Episode 1: Study on NFP experiences of implementing the IHR (Part 1 of 2)

Katrina Litam (KL): Welcome to the Make Me Smarter on IHR podcast, your regular mini dose of all things related to the International Health Regulations. I'm your host, Dr. Katrina Litam, from the Learning Solutions and Training unit in the Country Readiness Strengthening Department under the WHO Health Emergencies Program. For our very first episode, we are highlighting a study that was done in 2019 on the experiences of national IHR focal points in carrying out their functions under the IHR. We are privileged to have with us today two of the primary authors of this study, Dr. Kumanan Wilson and Professor Sam Halabi. Could I ask the both of you to start with a quick introduction?

Kumanan Wilson (KW): Sure, I'll start. So my name is Dr. Kumanan Wilson. I'm an internal medicine specialist at the Ottawa Hospital, a professor at the University of Ottawa. For most of my academic career, I have been studying public health governance. With the focus on pandemics and immunization and public health security. I've had an interest in the WHO and the IHR in particular, since its inception, with an interest in how multi-level governance affects the implementation of the IHR, largely out of the experience of SARS in Canada. I was involved with the project with the WHO previously, working with Helge on Annex 2 and examining its function and usefulness. And that's, we consulted to be involved in this project when we recognized there was a need to look at this important question. I do think I should state my conflict of interest. I just stated that I'm also the CEO of CANImmunize, which is a digital immunization company.

Sam Halabi (SH): My name is Sam Halabi. I'm a senior scholar at the O'Neill Institute for national and global health law at Georgetown University. I have been working on IHR governance, at least since 2013. And it was really sort of the series of decisions leading up to the declaration of a phase 6 pandemic, by the World Health Organization during H1N1 but more importantly, sort of the negotiation of access to vaccines that ensued and sort of prompted the origin of my interest. And I've worked with Dr. Wilson for many years, but especially the last three, on the relationship between the governance models that he articulated and access to immunization. So that's my background, and I have no conflicts to declare.

KL: Thank you very much for that, it's lovely to meet the both of you. Now without further ado, let's get started, shall we? Kumanan and Sam, can you provide us with the main objectives of your study?

KW: Uh, sure. So the national focal points, as you know, are critical to the functioning of the International Health Regulations. They're very important for event related notifications to the WHO. And this is critical because being aware of public health emergencies as soon as possible is essential to mitigating their impact. Previous epidemics and outbreaks have demonstrated some limitations in the ability of the national focal points to carry out their functions. This was noted a bit with the Ebola outbreaks.

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KW: And there was a belief that they need support in establishing more authority, capacity training and resources to adequately carry out their functions. So the purpose of this project was to assess and evaluate national focal point experiences with and perceptions of IHR implementation. And this would serve to inform WHO efforts to more effectively support national focal points in fulfilling their functions. The study was a two component study, it consisted of interviews and surveys. We conducted qualitative interviews with 25 National focal points; this included representation from all WHO regions. Invitations were sent to 40 National focal points and we did 60-minute interviews. We also conducted a survey with 105 National focal points. All NFPs were invited to participate and the survey we conducted was informed by the results of the qualitative interviews.

KL: Excellent, thank you for that. Sam, is there anything you'd like to add?

SH: Only that sort of, there were, I think two broad areas of inquiry. So one is sort of the tools, trainings and resources available from the World Health Organization with respect to those aspects of NFP functionality that Dr. Wilson just mentioned. And the other is sort of, you know, internal or intragovernmental sources of sort of functionality or barriers to functionality. Each of which was enlightening.

KL: Thank you for providing that important context. Now, could you share with us the main findings of the study?

