

Implementation of IHR Monitoring and Evaluation Framework

Best Practices in Implementing International Health Regulations

Athens, 07-08 June, 2018

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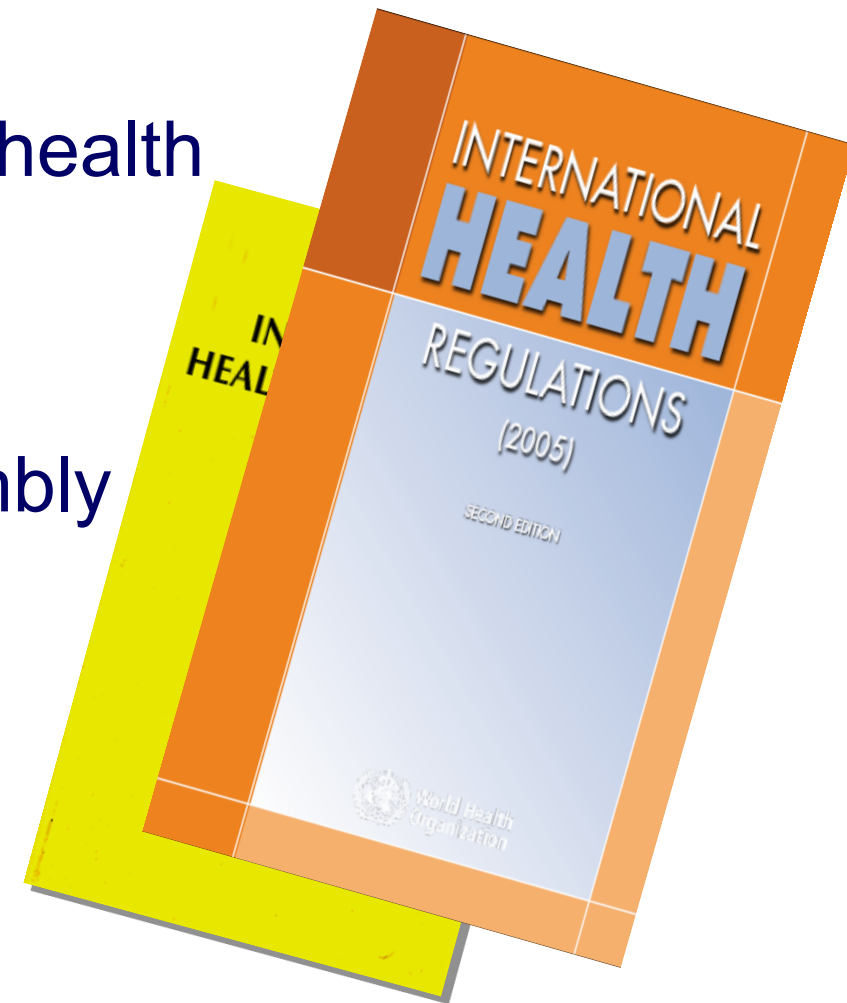
**World Health
Organization**

Outline

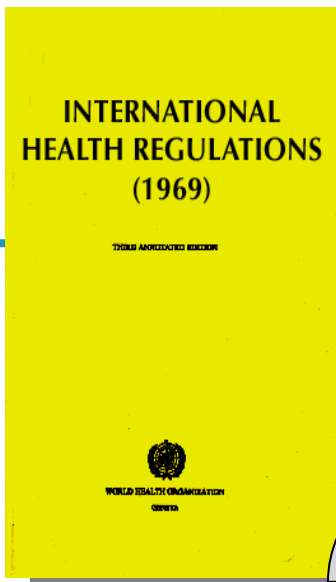
- International Health Regulations (2005)
- IHR monitoring and evaluation framework (IHRMEF)
- Process Improvement approach and linkages (Vision)
 - Status of IHRMEF
 - SPAR, JEE, AAR, SimEx, Risk profiling
 - National Action Plan, Partnership
 - One Health Operation
- Joint External Evaluation Second Edition and process

The International Health Regulations

- Legally-binding global agreement about procedures to protect public health
- Mandated by WHO constitution
- Adopted at the World Health Assembly & binding on all of WHO's 196 States Parties
- The result of direct instructions from States to WHO



