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PROGRESS REPORTS ON TECHNICAL PROGRAMMES

As a follow-up to discussions at previous sessions of the WHO Regional Committee for the Western Pacific, progress reports on the following technical programmes and issues are presented herein:

14.1 Food safety: Regional strategy beyond 2015

14.2 Asia Pacific Strategy for Emerging Diseases (2010) and the International Health Regulations (2005)

14.3 Neglected tropical diseases and leprosy

14.4 Ageing and health

14.5 Noncommunicable disease prevention and control

14.6 Regulatory systems strengthening

The Regional Committee is requested to note the progress in these technical programmes and issues.

14.1 FOOD SAFETY: REGIONAL STRATEGY BEYOND 2015

1. BACKGROUND AND ISSUES

In October 2011, the sixty-second session of the Regional Committee for the Western Pacific endorsed the *Western Pacific Regional Food Safety Strategy 2011–2015*. The strategy focuses on strengthening national food safety systems and promoting in-country and regional coordination and collaboration across sectors and national borders. The strategy also calls for enhanced cooperation among key agencies and development partners working in the area of food safety.

In October 2014, a progress report was presented to the sixty-fifth session of the Regional Committee for the Western Pacific on implementing the *Western Pacific Regional Food Safety Strategy 2011–2015*. The Regional Committee requested that WHO indicate plans to renew the strategy and to continue its work on strengthening food safety in the Region.

2. ACTIONS TAKEN

Guided by the regional strategy, significant progress has been made in strengthening food safety in the Western Pacific Region. Food laws, regulations and policies have been developed and updated and risk-based food inspection and enforcement mechanisms and procedures have been established. In addition, surveillance and laboratory capabilities have been upgraded, and stronger cross-sectoral collaboration and coordination have been fostered.

WHO has provided both regional and tailored in-country support to efforts to strengthen food safety throughout Asia and the Pacific. Particular attention has been focused on strengthening the participation of countries in Codex Alimentarius international food standards and the International Network of Food Safety Authorities (INFOSAN), as well as to the strengthening country capacity to prevent, report and respond to foodborne disease outbreaks. This effort includes support for strengthening the capacity for foodborne disease surveillance and for food recall and tracing, as well as support for policy and regulatory interventions, and information, education and communications.

WHO has also provided technical assistance for efforts to improve communication and collaboration between INFOSAN Emergency Contact Points and National Focal Points for the International Health Regulations (IHR).

This included implementation of the first-ever simulation exercise involving National IHR Focal Points, INFOSAN Emergency Contact Points, the WHO Western Pacific Regional IHR Contact Point and the INFOSAN Secretariat.

WHO has strengthened collaboration with partners to build food safety capacity in the Region. This includes continued engagement in the Food Safety Cooperation Working Group, as well as improved collaboration with WHO collaborating centres on food safety and national food safety authorities in some of the Region's high-income countries. Areas of collaboration include gathering of food safety data, and food safety training and education.

World Health Day 2015 provided an opportunity to highlight the importance of food safety for public health and economic prosperity. In celebration of World Health Day 2015, activities took place throughout the Region, from high-level and intersectoral advocacy activities to community-based events.

WHO conducted a progress report on the *Western Pacific Regional Food Safety Strategy 2011-2015* in 2014. The review showed the ongoing relevance of the strategy and the need to raise the profile of food safety in the larger health security agenda.

3. ACTIONS PROPOSED

The Regional Committee is requested to note progress in enhancing food safety in the Western Pacific Region, and in consideration of the continued relevance of the *Western Pacific Regional Food Safety Strategy 2011–2015*, to acknowledge that the strategy should continue to guide action on strengthening national food safety systems.

14.2 ASIA PACIFIC STRATEGY FOR EMERGING DISEASES (2010) AND THE INTERNATIONAL HEALTH REGULATIONS (2005)

1. BACKGROUND AND ISSUES

The *Asia Pacific Strategy for Emerging Diseases (2010)* (APSED) continues to guide Member States in developing core capacities under the International Health Regulations (2005) (IHR). APSED (2010) focuses on generic capacity development and partnerships to build strong systems to prepare for, detect and rapidly respond to all outbreaks and emergencies. APSED has led to strengthened critical capacities in event-based surveillance, field epidemiology training, laboratory diagnosis, a zoonosis coordination mechanism and emergency operations centres. These capacities have been used in response to threats such as human infections of H7N9 and H5N1, dengue and other arbovirus outbreaks, and imported cases of Middle East respiratory syndrome coronavirus (MERS) in Malaysia, the Philippines and the Republic of Korea. Of the Region's 27 IHR States Parties, 18 met the core capacity requirements of IHR (2005) by the June 2014 deadline and nine others formally requested a final two-year extension to 2016.

