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REGIONAL CONSULTATION ON THE IHR MONITORING SCHEME POST-2016

Purpose

1. The purpose of this document is to request the position of individual States Parties in the Region of the Americas and to facilitate the consolidation of a regional position regarding the approach to shape the IHR Monitoring Scheme post-2016 as outlined in the concept note “Development, monitoring and evaluation of functional core capacity for implementing the International Health Regulations (2005)” (Annex A) prepared by the WHO Secretariat in compliance with Resolution WHA68.5.¹

2. In compliance with Article 54 of the Regulations, the concept note is being submitted for the consideration of all WHO Regional Committees during their 2015 sessions. Taking into account the feedback that States Parties express through the WHO Regional Committees, the WHO Secretariat will present the IHR Monitoring Scheme post-2016 for adoption by the Sixty-ninth World Health Assembly in May 2016. The scheme will include operational details and a proposed timetable.

Action by the Directing Council

3. The Directing Council is requested to express its position regarding the following elements presented in the concept note:

- a) the underlying principles of the IHR Monitoring Scheme post-2016 following the recommendations of the IHR Review Committee 2014;

¹ World Health Organization. The recommendations of the review committee on second extensions for establishing national public health capacities and on IHR implementation [Internet]. 68th World Health Assembly; 2015 May 18–26, Geneva (Switzerland). Geneva: WHO; 2015 (Resolution WHA68.5) [cited 2015 Jul 14]. Available from: http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_R5-en.pdf

- b) the gradual introduction of changes in the IHR Monitoring Scheme post-2016, i.e. from self-assessment of core capacities to a more function-oriented approach;
 - c) the development by the WHO Secretariat of the tools and protocols needed to roll out the IHR Monitoring Scheme post-2016 through technical consultations involving either States Parties, experts, or both.
4. States Parties are invited to provide their contributions in writing to the Pan American Sanitary Bureau ahead of time as outlined in Annex B, which also describes how these, as well as the outcome of the debate of the session of the Directing Council, will be shared with the WHO Secretariat.

Annexes

Concept note

Development, monitoring and evaluation of functional core capacity for implementing the International Health Regulations (2005)

1. Institutional framework

In view of (i) Article 54 on “Reporting and review” of the International Health Regulations (2005) (IHR); (ii) resolution WHA61.2 “Implementation of the International Health Regulations (2005)”;¹ (iii) resolution WHA65.23 in 2012 “Implementation of the International Health Regulations (2005)”²; (iv) resolution EBSS/3/2015/REC/1 on the Ebola virus disease outbreak and the report of the Ebola Interim Assessment Panel in 2015², States Parties to the IHR should consider new approaches and methods for short- and long-term assessment of national core capacity for implementation and effective functioning of the IHR.

Resolution WHA68.5 approving the recommendations of the “Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation”³ noted that, in order for the IHR to continue to serve their primary purpose—an agreed set of rules to minimize the international public health implications of the spread of an initially localized risk that is sub-optimally controlled—2016 should not be perceived as the end of implementation of the IHR.

It is therefore important to develop an improved capacity monitoring and assessment scheme with a clear mechanism, recognizing that a significant challenge for the implementation of the

¹ http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_R23-en.pdf

Resolution WHA65.23 “Implementation of the International Health Regulations (2005)” (2012), requesting the WHO Director-General: “(7) to monitor the maintenance of the national core capacities required under the International Health Regulations (2005) in all States Parties not requesting extensions to the deadline, through the development of appropriate methods of assessing effective functioning of the established core capacities.”

² http://apps.who.int/gb/ebwha/pdf_files/EBSS3/EBSS3_R1-en.pdf

http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_25-en.pdf

³ http://apps.who.int/gb/ebwha/pdf_files/EB136/B136_22Add1-en.pdf

Implementation of the International Health Regulations (2005): Report of the Review Committee on Second Extensions for establishing national Public Health Capacities and on IHR implementation. Recommendation 7: (Para. 43) “The Review Committee recommends that the Director-General consider a variety of approaches for the shorter- and longer-term assessment and development of IHR core capacities as follows: States Parties should urgently: (i) strengthen the current self-assessment system [...]; and (ii) implement in-depth reviews of significant disease outbreaks and public health events [...]. In parallel, and with a longer term vision, the Secretariat should develop through regional consultative mechanisms 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 [...]. Any new monitoring and evaluation scheme should be developed with the active involvement of WHO regional offices and subsequently proposed to all States Parties through the WHO governing bodies’ process.”

