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Development of a draft five-year global strategic plan to improve public health preparedness and response

Following the adoption of decision WHA70(11) by the Seventieth World Health Assembly in May 2017, WHO headquarters prepared an information document (WHE/CPI/IHR) as a means for consulting with WHO regional committees in preparation for the development of a draft five-year global strategic plan to improve public health preparedness and response. The 67th session of the Regional Committee for Europe is invited to consult on this document, giving particular attention to the guiding principles and underpinning pillars contained in the Annex, which will provide the basis for developing the global strategic plan to be considered for adoption by the Seventy-first World Health Assembly in May 2018, with input from the Executive Board at its 142nd session in January 2018.

Development of a draft five-year global strategic plan to improve public health preparedness and response

Consultation with Member States

SUMMARY

1. This document has been prepared for consultation with Member States at the sessions of the regional committees in 2017, in order to develop a draft five-year global strategic plan to improve public health preparedness and response, as requested in decision WHA70(11) (2017). It includes: issues raised by Member States on implementation of the International Health Regulations (2005) during the Seventieth World Health Assembly; the mandates and technical work carried out by the Secretariat on monitoring and evaluation of the core capacities required by the Regulations; and a proposed way forward for the consultative process for the development of the draft five-year global strategic plan. The Annex to this document contains the guiding principles and pillars proposed by the Secretariat for the five-year global strategic plan.

BACKGROUND

2. In response to decision WHA69(14) (2016), the Secretariat developed a 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. The final version of the global implementation plan was submitted to the Seventieth World Health Assembly in May 2017,¹ through the Executive Board at its 140th session in January 2017. The finalized global implementation plan incorporated proposals from extensive consultations with all six regional committees, and included six areas of action for taking forward the recommendations of the Review Committee, and 12 guiding principles for the five-year global strategic plan to improve public health preparedness and response.

3. The Seventieth World Health Assembly took note of the report containing the global implementation plan and through decision WHA70(11) requested the Director-General, “to develop, in full consultation with Member States, including through the regional committees, a draft five-year global strategic plan to improve public health preparedness and response, based on the guiding principles contained in Annex 2 to document A70/16, to be submitted for consideration and adoption by the Seventy-first World Health Assembly, through the Executive Board at its 142nd session”.

¹ Document A70/16.

ISSUES RAISED BY MEMBER STATES ON IMPLEMENTATION OF THE INTERNATIONAL HEALTH REGULATIONS (2005) DURING THE SEVENTIETH WORLD HEALTH ASSEMBLY

IHR Monitoring and Evaluation Framework

4. The main issue for which divergent views were raised by Member States during the Seventieth World Health Assembly was the proposed IHR Monitoring and Evaluation framework.¹

5. The majority of Member States appreciated the Secretariat's leadership in implementing the new and voluntary components of the IHR Monitoring and Evaluation Framework, including the joint external evaluation. This was considered by some Member States as a powerful tool for effectively acquiring the core capacities required by the International Health Regulations (2005). These Member States also appreciated the fact that the process of external evaluation is implemented as a package, whereby the evaluation is planned together with the development of national action plans for public health preparedness and response. Some Member States considered that the technical guidance developed by the Secretariat for monitoring and reporting on implementation of the Regulations should be evidence-based, neutral and never subject to political influence. Some Member States stressed the need to take into account regional resources to achieve the core capacities required by the Regulations, particularly in the context of small countries, such as small island States.

6. A few Member States expressed substantial reservations and concerns with regard to the joint external evaluation and the IHR Monitoring and Evaluation Framework. They requested that new instruments for monitoring, evaluation and reporting should be submitted to and adopted by the WHO governing bodies. Other Member States considered that the introduction of external evaluations and other new mechanisms not provided by the Regulations may require amendments to the Regulations. Another concern was in relation to national sovereignty: it was considered that the external evaluation should not become a precondition for receiving financial and technical assistance.

Integrating core capacities required by the International Health Regulations (2005) and resilient health systems

7. There was an overwhelming realisation by Member States following the Ebola virus disease outbreak in West Africa in 2014 and 2015 that strong and resilient health systems are an underlying factor for well functioning core capacities required by the Regulations. Member States were unanimous in acknowledging the critical importance of strong resilient health systems for the implementation of the Regulations, and the need to integrate the core capacities required by the Regulations with essential public health functions, within the framework of universal health coverage. They requested the Secretariat to develop specific guidance on how countries, in particular those that face resource constraints, could be supported in building their core capacities required by the Regulations. A forum on universal health coverage in December 2017 – co-organized by the World Bank, WHO, UNICEF, UHC2030, the Government of Japan and the Japan International Cooperation Agency² – is expected to provide a framework and a road map for building resilient health systems

¹ See the provisional summary records of the Seventieth World Health Assembly, Committee A, first, second, fourth and seventh meetings.

