualitative examination of the functionality of IHR capacities
- Provide States Parties with information relevant to the development and maintenance of capacities required under the IHR.
- Help build mutual trust and accountability among States Parties, and
- Provide States Parties with a uniform format for annual reporting to the World Health Assembly on the status of IHR implementation.

With respect to WHO, the IHR MEF aims to:

- Provide a common approach to implementing IHR monitoring and evaluation activities in countries;
- Analyse and disseminate information generated and ensure their use
- Enable WHO to report annually to the World Health Assembly on the status of IHR implementation by States Parties; and
- Enable WHO to better identify possible support for capacity development in countries.

With respect to partner agencies and institutions, the framework aims to:

- Provide a common approach to supporting countries in implementing IHR monitoring and evaluation
- Enable partner agencies and institutions to target and prioritize their support for capacity development in countries, and ensure alignment in this support.