A paradigm shift



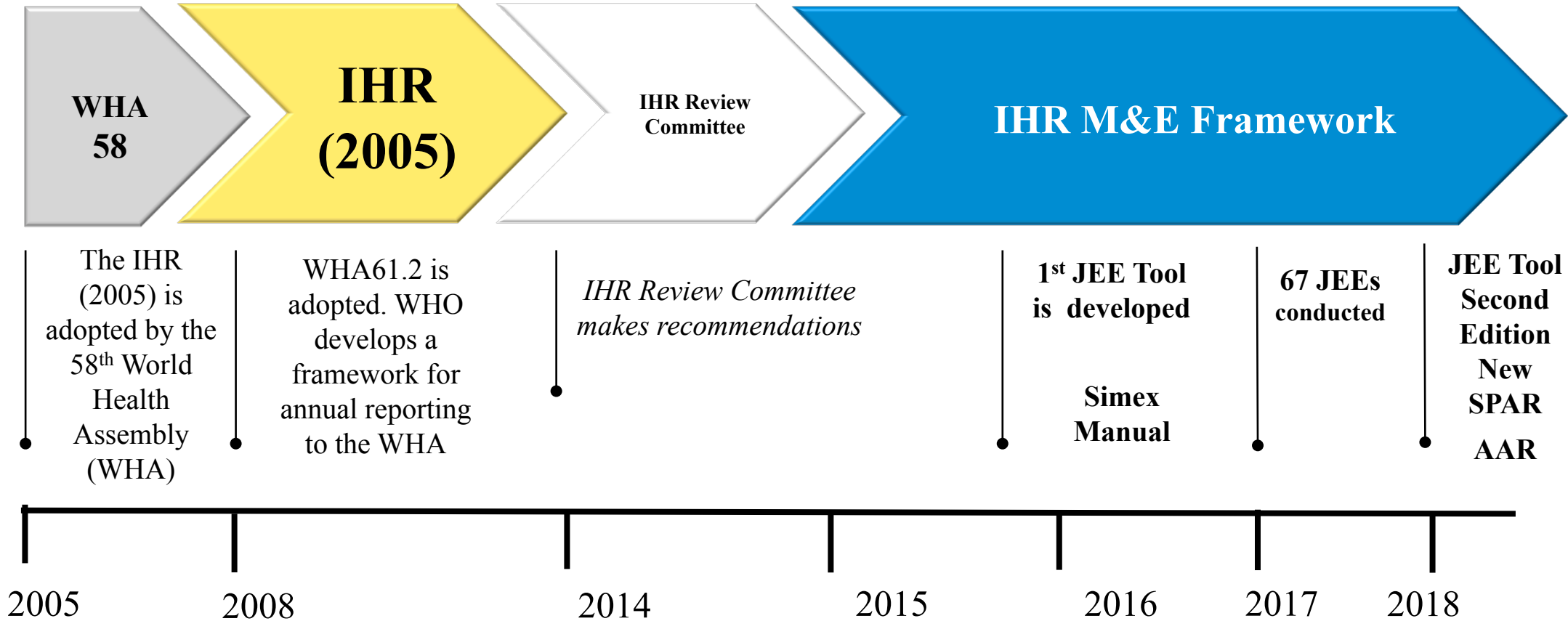
From only control at borders to containment at source

From diseases list to all public health threats

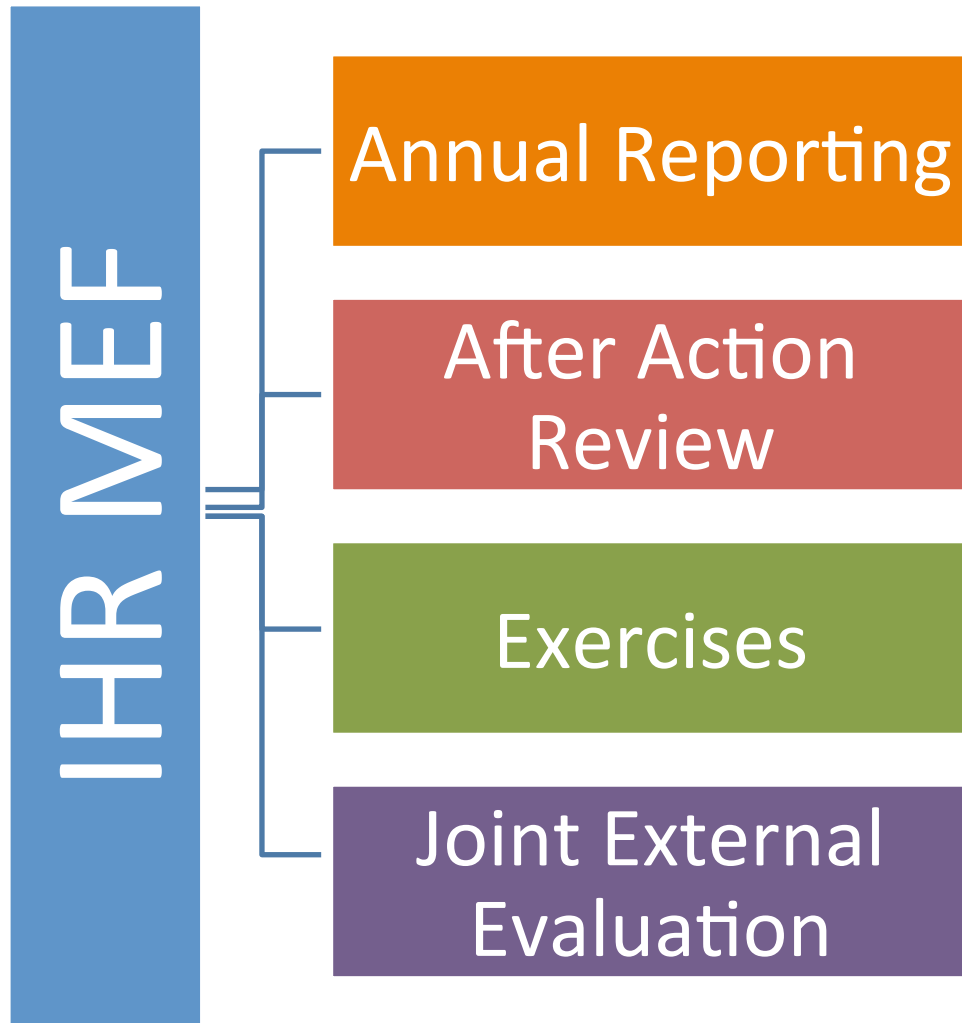
From preset measures to tailored responses

