



Global Consultative Meeting to
Finalize the Draft 2nd Edition of the

WHO Benchmarks for IHR Capacities

2023



Meeting report

13-15 March 2023 | Geneva, Switzerland



World Health
Organization



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Table of Contents

Acknowledgements	6
Background	7
Objectives	9
Meeting approach	10
Summary of discussion	12
Moving forward and next steps	15
References	16
Annex 1 Group discussions and corresponding IHR Benchmarks	17
Annex 2 List of participants	19
Annex 3 Meeting agenda	23

Acknowledgements

The World Health Organization (WHO) acknowledges with gratitude the contributions from all participants of this consultative meeting and the administrative staff who made the meeting possible and impactful. Additionally, WHO would like to thank the participants who kindly acted as group facilitators, plenary session presenters and discussion chairs across the three days of the meeting, your additional time in preparation and involvement is greatly appreciated. The meeting was organized by the Evidence & Analytics for Health Security Unit with support and funding from the Health Security Preparedness Department, namely Cynthia Bell, Barbara Burmen, Rebecca Gribble, Lynne Harrop, Priyanga Ranasinghe, Cecile Vella, Luca Vernaccini and Lina Yu under the guidance and leadership of Nirmal Kandel, Jun Xing, and Stella Chungong. This report was prepared by Rebecca Gribble and finalized by the Evidence & Analytics for Health Security Unit and the Health Security Preparedness Department.

Background

The World Health Organization (WHO) Benchmarks for International Health Regulations (IHR) Capacities¹ were first published in 2019. Using the principle of benchmarking, a strategic process used to standardize performance in relation to a sector's best practices, the document acts as a tool to help guide States Parties, partners, donors and international and national organizations improve IHR capacities for health security. The benchmarks contain suggested actions which can be used to address gaps identified by IHR monitoring and evaluation framework (MEF) tools as steps to assist improvement in capacity levels. The tool is also intended to assist States Parties in developing a national action plan for health security (NAPHS).

Since publication in 2019, much has changed in the world of health security. The key IHR MEF tools have been updated (Joint external evaluations² (JEE) and States Parties Annual Reporting (SPAR) tool³) and the COVID-19 pandemic impacted populations and health globally, demonstrating gaps in health security. Therefore, although only four years old, the WHO Benchmarks for IHR Capacities are well due for an update to reflect this changed global landscape.

The guiding principles of updating the IHR Benchmarks have included:

- ↘ incorporating lessons learned from COVID-19 and best practices identified through intra-action reviews;
- ↘ encompassing recommendations from the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, the International Health Regulations Review Committee, Independent Panel for Pandemic Preparedness and Response, alongside additional various WHO resolutions;
- ↘ review of the benchmarks in consideration of the updated IHR MEF;
- ↘ A health systems for health security perspective;

- ↘ A comprehensive and in-depth literature review on health emergency preparedness; and
- ↘ reflection of the WHO Director-General's 10 proposals to build a safer world together – strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience (HEPR).

Since August 2020, multiple phases have been conducted to update the IHR Benchmarks, cumulating in this global consultative meeting (figure 1).

In view of the guiding principles list above, over the past three years, the IHR Benchmarks have been updated to include new technical areas (some of these are new measures, some are the division of existing benchmarks from one to two technical areas) and all benchmarks have been reviewed and updated. This forms the draft 2nd edition which the global consultative meeting has been called to finalize.

Figure 1. Phases of updating the WHO Benchmarks for IHR Capacities

Phase 1, August 2020 to February 2022

- ↘ Wider consultation with all levels of WHO and partners to map the lessons learned from COVID-19 and development of the 2nd edition

Phase 2, March 2022 to March 2023

- ↘ Review initial draft, recommendations/reports in light of COVID-19 and other recent emergencies, novel initiatives and frameworks
- ↘ Added new benchmarks and updated overall content
- ↘ Aligned with updated M&E tools (JEE 3rd ed/SPAR 2nd ed), HSforHS and alignment with HEPR
- ↘ Extensively worked with all relevant technical focal points & WHO teams to co-finalize technical content
- ↘ Further gathered input from partners, analyzed and incorporated

Phase 3, March 13th - 15th

- ↘ Global consultation (in person) to finalize the document

Objectives

The purpose of the global consultative meeting was to:

1. Review and agree on the updated World Health Organization Benchmarks for International Health Regulations Capacities;
2. Ensure lessons learned from recent health emergencies and recommendations from various expert committees and panels are integrated into the benchmarks, and to align with updated versions of IHR M&E tools; and
3. Introduce the IHR Benchmarks Reference Library.