KW: Yes, it was quite insightful on many fronts, but I think there were four major observations we made. **The first was challenges with intersectoral collaboration.** Most of my previous work, it actually looked at sort of vertical governance and challenges in federal systems of government, between communication between federal government and local state or provincial authorities. But in this study, we noticed significant challenges where national focal point had to communicate within their level of government with other agencies that would play an important role in collecting the information or authorizing the approval of submission of information to the WHO. So I think that would be probably one of our major findings. We, you know, on a positive note, we did find that the national focal points were quite aware of the International Health Regulations, though they still could use a bit more assistance in guidance on how to implement them. And this sort of led to another observation about, you know, while there are a lot of great tools around and available, that awareness of these tools could be increased. And they could also be updated or translated and maybe made available in different formats to assist not only the national focal points, but also the other parts of government, who often didn't have much knowledge of the IHR, but would be involved in decisions related to them. And then the recurring theme that shows...

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KW: ...up in virtually all of these analyses that there were issues with resources, human, financial, and material that would be needed to carry out the functions of the national focal point. I can delve into some of these in more detail if that's helpful.

KL: Yes, please go ahead.

KW: Sure. So, you know, beginning with the challenge of intersectoral collaboration, the National focal points frequently identified that there are difficulties collaborating with and getting approval from sectors outside of health systems. And this is often needed for getting approval and reporting notifiable events. And so we can understand how this could be problematic - that while the WHO's focus in a State Party is on the national focal point, they often have to collaborate with other sectors. And often the national focal point is in a health-related sector. But as the IHR are all-encompassing for all public health emergencies, many other sectors may be involved, such as agriculture, for example, food safety. The understanding of the IHR was much less certain outside of the health systems and this made the intersectoral collaboration challenging. So some of the recommendations we had for the WHO were evaluation of governance structures, and if there could be provision of a sort of best practices of learning from other countries that have gone through the similar challenges and capacity to assist with the capacity to respond to major events in a horizontal governance structure. If there was a format of training, a simplified format of training that we provide to non-NFP decision-makers - I think they were identified – then that could be very helpful. And better communication protocols for communication between sectors within a government. Sam, did you want to add anything to this?

SH: Yeah, so just to really emphasize that last point. So I believe of the interviewed NFPs, 22 were located in Ministries of Health, and those respondents made clear that the WHO trainings were very high quality and very useful, but they really were oriented toward Ministries of Health. And they thought, toward the end of intersectorality, if those trainings could be given within ministries of finance, ministries of environment, ministries of natural resources, that intersectoral understanding and cooperation would be facilitated, so I thought it was a really important planning.

KW: Thanks, Sam. So yeah, **a second finding of ours was uncertainty around IHR implementation.** The good news to be pointed out is that there was little or no evidence of intentional non-compliance. However, about half of our respondents did report uncertainty over how to report an event, which could impact the timeliness of notification. And there was some discrepancy between NFOs between familiarity with duty and the ability to execute. And some of our recommendations related to this include increasing awareness of how to execute duty then, and we are aware that there are a lot of...

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KW: ...training tools, but maybe increasing the awareness of these training tools across all NFPs and focusing on that would be of value. A lot of our NFPs saw a huge value in peer-to-peer communication for sharing materials and lessons learned. And I know there's a system available for that but while the IHR is a very broad sort of document that creates a very high-level approach, often the responses are very context-specific. And talking to regional neighbors who are dealing with similar type of contexts can be very useful. So the NFPs felt anything that could be done to facilitate peer-to-peer communication within regions or between similar types of States Parties, would be of value. Sam, would you like to add anything to that?

SH: Yeah, that's exactly right. So I think part of the gap-filling function of kind of regional convenings, which I think occur in a kind of unpredictable, or non-scheduled way, was that it sort of provided that information that might have been otherwise sort of opaque or less accessible just through an online tool. So that, you know, that idea of camaraderie or cohort, sort of socialization of NFPs, we think is a, it's a really valuable insight. It's not one that's currently codified in the instrument. And so it's something that I think deserves a lot of attention for sure.

