WHO helps ensure the regular cross-sectoral review of countries’ core capacities as required under the International Health Regulations (IHR); and the development of National Action Plans for Health Security (NAPHS). This is done through the provision of support for national assessments, risk profiling and after action reviews; planning, costing, documentation, and simulation exercises; and building monitoring and evaluating capacity with a One Health approach.


The first operational tool for conducting multisectoral risk assessments for zoonosis and emerging infectious diseases was piloted in Indonesia from 13 to 16 March 2018. The workshop was hosted by the Ministry of Health. Over 60 technical and policy level representatives from the human health, animal health, environment, disaster agency, security and defense sectors at national and provincial levels participated.

The joint risk assessment (JRA) Operational Tool used for this pilot was developed by the WHO, FAO, and OIE. It is the first ever operational guidance on bringing together experts from multiple sectors and disciplines to jointly assess risks from existing or new zoonoses and other emerging infectious diseases threats at the human-animal-environment interface. By doing risk assessment jointly, risks can be more objectively and realistically assessed. The JRA also guides identification of risk management and communication options that are aligned among the participating national agencies.

During the workshop, participants used the tool to assess zoonotic diseases of actual concern to the government, based on information provided by the participants. The five assessments were conducted in breakout groups facilitated by national staff with technical support from WHO and FAO.
Following Member States’ request at the 142nd Executive Board, WHO Secretariat organized a consultative process with the National IHR Focal Points (NFPs) to revise the States Parties Self-Assessment Annual Reporting tool. This instrument is considered the mandatory tool for States Parties reporting on IHR implementation as required in Article 54 of the IHR (2005).

The consultative process involved email consultation with all 196 National IHR Focal Points between 26 February to 14 March 2018, and a face-to-face meeting on 7-8 March 2018 with 22 NFPs from all 6 WHO regions, as well as the WHO Regional IHR contact points, and WHO technical focal points. The revised tool includes 24 indicators for 13 core capacities to detect, assess, notify, report and respond to public health events of national and international concern, as presented in the Annex 1 of the IHR (2005).

The tool is based on a graduated scoring system, it is more concise than the existing tool and focused on ‘access’ to capacities rather than in-country presence of capacities. The revised tool will be published on the WHO website ahead of the 71st World Health Assembly.

The IHR have been in force since 2007. What difference have they made and why are they important for public health?

Since 2007 countries have a jointly agreed set of procedures adapted to realities. These include the variety of public health threats (not just infectious diseases), the unknown threats of tomorrow (no more predefined list of diseases), the actual impact of an event (mortality and morbidity, impact on international traffic, unusual features rather than simple occurrence), the consideration of any source of information (not just country official information) and the requirement to have the capacity to detect and contain events at source and to implement international public health measures at points of entry (designated ports, airports and ground crossings). The revised IHR (2005) is also much more operational with a structured global network of national IHR focal points (one in each countries) linked to WHO IHR Contact points (one in each Regional Office), offering more than a notification mechanism but also verification procedures, the possibility to take into account other reports or to simply consult WHO in confidence. Overall a much more operational (almost revolutionary) framework for a safer world, which commits all WHO Member States (the IHR is legally binding) and clearly puts the WHO and its Director General in the driving seat giving the Organization a unique responsibility.

How would you say the Regulations affect the day-to-day work of public health professionals and WHO?

No question that the Regulations increasingly affect the day-to-day work of public health professionals both in countries and at WHO. This is even more striking today with the WHO Health Emergencies Programme (WHE) which brings alert and response operations to a much larger scale across the three levels of the Organization. Virtually all WHE teams and departments directly contribute to, or are dedicated to, IHR implementation. These include the IHR Secretariat which links with the Legal Office and Governing Bodies, the teams monitoring national capacity and supporting health emergency preparedness in countries, the teams dedicated to epidemic intelligence, verification and risk assessments, and the ones providing disease-specific control programmes and expertise, and of course the teams focused on response information, to assess risks and respond to events making use of the IHR (2005) framework and WHO’s unique global network of regional and country offices. It goes from some simple technical advices to full-scale deployment of experts and supplies, mobilizing partners through the Global Outbreak Alert and Response Network. Large events since IHR (2005) entry into force such as the H1N1 influenza pandemic in 2009, Ebola in 2014–16 or Zika in 2015–16 have all triggered the IHR (2005) mechanism including the setting up of emergency committees. All three have been declared a public health emergency of international concern and, although the operational responses were challenging, the IHR mechanism effectively allowed international coordination and information sharing.

Can you give some examples of how the revised IHR have made a difference in the past ten years with regard to specific health emergencies?

The day-to-day difference may not be visible to the public but a much more structured mechanism is at work every day to actively collect and analyse information, to assess risks and respond to events making use of the IHR (2005) framework and WHO’s unique global network of regional and country offices. It goes from some simple technical advices to full-scale deployment of experts and supplies, mobilizing partners through the Global Outbreak Alert and Response Network. Large events since IHR (2005) entry into force such as the H1N1 influenza pandemic in 2009, Ebola in 2014–16 or Zika in 2015–16 have all triggered the IHR (2005) mechanism including the setting up of emergency committees. All three have been declared a public health emergency of international concern and, although the operational responses were challenging, the IHR mechanism effectively allowed international coordination and information sharing.

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at all levels. All are key actors of IHR implementation and all are coordinated for instance through the well attending daily morning meeting on acute events management. At country levels, many have revisited their owned structure, organization and procedures of the national surveillance and response systems, mobilizing and training many professionals. All countries have designated a National IHR Focal Point centre and have used this opportunity to improve internal coordination and information sharing across sectors.

You can download Dr Rodier's complete interview at the following link: www.bit.ly/Interview_Rodier

**COMING UP NEXT**

> Joint external evaluation mission in Swaziland, 8-13 April 2018
> After Action Review on malaria outbreak in Burundi, 9-14 April 2018
> Preparatory NAPHS in Burkina Faso, 10-12 April 2018
> Preparatory NAPHS in Indonesia, 16-18 April 2018
> After Action Review on dengue fever in Pakistan, 16-19 April 2018
> NAPHS review and costing in Chad, 16-19 April 2018
> Joint external evaluation mission in Togo, 16-20 April 2018
> Joint external evaluation in Singapore, 16-23 April 2018
> Simulation Exercise in Cambodia, 25-27 April 2018

For an update on the IHR monitoring, evaluation and planning activities, please read the weekly update or visit the Strategic Partnership Portal at: https://extranet.who.int/spp/

**ACKNOWLEDGEMENT**

WHO would like to acknowledge the active participation of national experts from volunteering countries, the members of the international roster of experts, and the invaluable partnerships with governments including the governments of Finland, Germany, and the United States; with other Intergovernmental organizations, particularly the United Nations Food and Agriculture Organization (FAO), the World Organisation for Animal Health (OIE) and the International Civil Aviation Organization (ICAO); many public health institutions such as the US Centers for Disease Control (CDC), the European CDC (ECDC) and Public Health England (PHE); private entities such as the Bill and Melinda Gates Foundation and many other partners, including the members of the Global Health Security Agenda and of the JEE Alliance.; WHO would like to acknowledge the continuing support and commitment of all of these to the implementation and principles of the International Health Regulations (2005).

**WHO Europe/ECDC support**

A team of ECDC and WHO experts, together with national specialists reviewed the national health response to the 2016 West Nile Virus and the ongoing measles outbreak and provided recommendations based on the lessons learnt from the response to both events. Findings of the review will support the development of a national emergency preparedness and response plan for communicable diseases in Romania.