New focus on national capacity

Evolution: IHR monitoring and evaluation framework

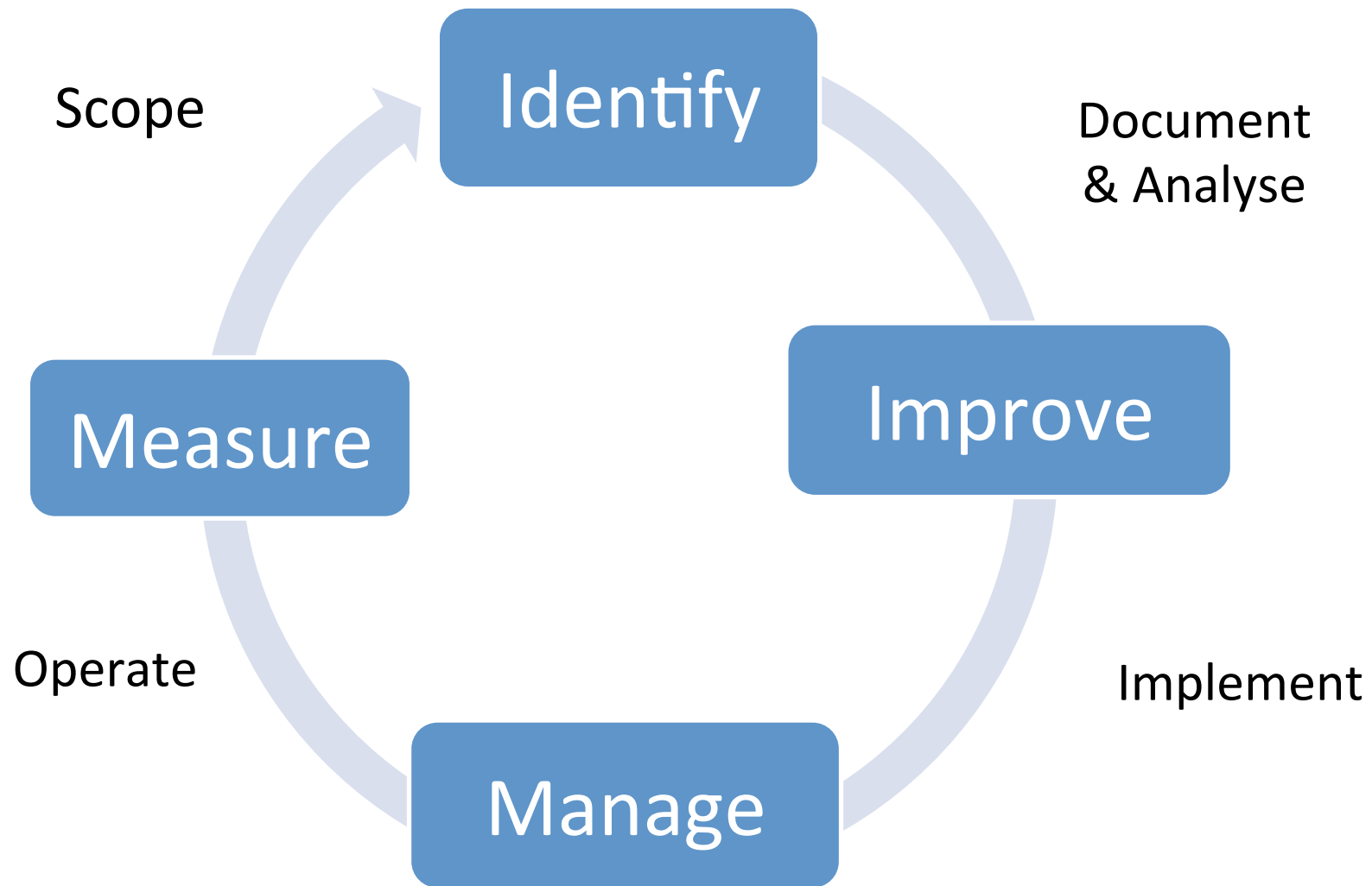


Combined approach with 4 Components

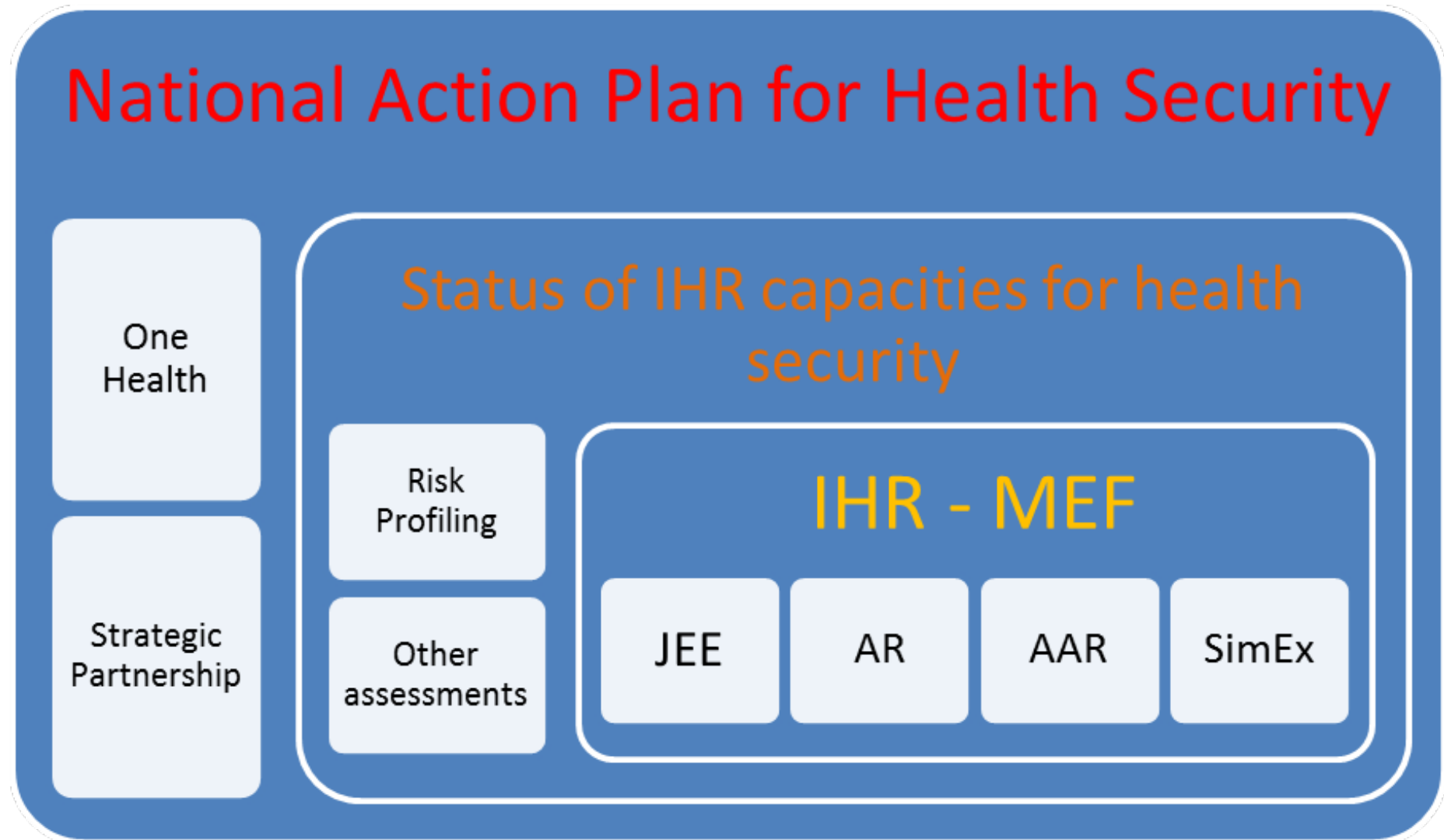


- **Transparency**
- **Mutual accountability**
- **Trust building**
- **Appreciation of public health benefits**
- **Dialogue**
- **Sustainability**

Process Improvement Approach



Vision of IHR MEF and its implementation



Annual Reporting

- New IHR State Parties Self-Assessment Annual Reporting Tool (SPAR) – 2018 onwards
- Monitoring progress annually and reporting to WHA
- ELearning and regional trainings are planned
- Will be used for baseline information for one billion better protected population from health emergencies.
- WHO published the information based on these reporting in WHO – Global Health Observatory (<http://www.who.int/gho/ihr/en/>)