IHR in the foreseeable future is related to the lack of satisfactory metrics to demonstrate the actual benefits from their implementation as well as progress made toward their sustainable implementation.

The global IHR monitoring and evaluation scheme for use after 2016 should satisfactorily ensure the mutual accountability of States Parties and the Secretariat for global public health security, by transparent reporting and building trust through dialogue. It should cover implementation of the IHR as a whole and, depending on the aspect considered, propose both quantitative and qualitative approaches, with consensus on the frequency of *ad hoc*, periodic, cyclical and continuous assessments. The scheme should be proposed to all States Parties through WHO governing bodies, for ultimate approval by the Sixty-ninth session of the World Health Assembly in May 2016.

This concept note is designed as an aid to meet the May 2016 deadline by describing the proposed components of the IHR monitoring and evaluation scheme related to the capacity of States Parties.

2. National public health capacity under the IHR

The IHR represent the commitment of all States Parties to prepare for and respond to events that may constitute a public health emergency of international concern by a common set of rules. The IHR are designed to ensure and improve the capacity of all countries to prevent, detect, assess, notify, report and respond to public health threats. The global effectiveness of the framework depends on its full, sustained application by all countries.

Public health capacity under the IHR is defined as the indispensable, fundamental actions that are the primary responsibility of each State Party for achieving the goal of national health security, i.e. to prevent the spread of diseases and to detect and investigate health risks in the community by efficient multisectoral action (e.g. integrated disease surveillance systems, laboratory services and national, regional and global networks).

A critical component of essential public health functions under the IHR is the empowerment by States of national focal points to notify and coordinate activities in the public health system and to ensure the availability of a competent public health workforce for a continuum of health services, from the community to intermediate and central levels. The IHR require coordination among all parts of the health system, including personal and population-based care, the integration of health information systems with the use of new technologies and coordination of multisectoral activities between ministries and sectors.

Thus, a method is required for evaluating performance that can be applied to public health services in the context of IHR requirements.

3. Principles for monitoring national public health capacity under the IHR

The purpose of the IHR monitoring and evaluation scheme after 2016 at the global level should be to provide a framework for mutual accountability among Member States for global public health security. Transparent, accurate, timely reporting will give all Member States information

on existing capacity and will foster dialogue, trust and mutual accountability among Member States.

Monitoring and evaluation are essential for public health, and all countries should have a strong, integrated system at national level, independently of the international IHR monitoring scheme. This should be the basis for national health sector strategic planning, covering all major disease programmes and health systems activities. It should be well integrated with existing activities and systems in order to minimize work and avoid duplication.

National plans of action (e.g. national IHR implementation or extension plans and, where relevant, national preparedness and response plans) should be incorporated into the national budget cycle and aligned with the national strategic plan, rather than being independent of institutional planning. This is one of the first steps in building sustainable capacity. It will facilitate linkage of the plan with other relevant sectors and ensure compatibility with national timelines and strategic plans.

The main purpose of completing the annual IHR monitoring framework questionnaire⁴ was to fulfil the obligation of Member States and the Secretariat to report annually to the Health Assembly on progress in implementing the IHR. Although the data derived from the current questionnaire provide consistent information, they do not give an indication of the functionality of national systems or the capacity required to manage public health events.

→ *Preparation of an evidence-based self-assessment of essential public health functions by States Parties (IHR Annex 1 Core capacities)*

The outbreak of Ebola virus disease indicated that the information shared by Member States in the self-assessment questionnaire does not always correspond to the reality in the field, because of inadequate mechanisms for accurate collection and validation of data.

As the usefulness of the IHR monitoring framework for reporting on IHR capacity at national level is recognized, the WHO Secretariat could identify a subset of indicators of functionality and associate them with reformulated or simplified function-oriented questions. Any review or modification of the framework should be inspired by or complement other tools developed for regional strategies and frameworks, such as the Asia Pacific Strategy for Emerging Diseases and Integrated Disease Surveillance and Response.

→ *Review after acute public health events*

The management of public health events reflects the functionality of national core capacity and of the readiness of the global alert and response system.

