

International Health Regulations (2005)

Annual report on the implementation of the International Health Regulations (2005)

Report by the Director-General

1. This document is submitted in response to decision WHA71(15) (2018), which requests the Director-General “to continue to submit every year a single report on progress made in implementation of the International Health Regulations (2005) (IHR), containing information provided by States Parties and details of the Secretariat’s activities, pursuant to paragraph 1 of Article 54 of the International Health Regulations (2005)”. Progress in the implementation of the five-year global strategic plan to improve public health preparedness and response (2018–2023) is reported in the relevant sections below.

EVENT MANAGEMENT

Event-related information

2. Events monitored by WHO come from a variety of sources, including national government agencies, National IHR Focal Points, WHO offices, news media and other organizations or partners. WHO routinely requests verification of information on such events under Article 10 of the Regulations. As in previous years, substantial delays were observed in States Parties’ notification of events to the Secretariat as well as their response to requests for event verification under Articles 6 and 10 of the Regulations.

3. In 2019, events monitored by the Secretariat resulted in 105 updates on the Event Information Site for National IHR Focal Points, relating to 76 public health events. Most event updates concerned influenza, Middle East respiratory syndrome, Ebola virus disease, Zika virus disease and cholera. In addition, WHO published 119 updates as disease outbreak news on its official website in 2019.¹

Emergency Committees

4. The Director-General convened an IHR Emergency Committee for the outbreak of Ebola virus disease occurring in the Democratic Republic of the Congo on four occasions in 2019: in April, June, July and October. Following the 17 July 2019 meeting and taking into account the advice of the Committee, the information from the affected State Party and the risk for human health, the risk of

¹ See Disease Outbreak News, available at <http://www.who.int/csr/don/en/> (accessed 17 February 2020).

international spread and the risk of travel or trade restrictions, the Director-General determined that the Ebola outbreak constituted a public health emergency of international concern (PHEIC)¹ and issued temporary recommendations. The most recent meeting of the Committee was held on 10 and 14 April 2020. The meeting had initially been convened to take place on 10 April 2020 only. However, following the announcement of new cases of Ebola virus disease in Beni, the Director-General asked the Emergency Committee to reconvene on 14 April 2020 to study the information provided by the Democratic Republic of the Congo on the recent resurgence of cases. After hearing the Committee's advice and the reports provided by the affected State Party, and on the basis of the currently available information, the Director-General accepted the Committee's assessment and on 14 April 2020 maintained the outbreak of Ebola virus disease in the Democratic Republic of the Congo as a Public Health Emergency of International Concern and issued the Committee's advice as temporary recommendations under the International Health Regulations (2005).

5. The IHR Emergency Committee regarding ongoing events and context involving transmission and international spread of poliovirus has been meeting every three months since 2014, when the international spread of poliovirus was declared a PHEIC; in 2019, it was convened four times. At its twenty-fourth meeting, on 26 March 2020, 10 States Parties were invited to provide the Committee with written reports on their national polio situation. Multiple outbreaks of circulating vaccine-derived poliovirus continued to be of concern, as well as the potential effects of COVID-19 on polio eradication efforts. On the advice of the Committee, the Director-General maintained the PHEIC and issued updated temporary recommendations.²

6. On 22 January 2020, the Director-General convened an IHR Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV). The Committee met by teleconference on 22 and 23 January and provided its views to the Director-General regarding the ongoing situation in China, Japan, the Republic of Korea and Thailand. The Committee expressed divergent views, but its advice at that time was that the event did not constitute a PHEIC.³ In light of the rapidly evolving situation in relation to the outbreak, the Director-General reconvened the Emergency Committee on 30 January 2020, when the Committee agreed that the outbreak had by that time met the criteria for a PHEIC and provided advice to WHO, China, all other countries and the global community. Taking into account the advice of the Emergency Committee and additional elements as provided by Article 12 of the Regulations, the Director-General determined that the outbreak of 2019-nCoV constituted a PHEIC and issued the advice of the Emergency Committee as temporary recommendations. The IHR Emergency Committee for COVID-19 held its third meeting on 30 April 2020. Following the meeting, the Director-General declared that the outbreak of COVID-19 continued to constitute a PHEIC, accepted the advice of the Committee to WHO and issued the Committee's advice to States Parties as temporary recommendations under the International Health Regulations (2005)⁴

¹ See <https://www.who.int/ihr/procedures/statement-emergency-committee-ebola-drc-july-2019.pdf?ua=1> (accessed 17 February 2020).