STATE PARTY SELF-ASSESSMENT ANNUAL REPORTING TOOL



Simulation Exercises & After Action Reviews

WHO supports the implementation of AAR & SimEx through:

Guidance:

- Exercise Manual (Published 2017): <http://who.int/ihr/publications/WHO-WHE-CPI-20>
- AAR Manual: Final draft (in the process to be published)
- AAR/SimEx country implementation guidance (in the process to be published)

Training:

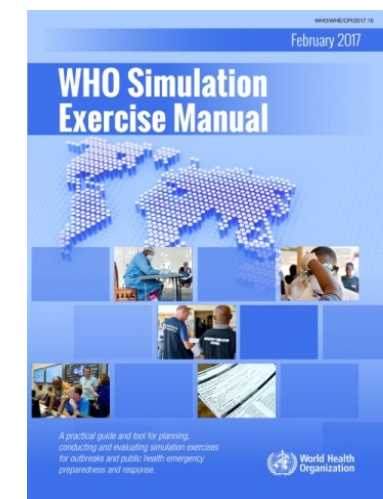
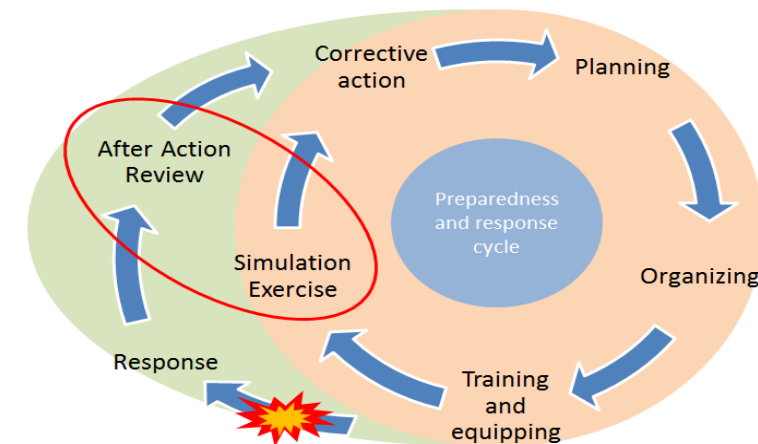
- SimEx/AAR E-learning course (Draft SimEx version piloted, AAR e-course being developed)
- Practical Face to Face training (5 Regional SimEx training conducted so far)

Tools:

- SimEx Toolbox: <http://www.who.int/ihr/publications/exercise-toolbox/en/>
- Video scenario repository: <https://extranet.who.int/sph/simulation-exercise>

Provide technical support:

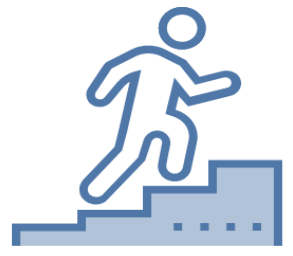
- Per country request provide technical support to countries in the planning, implementation, facilitation and evaluation of SimEx & AAR.



One Health



Increase in capacities for IHR



Strategic Partnership for IHR (2005) and Health Security

Step Wise Approach Multisectoral Partnership Framework

SPH

Resource Mapping

- Identify possible, detailed steps
- Existing or building framework
- Priority actions
- Data collection
- Mapping existing framework for coordination

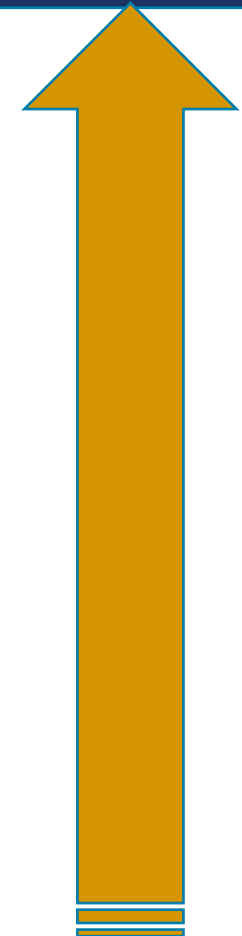
Multisectoral Partnership

- Identify key stakeholders
- develop terms of reference
- establish rules of engagement; prevent, detect, response.

