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Accelerating implementation of the International Health Regulations (2005) and strengthening laboratory capacities for better health in the WHO European Region

The overall purpose of this document is to identify priority areas for International Health Regulations (2005) application, implementation and compliance and for laboratory capacity strengthening in the WHO European Region based on current needs and existing gaps.

This document operationalizes the WHO draft global implementation plan (document A70/16) and applies it to the European context. This document supports the development of a regional action plan aligned with the five-year global strategic plan proposed for discussion at the Seventy-first World Health Assembly in May 2018.

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Introduction

1. Following the outbreak of Ebola virus disease in West Africa in 2014, the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response presented its recommendations on strengthening implementation of the International Health Regulations (IHR) (2005) (document A69/21) to the Sixty-ninth World Health Assembly in May 2016.

2. The World Health Assembly, in decision WHA69(14), requested the Director-General:

> … to develop for the consideration of the Regional Committees in 2016 a draft global implementation plan for the recommendations of the Review Committee that includes immediate planning to improve delivery of the International Health Regulations (2005) by reinforcing existing approaches, and that indicates a way forward for dealing with new proposals that require further Member State technical discussions …

3. The World Health Assembly further requested the Director-General "to submit a final version of the global implementation plan for the consideration of the Executive Board at its 140th session" in January 2017. In response to this request, WHO developed a draft global implementation plan (document A70/16) to address the recommendations made by the Review Committee and to be used as guidance to further develop a five-year global strategic plan by November 2017, for submission to the Seventy-first World Health Assembly in May 2018.

4. In general, the Review Committee concluded that the IHR (2005) do not require amendment but instead need to be fully implemented. The issues raised by the Review Committee pose global challenges, as well as challenges at the level of the WHO European Region. Since the IHR (2005) entered into force in 2007, as States Parties to the IHR, Member States in the European Region have put significant effort into building IHR capacities, as stipulated in Articles 5 and 13 and Annex 1 of the IHR (2005). Since 2007, progress has been made by Member States in the Region, in particular, with regard to capacity development. Special focus has been placed on specific capacities, such as laboratories, surveillance, legislation and policy, preparedness and human resources. The information from the self-assessment questionnaires submitted by States Parties support these findings by indicating relatively high scores for all capacities.

5. However, achievements have been limited in other areas including, but not limited to, the following IHR components:

(a) engagement of all relevant national sectors in IHR implementation in accordance with all-hazards and whole-of-government approaches;

(b) development of the capacities of National IHR Focal Points (NFPs) for the implementation, coordination, reporting and notification of health events to WHO under the IHR (2005);

(c) development of mechanisms and processes for multisectoral and cross-border collaboration;

(d) consultation with WHO under Article 8 of the IHR (2005), in relation to information-sharing and reporting requirements;

(e) compliance with temporary recommendations of the IHR Emergency Committee(s);

(f) utilization of opportunities for bilateral support in applying and implementing Article 44 of the IHR (2005); and

(g) implementation of entry screening at points of entry that might cause interference in travel and trade.

6. The report of the Review Committee also paves the way for the revised IHR Monitoring and Evaluation Framework, which complements the self-assessment of States Parties on their progress on IHR implementation with simulation exercises, after-action reviews and external evaluations in order to provide a more accurate picture of existing operational capacities in countries.

7. The newly established WHO Health Emergencies Programme aims at strengthening the capacities of all Member States – with specific emphasis on countries with high vulnerability and low capacities – for preparedness, early detection and comprehensive management of all national and global health hazards. In line with Health 2020, the European health policy framework, and the Sendai Framework for Disaster Risk Reduction 2015–2030, the Health Emergencies Programme emphasizes improving the capability of Member States to deliver the full cycle of emergency management, from prevention and preparedness to response and recovery.

8. The Health Emergencies Programme contributes to achieving the Sustainable Development Goals (SDGs) (see Annex) and the Health 2020 targets through whole-of-government and whole-of-society approaches designed to strengthen emergency preparedness, surveillance and response, as well as health systems and essential public health functions.

IHR application, implementation and compliance in the European Region

9. The current status of the IHR (2005) in the European Region largely reflects the findings and recommendations of the IHR Review Committee.