² See <https://reliefweb.int/report/world/statement-twenty-third-ihr-emergency-committee-regarding-international-spread-0> (accessed 17 February 2020).

³ See [https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)) (accessed 17 February 2020).

⁴ See [https://www.who.int/news-room/detail/01-05-2020-statement-on-the-third-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-coronavirus-disease-\(covid-19\)](https://www.who.int/news-room/detail/01-05-2020-statement-on-the-third-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-coronavirus-disease-(covid-19)) (accessed 7 May 2020).

7. The Secretariat convened a technical consultation on 7–8 November 2019 to further explore challenges in the implementation of the Regulations with regard to the Emergency Committees and the determination of a PHEIC. The experts advised on issues relating to both the interpretation of the criteria for determining a PHEIC and the need to explore options for alerting the global community about events that do not meet the PHEIC criteria but may nonetheless require an urgent escalated public health response.

STRENGTHENING NATIONAL CORE CAPACITIES

8. In 2018, the Secretariat adopted a revised version of the State Parties Annual Reporting Tool (SPAR) and in 2019 it was implemented in an electronic format that allows States Parties to report online,¹ thereby increasing the number of reporting States Parties, transparency, the real time monitoring of reports submitted and opportunities for quality checks of data provided, in collaboration with WHO regional and country offices.

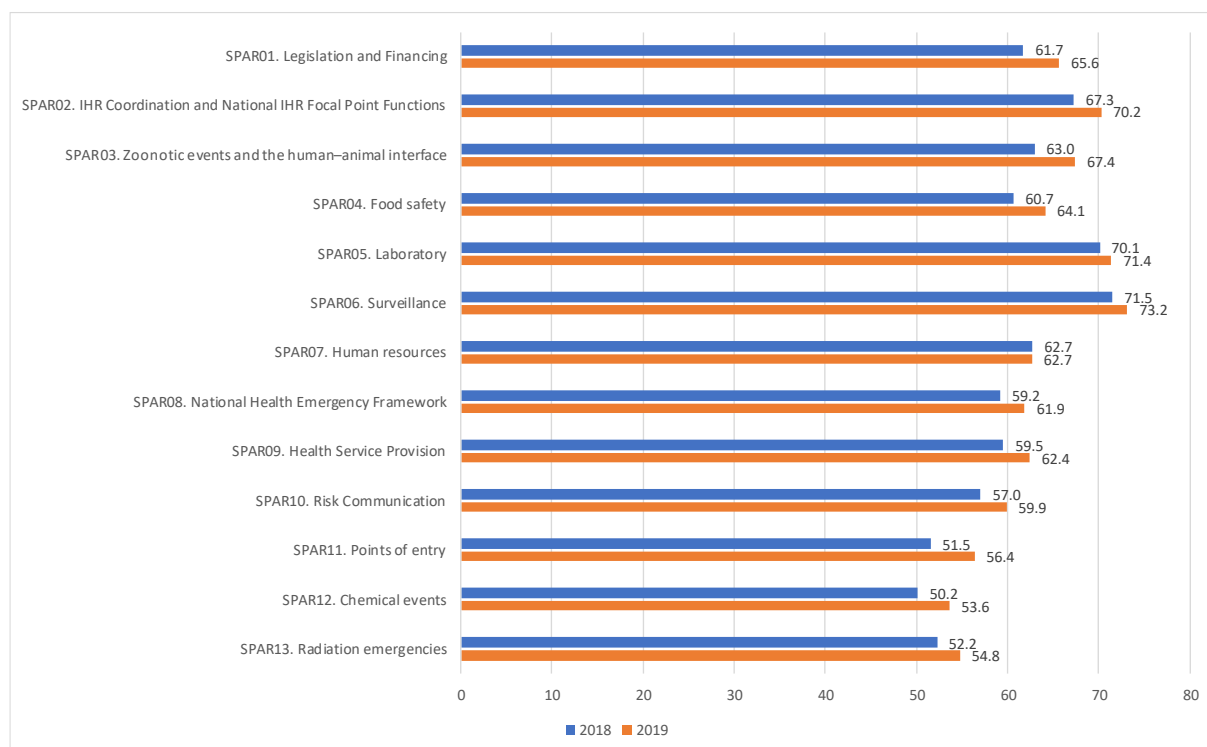
9. The number of annual reports submitted for 2019 was lower than in 2018, since some States Parties had difficulties reporting before the deadline in early 2020 due to the impact of the COVID-19 pandemic. For 2018, 191 States Parties submitted reports (183 States used the SPAR tool/questionnaire and were included in the statistics on IHR implementation), while for 2019, as at 20 April 2020 only 166 States Parties (84%) had submitted reports to WHO, 113 of which were completed online. In 2019 reports had been submitted by all States Parties from the African Region (47 countries) and the South-East Asia Region (11 countries) and by 29 States Parties (83%) from the Region of the Americas, 47 States Parties (85%) from the European Region, 19 States Parties (80%) from the Eastern Mediterranean Region and 13 States Parties (48%) from the Western Pacific Region. Of the 165 States Parties that reported in 2019, 157 States Parties reported in both 2018 and 2019.

