

INTERNATIONAL HEALTH REGULATIONS
(2005)

Accelerating Implementation of the International Health Regulations (2005)

A Summary Report

Key points and recommendations from the
IHR stakeholders meetings on mapping of
unmet needs

JULY 2013



© World Health Organization 2013

All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters. All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Accelerating Implementation of the International Health Regulations (2005)

A Summary Report

Key points and recommendations from the IHR stakeholders meetings on mapping of unmet needs

July 2012 – February 2013

I. Background

The IHR (2005) entered into force in 2007. The regulations require States Parties to establish core capacities to detect, assess and report potential public health events of international concern by 15 June 2012.

The system for IHR implementation is based on two interdependent and essential components:

1. Strong national public health systems that are able to maintain active surveillance of diseases and public health events; rapidly investigate detected events; report and assess public health risks; share information; and implement public health control measures.
2. A global system that supports disease control programmes to contain public health risks; maintains a global situational analysis; continuously assesses global risks; and is prepared to rapidly respond to unexpected events with the potential for international relevance.

To date, more than half of the 194 World Health Organization (WHO) Member States have requested an extension until 15 June 2014 to develop the minimum core capacities as set out in Annex 1 of the IHR (2005). The implementation and monitoring of core capacities continues to present a challenge in many technical areas, including legislation, points of entry, surveillance and response, laboratory capacity, human resource development, chemical safety and radiological safety. Effective multisectoral collaboration remains a priority. WHO, its Member States and other partners need to continue working collectively to bridge identified gaps in IHR core capacities in the most efficient and effective way, using existing strategic approaches, networks and resources.

II. Meeting Objectives

The WHO convened five meetings of stakeholders in Yaoundé, Cameroon; Delhi, India; Luxembourg, Luxembourg; Rabat, Morocco; and Lusaka, Zambia to discuss mapping unmet needs to accelerate IHR implementation in the respective regions. The Western Pacific Region

held a regional Technical Advisory Group meeting with similar objectives in Manila, Philippines, in July 2012. The objectives and expected outcomes of the meetings were to:

- provide a forum for all stakeholders – Member States, WHO, technical partners and donors – to review the current regional situations in IHR implementation, and identify main achievements, gaps and challenges;
- provide the opportunity for all stakeholders to propose recommendations and solutions to address the challenges and bridge the gaps identified;
- set the stage for further discussions on future strategies for collaboration, partnership and mobilization of technical and financial resources required to meet core capacities; and
- endeavour to match identified needs, gaps, and priorities to available support and identify next steps in IHR core capacity development.

III. Meeting Structure and Participation

The meetings consisted of presentations, working group sessions and plenary discussions. WHO headquarters and regional offices presented on the global and regional status of IHR implementation, respectively, while Member States were afforded the opportunity to present on successes and challenges in implementation of specific IHR core capacities through oral and poster presentations. Additionally, attendees participated in working groups to discuss all IHR core capacities; identify gaps and challenges in IHR implementation; prioritize activities for implementation; and solicit support from key stakeholders. Donors and Member States delivered statements and interventions regarding their support of IHR implementation in each region.

The July 2012 meeting hosted by the WHO Regional office for the Western Pacific (WPRO), “The Second Meeting of the Asia Pacific Technical Advisory Group on the Asia Pacific Strategy for Emerging Diseases (APSED) (2010),” included participants from thirteen Member States in the Western Pacific Region (WPR). Observers and representatives from national and international organizations included the Asian Development Bank, the Food and Agriculture Organization of the United Nations (FAO), the Mekong Basin Disease Surveillance Coordinating Office, the Regional Emerging Diseases Intervention Center, the United Nations Children’s Fund, the World Organization for Animal Health (OIE) and the governments of Australia, Japan, the Republic of Korea, and the United States of America (USA).

In November 2012, the WHO Regional office for South-East Asia (SEARO) hosted two meetings, the “Training Workshop for IHR Core Capacity Table top Exercise Development and Public Health Management” and the “IHR (2005) Partners Meeting.” The meetings included participants from nine Member States in the South-East Asia Region (SEAR). The Democratic People’s Republic of Korea was represented by WHO staff from the WHO Country Office. WHO, representatives of the governments of Canada and the USA, and representatives from donor institutions such as the European Union (EU) and the Australian Agency for International Development attended.