10. Following the IHR's entry into force in 2007, the focus of States Parties in the European Region has been on capacity-building and strengthening IHR functionality. For example, the NFP network is a key success factor for the overall health security in the Region. In general, the NFPs are active in the notification and verification of potential public health events of international concern. Similarly, the timeliness of information-sharing has improved in all States Parties of the Region. There has also been visible progress in reporting different types of public health hazards including chemical, radionuclear, food-related and man-made disasters.

11. However, the functionality of the IHR at the country level is often hindered by insufficient understanding of the principles of the IHR by both the health and the non-health sectors, thereby limiting the ability to apply the IHR in an operational way and on a daily basis as a whole-of-government and whole-of-society responsibility. In some States Parties, IHR is perceived as the responsibility of the national health sector only and not regarded as the responsibility of the Government as a whole, thereby making multisectoral collaboration a

challenge, in particular for NFPs who may lack the recognition and authorization required for their work, not only within but also outside the health sector.

12. Some States Parties lack up-to-date, event-based surveillance strategies and are constrained by insufficient workforce capacity, particularly in diagnosis, clinical management, investigation and response, as well as for the reporting of notifiable diseases and events under IHR guidelines. Surveillance mechanisms for identifying priority diseases or conditions are frequently underdeveloped or unreliable and timely surveillance data is often not available.

13. National and subnational capacities in conducting risk assessment of acute public health events are not homogenous across the European Region. These capacities require further strengthening to improve the quality of information provided to WHO. Even when the relevant surveillance data is available, some countries do not regularly analyse the data to allow for improved strategic decision-making and planning. Also, while risk communication mechanisms have been established in many States Parties in the Region, these capacities need to be improved, largely in terms of coordination and planning.

14. Overall, laboratories serving disease-specific networks, such as poliomyelitis, measles and rubella, tuberculosis, HIV and influenza, are well developed in Member States of the European Region. A number of national reference laboratories for high-threat pathogens are centres of excellence in the Region, WHO collaborating centres and/or participate in global or regional laboratory networks for preparedness and response, including European Union (EU) networks.[1]

15. While these networks contribute to building capacity for the early detection and assessment of IHR-notifiable events, the national networks of public health laboratories in a number of countries have lagged behind, with outdated infrastructure and equipment and a workforce that operates under substandard biosafety conditions and that is not well trained in modern techniques for the diagnosis of high-threat pathogens. Moreover, laboratory services in these countries are poorly integrated with epidemiological surveillance functions and lack data management systems.

16. Not all States Parties have developed a multisectoral public health emergency response plan for designated points of entry. Some countries still need to demonstrate the ability to take the measures required in the case of an actual emergency. Coordination among points of entry, national health surveillance and the NFPs, and the various sectors engaged at the point of entry, is often insufficient.

Purpose

17. Against this background, the overall purpose of this document is to support States Parties in fully complying with the IHR, taking an all-hazard, whole-of-government approach

[1] Examples of WHO laboratory networks include the Global Influenza Surveillance and Response System, the Emerging and Dangerous Pathogens Laboratory Network and the Global Polio Laboratory Network. EU networks, which include EMERGE (Efficient response to highly dangerous and emerging pathogens at EU level), the EVD-LabNet (Emerging Viral Diseases-Expert Laboratory Network for emerging viral pathogens) and MediLabSecure, aim to provide collective responses to viral diseases in the Mediterranean and Black Sea regions.

to prevent, prepare for and respond to a wide range of public health threats and to rebuild effectively following a public health emergency.

18. The document supports the development of a regional action plan aligned with the five-year global strategic plan proposed for discussion at the Seventy-first World Health Assembly in May 2018. It is based on the 12 recommendations made by the Review Committee and aligned with the areas of action identified in the draft global implementation plan.

19. The document operationalizes the draft global implementation plan (document A70/16) and applies it to the European context. It outlines priority areas for action by Member States in the European Region, in IHR application, implementation and compliance, and the strengthening of laboratory capacity, based on current needs and existing gaps.