10. Globally, progress has been reported across all 13 IHR core capacities and the average score for human resources remains the same. The overall average scores suggest that almost all States Parties are performing better in key capacities such as surveillance, laboratory capacity, coordination and the functioning of National IHR Focal Points. Further sustained efforts are still needed in the areas of chemical events, capacities at points of entry and radiation emergencies. Details of the 2019 annual reporting by States Parties is published on WHO's e-SPAR Portal, the Strategic Partnership Portal for the IHR and the Global Health Observatory website.² These findings have been further validated by voluntary joint external evaluations, after-action reviews and simulations exercises, which show that detection-related capacities are more functional and perform better than response-related capacities. More than half of the after-action reviews and simulation exercises had a multisectoral component as they were associated with zoonotic events, such as brucellosis, West Nile fever, Rift Valley fever, yellow fever, Ebola virus disease or rabies. This trend is in line with the scores of the State Party annual reporting questionnaire and voluntary joint external evaluations.

¹ The tool is available at <https://extranet.who.int/e-spar/> (accessed 25 March 2020).

² Detailed information on the IHR annual reporting by State Parties is primarily published on e-SPAR platform (<https://extranet.who.int/e-spar/>), the WHO portal for Strategic Partnership for International Health Regulations and Health Security – SPH (<https://extranet.who.int/sph/spar>) as well as the WHO Global Health Observatory website ([https://www.who.int/data/gho/data/themes/theme-details/GHO/international-health-regulations-\(2005\)-monitoring-framework](https://www.who.int/data/gho/data/themes/theme-details/GHO/international-health-regulations-(2005)-monitoring-framework)).