KW: Thanks, Sam. **The third major finding is related to the training tools that are available for NFPs,** and then the value of having them updated and more accessible and more relevant. There was a lack of complete awareness of existing tools, as mentioned previously, and these could also lack relevance or the perception within may have lacked relevance for specific situations and contexts. And going back to the issue that the IHR is a very broad document and meant to be all-encompassing, and local situations, they're very specific. And there was also a sense that they were largely focused on infectious disease outbreaks and other types of issues like chemical spills or nuclear events were less covered by them, but I would say the vast majority of IHR events are related to infectious disease outbreaks. Half of the NFPs reported having no continuous learning plan internally and this was important because in some LMIC regions, there could be quite a bit of turnover of NFPs or there would be a single person responsible as the NFP and if they were inaccessible for a few days, the responsibility may need to be transferred to another individual who then would have little or no understanding of the responsibility. So anything that could assist in that regard would be of value. So some of the recommendations we put forward related to this are increasing awareness of the training tools. And I know the WHO does work continuously at this, but further efforts may be of value. Developing more specific guidance and case studies for specific types of events beyond infectious disease, and providing different ways and format options to promote the availability and access and including rapid training tools for non-health individuals and also for individuals who may be stepping in on an interim basis. Sam, do you want to add anything to that?

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SH: You know what, just one item which I thought was important and useful and was positive, which was I think around 70% of this survey's respondents indicated that they did use Annex 2 as their primary tool for reportability. So that signals to me that there's a you know, there is a kind of IHR instrument-based Standard Operating Procedure that's providing a lot of guidance. But I think all of those gaps that Kumanan just mentioned are also really important.

KW: Thanks, Sam. And then **the final major observation was related to inadequate resources, and I know this comes up frequently in any international type of agreement.** For higher income countries, they often have entire departments or large composite departments focusing on IHR and IHR-related matters, but for LMICs, this can be more of a challenge. And as mentioned, frequent staff turnover and absences was identified as a limitation in the ability to carry out some of the functions and that there was no way to rapidly become familiar with the responsibilities with the IHR. So in relation to that, our recommendations for the WHO were developing mandatory training modules, offering retraining opportunities, introducing rapid learning tools, and assist in upgrading equipment and support, especially in rural and remote areas. And this would be something I think where it'd be particularly valuable to engage directly with some of these peer-to-peer networks where there can be shared experiences and protocols for addressing some of the challenges that they may find that are specific to their context. Sam, did you want to add anything to that?

SH: Nope, I think that's exactly right. I mean, just on the issue of the tools, you know, sort of translation into more local languages, which is, of course, costly and difficult, was highlighted, as was, sort of, the mode of delivery. So I think that there was an expression that if there could be something like an application-based tool, you know, there are difficulties with that, I know, that in terms of security, but those are two of the recommendations that I remember surfacing that I thought were worthy of consideration.

KW: Thanks, Sam. So, those are sort of the overall findings and our recommendations. Just to summarize, we did find that most National Focal Points are aware of their duties and responsibilities under the IHR. And we did not find evidence of intentional non-compliance with the IHR, although some focal points reported concerns of how the WHO may use the information provided when reporting events. So generally good news, I think that latter issue is important, I know that WHO reassures them, but it can be a lingering concern as to the risk with reporting events. And also, while national focal points reported sufficient knowledge about their IHR obligations, they did express uncertainty over how to report a public health event.

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KL: Alright. Thank you very much Kumanan and Sam for that very interesting and in-depth summary. I think we've really set the scene to talk about some of the expert insights you've gained as a result of conducting the study. But I'm afraid that's all the time we have for today, we'll have to continue our conversation in the next episode or part 2 of this series on the experiences of NFPs in carrying out their functions under the IHR. For more information, links to the published study will be available in the summary of this podcast episode, which will also contain the contact details of our resource persons in case you have any further questions. Thank you for tuning in. This has been your host, Dr. Katrina Litam, for the Make Me Smarter on IHR podcast. Until next time.

(End of episode 1)