With the expected outcomes of:

1. Building consensus and agreement on the updated edition of the World Health Organization Benchmarks for International Health Regulations Capacities;
2. The updated edition being finalized based on input gathered at the global consultation meeting; and
3. A global network is developed to update the IHR Benchmarks Reference Library.

Meeting approach

The Global Consultative Meeting to Finalize the Draft 2nd Edition of the WHO Benchmarks for IHR Capacities was held in-person in Geneva from 13-15 March 2023. The meeting brought together over 70 experts from States Parties, WHO Regional Offices, international organizations and WHO Headquarters who have been involved in the benchmark updating process.

The meeting opened with plenary sessions which outlined the background and rationale for the IHR Benchmarks as well as application of the benchmarks, in theory and in practice over the past four years. This set the scene for introducing the updating process to date, including that:

- All benchmarks had been reviewed and updated
- New benchmarks have been included
- Foundational actions/elements from health systems and other sectors had been added to benchmarks.

A brief introduction to the IHR Benchmarks Online Portal and Reference Library was also made.

The majority of the meeting was conducted in small group discussions. A total of five groups were formed by meeting participants, with each group discussing 4-5 benchmarks over two days (please see Annex 3). Group discussions were conducted in satellite rooms allowing for open and focused discussions. Discussions were facilitated by a technical expert relevant to the benchmark's technical area, the facilitators were kindly responsible for facilitating the discussion and guiding the group to consensus. Each group was supported by a coordinator from the Evidence & Analytics for Health Security Unit, who provided overall guidance and took detailed notes. The high-level outcomes of each discussion were captured by a volunteer note taker and plenary speaker. Each group was provided with documents for each of their assigned benchmarks alongside supporting reference documents, pre-filled plenary slides and group allocations.

Over the course of two days, each group participated in five group discussions. Each group discussion ran for one and a half hours and was followed by a plenary session where all groups reported their major findings to the wider meeting audience and facilitated a whole-of-meeting conversation. This allowed for a wider lens to be applied to all benchmark technical areas, including multisector perspectives and to check for consistency across the overall document.

Day three of the meeting involved further plenary sessions and a discussion on the way forward. Plenary presentations included a detailed introduction to the IHR Benchmarks Online Portal and Reference Library, including a live demonstration, alongside presentations on HEPR and IHR costing work and NAPHS in view of the role IHR Benchmarks play in their development. Finally, the way forward was discussed, taking into consideration all feedback and insights provided by each group session.

Summary of discussion

Through the 25 group plenary presentations, a range of feedback was provided regarding specific technical areas alongside overarching discussions around the structure, nature and organization of the benchmark actions. Through open dialogue among all meeting participants, these discussions informed the process for the way forward.

The key points and high-level outcomes of the meeting include that the IHR Benchmarks will be adapted to the following:

Two-column format

There was discussion from all groups regarding the format of the benchmarks in regard to the number of columns for actions. Based on previous consultations two additional columns had been added from the 1st edition, these were a column for health systems capacities and for other sectors capacities, please see an example below.

Figure 1. three column format used during meeting.