Areas of action based on the draft global implementation plan

20. The first of the 12 recommendations in the draft global implementation plan, namely, "Implement rather than amend the IHR", does not require specific operationalization. Two other recommendations listed in the draft global implementation plan will be led by WHO at the global level, with the close involvement of the regional offices. These are: "Enhance compliance with requirements for Additional Measures and Temporary Recommendations"[2] and "Improve rapid sharing of public health and scientific information and data".[3]

21. The remaining nine recommendations in the draft global implementation plan, with sub-recommendations, are grouped into five priority areas of action, which includes one initiative proposed for the European Region, as follows:

(1) acceleration of country implementation of the IHR (2005) – addressing recommendations 2, 3, 8, 9 and 10;

(2) improved monitoring, evaluation of and reporting on IHR (2005) core capacities – addressing recommendation 5;

(3) improved event management, including risk assessment and risk communication – in relation to recommendation 6, but focusing on improving respective country capacities as a regional priority action;

(4) strengthening States Parties' capacities for the detection and verification of public health threats – addressing recommendation 10; and

(5) strengthening WHO's capacity to implement the IHR (2005) – addressing recommendations 4 and 12, with the exception of sub-recommendations 12.7 and 12.8.[2]

Priority area 1: acceleration of country implementation of the IHR (2005)

22. Accelerating implementation of the IHR by States Parties requires a comprehensive, coordinated set of actions, with the full commitment of all relevant sectors. Sustainable financing and other resources for various components of IHR actions are required to develop an all-hazards, whole-of-government approach for IHR implementation linked with

[2] The Director-General's proposal to address recommendation 7 and sub-recommendations 12.7 and 12.8.
[3] The Director-General's proposal to address recommendation 11.

strengthening health systems and essential public health functions, which is supported by strengthening the communication and coordination capacity of the NFPs. Building operational capacity at points of entry and strengthening the linkages with the national public health sector are necessary. Actions will require full commitment on behalf of national governments.

23. To achieve these objectives, the Regional Office, in close collaboration with States Parties and partners, will prioritize the following actions so as to accelerate country-level implementation of the IHR.

Priority area 1.1: improve all-hazard, whole-of-government implementation of the IHR at the country level

24. To implement the IHR effectively at the country level, the IHR must be better integrated into generic, all-hazard national preparedness and response activities and plans. National risk mapping of hazards and national assessments of IHR capacities should be used to identify priority areas for action, allowing for strengthened multisectoral collaboration and coordination and the development of national preparedness plans and standard operating procedures, with simulation exercises to test them.

25. States Parties should continue to work with relevant sectors to ensure political commitment and resources and to support intersectoral work. In this regard, the SDGs and Health 2020 provide an important platform for facilitating and advocating multisectoral action towards IHR implementation by addressing a broad range of hazards.

26. In order to improve the all-hazard, whole-of-government implementation of the IHR at the country level, the Regional Office, in close collaboration with partners, will undertake the following:

(a) advocate for more effective and integrated multisectoral IHR implementation, supporting States Parties' efforts to ensure that non-health sectors involved in IHR implementation are well aware of their roles and responsibilities within the IHR, including, where necessary, revising national legislative frameworks required for effective IHR implementation;

(b) advocate for the IHR in order to ensure that the requirements are well understood and positioned prominently across all relevant sectors at the highest possible government level and that their ongoing implementation is closely monitored;

(c) place special emphasis on States Parties with high vulnerability and low capacities and support these States Parties in developing and implementing national action plans to address gaps and weaknesses in a comprehensive manner; and

(d) establish a regional platform for exchange in order to allow NFPs to strengthen their network and to share best practices among countries.

Priority area 1.2: strengthen capacity of NFPs for multisectoral communication and coordination at the national level

27. IHR implementation is a responsibility of the State and requires full involvement of all relevant sectors. NFPs are key to IHR implementation, particularly with regard to information-exchange and communication among various sectors and with the NFPs of other countries and WHO. NFPs also ensure coordination and monitoring of the progress on IHR implementation and capacity-building efforts at the national level.

