International Health Regulations Coordination Department

Activity Report 2011

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Organisation mondiale de la Santé

WHO/HSE/GCR/LYO/2012.3

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Acronyms

ACI	Airports Council International
AFRO	WHO Regional Office for Africa
AMP	Agence de Médecine Préventive
AMRO/PAHO	WHO Regional Office for the Americas
APSED	Asia Pacific Strategy for Emerging Diseases
CAPSCA	Cooperative Agreement for Preventing the Spread of Communicable Diseases through Air Travel
CDC	United States Centers for Disease Control and Prevention
EID	Emerging and Reemerging Infectious Diseases
EIS	Event Information Site
EMRO	WHO Regional Office for the Eastern Mediterranean
EQA	External Quality Assessment
EU	European Union
EURO	WHO Regional Office for Europe
FAO	Food and Agriculture Organization of the United Nations
FETP	Field Epidemiology Training Programme
FOS	Food Safety and Zoonoses
GCR	Global Capacities, Alert and Response
GLaD	Global Laboratory Directory
HSE	Health Security and Environment
IAEA	International Atomic Energy Agency
IATA	International Air Transport Association
ICAO	International Civil Aviation Organization
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
ILO	International Labour Organization
IMO	International Maritime Organization
ITH	International Travel and Health
NFP	National IHR Focal Point
OIE	International Office of Epizootics
PAG	Ports, Airports and Ground Crossings
PAGNet	Public Health and Ports, Airports and Ground Crossings Network
PHEIC	Public Health Emergency of International Concern
PoE	Points of Entry
REACT	Reaction to Emergency Alerts Using Voice and Clustering Technologies
SEARO	WHO Regional Office for South-East Asia
SSC	Ship Sanitation Certificates
TEPHINET	Training Programmes in Epidemiology and Public Health Intervention Network
UNWTO	United Nations World Tourism Organization
USAID	United States Agency for International Development
WER	Weekly Epidemiological Record
WHO	World Health Organization
WMO	World Meteorological Organization
WPRO	WHO Regional Office for the Western Pacific

Foreword

Doing our work better could well be described as the driving force behind WHO over the past year. The reform of the Organization, which has involved an extensive and sometimes painful analysis of its functioning, led to a substantive restructuring designed to make WHO better able to respond to public health needs in all countries around the world.

For the Health Security and Environment cluster (HSE), and in particular as regards the revised International Health Regulations (2005), the process of evaluation began in April 2010 with the external review of the functioning of the IHR in the context of pandemic H1N1 2009. The work of the Review Committee concluded in May 2011 with the report of its findings and recommendations presented to the World Health Assembly by its Chair, Professor Harvey Fineberg.

The main findings of the Committee were that the IHR helped better prepare the world to cope with public health emergencies, that WHO performed well in many ways during the pandemic, confronted systemic difficulties and demonstrated some shortcomings, and that the world is currently ill-prepared to respond to a severe pandemic or any other public health emergency on a similarly global and threatening scale. The Committee also presented WHO with a set of recommendations, described on page 48, which serve to guide the Organization in further strengthening the IHR framework so that it may better protect the world against the public health events we may face in the 21st century.

Well-functioning national public health systems are the core of the international system for coordinated response to events that might constitute a public health emergency of international concern. The IHR require that countries have the core capacities in place by 15 June 2012. A main focus of the work over the past year has therefore been to meet the core capacity requirements, identify gaps and assist countries with the development of national action plans to achieve the minimum capacity requirements. The Department has worked diligently with the regional offices throughout the year together with countries to mobilize resources needed to build missing capacities.

In 2011 we witnessed the devastation caused by the earthquake and nuclear accidents in Japan. These events were a disturbing wake-up call to the global community, a tragic reminder of how closely linked we are, from one country to another, from region to region.

The IHR provide not only the legal framework but also a unique opportunity for the international community to work closely together to be better prepared to respond collectively to potential public health events that threaten our global health security. There is much work to be done, and WHO is committed to continuing its work in collaboration with the regional offices to support countries to strengthen their core capacities for preparedness and response to all public health events.