Participants in the November 2012 the WHO Regional Office for the Eastern Mediterranean (EMRO) “Regional Stakeholders Meeting to Map Out the Needs for Implementing IHR (2005) Core Capacities During the Extension Period” included twenty-one Member States in the Eastern Mediterranean Region (EMR), WHO, the International Center for Sport Security, and

representatives from the governments of Canada, Germany, the United Kingdom and the USA.

The December 2012 meeting hosted by the Regional Office for Africa (AFRO) in Lusaka, Zambia, “Mapping of Unmet Needs to Accelerate IHR (2005) Implementation in the African Region,” included participation by nineteen Member States in the African Region (AFR), WHO and representatives of the governments of Canada, Germany and the USA.

The December 2012 meeting hosted by AFRO in Yaoundé, Cameroon “Regional Workshop for Mapping of Unmet Country Needs in the Implementation of the IHR (2005) in the African Region,” included participants from fourteen Member States in the AFR, WHO, regional organizations [the West African Health Organization (OOAS) and the Coordinating Organization for the Fight Against Endemic Disease in Central Africa (OCEAC)], the International Network of Pasteur Institutes, and representatives of the governments of Canada, France, Germany, the United Kingdom and the USA.

The February 2013 meeting hosted by the Regional Office for Europe (EURO) in Luxembourg, “European strategy meeting for implementation of the IHR (2005),” was attended by fifty Member States in the Region. Representatives from the WHO Headquarters, EURO, and four WHO Country Offices also attended. The following technical partners and donors all participated in the meeting: The European Commission, the European Centre for Disease Prevention and Control (ECDC), EpiSouth, Gesellschaft für Internationale Zusammenarbeit (GIZ; Germany), the United Kingdom Biological Engagement Programme, and the government of the USA.

IV. Regional Meeting Highlights

Each region faces unique challenges in implementation of the IHR and the Member States in each region demonstrated a wide range of success in achieving the IHR core capacities. The regional meetings embraced these unique aspects and emphasized the need for coordinated and cooperative regional and sub-regional approaches to IHR implementation.

WPRO

Member States in the WPR face unique national and local capacity development challenges due to small populations, geographic isolation, limited infrastructure and limited resources. Specific consideration and a tailored approach are needed to meet IHR core capacity requirements in the Pacific. In the WPR, APSED (2010) serves as a key Regional tool to help countries meet their IHR core capacity requirements. While maintaining the focus on emerging diseases, APSED (2010) addresses developing capacities to detect and respond to a broader range of acute public health events as required under the IHR (2005).

The meeting reviewed the progress made and major challenges encountered by countries in developing and maintaining the IHR core capacities using the APSED (2010) framework. During the meeting, it was emphasized that the effective implementation of national work-plans is crucial for successful development and maintenance of core capacities. Member States, WHO and development partners can promote the need for more predictable financial resources and

improved resource mobilization through greater high-level advocacy and collaboration in order to ensure effective implementation of national work-plans. Additionally, prioritization of national action is essential. Priority technical areas for further national and Regional capacity strengthening include strengthening of monitoring and evaluation systems; upgrading Regional and national surveillance and laboratory systems; enhancing health emergency communications; improving public health emergency preparedness; and strengthening operational links and intersectoral collaboration among technical programmes and government ministries.

SEARO

Implementation of the IHR (2005), including development of the required core capacities, is a priority in the SEAR. All SEARO Member States have requested and been granted an extension to the deadline for implementation of IHR core capacities until 15 June 2014. Much progress has been made in the Region, but capacities at points of entry, public health legislation, chemical safety and radiological safety, in particular, can be further strengthened.

National, Regional, bi-Regional and global guidelines and strategies are available that can be used to support development and implementation of national plans to strengthen IHR core capacities. These include APSED; the Asia Pacific Strategy for Strengthening of Public Health Laboratories; and the SEAR “Benchmarks for Emergency Preparedness and Response.”

A complementary Regional work-plan for support of implementation of IHR core capacities has also been developed by SEARO; it is anticipated that this work-plan will help guide WHO and partner support. Core capacities need to be strengthened at all levels of the healthcare system (national, sub-national, district and community) and at cross-border areas, including designated points of entry. Multisectoral collaboration needs to be strengthened to include authorities responsible for managing and securing threats to public health security, including risks related to livestock, wildlife, environmental protection, food safety, chemical safety and radiological safety.