28. In order to strengthen the capacity of NFPs for multisectoral communication and coordination at the national level, the Regional Office, in close collaboration with partners, will:

(a) support States Parties' efforts in strengthening the operational capacity of NFPs to implement the IHR in order to ensure timely reporting and consulting with the WHO IHR contact point at the WHO Regional Office;[4]

(b) support States Parties, whenever necessary, in the development and revision of the national legislative framework to improve NFP functionality and provide an enabling institutional set-up with well-defined, multisectoral communication mechanisms, standard operating procedures and notification schemes;

(c) advocate for the recognition and authorization required for the role of NFPs in facilitating the multisectoral communication, information-sharing and coordination necessary for IHR implementation;

(d) raise awareness in order to improve the understanding of the IHR and its legally binding nature by non-health sectors; and

(e) support the translation of documents and event-related communications into the other official languages of the European Region, namely, French, German and Russian.

Priority area 1.3: build health system capacities and essential public health functions required for effective IHR implementation at the country level

29. States Parties in the European Region need to recognize and prioritize full implementation of the IHR, including strengthening and maintaining effective surveillance, detection and response capacities. As also outlined in the Sendai Framework for Disaster Risk Reduction, the World Humanitarian Summit and other international high-level commitments, States Parties should focus on building resilient health systems and essential public health functions that remain functional during and after emergencies. Operational links at the national level between health systems strengthening and essential public health functions and the IHR and country emergency preparedness should be expanded.

30. Implementation of the IHR and public health emergency preparedness requires that IHR core capacities be embedded in high-quality, universal and people-centred health systems and essential public health functions. All efforts should be made in line with the principles of universal health coverage, thereby ensuring equal access to quality health services and avoidance of potential financial risk to people. The components of all six building blocks of a health system should be addressed:

- governance;
- national health and non-health workforce development;
- sustainable financing of IHR implementation and maintenance of capacities within health systems;
- national surveillance systems and strategic information for IHR;
- health services delivery; and

[4] Activities will include training sessions and regional NFP meetings to strengthen the NFP network and to enhance the exchange of best practices on information-sharing and reporting in the European Region.

- medical products, vaccines and technologies for effective emergency response.

31. In States Parties with weaker health systems, strengthening IHR capacities should take place within national health policies, strategies and plans and together with the overall strengthening of national health systems. Synergies between national action plans and IHR capacity-building should be established, particularly in the areas of human resources for health, health financing and health system resilience.

32. Links between activities on strengthening national all-hazard surveillance, including animal health surveillance in line with the One Health[5] approach, should be further developed. Collaboration on outbreak investigation and regular exchange of surveillance data between public health and veterinary sectors needs to be improved.

33. In order to build the health system and develop essential public health function capacities required for effective IHR implementation at the country level, the Regional Office, in close collaboration with partners, will:

(a) support States Parties' efforts in the development of health system capacities and the essential public health functions required for IHR implementation and health emergency preparedness, specifically with regard to health services required to respond to public health events and emergencies;

(b) provide policy advice for the development of integrated national health system policies, strategies and action plans and facilitate platforms for sharing best practices among States Parties;

(c) conduct regular assessments of the ability of States Parties to perform the essential public health functions relative to the IHR and emergency response, including resilience to disasters and hospital safety, with respective actions undertaken based on the situation in an individual country;

(d) support the revision or, where necessary, the development of relevant government legislation to ensure the implementation and maintenance of IHR capacities and emergency response;

(e) foster health system managerial capacities and health workforce development, with relevant tools and capacity-building exercises, including forecasting and planning, depending on individual country needs and existing gaps;

(f) support policy development for groups not specialized in health but involved in IHR implementation at the national level and provide necessary training activities in line with identified country needs;

[5] The One Health approach is grounded on the premise that the health of humans, animals and ecosystems are interconnected. It involves applying a coordinated, collaborative, multidisciplinary and cross-sectoral approach to address potential or existing risks that originate at the human–animal–ecosystem interface. The areas of work in which a One Health approach is particularly relevant include food safety, the control of zoonoses and combating antibiotic resistance. To effectively detect, respond to and prevent outbreaks of zoonoses and food safety problems, epidemiological data and laboratory information should be shared across sectors, while government officials, researchers and workers across sectors at the local, national, regional and global levels should implement joint responses to health threats. WHO works closely with the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health to promote multisectoral responses to food safety hazards, risks from zoonoses and other public health threats at the human–animal–ecosystem interface and to provide guidance on how to reduce these risks.