² See https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Upcoming_events/UHC_Forum_2017/Flyer_for_UHC_Forum_2017.pdf (accessed 20 July 2017).

through the framing of core capacities required by the International Health Regulations (2005) as essential public health functions of health systems.

Other issues

8. Additional comments were related to developing the national action plans for public health preparedness and response, supporting the National IHR Focal Points, developing tools for an international early warning system, and risk assessment.

9. The issues of research and development in emergency situations, data and sample sharing, and overall administration and functioning of the WHO Health Emergencies Programme were also raised by many Member States, but they are not included in this document, as these will be addressed in separate reports on the WHO Health Emergencies Programme to the Seventy-first World Health Assembly in 2018.

MONITORING AND EVALUATION OF CORE CAPACITIES REQUIRED BY THE INTERNATIONAL HEALTH REGULATIONS (2005): MANDATES AND TECHNICAL WORK OF THE SECRETARIAT TO DATE

10. The International Health Regulations (2005) are legally binding on 196 States Parties, including all 194 WHO Member States. They were adopted by the Health Assembly in May 2005¹ and entered into force on 15 June 2007. Following the entry into force, States Parties had five years to “develop, strengthen and maintain ... the capacity to respond promptly and effectively to public health risks and public health emergencies of international concern”,² including the core capacity requirements for designated airports, ports and ground crossings, as described in Annex 1 to the Regulations. For States Parties that were not able to meet these minimum requirements in the first five years, the Regulations provided for two two-year extensions (2012–2014 and 2014–2016) to allow States Parties time to comply.

11. Article 54.1 of the Regulations requires that “States Parties and the Director-General shall report to the Health Assembly on the implementation of these Regulations as decided by the Health Assembly”, which also comprises monitoring the status of core capacities. In 2008, the Health Assembly, through resolution WHA61.2, decided that “States Parties and the Director-General shall report to the Health Assembly on the implementation of the Regulations annually”. That resolution also requested the Director-General “to submit every year a single report, including information provided by States Parties and about the Secretariat’s activities, to the Health Assembly for its consideration” In 2008 and 2009, a questionnaire was sent by the Secretariat to States Parties, focused mainly on self-reported processes related to the establishment and functioning of the National IHR Focal Points.³

¹ See resolution WHA58.3 (2005).

² International health regulations (2005) – 3rd edition. Geneva: World Health Organization; 2016. Article 13.1.

³ See documents A62/6 and A63/5.

12. In 2010, the Secretariat developed and shared with States Parties a core capacity monitoring framework,¹ with a questionnaire for States Parties to complete on a voluntary basis on the status of implementation of the Regulations. This framework included a checklist and 20 indicators on the status of eight core capacities and capacities at points of entry and four specific hazards covered by the Regulations, notably biological (zoonotic diseases, food safety events and other infectious hazards), chemical, radiological and nuclear events. The self-assessment tool, completed and submitted by States Parties to the Secretariat on an annual basis (from 2010 to 2017), constituted the basis for compiling the report on the implementation of the Regulations by the Secretariat to the Health Assembly. States Parties' specific scores related to the status of each core capacity were included in the Secretariat's annual implementation report to the Health Assembly from 2013 to 2015.² From 2015, these scores were made available online through the Global Health Observatory.³

13. In 2015, the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation recommended that the Secretariat should develop 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".⁴ Resolution WHA68.5 (2015) urged Member States to support the implementation of the recommendations of the Review Committee and requested the Director-General to present an update to the Sixty-ninth World Health Assembly on progress made in taking forward the recommendations of the Review Committee. The Secretariat then developed a concept note outlining a new approach for monitoring and evaluation of the core capacities required by the Regulations.⁵ The concept note was discussed by the regional committees in 2015, and a revised monitoring and evaluation framework was submitted to, and noted by, the Sixty-ninth World Health Assembly in 2016.⁶

14. The revised IHR Monitoring and Evaluation Framework submitted to the Health Assembly in 2016 comprises four complementary components: the mandatory annual self-reporting by States parties in accordance with resolution WHA61.2 (2008) on implementation of the Regulations, and three voluntary components: joint external evaluation, after-action review and/or simulation exercise(s). As part of its function and mandate under the Regulations,⁷ the Secretariat is developing technical tools for each of the three voluntary components. The IHR Monitoring and Evaluation Framework is an important part of pillar 3 of the draft five-year global strategic plan to improve public health preparedness and response (see the Annex to this document).