The Regional priorities over the next eighteen months are strengthening core capacity implementation for public health legislation, points of entry, chemical safety and radiological safety. Additionally, it is a Regional priority to strengthen links between the human health sector and authorities responsible for managing and securing risks related to livestock, wildlife, environmental health, food safety, chemical safety and radiological safety. Special efforts will be made to advocate for, and work with, partners and Member States to mobilize and provide technical and financial support for national IHR implementation plans.

EMRO

Member States in the EMR face a unique set of circumstances, including many Member States facing political instability, ongoing conflict and other political and social factors which hamper progress in IHR implementation. Despite these circumstances, EMR countries have demonstrated numerous achievements in IHR implementation and the Region reports overall implementation of the IHR (2005) above the global average level. EMRO has identified the following core capacities and hazards as priorities to address by the extension deadline of 15 June 2014: preparedness, risk communication, human resources, strengthening laboratory

capacity, points of entry, food safety, chemical hazards and radiological and nuclear hazards. Additionally, EMR countries recognize that there are implementation challenges specific to the Region, including insufficiently supportive legal instruments, gaps in national and Regional coordination, and availability of qualified personnel and financial resources.

During the 59th Session of the WHO Regional Committee for the Eastern Mediterranean in October 2012, the Member States of the Region approved a resolution titled, “National core capacities for the IHR (2005): meeting the 2014 deadline (EM/RC59/4.4).” This resolution outlines the next steps for both Member States and WHO to support implementation of the IHR (2005) and the outcomes of the Regional meeting support this resolution. During the EMR meeting, six Member States offered their support to the Region across a wide range of core capacities. This presents an opportunity to leverage Member State expertise to develop sustainable IHR implementation activities tailored to the circumstances and needs of the Region, building upon successes and lessons learned.

AFRO

In the AFR, Member States continue to strive to fully implement IHR through the Integrated Disease Surveillance and Response (IDSR) framework. Member States need to develop and implement revised national IDSR guidelines, which fully encompass the requirements of the IHR (2005), leading to even stronger public health systems and the ability to detect and respond to public health emergencies. Numerous national, Regional and international organizations are already working with Member States in the AFR to support IHR implementation. For example, the International Network of Pasteur Institutes provides support for laboratory capacity in francophone countries, while Centers for Disease Control and Prevention Global Disease Detection Centers of the USA provide Regional support for disease surveillance and response in northern, eastern and southern Africa. In Africa, there is the unique opportunity to leverage and build upon the existing infrastructure and activities supported by these partners.

During the meetings in Lusaka and Yaoundé, participating Member States were provided the opportunity to share their top three priorities for improving IHR implementation in the months leading up to the extension deadline. The top three priorities, as self-identified by Member States, were points of entry, surveillance and response. While these are just one component of a larger set of assessment and evaluation information available, they provide a starting point for facilitating discussions between Member States, WHO, technical partners and donors on near-term opportunities for technical and financial support. Additionally, as in the EMR, numerous Member States offered their support and technical expertise to the Region.

During the WHO Regional Committee for Africa, held in November 2012 in the Republic of Angola, a Resolution titled, “Implementation of International Health Regulations (2005) in the WHO African Region (AFR/RC62/R8)”, was approved. This document discusses issues and challenges and proposes actions that Member States should take to ensure the required IHR core capacities are achieved in the AFR. The recommendations and next steps outlined during the meetings in Lusaka and Yaoundé support this Resolution and continued implementation of the IHR (2005) in the Region.

EURO

Member States in the European Region face a number of unique challenges in achieving compliance with the IHR (2005). The Region includes a large number of Member States with significant diversity in country size, political stability, economic strength, and disease burden. Additionally, several Member States in the Region are responsible for implementation of the IHR (2005) in a number of overseas territories, and the Region hosts numerous mass gatherings each year. The Region has faced a wide range of health threats in recent years, including a poliomyelitis outbreak in 2010 and numerous outbreaks of measles. As of February 2013, twenty-one Member States had requested an extension for implementation of the IHR (2005).