CAPACITY LEVEL	IHR BENCHMARKS	HEALTH SYSTEMS CAPACITIES	OTHER SECTORS CAPACITIES
01 NO CAPACITY	<ul style="list-style-type: none"> The country has not conducted: identification, review, collection and documentation of relevant legal instruments (e.g., constitutions, laws, arrêtés, decrees, regulations, administrative requirements, other government instruments and applicable international agreements) for prevention, preparedness, and response to public health emergencies that enable effective implementation and compliance with IHR requirements. 		
02 LIMITED CAPACITY	<ul style="list-style-type: none"> Mechanism for analysis of current status Identify and convene key stakeholders related to review implementation of IHR in national legislation and policies in all relevant sectors. Establish a national multisectoral coordination working group (with drafted terms of reference (ToR) gathering together key stakeholders for a documentation 	<ul style="list-style-type: none"> Establish a unit/functional team at the health ministry in charge of alignment between all relevant domestic legislation, laws, regulations, policies and administrative requirements. 	<ul style="list-style-type: none"> Identify experts from other relevant sectors (such as beyond public health) who should be part of national coordination working groups to enable implementation of and compliance with the IHR. Clearly define the roles and legal powers of all relevant sectors (legislative and governmental authority: animal health

Group feedback included the call to return to one column, to keep the three columns proposed to highlight the need for multisector involvement in IHR capacities, and the proposal of two columns. The majority of groups supported a two-column approach, combining IHR Capacities and health systems capacities columns.

Simplifying and shortening actions

Each group also provided feedback on the wording and number of actions in each technical area. Overwhelmingly, there was a call for reducing the number of actions in each benchmark and simplifying the language.

Alignment with JEE/SPAR attributes across levels

There was a consistent call from all groups to further align the new/updated benchmark actions with JEE and SPAR attributes across each level of each benchmark.

Move monitoring & evaluation actions to lower levels

On day two, it was identified that monitoring & evaluation actions would be better suited to lower levels within benchmarks. This was then discussed widely within the plenary session and noted as an adaptation to be made across all benchmarks post-meeting.

Governance

The proposed governance benchmark was a new addition to the IHR Benchmarks from the 1st edition. Group D, who facilitated the technical discussion on this area, recommended to the wider meeting that governance would be better incorporated into all other Benchmarks through defined actions than as a stand-alone benchmark.

Linkages to other technical areas

Given the multi-disciplinary nature of the IHR MEF and Benchmarks, multiple groups proposed that linkages between technical areas be highlighted in the document going forward. Some groups had already identified areas which can be cross mapped for linkages.

New benchmarks

From the 1st Edition, new benchmarks had been drafted, including:

- health emergency disaster risk management
- research, development and innovation
- health service provision and continuity planning
- infection prevention and control
- community engagement
- governance and leadership
- public health and social measures.

Please see figure 2 below for an indication of changes between the first and second editions,

Figure 2. Updates to Benchmarks for 2nd edition.

Technical areas for 2nd edition of WHO benchmarks for IHR capacities		Updates
1	Legal Instruments	Expanded
2	Financing	Expanded
3	IHR coordination, communication, reporting, advocacy, monitoring and evaluation	Expanded
4	Antimicrobial Resistance	Updated
5	Zoonotic Diseases	Updated
6	Food Safety	Updated
7	Biosafety and Biosecurity	Updated
8	Immunization	Updated
9	National Laboratory System	Updated
10	Surveillance	Updated
11	Human Resources	Updated
12	Health Emergency Disaster Risk Management and Emergency Preparedness	12A HEDRM
		12B Emergency preparedness
13	Emergency Response Operations	Updated
14	Medical Counter Measures and Personnel Deployment	Updated
15	Research, Development and Innovations	New
16	Linking Public Health and Security Authorities	Updated
17	Health Service Provision	17A Health Service Provision
		17B Continuity Planning
18	Infection Prevention and Control	New
19	Risk Communication and Community Engagement	19A Risk Communication
		19B Community Engagement
20	Points of Entry and Border Health	Expanded
21	Chemical Events	Updated
22	Radiation Emergencies	Updated
23	Governance and Leadership	New
24	Public Health and Social Measures	New

Groups who reviewed these areas highlighted the importance of linking their actions to current global and regional strategies and resolutions. As these newly proposed benchmarks are based on recent developments in health security (such as the COVID-19 pandemic) it was highlighted that these will be areas of importance as other IHR MEF tools are updated in the near future.