To complement self-assessment and foster transparent collective learning, it is proposed that each State Party review one of the events with potential or actual international public health implications that has come to the attention of WHO. States Parties that have not been affected by an event with potential or actual international public health implications would examine one or more events with local connotations.

⁴ <http://www.who.int/ihr/checklist/en/>
http://www.who.int/ihr/publications/WHO_HSE_GCR_2015.8/en/

Such national reviews should be conducted continuously as soon as possible after the event and be qualitative. The reviews remain the responsibility of the States Parties, with or without support from other States Parties or WHO.

The after-action review could consist of an internal audit by all national stakeholders responsible for essential public health functions or an external peer review if a State Party wishes to invite another State Party and the WHO Secretariat to participate in an independent review of a national outbreak. Standardized tools and methods for this purpose will be prepared by the WHO Secretariat after consultation with States Parties.

→ *Simulation exercises*

When possible, Member States should include simulation exercises in monitoring and evaluation to test the actual functionality of their IHR capacity and perhaps share lessons and best practices with other countries and stakeholders. To the extent possible, regional offices should facilitate the participation of other Member States in simulation exercises as observers.

Protocols for national simulation exercises could include “table-top” exercises, “skill drills”, national functional assessment exercises or full-scale exercises, which may be combined.

The WHO Secretariat will be responsible for preparing standardized tools and methods, in consultation with the regional offices and Member States. WHO country offices should support such exercises to ensure that IHR core capacity is improved in a sustainable way.

4. Independent evaluation of the quality and functional performance of the capacity of States Parties for implementing the IHR

Integrated review and planning

IHR capacity should be assessed by an integrated review of current functioning. All Member States should conduct such reviews, including those that have reported that they have met the targets for IHR capacity and those that have not made a report. The review should be based on a systematic assessment and gather all national stakeholders and value existing sectoral assessments.

The review will help to:

- establish or reinforce national coordination mechanisms and identify the roles of stakeholders;
- plan within the national budget cycle;
- update and realign plans in various national sectors as a first step in institutionalizing monitoring and evaluation mechanisms; and
- identify gaps and possible solutions or corrections at national or regional level and establish milestones to monitor progress.

For this integrated review, all national plans that include IHR capacity and functions, including extension action plans submitted by Member States, should be incorporated into the existing strategic, planning and financing mechanism. This integrated review and planning process

should empower countries to negotiate with national partners and external donors by providing a solid institutional framework for channelling resources for cooperation. The review therefore represents an opportunity for reframing the national institutional cooperation framework and for a systematic review of the commitments made by the country in all relevant sectors and institutions at international level (United Nations, sub-region).

Independent evaluation of functional IHR capacity

The integrated review is primarily the responsibility of each Member State. One option for operational IHR monitoring and evaluation, however, that Member States may consider on a voluntary basis, is an independent evaluation of the country's capacity to detect and respond to public health events on the basis of a set of criteria for operational capacity and performance.

In a performance-oriented approach, retrospective reviews of actual events and simulation and table-top exercises can be conducted for both qualitative and quantitative assessments of functioning and contribute to building trust among Member States.

Independent evaluation is important for improving the public health capacity required under the IHR at national, regional and international levels. It will be undertaken with the full participation and approval of the country and will serve as the basis for discussions with:

- the ministry(ies) and stakeholders responsible for surveillance and response to public health threats, in collaboration with other sectors (e.g. animal health, tourism, transport); and
- international technical partners and funding agencies when requesting support for any of the activities or investments defined in the external evaluation report.

Independent evaluations should be facilitated by WHO and conducted by e.g. a group of technical assessors established by the regional committee (or alternatively regional commissions or platform), with standardized terms of reference for the six regions. The group should consist of international experts in various subjects who are qualified and trained by WHO, are on the international IHR roster of experts or are solicited for their expertise in essential functions of public health.

The independent evaluation will comprise a desk review of country data, followed by a country visit, ideally at central, intermediate and local levels, to determine the functionality of the procedures and processes in place. The country data for the desk review could include self-assessments and other reviews conducted by the State Party, including after action review and simulation exercises. Parties might decide to conduct a simulation exercise during the independent evaluation.

The evaluation teams will report to the annual regional committee meetings on capacity, and the WHO Secretariat will publish a list of Member States in which evaluations have been made, for transparency and to build trust among States Parties. Countries may consider sharing the report of the independent evaluation, the recommendations and the work plan publicly.