(g) strengthen national surveillance systems by ensuring that an early warning function is integrated in the national surveillance system and covers all potential hazards, with specific attention to improving laboratory services for emerging infectious diseases with a quality assurance scheme; and

(h) support countries to improve the availability and quality of strategic information regarding the IHR, including analysing and utilizing information collected through national surveillance systems for decision-making.

Priority area 1.4: sustainable financing of IHR implementation and maintenance of capacities

34. Political commitment to ensure sustainable financial investments by national governments, as well as mobilizing external resources as needed, is required for the effective implementation of the IHR. Predictable and reliable financing, including national contingency funds for epidemics and pandemics, directly contributes to improving universal health coverage, specifically during emergencies.

35. In order to support the sustainable financing of IHR implementation and maintain capacities, the Regional Office, in close collaboration with partners, will:

(a) support States Parties in the development, costing and budgeting of national action plans, based on regionally adapted global models, within the broader context of health systems strengthening;

(b) work with States Parties to advocate for adequate allocation of financial resources to fund national action plans for the development and maintenance of IHR capacities;

(c) work with donors to mobilize additional resources when States Parties are in need of external financial support; and

(d) use proactively the WHO Strategic Partnership Portal to support States Parties in mobilizing multilateral and bilateral financial and technical support for the implementation of national action plans.

Priority area 1.5: enhance IHR routine and emergency capacities at points of entry (designated airports, ports and ground crossings)

36. Capacities and intersectoral collaboration at points of entry continue to be a priority and States Parties in the European Region identified multisectoral coordination and emergency response capacities at international airports, ports and ground crossings as critical to ensuring effective implementation of the IHR. Due to the fact that airports, ports and ground crossings generally remain outside the mandate of the health sector, full involvement of these strategically important components in IHR implementation is yet to be achieved in some countries.

37. In order to enhance IHR routine and emergency capacities at points of entry (designated airports, ports and ground crossings), the Regional Office, in collaboration with partners, will:

(a) support States Parties in strengthening and maintaining routine and emergency capacities at points of entry;[6] and

(b) coordinate activities with the International Civil Aviation Organization.

Priority area 2: improved monitoring and evaluation of and reporting on IHR (2005) core capacities

38. Preparedness should follow a cyclical approach, with tailored capacity-building activities in countries addressing the needs identified through monitoring and evaluation and lessons learned from previous responses to public health events. Gaps should therefore be addressed through the development of funded national action plans aimed at addressing gaps in capacities, structures and operational plans and/or procedures.

39. The monitoring and evaluation of and the reporting on IHR capacities require an inclusive, transparent and holistic approach. The Regional Office operationalizes all four components of the revised IHR Monitoring and Evaluation Framework: annual reporting; simulation exercises; after-action reviews; and external evaluations. Specific emphasis is placed on the development of national action plans, which require costing and funding.

40. External evaluations have proved to be an effective tool for bringing together the various sectors involved in IHR implementation at the country level, as they allow a peer-to-peer discussion between external and national experts in areas relevant to the IHR. External evaluations have also proved effective in helping to bring health security and IHR obligations to the attention of national decision-makers.

41. Like the external evaluations, simulation exercises and after-action reviews involve external peers in order to facilitate technical discussions and to strengthen regional and global expert networks.

42. The Regional Office is collaborating with regional technical partners and experts to establish and promote best practices concerning the IHR Monitoring and Evaluation Framework's qualitative mechanisms to capture and evaluate IHR functionality.

43. In order to improve the monitoring, evaluation of and reporting on IHR (2005) core capacities, the Regional Office, in collaboration with partners, will:

(a) actively utilize the existing repository of multisectoral simulation exercises (and tailor them to the specific area, hazard or aspect of IHR and the type of stakeholder) and share the documented outcome of these exercises with senior decision-makers to guide decision-making and planning in countries;

(b) work with States Parties in the Region to conduct after-action reviews that can be used by other States Parties for future national preparedness planning and response;

[6] Proposed activities will include training for workforce development, joint multisectoral simulation exercises and workshops, assessment of existing capacities with the participation of international technical experts, mentoring visits and expert exchanges.