Strategic Alignment

- Multisectoral forum with national health sector and government, partner for IHR and beyond (UHC, AMR, etc.)
- Matching gaps and priorities
- Financing Preparedness .
- Working in Partnership

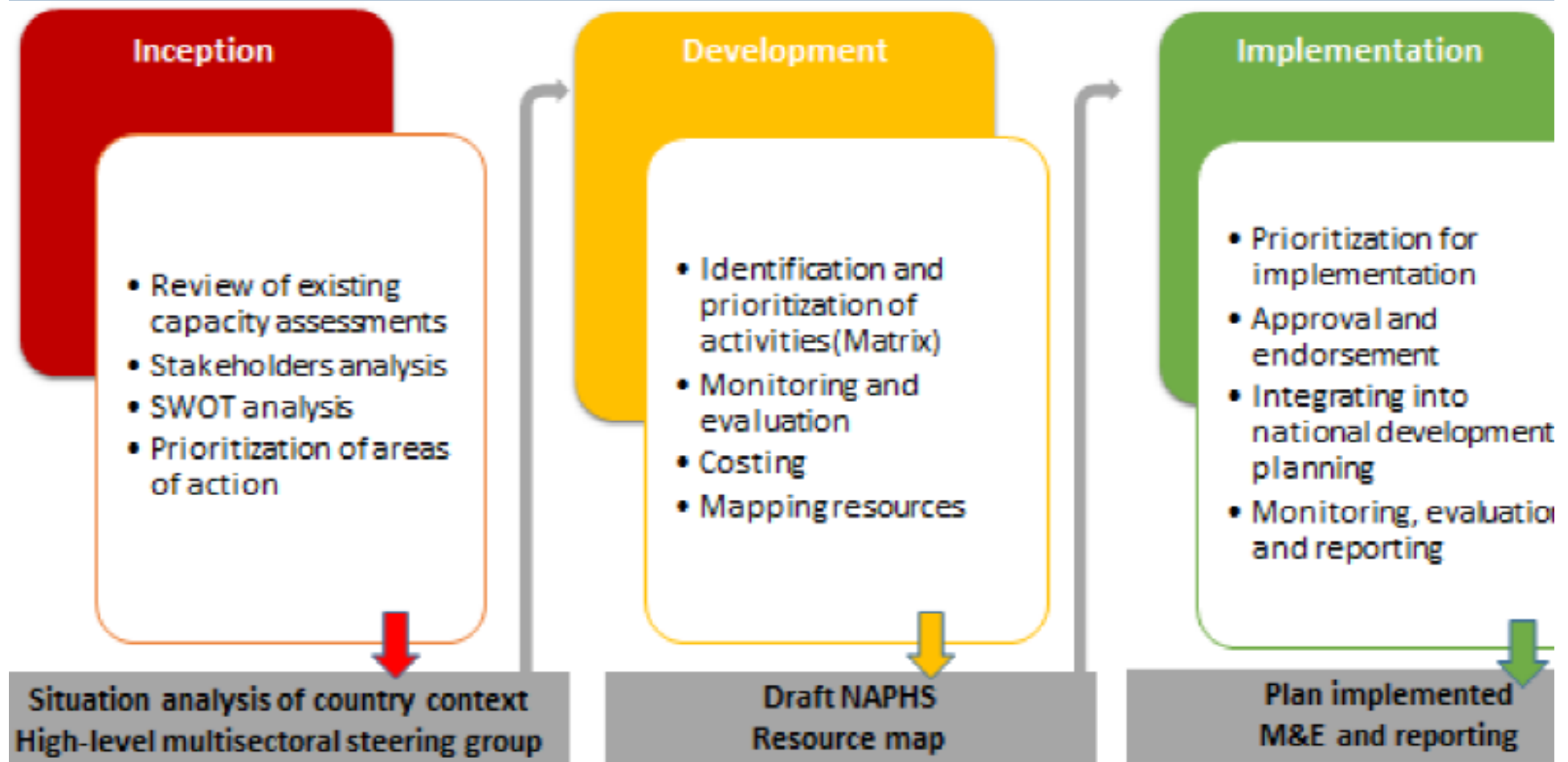
COUNTRY
CAPACITY
BUILDING
Good
Governance



<https://extranet.who.int/sph/who-strategic-partnership-ihr-2005-and-health-security-sph>