**IHR States Parties Annual Reports Average by Year and Capacity
SPAR2018 (n=183) – SPAR2019 (n=166, 20.04.2020)**



11. The Secretariat has coordinated and supported assessments of national core capacities through various approaches provided by the IHR Monitoring and Evaluation Framework.¹ Between February 2016 and February 2020, a total of 112 States Parties had conducted a voluntary joint external evaluation, of which 21 were carried out in 2019. The Secretariat has continued to focus on improving the quality of the evaluation through the use of standardized tools and materials and developing guidance for external evaluation in special-context countries. In 2019, the Secretariat also supported 29 simulation exercises to enhance functional capacities for preparedness and response; a total of 128 exercises have been completed since 2016. The simulation exercises addressed preparedness and response capacities at national, subnational and regional levels, as well as the public health capacities of non-State actors and international partners and WHO capacities for health emergency operations. The Secretariat, in particular the regional and country offices, also supported the conduct of 16 after-action reviews, involving stakeholders at national, regional and local levels, community representatives, non-State actors and international partners, making a total of 62 reviews accomplished since 2016. Two regional training workshops on simulation exercises and after-action reviews were conducted, benefiting 107 trainees from health ministries and WHO offices. The Secretariat published guidance for after-action reviews.² More information about the joint external evaluations, simulation exercises and after-action reviews can be found at WHO's portal for the Strategic Partnership for IHR and Health Security.³

¹ See <https://www.who.int/ihr/publications/WHO-WHE-CPI-2018.51/en/> (accessed on 17 February 2020).

² See <https://www.who.int/ihr/publications/WHO-WHE-CPI-2019.4/en/> (accessed on 17 February 2020).

³ See <https://extranet.who.int/sph/> (accessed on 17 February 2020).

12. The Secretariat has continued to provide support to States Parties' efforts to strengthen laboratory and biosafety capacity through the development and dissemination of technical guidance, materials and tools, as well as the provision of technical assistance to vulnerable and fragile States. The Secretariat has published an updated WHO guidance on the shipping of infectious substances and the certification of shippers and has provided technical assistance to improve access to quality-assured laboratory diagnostic capacities in safe and secure facilities, as well as online and on-site training workshops and provision of laboratory proficiency-testing. The Secretariat has also developed the Global Laboratory Leadership Programme, a collaborative effort between WHO and key partners and organizations.

COMPLIANCE WITH REQUIREMENTS OF THE REGULATIONS

13. This section provides information about compliance with several requirements of the Regulations, including those in the areas of additional health measures; event notification and verification; the establishment and maintenance of National IHR Focal Points; and key provisions in relation to points of entry, the IHR Roster of Experts and yellow fever vaccination. It is anticipated that additional information will be provided to IHR States Parties in relation to compliance in the context of the ongoing COVID-19 pandemic.

Additional health measures

14. The Secretariat has continued to implement a structured approach for monitoring States Parties' compliance regarding additional health measures, in accordance with Article 43 of the Regulations, and has maintained a database of such measures. During the Ebola outbreak in the Democratic Republic of the Congo, in line with the temporary recommendations that were issued following the determination of the event as a PHEIC, no country has imposed travel or trade restrictions.

15. Following the PHEIC determination by the Director-General on 30 January 2020 regarding the 2019-nCoV outbreak originating in China, the Director-General issued temporary recommendations that reiterated the advice against any travel or trade restrictions on the basis of the information available at that time, while accelerating efforts for containment of the outbreak. The situation evolved rapidly and on 11 March 2020, the COVID-19 outbreak was characterized by the Director-General as a pandemic. As of 28 March 2020, 136 States Parties had reported to WHO under Article 43 regarding additional health measures that significantly interfered with international traffic and provided their public health rationale. In close collaboration with its regional offices and other relevant international organizations, WHO continues to monitor the adoption of measures by countries in response to the COVID-19 pandemic. The rationale provided by these States Parties was related to uncertainties about the new virus and its animal source; uncertainties about the epidemiology of the disease and its full clinical spectrum; the absence of a specific treatment or vaccine; and the vulnerabilities of public health response systems in case of importation of the disease, in particular in the small island developing States. In accordance with Article 43 of the IHR, WHO shared information about these measures with all States Parties on a weekly basis, through the secure platform of the National IHR Focal Points, which is known as the Event Information Site.

