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Regional consultation on the accelerated use of the *International Health Regulations* (*2005*)

WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR EUROPE
UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark Telephone: +45 45 33 70 00 Fax: +45 45 33 70 01
Email: governance@euro.who.int Web: http://www.euro.who.int/en/who-we-are/governance

Background and introduction

1. Amid the emergence of a multicountry ebola outbreak, the simmering regional outbreak of Middle East respiratory syndrome coronavirus (MERS-CoV) and the concerns over avian influenza A (H7N9) and future influenza risks, the attention of the world is currently focused on how to ensure that all countries manage their public health risks better. It is in the interests of all sovereign nations to ensure that both they, and their neighbours, have the capacities to detect and respond to their public health risks. Early detection and early response saves lives, reduces economic loss and reduces the risk that a local public health event will become a public health emergency of international concern. There is also the recognition that rapid urbanization, climate change and increased contact at the animal-human interface will continue to result in emerging infectious diseases.

2. These events have highlighted the importance of having functional capacities to manage public health risks. Since the coming into force of the *International Health Regulations (2005*[1]*)* (IHR), significant improvements in the minimum requirements (IHR, Annex 1) have occurred. As of 24 August 2014 only eight States Parties (15%) in the WHO European Region have requested a second extension until 2016. Globally, 68 States Parties (35%) have requested second extensions or have stated that it is their intention to do so, 62 States Parties have indicated that they meet requirements, and 65 have not communicated their intentions. The IHR stipulates that for the granting of these second extensions, a Review Committee must be convened to provide advice to the Director-General. This Review Committee is an ideal opportunity to also discuss approaches to promote the accelerated use of the IHR and its principles with available capacities already now and beyond 2016; that is, after the final deadline to develop minimum requirements has passed.

Proposed approach

3. The Director-General has therefore developed an approach and has suggested that all regional directors consult with their Member States in order to collect regional views. The new proposed approach addresses the development, assessment, verification and certification of capacities of all States Parties to manage and share information about public health events. The new approach not only focuses on the development of capacities in those States Parties requesting extensions, but includes approaches for the operational maintenance of capacities across all States Parties. The first step of the new approach will be to develop a global set of minimum standards for operational capacities for the management of public health risks against which all States Parties will be assessed and certified. This set will entail standards and performance criteria for monitoring reporting activities and information sharing. These global standards will be established by a global body (such as a “Global Certification Commission”) with regional representation.

4. Regional structures with local knowledge and expertise will be established for the assessment and independent verification of data provided by States Parties. Other responsibilities of the regional structure could be to apply the minimum standard set for operational capacities for the management of public health risks and the preparation of information to be submitted to the Global Commission to certify States’ Parties achievements.

5. Similar structures, such as the global commissions for smallpox, polio and Guinea worm eradication, measles and malaria certification, and the Accountability Commission for women’s

[1] International health regulations (2005). Second edition. Geneva: World Health Organization; 2008 (http://www.who.int/ihr/9789241596664/en/).

and children's health, have already been established by WHO. The key factors for the success of these programmes are political will, trust-building, and using localized expertise to build capacities in the regional context. Other enabling factors include economic incentives, sustained advocacy and coordinated multinational support for the attainment of the goal from local to global levels. WHO also has several differing structures for certification processes, such as certification for malaria-free status, the certification scheme on the quality of pharmaceutical products moving in international commerce, ship sanitation certificates and certificates of vaccination. Certification provides a mechanism for quality assurance, benchmarking, incentives and is a process to drive change.

6. A Global Certifying Commission for the IHR can:

- develop a sense of trust between neighbouring countries that the capacities are in place to keep public health risks as local as possible;
- provide insurance that every country in the world has sufficient capacities to manage their public health risks;
- engender a collective sense of working for the global good;
- envelope a wider range of actors in the implementation of capacities to manage public health risks at country level;
- foster closer regional ties through the leadership of the process at regional level utilizing subregional networks for health and non-health actors;
- be an investment against unilateral decisions;
- evaluate the economic benefits from having the capacities in place over the long term.

7. A Global Certifying Commission, consisting of Review Committee members and other experts, representative of the respective Regions, will meet to set standards. Regional Commissions are established, working with stakeholders in the health and non-health sectors as well as regional and transregional networks of States Parties, in accordance with resolution WHA65.23. The role of the Regional Commissions is to assess, identify gaps, mobilize technical, financial and logistical support, verify capacities and prepare countries for certification. The certification would be applicable for a specific period of time (for example, 10 years), as determined by the Global Commission as part of the standard.

8. WHO is obliged under the IHR to convene a Review Committee to advise the Director-General on requests for extension to the deadline for establishing public health capacities. The terms of reference of this high-level group have not been fully outlined, but in addition to the central issue of advising the Director-General on the granting of extension requests could include recommendations to the Organization on approaches to support Member States, including the post-2016 monitoring agenda. As the Review Committee will report to the World Health Assembly, a recommendation from the Review Committee could provide an opportunity to initiate the establishment of a "Global Certifying Commission" for the IHR.

9. The proposed timeline is envisioned as follows.

- November 2014: The IHR Review Committee will be convened with the goals of advising the Director-General on the granting of extensions and to advise the Director-General on approaches for accelerated use of the IHR.
- The preliminary meeting report and the recommendations will be shared with the Global Policy Group.
- January 2015: The report of the IHR Review Committee will be presented to the Executive Board, who could recommend the Secretariat to develop the Commission architecture.

- February–April 2015: The Secretariat develops the proposed Commission architecture, identifies standards for assessment and outlines certification processes.
- May 2015: The report of the IHR Review Committee will be presented to the World Health Assembly, together with a proposal for the Commission architecture.
- June–August 2015: The Global Commission meets to set standards and elaborate certifying procedures.
- September–October 2015: The proposals for Regional Commission structures, financing and methods of work will be discussed at regional committee meetings.
- Immediately following the regional committee meetings, the process of establishing Regional Commissions will be initiated.
- May (annually): The Global Commission will report to the World Health Assembly on progress and certification.
- The Global Commission will meet annually every five to eight years until it is fully functional and the majority of States Parties are certified. It is envisaged that a certification would be valid for a set period of time, as determined by the Global Commission.

Questions for the Regional Committee

10. The following points are raised for consideration by the Regional Committee and to guide the discussion on accelerated use of the IHR.

- Is the proposed approach to accelerate the use of the IHR suitable from the perspective of the WHO European Region?
- Are the proposed regional and global mechanisms appropriate?
- Is the proposed timeline feasible?

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