¹ IHR core capacity monitoring framework: checklist and indicators for monitoring progress in the development of IHR core capacities in States Parties. Available at: http://apps.who.int/iris/bitstream/10665/84933/1/WHO_HSE_GCR_2013.2_eng.pdf?ua=1 (accessed 17 July 2017).

² Documents A64/9, A65/17, A66/16 and A66/16 Add.1, A67/35 and A67/35 Add.1 and A68/22.

³ See <http://www.who.int/gho/ihr> (accessed 17 July 2017).

⁴ See WHA68/2015/REC/1, Annex 2.

⁵ Development, monitoring and evaluation of functional core capacity for implementing the International Health Regulations (2005). Concept note. Available at: http://www.who.int/ihr/publications/concept_note_201507/en/ (accessed 17 July 2017).

⁶ See document A69/20.

⁷ Resolution WHA58.3 (2005), Article 44.2 and Annex 1.

PROPOSED WAY FORWARD FOR THE CONSULTATIVE PROCESS FOR THE DEVELOPMENT OF THE DRAFT FIVE-YEAR GLOBAL STRATEGIC PLAN

15. The current document highlights the area of monitoring and evaluation of implementation of the Regulations as the main issue to be brought for further consultation in preparing for the development of the draft five-year global strategic plan.

16. In addition to consulting Member States at the sessions of the regional committees between August and October 2017, the Secretariat is also planning a web-based consultation on the document between mid-August and mid-October 2017.

17. The input received from Member States at the sessions of the regional committees will be used by the Secretariat to further refine the draft plan. The Secretariat will also organize a face-to-face consultation of Member States through the Geneva-based mission focal points. The consultation is planned to take place in Geneva in November 2017. The updated version of the draft five-year global strategic plan will be submitted to the Executive Board at its 142nd session in 2018.

ACTION BY THE REGIONAL COMMITTEES

18. The regional committees are invited to review the guiding principles and pillars of the five-year global strategic plan, and to provide their views on the IHR Monitoring and Evaluation Framework.

ANNEX

FIVE-YEAR GLOBAL STRATEGIC PLAN TO IMPROVE PUBLIC HEALTH PREPAREDNESS AND RESPONSE: GUIDING PRINCIPLES AND PILLARS

This Annex recalls the guiding principles contained in document A70/16 and proposes three pillars for public health preparedness and response. The goal of the plan is to strengthen capacities at the global, regional and country levels to prepare for, detect, assess and respond to public health risks and emergencies with the potential for international spread. The guiding principles are outlined in the table.

Table. Guiding principles for the five-year global strategic plan to improve public health preparedness and response¹

Guiding principle	Details
1. Consultation	Consultative process from May to November 2017 through the regional committees and a web-based consultation. One formal consultation of Member States, through the Geneva-based mission focal points, is planned to be held in Geneva, in November 2017.
2. Country ownership	Building and sustaining core capacities as required by the International Health Regulations (2015) as essential public health functions of their health systems, at the national and subnational levels, is the primary responsibility of national governments, taking into account their national health, social, economic, security and political contexts.
3. WHO leadership and governance	The WHO Health Emergencies Programme will lead the development and implementation of the five-year global strategic plan. The WHO Secretariat will report on progress to the meetings of the governing bodies, as part of the regular reporting on the application and implementation of the International Health Regulations (2005).
4. Broad partnerships	Many countries require technical support to assess, build and maintain their core capacities as required by the Regulations as essential public health functions of their health systems. Many global partners support countries in the field of health systems strengthening and public health preparedness and response. As decided by the Fifty-eighth World Health Assembly, WHO will cooperate and coordinate its activities, as appropriate, with the following: the United Nations, ILO, FAO, IAEA, ICAO, IMO, International Committee of the Red Cross, International Federation of Red Cross and Red Crescent Societies, IATA, International Shipping Federation and OIE. Cooperation with other relevant non-State actors and industry associations will also be considered, within the Framework of Engagement with Non-State Actors.

¹ Based on document A70/16, Annex 2.