Introduction

Health Security and Environment (HSE) restructuring

The HSE cluster underwent a refining and streamlining process in 2011 to improve coordination between the different technical teams and better fulfil its mandate of ensuring global health security. On 1 December the new HSE structure was made official. Formerly comprised of five departments, HSE now houses four departments. The Global Capacities Alert and Response Department (formerly IHR Coordination), which now includes the Alert and Response Operations Unit, thus expanding the mandate of the department and uniting country capacity building and global alert and response activities under one group. The Pandemic and Epidemic Diseases Department, also new, is responsible for influenza, hepatitis, meningitis and other epidemic-prone diseases and includes a special unit on antimicrobial resistance. The Public Health and Environment and Food Safety Departments remain unchanged. All four HSE departments contribute to the workings of the revised IHR framework, which covers not only infectious and foodborne diseases but also risks that can arise from chemical, nuclear and radiological events. All the four departments work in close collaboration with the six WHO regional offices.

Priority activities in 2011

Strong national public health systems and capacities are the core of the international system for coordinated response to events that might constitute a public health emergency of international concern. All States Parties are required to have or develop minimum core public health capacities to implement the IHR (2005) effectively.

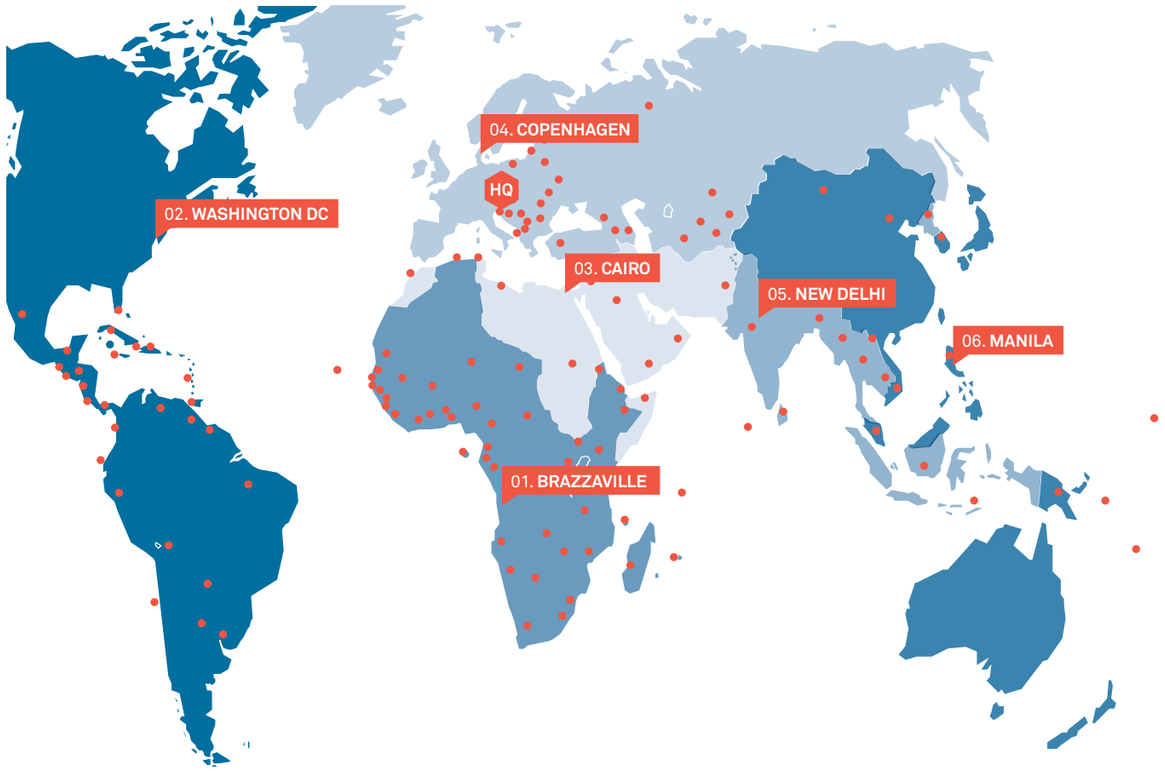
The IHR require that countries have in place the core capacities by 15 June 2012. The focus of the work over the past year was therefore to meet the core capacity requirements and where necessary, identify gaps and assist countries with the development of national action plans to achieve the minimum capacity requirements. In view of the June deadline, but also in line with the recommendation of the Review Committee that WHO assist countries to accelerate the acquisition of the capacities needed to be better prepared, the Department and regional offices worked diligently with countries to assess their existing capacities and develop national action plans to address gaps and mobilize the resources needed to build the missing capacities. This process of reviewing capacities, identifying priorities and developing national roadmaps to accelerate implementation was launched in Zimbabwe for the African Region and the process has since been duplicated in the WHO European Region and will continue (this activity is described in greater detail on page 15).