(c) coordinate voluntary external evaluations in States Parties, facilitate the involvement of external experts, and ensure follow-up through the development of national action plans that address the gaps identified during external evaluations;

(d) analyse the reporting results from the annual self-assessments and develop tailored activities for specific weaknesses and gaps; and

(e) explore the possibility of twinning between countries for further capacity development of individual technical areas.

Priority area 3: improved event management, including risk assessment and risk communication

44. The IHR have expanded infectious disease notification to include surveillance of public health events from various origins. They prompt States Parties to develop the capacities of their surveillance systems to detect, assess, notify and respond to all acute health events or health risks that may constitute a threat to human health.[7]

45. The timely collection of information about public health threats informs and guides the response to all acute events, including unknown, unusual or unexpected diseases or disease patterns of all origins (nuclear, chemical, radiological or unknown), and other hazards that could potentially pose a risk to human health. These include environment or food safety-related risks as well as mass casualties. Sources of information that can be used for the early warning function go beyond traditional disease-based and syndromic surveillance and should encompass environmental surveillance and health-related behavioural information.

46. Reliable, accessible, quality-assured laboratory services capable of producing results in a timely manner are an essential component of any country's surveillance capacity and early warning system (see priority area 5). Well-trained human resource capacity is essential in order to ensure these functions.

47. Risk communication, as one of the core capacities, is an essential component of health emergency preparedness and response, which is aimed at ensuring that risk managers, stakeholders, affected communities and the wider public have the necessary information to be able to make informed decisions. Well-coordinated and effective risk communication contributes to crisis and risk management and decreases unfavorable outcomes of an emergency. Effective risk communication involves availability of risk communication plans for country-specific health risks, communication protocols, clear designation of roles and responsibilities of different stakeholders involved in communication and trained human resource capacity.

48. In order to improve event management, including risk assessment and risk communication, the Regional Office, in collaboration with partners, will:

(a) work across all areas of the WHO Health Emergencies Programme and other relevant technical programmes to harmonize the approach to risk assessment for emergencies and outbreaks;

[7] As the Protocol for Assessing National Surveillance and Response Capacities for IHR (2005) notes, "To comprehensively meet the early warning and alert requirements of the IHR, there is a need to strengthen and develop both routine, or indicator-based, surveillance and event-based surveillance." The organized mechanism to achieve this objective is referred to as early warning and response.

(b) lead the process of developing a framework for infectious hazard vulnerability assessment within the context of the European Region;[8]

(c) work closely with States Parties to improve and revise, where necessary, surveillance strategies as indicated within the essential public health functions;

(d) support implementation of early warning systems for epidemic-prone diseases and improve the regular and timely analysis and dissemination of surveillance data;

(e) facilitate training and capacity-building on all-hazard risk assessment, outbreak investigation and response, including for biological, chemical, radiological, nuclear and natural hazards, and support States Parties in the design and implementation of research activities for improving outbreak control and response;

(f) support States Parties, as requested by some Member States, in preparedness to respond to mass casualties through information analysis, hospital emergency care management, psychosocial support and the strengthening of laboratory services across the European Region (see priority area 5); and

(g) support States Parties in developing emergency risk communication plans based on the national context and priority public health risks, establishing mechanisms and building capacity for the management of risk communication and public outreach during emergencies.

Priority area 4: strengthening States Parties' capacities for detection and verification of public health threats

49. The capacity to detect and verify public health threats is crucial for triggering an appropriate and timely response. The Regional Office will continue to provide guidelines and guidance on best practices to enable countries to strengthen this capacity.

50. Accessible and quality-assured laboratory services capable of producing quality results in a timely manner, with agreed procedures for the sharing of data and specimens nationally and internationally with WHO, are an essential component of a country's surveillance capacity in order to trigger prompt public health interventions. With the exception of laboratories supported by disease-specific initiatives, such as poliomyelitis, measles and rubella, tuberculosis and HIV, public health laboratory services in a number of countries have experienced insufficient national oversight and coordination and lack of standards and investment. This has resulted in the fragmentation and duplication of services, outdated infrastructure and equipment, substandard biosafety, and staff who lack training in modern techniques.