Guiding principle	Details
5. Intersectoral approach	Responding to public health risks, events and emergencies requires a multisectoral, coordinated approach (for example, with agriculture, transport, tourism and finance sectors). Many countries already have health coordination platforms or mechanisms in place, such as the One-Health approach. The five-year global strategic plan will provide strategic orientation for planning for public health preparedness and response across multiple sectors.
6. Integration with the health system	The Ebola virus disease outbreak in West Africa in 2014 and 2015 put both health security and health systems resilience high on the development agenda. Framing the core capacities detailed in Annex 1 to the Regulations as essential public health functions will mutually reinforce health security and health systems, leading to resilient health systems.
7. Community involvement	Effective public health preparedness can only be achieved with the active participation of local governments, civil society organizations, local leaders, and individual citizens. Communities must take ownership of their preparedness and strengthen it for emergencies that range in scale from local or national events to pandemics and disasters.
8. Focus on fragile contexts	While the WHO Health Emergencies Programme is supporting all countries in their preparedness and response efforts in relation to public health risks, events and emergencies, the initial focus will be on a set of priority countries in fragile situations. The identification of priority countries will take into account an assessment of national core capacities and other risk assessments, for example using the INFORM methodology. ¹
9. Regional integration	Building on the five-year global strategic plan, the regional offices will develop regional operational plans, taking into account existing regional frameworks and mechanisms, such as: the regional strategy for health security and emergencies 2016–2020 – a strategy of the Regional Office for Africa; ² the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) – a common strategic framework for the regions of South-East Asia and the Western Pacific; ³ Health 2020 – a policy framework and strategy for the European Region; ⁴ the Regional Assessment Commission for the International Health Regulations (2005) established by the Regional Committee for the Eastern Mediterranean, ⁵ and other regional approaches.

¹ INFORM Index for Risk Management is a tool for understanding the risk of humanitarian crises and disasters. Available at: <http://www.inform-index.org/Portals/0/InfoRM/INFORM%20Global%20Results%20Report%202017%20FINAL%20WEB.pdf?ver=2016-11-21-164053-717> (accessed 17 July 2017).

² See <http://www.afro.who.int/sites/default/files/2017-07/afr-rc66-6-en-2107.pdf> (accessed 20 July 2017).

³ See http://www.wpro.who.int/about/regional_committee/67/documents/wpr_rc67_9_apsed.pdf (accessed 1 August 2017).

⁴ See http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf?ua=1 (accessed 20 July 2017).

⁵ See http://applications.emro.who.int/docs/RC62_Resolutions_2015_R3_16576_EN.pdf?ua=1 (accessed 20 July 2017).

Guiding principle	Details
10. Domestic financing	For long-term sustainability, the budgeting and financing of core capacities required by the Regulations as essential public health functions should be supported to the extent possible from domestic resources. The Secretariat will work with countries to encourage the allocation of domestic financial resources to build and sustain essential public health functions within the context of existing national planning and financing mechanisms. In countries that require substantial external resources, the Secretariat will provide support for strengthening the institutional mechanisms for coordinating international cooperation, based on the principles of effective development cooperation (country ownership, focus on results, inclusive partnerships, transparency and accountability). ¹
11. Linking the five-year global strategic plan with requirements under the International Health Regulations (2005)	The five-year global strategic plan will propose strategic directions in relation to the relevant Regulations requirements for States Parties and for WHO, as well as voluntary operational and technical aspects that are not a requirement under the Regulations.
12. Focus on results, including monitoring and accountability	The five-year global strategic plan will have its own monitoring framework, including indicators and timelines, which will be developed through the consultative process, and used for annual reporting on progress to the Health Assembly.

Pillars

1. Building and maintaining State Parties core capacities required by the International Health Regulations (2005)

(a) In view of lessons learned from the Ebola virus disease outbreak in West Africa in 2014 and 2015 and other recent public health events, States Parties should focus on building and maintaining resilient health systems, and on framing core capacities as essential public health functions of their health systems. While complying with requirements to ensure mutual accountability at international level with respect to the application and implementation of the IHR, countries need to establish domestic monitoring and evaluation mechanisms as part of their health systems, which would also facilitate the monitoring of the status of core capacities, as essential public health functions.

(b) The implications and potential gains, in terms of continuity of certain country capacities that will be triggered by the transition of the Global Polio Eradication initiative towards a post-certification strategy, will have to be considered. The Seventieth Health Assembly requested the Director-General, inter alia, “to develop a strategic action plan on polio transition by the end of 2017, to be submitted for consideration by the Seventy-first World Health Assembly, through the Executive Board at its 142nd session, that: (i) clearly identifies the capacities and assets, especially at country and, where appropriate, community levels, that are required to: sustain progress in other programmatic areas, such as: disease surveillance; immunization and health systems strengthening; early warning, emergency

¹ Global Partnership for Effective Development Co-operation – principles. Available at: <http://effectivecooperation.org/about/principles/> (accessed 17 July 2017).

and outbreak response, including the strengthening and maintenance of core capacities of core capacities under the International Health Regulations (2005)".¹

(c) State Parties have had slightly more than 10 years to put in place core capacities to prevent, detect, assess, report and respond to public health risks, events and emergencies with potential to spread internationally, in accordance with the requirements of the Regulations. States Parties should continue to build and maintain these core capacities as essential public health functions of their health systems, for the effective application of the implementation of the Regulations, including those capacities related to points of entry.