16. Mindful of the scope and purpose of the IHR (to protect, prevent and respond to international spread of disease without causing unnecessary interference with international traffic), on 6 and 17 February 2020, the Director-General communicated officially on this matter with all Member States. He reiterated that, while the evidence showed that restriction of movements during the early containment phase of an outbreak might allow affected countries to implement sustained response measures and non-affected countries to gain time to initiate and implement effective preparedness measures, such restrictions, however, should be short in duration and proportionate to the public health risks and should

be reconsidered regularly as the situation evolved. WHO continues to work with all States Parties to support the emergency response to this outbreak, while encouraging compliance with obligations under the IHR.

Event notification and verification

17. Several WHO regional offices have continued the monitoring and reporting of States Parties' compliance with obligations under the Regulations with regard to event notification and verification. For example, the Regional Office for the Americas has been monitoring the response to verification requests since June 2007, sharing the results with respective States Parties, and has published an annual report since 2014. In 2019, the compliance in responding to verification requests within 24 hours, as required by the Regulations, was 48% for States Parties in the South-East Asia Region, 40% for those in the Region of the Americas and 84% for the European Region.

18. The Secretariat has developed guidance documents and practical tools, including learning applications, to support States Parties in fulfilling relevant obligations for urgent event-based communications under the Regulations and in operationalizing National IHR Focal Point functions. These include the Event Information Site microlearning videos, the IHR Proficiency-Testing Module, IHR Microlearning and Tutorials on IHR Notification.

National IHR Focal Points

19. The Secretariat has continued to facilitate the 24/7 accessibility of all National IHR Focal Points and WHO IHR Contact Points. In 2019, 83% of National IHR Focal Points confirmed or updated their contact information and 62% confirmed or updated their list of designated users of the Event Information Site. By the end of 2019, there were 870 designated users of the Site, of whom 191 were new users or had been newly granted access. Responding to requests by the Secretariat concerning the contact details of National IHR Focal Points and Event Information Site users remains a challenge in a number of States Parties. It is anticipated that new WHO information technology tools will facilitate this process.

20. The Secretariat continues to develop and update learning programmes and training resources, including innovative tools and online learning courses that focus on National IHR Focal Points and other stakeholders.¹ In 2019, it released several learning resources, including the IHR Orientation Programme, "The Basics of One Health". In addition, version 1 of the Health Emergency Preparedness and IHR Compliance Game is now available to be used in workshop settings. IHR learning resources are available on the Health Security Learning Platform. To promote social learning, information-sharing and exchange of experiences and practices, knowledge networks of National IHR Focal Points have been established in four regions (Africa, the Americas, South-East Asia and Europe). In 2019, the Secretariat continued to engage with National IHR Focal Points through regional workshops. It also conducted a study to assess the technical and capacity needs of National IHR Focal Points. Results of the study will be published in 2020.

21. Some regional offices continued to hold meetings with the National IHR Focal Points in 2019 with the aim of providing training, sharing lessons and experiences and building communities of practice at the regional level. The Regional Office for the Western Pacific conducted its annual virtual Exercise Crystal in December 2019, involving 29 countries and areas, to test communication between National IHR Focal Points and the Regional WHO IHR Contact Point. In November 2019, the Regional Office for Europe conducted its second Joint Assessment and Detection of Events exercise, with the

¹ See <https://extranet.who.int/hslp/training/> (accessed on 17 February 2020).

participation of 27 National IHR Focal Points, to practise procedures for event notification and communication, intersectoral coordination and emergency risk communication. This exercise is expected to become an annual practice in the European Region. The Regional Office for the Americas held a regional meeting with the National IHR Focal Points to identify activities for strengthening and increasing the sustainability of their functions, exchange experiences and lessons learned and discuss and agree on a protocol for the exchange of information between the National IHR Focal Points and the public health emergency operations centre during emergencies.