Better Labs for Better Health initiative

51. To address this situation, the Regional Office launched the Better Labs for Better Health initiative [9] in 2012 to support laboratory system strengthening in priority countries. This work is conducted by national laboratory working groups convened by ministries of health. These

[8] This model will be based on the global indicators for the criteria of hazard, exposure, vulnerability and capacities.

[9] Better Labs for Better Health, launched in 2012 in partnership with the WHO Collaborating Centre for Laboratory Strengthening at the Royal Tropical Institute in the Netherlands, is an intersectoral approach that seeks to provide sustainable improvements to the quality of all laboratories dealing with health.

intersectoral groups, which include clinical and public health laboratories, the private sector and the agricultural and environmental sectors, undertake a detailed situation analysis of laboratory-related issues, upon which national policies, strategies and operational plans are based. In addition, Better Labs for Better Health provides training and mentoring programmes in laboratory quality and biosafety.

52. To date, 135 laboratory experts from 23 countries have been trained in laboratory quality and in the stepwise implementation of a laboratory quality system leading towards ISO 15189 accreditation, using the WHO Laboratory Quality Stepwise Implementation (LQSI) tool. To support the post-training process towards accreditation, the Better Labs for Better Health initiative has established a pool of mentors on laboratory quality. Mentors are laboratory quality managers who have taken medical laboratories through an accreditation process. They have been trained by WHO on the use of the LQSI tool, audits, change management and communication skills. They guide laboratories through the process of establishing a quality management system towards accreditation, which can take several years. Seven mentors are currently active in nine national reference laboratories in six countries.

53. The Regional Office will increase its support to laboratory strengthening through Better Labs for Better Health and, in close collaboration with partners, will:

(a) support the implementation of national laboratory strategies following broad stakeholder consultation and endorsement, focusing on licensing and (national) accreditation of all laboratories dealing with health, the reorganization and centralization of public health laboratory services, and the upgrading of national teaching curricula for laboratory staff, for example, by including modules on laboratory leadership and management in Master of Public Health programmes;

(b) maintain the mentoring programme and extend it to new laboratories;[10]

(c) support the surveillance and response systems required under the IHR, to help countries better define the functions and resources required for effective public health laboratory systems;[11]

(d) support countries to improve national and international referral systems for clinical samples by helping them to develop export permits and to use WHO tools, such as the WHO Infectious Substances Shipping Training course and training in biorisk management;[12] and

[10] To enhance the cascade of laboratory quality training, an e-learning module, which will be implemented in conjunction with face-to-face training, has been developed. Initially, the course will be available in English and Russian, with translation into other official WHO languages planned, as this course is intended to become a global resource.

[11] In conjunction with the Public Health Services programme at the Regional Office, country case studies are being developed for inclusion in a compendium of examples of public health laboratory systems that can serve as models for countries undergoing laboratory services restructuring.

[12] Within the core functions of public health laboratories, systems for the safe referral of clinical specimens for the early detection and monitoring of outbreaks, through both in-country transport and international shipment, are key capacities required under the IHR. Much of the work to date was implemented in the context of the Pandemic Influenza Preparedness Framework, which has led to an increase in countries sharing influenza viruses with WHO.

(e) build on existing WHO global and EU laboratory networks (including the WHO Global Influenza Surveillance and Response System, the Global Polio Laboratory and Emerging and Dangerous Pathogens Laboratory networks and the EU EMERGE, EVD-LabNet and MediLabSecure networks) and strengthen and/or establish regional laboratory networks for emergency preparedness and response.

Priority area 5: strengthening WHO's capacity to implement the IHR (2005)

54. The WHO Health Emergencies Programme is expected to strengthen the capacity of the Organization to support States Parties in applying, implementing and complying with the IHR. Priority will be given to countries in the European Region with high vulnerability and low capacities. Staff at the country and regional levels will benefit from tailor-made training to strengthen the preparedness of the Organization to respond to a public health emergency.