Several overarching gaps and challenges in Regional IHR implementation were identified, as were many potential solutions and priority activities to continue building IHR core capacities. Priority needs for IHR implementation included: improving intersectoral and multisectoral cooperation; continuing to build capacity at points of entry; developing and implementing legislation for support of national IHR implementation; and developing human resources capacity. Proposed solutions and activities to meet these needs included: documentation and sharing of best practices between countries; development and participation in national and Regional simulation exercises; and ensuring Member States are aware of existing guidelines, trainings, and other materials that can be used to develop and enhance core capacities. Member States also discussed challenges and opportunities associated with participation in multiple disease surveillance, notification, and response systems (e.g., the Early Warning and Response System (EWRS) and IHR (2005)) and the need for increased information sharing about related events.

To support Member States in IHR Implementation, EURO has developed a document, “Implementing the IHR (2005): A roadmap for the IHR coordination team in the European Region”. This document identifies numerous activities which WHO commits to support, including: helping governments formulate national IHR policies; evaluating and helping strengthen national IHR capacities; training national personnel in managing IHR capacities; promoting high-level political ownership of the IHR implementation process; updating legislation and regulations; undertaking awareness and advocacy beyond the health sector; improving risk communication, and building IHR capacities at points of entry.

V. Overarching Gaps and Challenges in IHR Implementation

Through presentations and working group discussions, meeting participants identified gaps and challenges in IHR implementation across each region. While the reports from each meeting provide a comprehensive summary of the specific gaps and challenges identified, there were consistent themes that emerged.

- There is a great need for Member States to designate, establish, improve and implement legislative measures to facilitate implementation of the IHR (2005).
- Member States expressed their desire to establish and sustain multisectoral coordination bodies and mechanisms, as well as empower National IHR Focal Points (NFPs) to more effectively lead IHR implementation.

- In the area of surveillance, development of integrated surveillance systems and networks for all hazards, as well as development of an effective system for early event detection and event-based surveillance, were consistently identified as priority challenges.
- Member States identified the need to establish and strengthen rapid response teams at the appropriate levels and ensure response personnel are properly trained and equipped.
- To improve preparedness capacity, it is critical to develop and exercise comprehensive national emergency management plans and ensure adequate resources for response are prepositioned and available.
- There is a need to establish and implement national risk communication policies, methodologies, guidelines and tools and ensure that stakeholders at all levels adhere to risk communication policies.
- Human resources remain a priority area for improved IHR implementation and Member States recognized the need to strengthen the quantity and quality of human resources available across all core capacities and hazards.
- With regard to enhancing laboratory capacity, there is a need for continued strengthening of laboratory capacities and quality assurance and control programmes for the diagnosis of biological, food safety, chemical and radiological events.
- Member States consistently expressed their desire to strengthen core capacities at points of entry, including designation of points of entry as required by the IHR (2005) and full implementation of ship sanitation inspection procedures.
- There was resounding support expressed by Member States to embrace the One Health concept, but challenges to establishing the necessary core capacities to respond to zoonotic events include the need for improved multisectoral collaboration and increased capacity to detect and diagnose zoonotic events.
- In the area of food safety, there remains a need to update and fully implement procedures for food inspection, threat detection, and event response, as well as to educate the public about food safety events and participate in international food safety networks.
- To more effectively detect and respond to chemical events, there is a need to strengthen poison control centres, map chemical risks and enhance laboratory capacity.
- In the area of detection and response to radiological and nuclear events, there remains a gap in the availability of the necessary equipment and procedures for monitoring, as well as the need for continued training of personnel responsible for detection and medical management of radiological and nuclear events.
- Communicating in English remains a challenge in all regions, which is an impediment to communication regarding outbreak alert and response, as well as for adopting technical guidance only available in English into relevant national contexts.

VI. Recommendations and Next Steps

All stakeholders identified ideas about how to best contribute to meeting the deadline for implementation of the IHR (2005) in the regions. Member States, WHO, technical partners and donor organizations each play an important role in supporting IHR implementation. The information presented below seeks to identify the overarching recommendations to Member States, WHO and partners and to set the stage for immediate joint planning activities.