For countries that are unable to achieve the core national health capacities by June 2012, extensions are possible and WHO is facilitating this process.

Partners in IHR implementation

WHO's vision for international public health security is a more secure world that is on the alert and ready to respond collectively to the threat of epidemics and other public health emergencies that represent an acute threat to public health security, an unbroken line of defence using highly trained personnel and making effective use of up-to-date-technologies.

WHO Offices around the world



01.	02.	03.	04.	05.	06.
African Region	Region of the Americas	Eastern Mediterranean Region	European Region	South-East Asia Region	Western Pacific Region
Regional office	Regional office	Regional office	Regional office	Regional office	Regional office
Brazzaville	Washington DC	Cairo	Copenhagen	New Delhi	Manila

HQ headquarters Country office

Global partnership

In a closely interdependent world, global partnerships are essential to the successful implementation of the Regulations. Partnership is required between all countries to share technical skills and resources, to support capacity strengthening at all levels, to support each other in times of crisis and promote transparency. Partnership between different sectors (e.g. health, agriculture, travel, trade, education, defence) is also essential to build coherent alert and response systems which cover all public health threats, and, at the time of events, are able to rapidly mobilize the required resources in a flexible and responsive way.

IHR activities are carried out in partnership with the WHO regional offices in all WHO regions and in many countries thanks to the commitment and support of its technical and main funding partners.

GLOBAL PARTNERSHIPS FOR IHR IMPLEMENTATION

IHR activities are carried out in partnership with the WHO regional offices in all WHO regions and in many countries thanks to the financial support of its main funding partners:

- the Government of France
- the Institut Pasteur
- the Institut de Veille Sanitaire (InVS)
- the Rhône-Alpes Region
- the Rhône Department
- the Grand Lyon
- the Bill and Melinda Gates Foundation
- the United States Centers for Disease Control and Prevention (CDC)
- the United States Agency for International Development (USAID)
- the European Union

WHO office in Lyon and its local and regional partners

Since its creation in 2001, the WHO Lyon Office has benefited from the committed support of the Government of France, the Institut Pasteur, the Institut de Veille Sanitaire, the Rhône-Alpes Region, the Rhône Department, the Grand Lyon and the Fondation Mérieux, who was instrumental in establishing the Office. The financial and technical support of these partners is critical to the successful implementation of the department's wide-reaching activities to help counties strengthen their public health systems. Each year the WHO Lyon Office collaborates with the local Lyon and greater Rhône-Alpes Region in outreach activities to raise awareness of priority public health issues and activities to face these challenges.

Highlights in 2011 included :

BioVision roundtable, co-organized with the Fondation Mérieux and the Institut Pasteur : *Securing Global Health in the 21st Century: epidemic intelligence, identification of risks and opportunities for control.* Speakers included Nobel Prize winner Professor Françoise Barré-Sinoussi, Doctor Guénaël Rodier, Director of the Division of Communicable Diseases, WHO Regional Office for Europe, and Doctor Robert Breiman, Country Director, CDC-Kenya and Head, Global Disease Detection Division, CDC-Kenya. The roundtable included 160 experts from the scientific community of the Grand Lyon, the greater Rhône-Alpes Region, and national and international institutions.

The IHR i-course: one of the most wide-reaching awareness raising vehicles, each year the course trains up to 40 public health professionals from around the world on IHR implementation. These IHR professionals then transfer their IHR expertise to staff in their national health institutions, thus broadening and strengthening the network of IHR partners (described in more detail on page 35). Since the course was launched in 2009, the Fondation Mérieux has provided much needed support to this wide-reaching and ambitious programme, making it possible for participants to be hosted at its conference centre Les Pensières at Veyrier-du-Lac during the face-to-face sessions of the course.

European heritage days: each year the Musée Dr. Mérieux welcomes 250-300 participants, including scientists, university students and school groups, during this event focusing on challenges to public health and advances in the scientific community to meet these challenges. During this event, the WHO office in Lyon hosts an information stand, inviting questions and exchanges with visitors to the event. In addition, each year WHO experts participate in the museum's temporary exhibitions. This year featured exhibitions on Calmette-Guérin and their discovery of the TB/BCG vaccine, and the commemoration of Global Rabies Day.