WHO headquarters and regional offices will support countries in participating in evaluations with regard to both voluntary submission and conducting simulation exercises, as these are an important component of external evaluation.

Member States are urged to consider the incentives, benefits and outcomes of an independent evaluation, which:

- is more than a diagnostic instrument and will raise awareness and promote a culture of continual improvement;
- indicates the overall performance of essential IHR capacity;
- provides a basis for establishing routine monitoring and follow-up of the overall performance of the health services over time with regard to prevention, early detection, reporting, accurate confirmation and response to public health threats;
- fosters peer-review and partnerships between countries, sharing of technical skills and resources, capacity-strengthening and/or assistance in times of crisis; and
- by specific follow-up with interested stakeholders and donors, helps countries to set priorities and formulate justifications when applying for national or international financial support (loans or grants) from national governments or international donors.

The independent country evaluation will focus on the national context and priorities. Any specific regional context might have to be taken into consideration, such as membership of a sub-regional economic community or a regional economic integration organization.

5. Next steps and timelines

The monitoring and evaluation framework described in this concept note, if endorsed by the global and regional WHO governing bodies during 2015, will be expanded further in consultations organized by WHO headquarters and regional offices, including convening meetings of experts. The monitoring and evaluation framework, its operational details and the proposed timetable will be presented to the Sixty-ninth session of the World Health Assembly in 2016.

In order to establish the level of performance of a country, identify a shared vision, establish priorities and conduct strategic initiatives, revised tools and protocols will be prepared by the WHO Secretariat as part of a standardized process for e.g. defining critical competences for the IHR, performance levels and functional indicators, terms of reference and standard operating procedures for independent evaluations, and training assessors certified by WHO.

The Secretariat will continue to interact with relevant international agencies and the coordinating bodies of existing initiatives to identify any synergy and minimize duplication, while fostering an intersectoral approach.

Date	Activity
June–October 2015	Consult the WHO regional committees for endorsement of the method and activities.
October–December 2015	Conduct regional consultations with Member States and international partners (e.g. the International Organisation for Animal Health, the International Atomic Energy Agency, the International Civil Aviation Organization and the International Organization for Migration) on options for monitoring and evaluating implementation of the IHR. WHO will prepare tools and protocols.
January 2016	Method and principles of monitoring and evaluation of implementation of the IHR approved at the 138st session of the Executive Board.
January–December 2016	Finalize and pilot test the WHO tools and protocols for external evaluation (self-assessment tool, after-action review, simulation exercise)
May 2016	Approval of the IHR monitoring and evaluation framework at the Sixty-ninth session of the World Health Assembly

Annex B

Procedures Adopted for the Regional Consultation

1. Between 31 July and 6 August 2015, the concept note “Development, monitoring and evaluation of functional core capacity for implementing the International Health Regulations (2005)” was published in five of the six WHO official languages on the WHO website at: http://www.who.int/ihr/publications/concept_note_201507/en/.
2. Following its publication, on 6 August 2015, the Department of Communicable Diseases and Health Analysis (CHA) of the Pan American Sanitary Bureau (PASB) distributed the concept note in the four PAHO official languages, via email, to States Parties in the Americas through the National IHR Focal Point Offices.
3. In that communication, relevant officials from States Parties were invited to participate in virtual sessions on 2 and 3 September 2015 in preparation for the 54th Directing Council of PAHO, 67th Session of the Regional Committee of WHO for the Americas.
4. In a subsequent communication from CHA to the NFPs, on 19 August 2015, States Parties were invited to share with CHA, via email to andragro@paho.org, their position with respect to the three elements of the concept note as indicated in paragraph 3 of the main document (CD54/INF/4, Add. I) no later than 18 September 2015.
5. Although States Parties’ extended contributions in writing —elaborating on their position regarding the concept note— are welcome and will be summarized by PASB and used to introduce the debate of the Directing Council, in the interest of time, as per praxis, delegations are invited to plan an intervention of maximum three minutes during the session.
6. A summary of the consolidated outcome of the debate on this issue during the Regional Committee will be captured in the Report of the Regional Committee to the 138th Session of the WHO Executive Board to be held in January 2016. In addition, all extended contributions received in writing from individual States Parties will be shared with the WHO Secretariat.

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