In general, it is recommended that *Member States* share best practices, lessons learned and other materials to support other countries in the region; participate in regional capacity building activities; and provide financial and technical support. Additionally, representative recommendations for specific core capacities and hazards include:

- Any Member State that has not submitted a formal IHR (2005) Request for Extension and National Action Plan should do so as soon as possible; additionally, Member States should submit the 2012 IHR Monitoring Questionnaire as soon as possible.
- Member States shall undertake regular mapping, assessment, monitoring of IHR implementation and evaluation of existing capacities and consider hosting regular national IHR stakeholders meetings.
- Member States should review national legislation in accordance with the IHR (2005), conduct advocacy activities and sensitize the population and government leaders. Member States should revise and implement changes to their existing national legal framework to ensure full implementation of the IHR (2005).
- Member States should enhance their participation in existing regional and international networks, including the International Food Safety Authorities Network (INFOSAN); the Event Information System (EIS); the points of entry Database; and the Ports, Airports, and Ground Crossing Network (PAGNet).
- To the extent possible, Member States must provide the National IHR Focal Point with adequate means of communication and establish mechanisms of retaining members of the National IHR Focal Point to ensure timely verification and notification of public health events.
- Member States should strengthen laboratory capacity building and networking, including enhancing quality assurance and quality control programmes, training in biological risk management, enhancing diagnostic capability and technical training. Member States should demonstrate the ability to conduct target number of core diagnostic tests and establish the necessary collection and transport protocols to ensure timely testing and diagnosis.
- Member States should establish or reinforce the core capacities at designated points of entry, including equipping of designated points of entry and recruitment of personnel to develop, strengthen and maintain core capacities on a routine and emergency basis, including contingency planning.
- Member States should maintain a government-directed public health work-force plan to address human resources shortages through education, training and retention strategies.
- Member States can accelerate implementation of IHR through capacity building required for surveillance, including event-based and community surveillance. Member States should be able to efficiently and accurately detect a minimum number of syndromes indicative of a potential public health event.
- Member States should develop, exercise and implement a national, comprehensive public health emergency preparedness and response plan and ensure adequate numbers of trained and equipped rapid response teams are available at the appropriate jurisdictional level.

It is recommended that *WHO* assist Member States with assessment and monitoring of current core capacities; aid with development and execution of exercises and drills; provide policy guidance to accelerate capacity building efforts and training; and facilitate increased partnership and collaboration with Member States, donor programmes and technical partners. WHO should also leverage its role as a convener and facilitator to accelerate implementation of the IHR

(2005). Additional representative recommendations include:

- WHO should continue to develop relevant guidance for enhancing the core capacities for all hazards, including infectious diseases and zoonoses, food safety, chemical safety and nuclear and radiological events, as well as vector surveillance and control at points of entry.
- WHO will continue to organize regular forums to share best practices, lessons learned and materials with other countries in the region and between regions, including similar stakeholders meetings.
- WHO assistance and support is needed to develop and conduct exercises and drills, as well as continued on-the-ground support of investigation and response efforts.
- WHO should work to complete, test and share the IHR Implementation Costing Tool as soon as possible, taking into account the urgent need for such a tool.
- WHO should ensure all potential donors and technical partners receive meeting information and are provided the opportunity to discuss potential support and participate in capacity building efforts.
- WHO should provide technical assistance and guidance for strengthening IHR National Action Plans and assist countries in developing concrete implementation timelines, deliverables and cost estimates that can be used to guide donor contributions.

It is recommended that *donors and technical partners* provide training and capacity building across all core capacities through regional and country offices; support regional activities, in addition to traditional bilateral engagements; work closely with WHO to identify opportunities for partnership and collaboration in each region; and provide financial and technical support. Additional representative recommendations include:

- donors and technical partners should continue to support and enhance regional and international networks, as well as WHO Collaborating Centres, to support development of core capacities.
- it is imperative to ensure that all bilateral and regional engagements are coordinated and aligned with existing WHO and Member State strategies and activities.
- Member States have requested that donors and technical partners engage in advocacy aimed at high level government authorities to ensure commitment to IHR implementation.
- technical and financial support is needed across all core capacities and it is critical to support priority activities for immediate implementation and investment.
- monitoring and evaluation are critical to enhancing and sustaining donor and technical partner support; additionally, metrics for donor and technical partner involvement should be established.

In conclusion, the IHR (2005) stakeholders meetings provided opportunities for key players to jointly identify gaps in and recommendation for IHR implementation. While the general recommendations provided here give an overarching framework for the way forward, it must be recognized that global implementation of the IHR (2005) will require investment of significant financial and technical resources. Following the success of these meetings, all stakeholders must work together to identify next steps for establishing concrete deliverables and deadlines for accelerated IHR implementation.