Structure of this report

Previous IHR Coordination Department activity reports described the activities during the preceding year according to the responsibilities of each technical team. This year's report lays out activities not by technical team, but by core capacity, thereby highlighting the support to countries to strengthen their national public health capacities. This new structure also echoes the more harmonized approach between technical teams, across departments and the entire WHO to meet its commitment to the global community for a safer world.

The report focuses on the core capacities 1-9, which fall under its mandate. Preparedness, core capacity 5, however, is an activity that is carried out in all technical units throughout WHO. Therefore, under this section the report highlights a selection of activities with the provision that all activities in the Department and across the HSE cluster include preparedness components in their work. Additional work on whole of society preparedness has just started in the HSE cluster. Activities to face the challenges of all hazards (core capacities 10-13) are led by the Food Safety and Public Health and Environment Departments in close collaboration with the IHR (now GCR) Department.

Finally, the work of assessing existing core capacities and identifying gaps in countries must begin with a situation analysis; therefore, the next section of this report begins with the activities to monitor IHR implementation in countries and to accelerate implementation in the countries where this is needed.

IHR core capacities

01. National legislation
02. National Focal Point communications and coordination
03. Surveillance
04. Response
05. Preparedness
06. Risk communications
07. Human resources
08. Laboratory
09. Points of entry
10. Food safety events
11. Chemical events
12. Nuclear events
13. Radiological events

Review of activities 2011

Core Capacity Development

Monitoring

Strong national public health systems and capacities are the core of the international system for coordinated response to events that might constitute a public health emergency of international concern. All States Parties are required to have or develop minimum core public health capacities to implement the IHR (2005) effectively.

Assessment of IHR core capacities

With regards to assessment and monitoring tools, WHO has developed a number of generic and core-capacity specific guidance for IHR. These include in-depth assessment protocols, specific assessment tools (points of entry, laboratory, risk communications, legislation, etc.), monitoring checklists, States Parties questionnaires, and other guidance. WHO regional offices also have ongoing regional strategies such as the the Integrated Disease Surveillance and Response (IDSR), the Emerging Infectious Diseases (EID) and the Asia Pacific Strategy for Emerging Diseases (APSED) on which countries need to build when developing the IHR core capacities.

In 2011, following the Review Committee recommendation to accelerate IHR implementation in countries, a desk review planning and advocacy guide was developed to support States Parties in fulfilling the core capacity requirements. This guide is an intermediary tool which identifies gaps and strengths, permits the development of robust plans, while validating the quality of the States Parties reports, within a short timeframe.

WHO HQ and regional offices have assisted a number of countries to assess their IHR core capacities using the assessment tool or the desk review and planning guide, to develop or update plans of action based on gaps or weaknesses identified, and to develop specific core capacities.

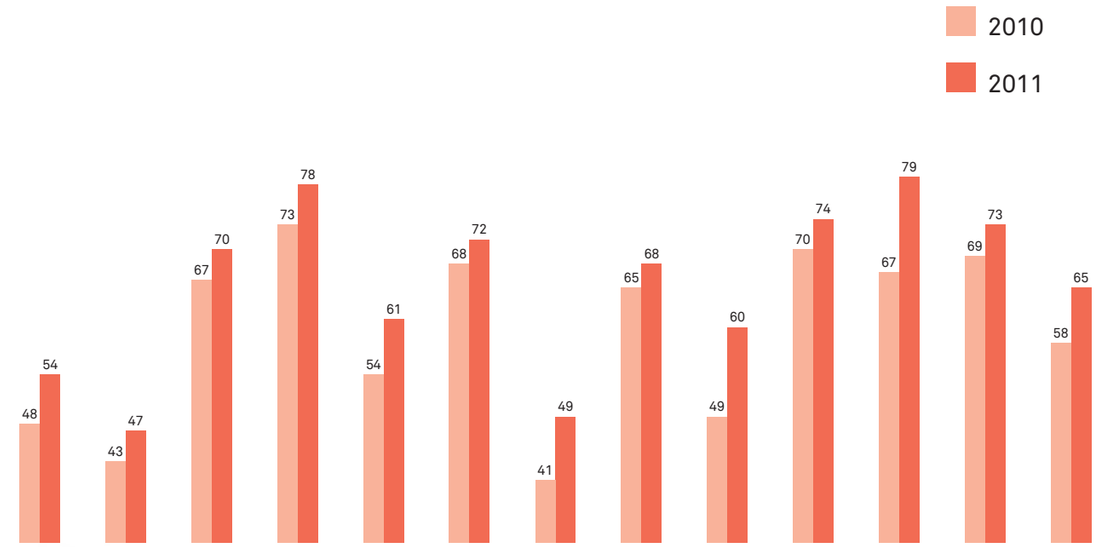
Monitoring of IHR core capacity development