National Action Plan and Operational Readiness

Action planning for health security



IHR MEF Implementation: Weekly update

AR – 167

JEE - 76

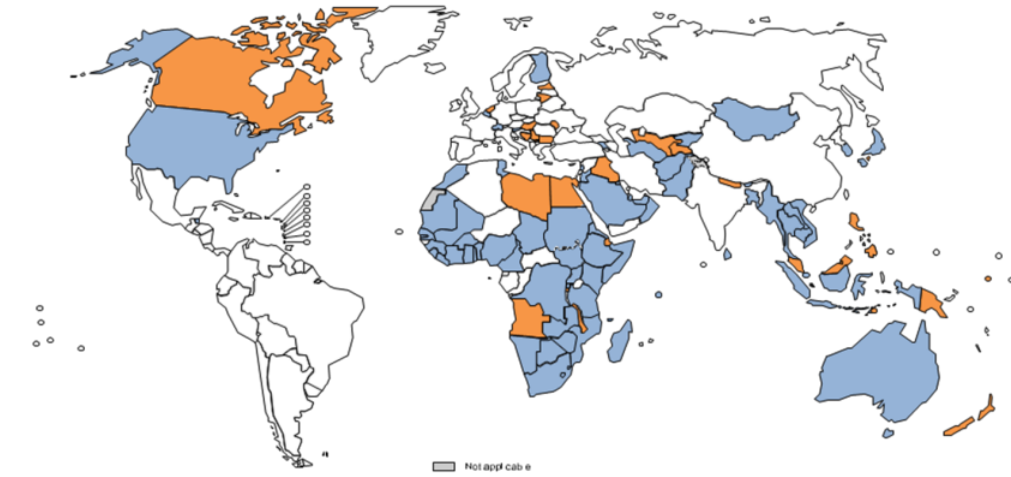
AAR - 34

SimEx - 73

NAPHS – 26

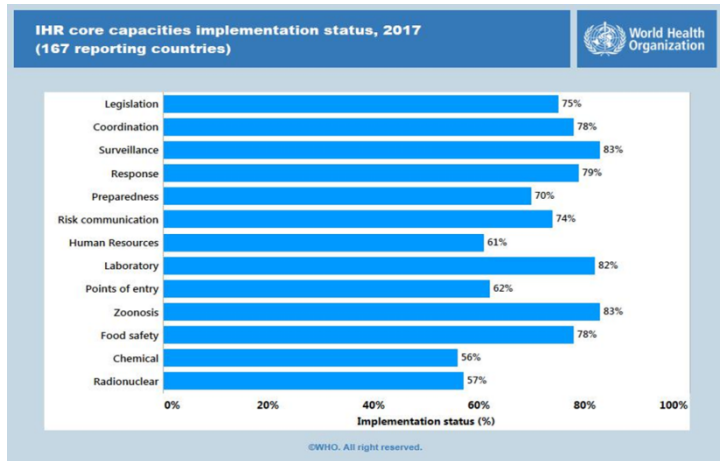
IHR-PVS – NBW – 12

Risk Profile - 32



The boundaries and names shown and the designations used on this map 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 and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2012. All rights reserved.

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newsletter
May 2018

In focus

> WHO Regional Strategic Preparedness and Readiness Plan for Ebola Virus Diseases (EVD) Outbreak

> Global Workshop on Strategic Risk Analysis and Profiling for Health Emergencies, 9-11 May 2018, Geneva, Switzerland

> After Action Review on dengue in Pakistan, 14-16 May 2018, Peshawar, Pakistan

Zoom in

> International Health Regulations – five year strategic plan

HEALTH EMERGENCIES programme

IHR COUNTRY CAPACITY MONITORING, EVALUATION AND PLANNING

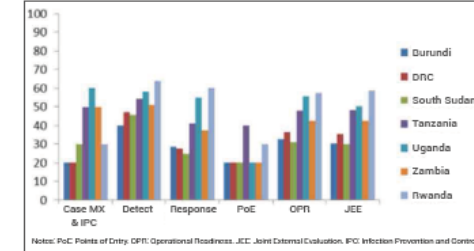
WHO helps ensure the regular cross-sectoral review of countries' core capacities as required under the International Health Regulations (IHR); and the development of National Action Plans for Health Security (NAPHS). This is done through the provision of support for national assessments, risk profiling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

WHO REGIONAL STRATEGIC PREPAREDNESS AND READINESS PLAN FOR EBOLA VIRUS DISEASES (EVD) OUTBREAK

On 3 May 2018, the Provincial Health Division of Equateur, Democratic Republic of Congo (DRC) reported 21 cases of fever with haemorrhagic signs including 17 community deaths in the Ikoko-Impenge Health Area in this region. The Ministry of Health in the Democratic Republic of Congo (DRC) notified WHO country office of Ebola Virus Disease (EVD) outbreak in Bikoro health zone, Equateur province on 8 May 2018. As of 31 May 2018, there are a total of **50 cases (37 confirmed, 13 probable) and 25 deaths**. The ongoing outbreak poses

a significant risk of spread to countries neighbouring the Republic Democratic of Congo. WHO Regional Office for Africa (AFRO) and Headquarters (HQ) have identified nine countries, where support will be provided to scale up preparedness for Ebola Viral Disease (EVD). The countries are: Angola, Burundi, Central Africa Republic, Republic of Congo, Rwanda, South Sudan, Tanzania, Uganda and Zambia. The countries were prioritized based on the findings of EVD checklist and the operational readiness capacities and the results of the Joint External Evaluations (7 countries).

