Current practice in implementing the IHR provisions related to the National IHR Focal Points (Articles 4)

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The IHR (2005) establish 6 main obligations that States Parties must implement

Establish a National IHR Focal Point and the authorities responsible for implementing health measures under IHR (Article 4)

Public health operations: surveillance, assessment & response to public health events

Notification of certain events, response to verification requests from WHO

Public health capacities development: surveillance, assessment, response, PoE

Provision of services and facilities at international ports, airports, ground crossings

Requirements for applying health measures to international traffic
“National IHR Focal Point” means the national centre, designated by each State Party, which shall be accessible at all times for communications with WHO IHR Contact Points under these Regulations (Article 1 Definitions).

- Article 4 of IHR (2005) requires States Parties to designate or establish a National IHR Focal Point available 24/7 for IHR-related communication.

- The main obligation of the NFP is to communicate internationally and at national level:
  - Send to WHO IHR Contact Points urgent communications concerning the implementation of the IHR, in particular Articles 6-12.
  - Disseminate information to, and consolidate input from, relevant sectors of the SP administration (including those responsible for surveillance, PoEs, public health services, clinics and hospitals, other govt departments).
Determine Public Health
Emergency of International Concern (PHEIC)
Make temporary and standing recommendations

WHO DIRECTOR GENERAL

IHR Operational Framework

EMERGENCY COMMITTEE

REVIEW COMMITTEE

OTHER COMPETENT ORGANIZATIONS (i.e. IAEA)

MINISTRIES AND SECTORS CONCERNED

WHO IHR CONTACT POINTS

- Notification
- Consultation
- Report
- Verification

NATIONAL IHR FOCAL POINT

Unusual and unexpected events
- Detect
- Assess
- Report
- Respond

National surveillance and response system, including points of entry
States Parties are obliged to ensure that their NFP is formally established as a national office or centre and can fulfil its functions as required under Article 4.

States Parties must continuously update and confirm NFP contact details to the WHO Secretariat (ihradmin@who.int)

- Telephone and email addresses annually confirmed no later than 31 March of each year
- In 2022, 146 IHR NFPs (74%) confirmed or updated their contact information.

IHR NFP contact information is published on the IHR Event Information Site (https://extranet.who.int/ihr/eventinformation/)

WHO Regional Offices conduct annual exercises to test connectivity

Special arrangements for communication through the Regional IHR Contact Points for territories or countries who are not Member States of WHO

Majority of IHR NFPs are located in Ministries of Health (few exceptions)
• IHR Contacts is a Web Platform for automatizing the management of contact details and profiles of National IHR Focal Points, WHO IHR Regional Contact Points and EIS users.

• This system has been developed in replacement of an old and unstable platform that could no longer be supported by the old IT technology.

• This new application:
  • (1) enables multi-level authorization at global, regional and country level;
  • (2) delegate authority to IHR RFPs to manage NFP contacts in their Region;
  • (3) authorize NFPs to manage EIS contacts in their country; and
  • (4) enable on-demand update of NFP profiles without time-limited tokens.

https://extranet.who.int/ihrcontact//
NFP IHR Contacts self-update tool (2/2)

**NFP LANDING PAGE**

The International Health Regulations (IHR) is a legally binding agreement between 196 States Parties (including all 196 Member States of WHO), which defines, regulates, and promotes public health measures that must be applied to prevent, detect, and respond to public health concerns that cross international borders. The IHR mandates health services, risk communication, and other public health measures to prevent, detect, and respond to public health threats, including diseases, epidemics, and other public health events. The IHR also establishes a framework for the self-update tool (2/2)

**NFP PROFILE PAGE**

The IHR Contacts Site is the focal point for the World Health Organization (WHO) to receive and respond to international health information and requests. It is designed to provide a secure and efficient way to communicate with international partners and other stakeholders regarding public health events and other relevant information. The IHR Contacts Site is accessible to authorized users and is also available to the public through a user-friendly website. The website provides information on the IHR, its implementation, and the various resources available to support public health preparedness and response.

Communication through the IHR Contacts Site is facilitated through secure email and secure messaging systems. The IHR Contacts Site also provides a platform for authorized users to access and share information with other stakeholders, including national and international organizations, governments, and other partners.

The IHR Contacts Site also provides information on the IHR's implementation, including the role of national partners and the coordination of international efforts. The IHR Contacts Site is accessible to authorized users and is also available to the public through a user-friendly website. The website provides information on the IHR, its implementation, and the various resources available to support public health preparedness and response.
Strengthening capacities of the IHR NFPs

- Global or regional knowledge networks (supported by WHO) – to rapidly exchange information about ongoing activities (Whatsapp, moving to Teams)
- Annual or bi-annual regional meetings organized by WHO Regional Offices to exchange experiences, verify connectivity, and share knowledge
- WHO IHR Orientation Program
- Upcoming needs assessment for all NFPs
Challenges faced by National IHR Focal Points

- **WHO NFPs Needs assessment** study (2021) while noting generally good knowledge and compliance with obligations, also identified some challenges:
  - Lack of appropriate information technology for communication
  - Obtaining approvals from government sectors outside health (leading to delays in communicating with WHO)
  - Inadequate staffing, fast turn-over of staff, lack of institutional memory, no plans for continuous development and learning of staff of the NFPs

- **Review Committee** on the functioning of the IHR during COVID-19 (2021):
  - Many NFPs lack resources, are not empowered or not well positioned within their governments to fulfill the functions as required under IHR Article 4.
  - The distinction between the NFP and the competent authority of a State Party (i.e. “the authorities responsible within its respective jurisdiction for the implementation of health measures under these Regulations”, as defined in Article 4.1 of the IHR) is often blurred, resulting in confusion about the roles and expectations of NFPs, and a perceived challenge in ensuring States Parties’ accountability for all their obligations under the IHR.