55. In order to strengthen WHO's capacity to implement the IHR (2005), the Regional Office will:

(a) ensure synergies, through the WHO Health Emergencies Programme, with all other relevant WHO health programmes and various actors, sectors and partners to support the joint work pillars, which include technical support on health systems, public health services, health information, pharmaceuticals, communicable and noncommunicable diseases, mental health, children's and women's health, human rights, and strategic communications and partnerships;

(b) develop guidance and tools to improve performance at various levels of the Organization and within States Parties, examples include infectious hazards risk mapping to define common threats by epidemiological blocks, all-hazard preparedness and response assessment tools based on needs and capacities at the subnational level (such as the web-based Geographic Information Systems and Risk Assessment and the web-based mapping and monitoring tool the Synergistic Health in Emergencies Ladder Development Scale designed to support the Regional Office and States Parties in mapping and strengthening IHR capacities using health system building blocks and relevant technical areas); and

(c) enhance coordination and collaboration with partners and agencies both within and outside the United Nations system, including civil society organizations and the private sector.

Partnerships

56. The Regional Office will undertake activities within the priority areas outlined above in close collaboration with partners, such as WHO collaborating centres, national public health institutes and laboratory networks, in an inclusive and transparent way in order to ensure coherence and to make use of synergies.

57. Through regional collaboration with the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health, the Regional Office will continue to focus on operationalizing the One Health approach at the country level.

58. Collaboration with national public health institutes on capacity-building activities, simulation exercises, after-action reviews and external evaluations is well established and ongoing.[13] This collaboration will be further strengthened and partnerships with other national institutes will be explored. In addition, the Regional Office is engaged in regional and local platforms and networks.

59. Decision No. 1082/2013/EU on serious cross-border threats to health provides the framework for improving preparedness and for strengthening the capacity to coordinate responses to health emergencies across the EU. WHO works closely with the European Commission Health Security Committee and with EU institutions on the coordination of preparedness, notification of threats and risk assessment in EU member States.

60. Collaboration with EU institutions includes working with the European Centre for Disease Prevention and Control in the areas of surveillance, detection and risk assessment of threats to human health from communicable diseases and outbreaks; the European Food Safety Authority in relation to food-borne outbreaks; the European Chemicals Agency in relation to chemical hazards; the Nuclear Energy Agency on radiation safety; the European Civil Protection and Humanitarian Aid Operations; and the European Medicines Agency.

Conclusion

61. By accelerating implementation of the IHR (2005) and by strengthening laboratory capacities for better health in the European Region, Member States will be better able to prevent, prepare, respond to and recover from health emergencies.

62. A comprehensive and coordinated set of actions aimed at effectively supporting States Parties in fully applying, implementing and complying with the IHR (2005), taking an all-hazard, whole-of-government approach to prevent, detect and respond to various public health threats, is required.

63. The current strategic document outlines the priority areas of action for IHR application, implementation and compliance in the European Region. It will guide the development of a European action plan in line with the five-year global strategic plan proposed for discussion at the Seventy-first World Health Assembly in May 2018 and in close consultation with Member States.

[13] Examples are the Robert Koch Institute (Germany), Public Health England (United Kingdom), the National Institute for Public Health and the Environment (Netherlands), the Norwegian Institute of Public Health and the Public Health Agency of Sweden.

Annex. Sustainable Development Goals (SDGs) and targets supported by the WHO Health Emergencies Programme

SDG 1	**End poverty in all its forms everywhere**
target 1.5	By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters
SDG 3	**Ensure healthy lives and promote well-being for all at all ages**
target 3.9	By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
target 3.d	Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks
SDG 11	**Make cities and human settlements inclusive, safe, resilient and sustainable**
target 11.5	By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations
target 11.b	By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015–2030, holistic disaster risk management at all levels
SDG 13	**Take urgent action to combat climate change and its impacts**
target 13.1	Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries
SDG 16	**Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels**
target 16.1	Significantly reduce all forms of violence and related death rates everywhere
target 16.2	End abuse, exploitation, trafficking and all forms of violence against and torture of children
target 16.5	Substantially reduce corruption and bribery in all their forms
target 16.9	By 2030, provide legal identity for all, including birth registration
target 16.b	Promote and enforce non-discriminatory laws and policies for sustainable development
SDG 17	**Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development**
target 17.3	Mobilize additional financial resources for developing countries from multiple sources
target 17.17	Encourage and promote effective public, public–private and civil society partnerships, building on the experience and resourcing strategies of partnerships
target 17.18	By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts

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