A monitoring framework and corresponding tools have been made available to allow States Parties to monitor the status of their national core capacities, in accordance with the requirements set out in Annex 1 of the Regulations, and to identify areas that require action. This framework takes into account the States Parties' obligation to report on the implementation of the IHR to the World Health Assembly. The status of IHR core capacity development has been monitored by WHO through the annual States Parties questionnaire, which is self-reported data. The IHR monitoring process assesses the status of development of eight core capacities, as well as capacities development at points of entry for IHR-related hazards (biological, i.e. zoonotic and food safety; chemical, radiological and nuclear) through a checklist of twenty global indicators.

Status

The revised States Parties questionnaire was sent to Member States in 2010 and 2011, and solicited 128 and 150 completed responses respectively. The data for 2011 showed States Parties making fair progress for a number of core capacities, notably those for **surveillance** (with a global average score of 75%), **response** (with a global average of 73%), **laboratory** (with a global average of 71%), and **zoonotic events** (with a global average of 77%). On the other hand, most regions reported relatively low capacities in **human resources** (with a global average of 46%), at **points of entry** (with a global average of 59%) and for **Chemical events detection and response** (with a global average of 45%).

In comparing[1] core capacity status for countries reporting in both years (as shown in the graph below), there is overall progress across all core capacities, with the increase ranging from 3% to 12%. The most noticeable progress is in **surveillance** (from 67% to 79%) and **preparedness** (from 49% to 60%), while there is relatively slower progress in **coordination** (from 69% to 73%) and **risk communication** (from 65% to 68%).



Tabletop exercises

In order to support States Parties in their ability to ensure that their core capacities are functional at the required level, to validate plans, and to contribute to the building of relationships and operational confidence across relevant stakeholders, an exercise design handbook and accompanying five-day workshop platform has been developed. Working within the context of the core capacities, participants in the workshop use the exercise design handbook as a base text and through a series of interactive sessions learn to apply a standard process to develop a tabletop exercise around a chosen topic.

In 2011 two workshops were held, the first in Ankara, Turkey and the second in Nairobi, Kenya. Participants from each of these workshops will conduct exercises in 2012. The Ankara workshop included participants from Bosnia and Herzegovina, Georgia, the Islamic Republic of Iran, Jordan, Kosovo, Lebanon, Morocco, Oman, Pakistan, the Republic of Albania, the Republic of Armenia, the Republic of Macedonia, the Republic of Moldova, Serbia, Syria, and Turkey. The Kenya workshop included participants from Cameroon, Congo, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Mauritius, Mozambique, Namibia, Swaziland, Tanzania and Uganda. Afghanistan, Iraq, Lebanon and Uganda have all expressed a desire to conduct an IHR-related exercise in 2012.

Web-based tools

In order to facilitate the data collection and feedback process, a web-based tool has been developed, allowing States Parties to submit and update their data online, and generate reports charts and tables after data submission. It also allows States Parties to update their information throughout the year on progress made in the implementation of IHR. This monitoring tool has undergone several revisions, including a "talking presentation" during 2011, and will foresee support for all six official languages in 2012. The IHR Portal, introduced in late 2010, originally designed to give IHR National Focal Points a "one stop shop" for accessing the applications and data they need, has been revised and is now available to subject matter experts, IHR regional contact points, IHR NFPs as well as WHO staff. Virtual meeting software will facilitate the contact with IHR regional contact points and subject matter experts as the 2012 deadline approaches.

AFRO: IHR experts briefing and launch of desk review for accelerated IHR implementation in the African Region

The IHR desk review consultant briefing meeting, organized by HQ and AFRO in October was part of the plan to support Member States to accelerate the development of national IHR core capacities. The Harare briefing brought together 25 IHR experts from WHO country offices, key staff in the ministry of health and from other relevant institutions in the African Region to prepare for the IHR desk review, to take place in Benin, Côte d'Ivoire, Equatorial Guinea, Eritrea, Guinea, Liberia, Mauritania, Nigeria, Sao Tome & Principe, Senegal, Togo, Zambia and Zimbabwe. Zimbabwe led the process with its desk review. Desk reviews have since been carried out in all of the countries listed above.