Points of entry

22. The Secretariat has developed several tools and guidance to support countries' capacities at points of entry to mitigate the effects of introduction and potential spread of new pathogens or vectors in new areas, and to protect the health of international travellers, including a Handbook for Public Health Capacity-Building at Ground Crossings and Cross-Border Collaboration, prepared in collaboration with the United States Centers for Disease Control and Prevention and the International Organization of Migration; an online course entitled "Public health event management in air transport", developed in collaboration with the International Civil Aviation Organization; and a trainers and tutors manual for vector surveillance and control at points of entry.

23. The Secretariat has continued its efforts to foster collaboration with its partners to promote the implementation of the International Health Regulations (2005). WHO and the International Maritime Organization have together reviewed amendments related to public health in the Annex of the Convention on Facilitation of International Maritime Traffic, with the aim of bringing its technical aspects into line with relevant provisions of the Regulations.

24. Since 2007, 111 of a total of 152 coastal States Parties and four landlocked States Parties with inland ports have sent WHO the list of ports authorized to issue ship sanitation certificates, as required by the Regulations.

IHR Roster of Experts

25. The IHR Roster of Experts established by the Director-General under the Regulations currently includes a total of 443 experts, most of whom are appointed at the request of the Director-General in order to ensure that all the relevant fields of expertise are covered. In addition, however, it is also the prerogative of States Parties to request the Director-General to appoint experts (State-designated experts). There are currently 87 State-designated experts, 11 from Africa, 10 from the Americas, 10 from the Eastern Mediterranean, 36 from Europe, 10 from South-East Asia and 10 from the Western Pacific. Gender balance on the roster continues to be a challenge – only 119 of the 443 experts are women. The Secretariat will strive to identify additional female experts and increase the diversity of the roster both by region and in terms of less-represented areas of expertise.

Yellow fever vaccination

26. The International Travel and Health Country List presents State Party requirements and WHO recommendations with regard to vaccination and prophylaxis for international travellers, particularly for yellow fever, malaria and poliomyelitis. Information about States Parties' requirements is collected annually via a questionnaire sent to all National IHR Focal Points. As of 16 January 2020, 81 States Parties had responded to the annual questionnaire, while 23 countries, territories or areas have not updated their requirements since 2013. Currently, 126 States Parties and territories request a certificate of vaccination against yellow fever for incoming travellers. Of these, 122 have confirmed that

international certificates of vaccination against yellow fever, using approved WHO vaccines, are now accepted as valid for the life of the person vaccinated, as they should be in accordance with Annex 7 of the Regulations, as amended by resolution WHA67.13 (2014).

ACTIVITIES BY THE SECRETARIAT IN SUPPORT OF STATES PARTIES TO IMPLEMENT THE REGULATIONS

27. The Secretariat has provided sustained support to States Parties to enhance preparedness for all hazards. In 2019, 15 countries were supported in developing their public health risk profiles, based on which they developed contingency plans to expand readiness capacities for imminent risks. Four countries documented the implementation of safe health facility programmes in their priority health facilities.

28. In 2019, with the support of the Secretariat, 20 countries completed their national action plans for health emergency preparedness. The Secretariat also created a three-step strategic framework, along with guidance and a toolkit for the inception, development and implementation of national action plans and benchmarks for IHR capacities, to support countries in strengthening emergency preparedness and response capacities. The Regional Office for Africa conducted its second regional orientation workshop in October 2019 to familiarize countries that have not yet completed their national action plans for health security with the framework, country implementation guide and the benchmark document for IHR capacities.

29. In 2019, WHO and the World Organisation of Animal Health (OIE) together convened 11 National Bridging Workshops linking the Regulations and the OIE Performance of Veterinary Services Pathway. In addition, WHO, OIE and the Food and Agriculture Organization of the United Nations jointly published *A Tripartite Guide to Addressing Zoonotic Diseases in Countries* and initiated the development of accompanying operational tools. The first of these tools, focusing on joint risk assessment, was used in 14 countries in 2019.