Moving forward and next steps

The EHS IHR Benchmarks Secretariat thanks all meeting participants for their valuable contributions and ongoing support. The next step from the meeting is an online consultation of all IHR Benchmarks, providing opportunity for all participants to incorporate the main outcomes of the meeting into their respective technical areas. This feedback will then be finalized by technical leads and the EHS IHR Benchmarks Secretariat. This will shape the 2nd Edition of the WHO Benchmarks for IHR Capacities and will move the document forward for publication in the next few months.

References

1. WHO Benchmarks for International Health Regulations (IHR) Capacities. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.
2. Joint external evaluation tool: International Health Regulations (2005), third edition. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.
3. International Health Regulations (2005): State Party Self-assessment annual reporting tool, second edition. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

Annex 1 Group Discussions and Corresponding IHR Benchmarks



Group A:

- Session 1: Legal Instruments & Gender
- Session 2: Financing
- Session 3: IHR Coordination, Communication, Reporting, Advocacy and M&E
- Session 4: Human Resources
- Session 5: Linking Public Health and Security Authorities

Group B:

- Session 1 & 2: Health Emergency Disaster Risk Management and Emergency Preparedness
- Session 3: Emergency Response Operations
- Session 4: Medical Countermeasures and Personnel Deployment
- Session 5: Chemical Events and Radiological Emergencies

Group C:

- Session 1: Antimicrobial Resistance
- Session 2: Infection Prevention and Control
- Session 3: Zoonotic Diseases
- Session 4: Health Services Provision
- Session 5: Food Safety

Group D:

- Session 1: National Laboratory Systems
- Session 2: Surveillance
- Session 3: PoE and Border Health
- Session 4: Biosafety and Biosecurity
- Session 5: Governance and Leadership

Group E:

- Session 1 & 2: Risk Communication and Community Engagement
- Session 3: Immunization
- Session 4: Research and Development
- Session 5: Public Health and Social Measures

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Annex 3 Meeting agenda

Global consultative meeting to finalize the draft 2nd edition of the WHO Benchmarks for IHR Capacities

Agenda

13—15 March 2023 – WHO HQ - Auditorium Z3+Z4

Day 1, 13 March 2023		
MC: Rebecca Gribble, EHS/HSP, WHO		
8.30 am	Registration	
9:00-9:20	Opening Remarks	Stella Chungong, Director Health Security Preparedness Department (HSP), WHO
9.20-9.30	Introduction of the meeting objectives and expected outcomes	Nirmal Kandel, Unit Head Evidence & Analytics for Health Security (EHS) Unit, HSP, WHO
9.30-9.45	Acknowledgment and introduction of the participants	Rebecca Gribble Scientific Writer, EHS/HSP, WHO
9.45-10.00	HEPR and interlinkages with existing frameworks	Scott Pendergast, Director Strategic Planning and Partnership (SPP), WHO
10.00-10.15	WHO Benchmarks for IHR 2005 capacities updating process and changes to the 1st edition	Nirmal Kandel, Unit Head EHS/HSP, WHO
10.15-10.30	Introduction to group work to gather final input to the draft from experts	Priyanga Ranasinghe, Focal Point for WHO Benchmarks for IHR Capacities, EHS/HSP, WHO
10.30-10.45	Group Photo <i>Meet at the stairs outside of the main room.</i>	
10.45-11.00	Tea/coffee break	
11.00-12.30	Group Work Session 1 Group A - Legal Instruments and Gender Group B - Risk Assessment and Emergency Preparedness Group C - Antimicrobial Resistance Group D - National Laboratory System Group E - Risk Communication	Facilitators: Group A : Nam Nguyen/Niluka Wijekoon Group B : Taylor Warren/Sean Cockerham Group C : Nienke Bruinsma Group D : Uzma Bashir Group E : Suzanne Kerba /Tina Purnat
12.30-13.15	Lunch	