VII. Priority WHO actions and next steps following the Stakeholders Meetings:

The priority WHO actions and next steps are a summary of follow-up activities for the stakeholders meetings hosted thus far; the actions and next steps will be continuously reviewed and updated. WHO (Headquarters, Regional Offices and Country Offices) will use existing resources, such as WHO Collaborating Centres, to support in a sustainable way, both the global and national systems needed for effective IHR implementation. In the near term, WHO will implement the recommendations from the stakeholders meetings through:

Partnership and coordination

- facilitate partnerships between countries, technical partners and donors;
- foster intersectoral collaboration and high level partnership developed with International Air Transport Association (IATA), International Civil Aviation Organization (ICAO) and other partners in the transport sector to ensure harmonization of practices, information sharing and adequate training (e.g., ship sanitation certificate issuance) at designated points of entry; and
- develop a set of standard talking points and information for National IHR Focal Points to use in advocating for IHR support in Member States.

Monitoring and assessment of IHR implementation

- provide support to countries in updating and exercising IHR National Action Plans and in the development of a Community of Practice for exercise development and conduct; and
- monitor and cost IHR implementation.

Core capacity strengthening

- provide guidance and support on implementation of early warning systems, event-based surveillance and surveillance at points of entry;
- provide support to field epidemiology training and the development and implementation of human resource strategies for surveillance and field epidemiology; and
- support laboratory capacity strengthening through dissemination of the Laboratory Quality Management Stepwise Implementation Tool; the provision of microbiology External Quality Assessment programmes for main pathogens of public health interest (in the EMR and AFR); and training (such as the Global Leadership Training Course Curriculum) for public health laboratory directors.

Development of guidelines and tools

- develop and test the IHR Implementation Costing Tool in select countries by May 2013;
- advocate and develop tools for NFP empowerment and strengthening of intersectoral collaboration;
- finalize and publish the WHO Laboratory Biorisk Management Manual to support Member States in the development of laboratory biorisk management strategies;
- develop a competency model framework focused on IHR core capacities;
- finalize and disseminate a strategic risk communication framework that supports risk

assessment and public health response to public health emergencies and deliver training programmes to implement the national risk communication framework;

- develop and publish criteria for WHO port and airport certification procedures; and
- finalize guidelines for event management for travel on-board ships and in air and provide support to Member States in exercises for response to public health emergencies at points of entry.

Support for training and workshops

- hold multi-country workshops on national legislation in the EMR, AFR and SEAR;
- support national and sub-regional stakeholders meetings and sharing of best practices on the implementation of the IHR (2005) ;
- deliver training in shipping of infectious substances and training through the Biorisk Management Advanced Trainer Programme; and
- finalize a comprehensive IHR training toolkit using content developed for the Global IHR i-Course; develop the IHR learning platform to include access to self-learning modules and training materials; and host and manage an IHR Community of Practice and alumni network for Member States to share best practices.

Support for the global alert and response system

- WHO will support the further development and maintenance by WHO and Member States of a global alert and response system to ensure effective global risk assessment, communications, operational preparedness, logistics capacity and response coordination through the Global Outbreak Alert and Response Network (GOARN), including deployment of support to countries;
- WHO will implement activities to ensure that the IHR (2005) requirements for response and operational/logistics capacity are in place to underpin all preparedness and response;
- strengthen WHO event-based surveillance, risk assessment, information management and communication for events of potential international concern, whether naturally occurring or man-made;
- ensure capacities are in place to coordinate international response and provide rapid support to countries;
- maintain GOARN and support further development of its Regional components to ensure Member States have access to comprehensive international capacities and support;
- maintain WHO capacities and networks to support Member States in planning and safely running mass gatherings around the world; protecting public health and populations; and ensuring positive health legacies from these events; and
- provide a forum through the Public Health Emergency Operation Centres Network (PHEOC Net) for Member States and partners to develop, assess and test public health emergency operations centres for multidisciplinary collaboration and coordination for preparedness and response.

VIII. Acknowledgments

WHO gratefully acknowledges the financial contributions of the Australian Agency for International Development and the Japan Voluntary Contribution to the meeting in Manila.

WHO gratefully acknowledges the financial contributions of the USA government to the meetings in Delhi, Rabat, Lusaka and Yaoundé.

WHO gratefully acknowledges the financial contributions of the government of the UK, the government of Germany, and the European Commission to the meeting in Luxembourg.