30. The Secretariat has continued its efforts to strengthen its partnerships to promote implementation of the Regulations. In June 2019, WHO held a side event on the theme “Scaling up health emergency preparedness” at the Global Health Security Conference 2019 held in Sydney, Australia. The event brought together more than 100 participants and emphasized the need for multisectoral engagement in the implementation of the Regulations. In 2019, the Secretariat also advanced its partnership with the Inter-Parliamentary Union, which resulted in the Union’s adoption in October 2019 of the Resolution on achieving universal health coverage by 2030, calling on Parliaments to advocate for the implementation of the Regulations. WHO is organizing a high-level meeting in Marrakech, Morocco, on the role that ministries of health, foreign affairs and finance can play in implementing the Regulations.

31. The Secretariat has provided support to countries in identifying the existing and potential resources needed for the implementation of their national action plans for health security. In 2019, six countries used the Resource Mapping Impact Analysis on Health Security Investment tool developed by the Secretariat.¹ The tool also helps to integrate disease-specific plans with all-hazards national health security plans; WHO supported three countries in piloting the tool for that purpose in order to increase efficiency, avoid duplication of activities and facilitate effective mobilization of resources.

¹ See <https://extranet.who.int/sph/news/resource-mapping-and-impact-analysis-health-security-investment-remap> (accessed on 17 February 2020).

32. In 2019, WHO regional and country offices continued to actively support States Parties in accelerating implementation of the Regulations and strengthening capacities in public health emergency preparedness. Some regional offices developed regional action plans to improve public health preparedness and response, in line with the global five-year global strategic plan to improve public health preparedness and response and the Thirteenth General Programme of Work, 2019–2023. For example, the 72nd WHO Regional Committee for South-East Asia adopted a ministerial declaration on emergency preparedness,¹ the Delhi Declaration on Emergency Preparedness in the South-East Asia Region, which included commitments to identify risks, invest in people and systems for risk management, implement plans and interlink sectors and networks. The Committee also endorsed two regional strategies: (1) a regional strategic plan to strengthen public health preparedness and response 2019–2023; and (2) a regional risk communication strategy for public health emergencies in the South-East Asia Region 2019–2023. The Regional Office for the Eastern Mediterranean supported the development of (1) public health risk profiles in 15 countries; (2) public health emergency preparedness and response plans in 12 countries; and (3) road maps to enhance the emergency care assessment system in three countries. It also developed technical guidance to operationalize the implementation of the Sendai Framework for Disaster Risk Reduction 2015–2030 in the health sector.

CONCLUSION

33. Overall, in 2019, States Parties made encouraging progress in preparing for and responding to public health risks and emergencies under the framework of the International Health Regulations (2005). Sustained progress was reported across all IHR core capacities. However, significant gaps in core capacities still remain with regard to chemical events, points of entry and radiation emergencies, as well as in the most vulnerable countries with weak health systems and in conflict-affected and fragile settings.

34. There has been an increase in compliance with a number of the Regulations' requirements for core capacities reporting and strengthening. With regard to the requirements for reporting on additional health measures during public health emergencies, some progress was made prior to the emergence of COVID-19. However, substantial delays have persisted in States Parties' notification of events to WHO and their response to requests for event verification. This will require joint efforts by States Parties, the Secretariat and all stakeholders to ensure that the relevant obligations under the Regulations are fulfilled and events are detected at an early stage, thereby ensuring effective and timely responses to public health events of international importance.

35. Developing and maintaining the capacities required under the Regulations for public health emergency preparedness, response and risk management are of utmost importance, while the resilience of national systems to emergencies depends greatly on countries having strong health systems, within the framework of universal health coverage. Therefore, States Parties should take stock of the existing momentum and initiatives in support of the implementation of the Regulations and continue their efforts to strengthen and maintain core capacities in the context of health system development and strengthening.

ACTION BY THE HEALTH ASSEMBLY

36. The Health Assembly is invited to note this report.

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¹ See resolution SEA/RC72/R1 (2019).