Capacities for preparedness and response (%)



WHO developed a strategic plan to strengthen preparedness in all 9 countries to scale up operational capacities in the high risk areas including at points of entry. WHO is working closely with the countries and partners to implement this plan by prioritizing and identifying gaps and strengthening capacities to

1. The index is created using different indicators from Prevent, Detect, Response and PoEs of Joint External Evaluation technical areas, which evaluate the level of operational readiness are used. (Seven countries, which have gone under JEE).

Continuation page 2

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Joint External Evaluation

- To assess capacity to prevent, detect, and rapidly respond to public health threats
- to measure status and progress in achieving the targets
- to identify progress and ensure sustained capacity improvements
- to identify urgent needs in their health security system
- to prioritize opportunities for enhanced preparedness and response
- to engage with donors and partners to target resources effectively



Examples of impact of external assessment

“The National Center .. AMR reference laboratory has since 2014 been certified by the international CEASAR program AMR External Quality Assessment program”

“Passive monitoring in animals is in place for over 80 notifiable diseases and in humans for 52 diseases (including zoonotic diseases)”

“Further enhancement of co-operation between the health and veterinary services could be pursued through formalized procedures and designated responsibilities to support the sustainability, even if good informal exchange of information exists”

“This is the first time we are meeting together and we realized the concept of working together for the people of Balochistan and we commit to support and work together with provincial health office”

”The country formed a permanent cross-cutting ministerial council to put policies, plans, and processes in place to comply with the International Health Regulations”

” The vaccination coverage for the first dose of the MMR vaccine in the country for children aged 2 years is above 92%.”

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Joint external evaluation process: bringing multiple sectors together for global health security

Nirmal Kandel[✉], Rajesh Sreedharan, Stella Chungong, Karen Sliter, Simo Nikkari, Kashef Ijaz, Guenaël RM Rodier

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SHORT COMMUNICATION

Joint External Evaluation of Finland: enhancing health security through a comprehensive whole-of-government approach

Simo Nikkari¹, Anni Virolainen-Julkunen², Sebastian Hielm³, Jouni Pousi⁴, Jukka Lähesmaa², Nirmal Kandel⁵, Outi Kuivasniemi², Päivi Sillanauke²

Process of JEE

- 1 The country volunteers for a JEE through WHO, and starts planning.
- 2 The country conducts a multisectoral self-evaluation using JEE Tool.
- 3 The JEE Team members are identified and participate in a one-week mission, using consensus to evaluate each of the 19 technical areas.
- 4 The JEE Team drafts a report documenting the findings as discussed during the mission. The host country reviews the report and provides comments and clarifications, if needed.
- 5 The JEE Team Lead sends the report to WHO. It is posted online after editing and clearance.
- 6 Based on the final report, countries develop a National Action Plan, prioritize internal and external resources to address gaps, and begins the process of implementing the plan.

Changes in the JEE Tool

Major Changes

- ❑ Three technical area name changed
 - Real Time Surveillance to Surveillance
 - Workforce Development to Human Resources
 - Preparedness to Emergency Preparedness
- ❑ Number of indicators
 - 48 indicators to 49 (one addition in total)
 - New indicators added in few technical areas
 - Few indicators are combined; and
 - Few indicators moved to other technical area

Minor changes

- ❑ the most of the technical area has minor changes for the propose of clarity
 - IHR coordination, communication and advocacy, Biosafety and biosecurity, Immunization, National laboratory system, Reporting, Emergency preparedness, Medical countermeasures and personnel deployment, Linking public health and security authorities, Risk communication, Points of entry, Chemical events and Radiation emergencies
- ❑ Other important changes are
 - Lot of footnotes for better interpretation of the tool
 - Glossary with references are updated
 - Interpretation guide on interpretation two editions of tool

References

- [State Party self-assessment annual reporting tool](#)
- [Guidance document for the State Party self-assessment annual reporting tool](#)
- [Joint External Evaluation tool \(JEE tool\) second edition](#)
- [Joint External Evaluation tool \(JEE tool\) first edition](#)
- [Joint External Evaluation tool \(JEE tool\) Reporting Template](#)
- [Joint External Evaluation tool and process meeting report](#)
- [Country Implementation Guide - Voluntary Joint External Evaluations](#)
- [Roster of Experts Process and Overview - Voluntary Joint External Evaluations](#)
- [Joint External Evaluation tool and process overview](#)
- **[JEE mission reports](#)**
- [Handbook for the assessment of capacities at the human–animal interface](#) Second edition related to the Joint Evaluation Tool IHR (2005)
- [Handbook for the assessment of capacities at the human-animal interface](#) for annual reporting
- [WHO Simulation Exercise Manual 2017](#)
- [Exercise Planning Tool](#)
- [WHO Simulation Exercise Toolbox](#)
- [Core capacity workbook](#)

Accessible On: <http://www.who.int/ihr/procedures/implementation/en/>

THANK YOU

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