13.15-14.15	Plenary Session 1 Group A- E presentations and discussion	Chair: Nam Nguyen (WHO WPRO)
14.15-15.45	Group Work Session 2 Group A - Financing Group B - Health Emergency Disaster Risk Management Group C - Infection Prevention and Control Group D - Surveillance Group E - Community Engagement	Facilitators: Group A : Andrew Mirelman/Susan Sparkes Group B : Taylor Warren Group C : Benedetta Allegranzi Group D : Brett Archer/Karl Schenkel Group E : Lester Geroy
15.45-16.00	Tea/coffee break	
16.00-17.00	Plenary Session 2 Groups A - E presentations and discussion	Chair: Quizon Maria Consorcia (SafetyNet)
17.00-17.30	Wrap up and end of Day 1	Hamid Mahgoub (WHO EMRO)
18.00-20.00	Reception	
Day 2, 14 March 2023 MC: Rebecca Gribble, EHS/HSP, WHO		
9.00-9.15	Recap of Day 1	Sandip Shinde (WHO SEARO)
9.15-10.45	Group Work Session 3 Group A - IHR Coordination, Communication, Reporting, Advocacy and M&E Group B - Emergency Response Operations Group C - Zoonotic Diseases Group D - Points of Entry and Border Health Group E - Immunization	Facilitators: Group A : Roland Wango Group B : Jian Li Group C : Stephane De La Rocque Group D : Ninglan Wang Group E : Christopher Lee
10.45-11.00	Tea/coffee break	
11.00-12.00	Plenary Session 3 Groups A-E presentations and discussion	Chair: Roland Kimbi Wango (WHO AFRO)
12.00-13.00	Lunch	
13.00-14.30	Group Work Session 4 Group A - Human Resources Group B - Medical Counter Measures and Personnel Deployment Group C - Health Service Provision Group D - Biosafety and Biosecurity Group E - Research, Development and Innovations	Facilitators: Group A : Onyema Ajuebor Group B : Flavio Salio Group C : Sohel Saikat/Lina Yu Group D : Uzma Bashir Group E : Barbara Burmen
14.30-15.30	Plenary Session 4 Group A-E presentations and discussion	Chair: Tina Endericks (UK Health Security Agency)
15.30-15.45	Tea/coffee break	

15.45-17.15	Group Work Session 5 Group A - Linking Public Health and Security Authorities Group B - Chemical Events and Radiation Emergencies Group C - Food Safety Group D - Governance and Leadership Group E - Public Health and Social Measures	Facilitators: Group A : Romina Stelter Group B : Lesley Jayne Onyon/Zhanat Carr Group C : Yuki Minato Group D : Jun Xing Group E : Ryoko Takahashi
17.15-18.15	Plenary Session 5 Group A-E presentations and discussion	Chair: Muhammad Salman (Pakistan)
18.15-18.30	Wrap-up of the Day	Ninglan Wang (WHO)
Day 3, 15 March 2023		
Chair: Stephane De La Rocque, Unit Head, Human Animal Interface, HSP, WHO		
9.00-9.15	Recap of Day 2	Sulzhan Bali (World Bank)
9.15-9.45	Introduction to the IHR benchmark portal and reference library	Nirmal Kandel, Unit Head EHS/HSP, WHO
9.45-10.00	Demonstration of the IHR Benchmark portal	Priyanga Ranasinghe, Focal Point for WHO Benchmarks for IHR Capacities, EHS/HSP, WHO
10.00-10.30	NAPHS and associated tools	Denis Charles, Consultant, Country Capacity Assessment and Planning (CAP), HSP, WHO
10.30-11.00	Tea/coffee break	
11.00-11.30	Estimating country-level costs and investment needs	Nirmal Kandel, Unit Head EHS/HSP, WHO Andrew Mirelman, Technical Officer, EEA/HGF, WHO
11.30-12.30	Closing Session	
	The outcome of the meeting and next steps	Nirmal Kandel, Unit Head EHS/HSP, WHO
	Closing remarks	Jun Xing, Acting Director HSP, WHO
12.30-13.30	Lunch	
End of the Meeting		



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