(d) For those States Parties where the existing national planning, financing, and monitoring and evaluation mechanisms of their health systems are suboptimal, the Secretariat will develop guidance to facilitate the building and maintenance of core capacities, as essential public health functions, as part of the continuum of the assessment and planning process, and in alignment with the national health strategy. Similarly, the Secretariat will develop guidance to facilitate the national approach to intersectoral planning and financing. The Secretariat will develop guidance and provide technical support to countries to develop these plans. The development of the national action plans should be aligned with the national health sector's strategies and plans, and, in their development and implementation, they should emphasize coordination of multiple sectors and partners, such as OIE and FAO, under the One Health approach. Because the core capacities required under the Regulations cut across several sectors, financial and other sectors should be part of the planning process to ensure cross-sector coordination and appropriate financial allocations.

2. Event management and compliance

(a) The Secretariat and States Parties should continue to fulfil their obligations under the Regulations in relation to detection, assessment, notification and reporting of and response to public health risks and events with the potential for international spread. The role of the National IHR Focal Points will have to be strengthened, including through the provision of technical guidance, standard operating procedures, training, information sharing and lessons-learned activities.

(b) The Secretariat will strengthen its functions for event-based surveillance through the newly developed Epidemic Intelligence from Open Sources platform for early detection and risk assessment of public health events.

(c) The Secretariat will strengthen its role in administering the expert advisory groups established to support the application and implementation of and compliance with the Regulations, that is, the roster of experts for the emergency and review committees, the scientific and technical advisory group on geographical yellow fever risk mapping, and the ad hoc advisory group on aircraft disinsection for controlling the international spread of vector-borne diseases. It will also pursue the establishment of the Technical Advisory Group of Experts on Infectious Hazards, based on the draft terms of reference in Annex 3 to document A70/16.

(d) A critical element for the optimal functioning of the global alert and response system is compliance by States Parties with the requirements of the Regulations in relation to health measures taken in response to public health risks and events, including during public health emergencies of

¹ See decision WHA70(9).

international concern. The Secretariat, in compliance with Article 43 of the Regulations, will share with States Parties information related to additional health measures implemented by States Parties. It will systematically collect information on additional measures, and, for measures that significantly interfere with international traffic under Article 43, it will share with other States Parties the public health rationale and the scientific evidence provided by the States Parties implementing those measures.

3. Measuring progress and accountability

(a) An important element for global health preparedness and response is the continuous monitoring of progress, both in establishing and maintaining by States Parties of the core capacities detailed in Annex 1 to the Regulations, and in the ability of the global system to respond to public health events with the potential for international spread.

(b) Article 54.1 of the Regulations requires that “States Parties and the Director-General shall report to the Health Assembly on the implementation of these Regulations as decided by the Health Assembly”. This also comprises monitoring the status of core capacities detailed in Annex 1 to the Regulations. The annual frequency of reporting to the Health Assembly was determined by the Sixty-first World Health Assembly in 2008.¹ Since 2010, the Secretariat has proposed a self-assessment tool, exclusively focusing on core capacities, for States Parties to fulfil their annual reporting obligation to the Health Assembly. In compliance with Article 54 of the Regulations on reporting and review, and with resolution WHA68.5 (2015) on the recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation, and as a result of the consultations during the regional committees in 2017, the five-year global strategic plan will propose a revised IHR Monitoring and Evaluation Framework for reporting to the Health Assembly on the status of the application and implementation of the Regulations.

(c) In the interim, the Secretariat will continue to propose the self-assessment annual reporting tool, introduced in 2010, while at the same time responding to requests from Member States that would like to implement additional monitoring and evaluation instruments as part of the IHR Monitoring and Evaluation Framework. As mentioned in document A70/16, which was noted by the Seventieth World Health Assembly in 2017, in order to ensure coherence and consistency between the various instruments, the Secretariat will review the annual self-reporting tool, and this revised instrument will be proposed to States Parties for future annual reporting.

(d) The five-year global strategic plan will include indicators and timelines for measuring progress at the global and regional levels. Most regions already have specific strategies and frameworks that will be taken into account in developing the monitoring approach for the five-year global strategic plan.

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¹ See resolution WHA61.2 (2008).