The threat of Ebola virus disease (EVD) has been a top priority in the Western Pacific Region following the outbreak in West Africa that in August 2014 was declared a Public Health Emergency of International Concern, in accordance with IHR (2005). The unprecedented EVD outbreak and recent outbreak of MERS in our Region are reminders that being prepared for the unexpected is essential. WHO has used the APSED (2010) approach in supporting Member States to strengthen national and regional preparedness.

2. ACTIONS TAKEN

To support and coordinate EVD preparedness activities in the Region, WHO Regional Office for the Western Pacific established the Ebola Emergency Support Team in August 2014. Guided by APSED (2010), WHO also led development of *Preparedness for a Potential Outbreak of Ebola Virus Disease: A Framework for Action in the Western Pacific Region*. The Regional Office conducted an Ebola preparedness survey with all 27 National IHR Focal Points in the Region in September 2014 to gauge existing capacities. A follow-up survey was sent in March 2015 to assess additional progress. Ebola simulation exercises were conducted with 23 Member States in October 2014 and with Pacific

island countries and areas in November 2014. These exercises tested how each country would respond to the arrival of a travel-related EVD case and identified priority activities that are now being implemented with WHO support.

The Regional Office also supported the global EVD response through deployment of the Western Pacific Ebola Support Team (WEST), a team of WHO staff members and national experts, to West Africa. WEST is an innovative approach in that multi-disciplinary teams train together and are deployed together so that they can work efficiently and effectively in the field. WEST's coordinated and integrated support has helped address staff continuity challenges and improved case investigation and contact tracing.

Findings from the biregional evaluation of APSED in 2015, presented to the biregional meeting of the Asia Pacific Technical Advisory Group on APSED in July 2015, will be used to inform future directions. The meeting participants also discussed the WHO concept note: *Development, monitoring and evaluation of functional core capacity for implementing the International Health Regulations (2005)* (Annex 1). Participants agreed in principle with the approach presented in the concept note.

3. ACTIONS PROPOSED

The Regional Committee is requested to note the progress in implementing the *Asia Pacific Strategy for Emerging Diseases (2010)* to meet the International Health Regulations (2005) core capacity requirements. The Regional Committee is also requested to note the WHO concept note: *Development, monitoring and evaluation of functional core capacity for implementing the International Health Regulations (2005).*

14.3. NEGLECTED TROPICAL DISEASES AND LEPROSY

1. BACKGROUND AND ISSUES

The Regional Committee for the Western Pacific in 2012 (WPR/RC63.R4) endorsed *Regional Action Plan for Neglected Tropical Diseases in the Western Pacific (2012–2016),* urging elimination or control of seven neglected tropical diseases (NTDs) as a priority. The action plan focuses on: strengthening political commitment; enhancing NTD programme management and intersectoral collaboration; scaling-up access to NTD prevention and case management interventions; strengthening integrated NTD surveillance; and strengthening research capacity on NTDs.

2. ACTIONS TAKEN

Significant progress has been made towards elimination of priority NTDs. Three lymphatic filariasis-endemic countries (Niue, Palau and Vanuatu) reached elimination of the disease as a public health problem and submitted dossiers to WHO. Four other countries (Cambodia, Cook Islands, Marshall Islands and Viet Nam) are preparing dossiers.

The Western Pacific Regional Programme Review Group on NTDs continued to support the Region, working with WHO to monitor progress, approve requests for drug donations, advise on technical issues and engage in advocacy. Political commitment was also strengthened in 2013 with the World Health Assembly highlighting building national capacity as a priority (WHA 66.12).

In response to the World Health Assembly resolution, 19 countries participated in a regional training on integrated NTD programme management. WHO also provided technical assistance to three schistosomiasis-endemic countries (Cambodia, the Lao People's Democratic Republic and the Philippines) to initiate multisectoral collaboration with water, sanitation and hygiene and animal health.

Effective NTD interventions include mass drug administration (MDA) and deworming. MDAs were implemented for 28 million people in 11 countries to treat and prevent lymphatic filariasis. Solomon Islands started MDA against blinding trachoma and yaws. Vanuatu also started MDA against yaws. For soil-transmitted helminthiases, four countries (Cambodia, Kiribati, the Lao People's Democratic Republic and Tuvalu) achieved the deworming coverage target among children. The Marshall Islands and Solomon Islands started deworming, and the Philippines shifted to a nationwide deworming campaign to improve treatment coverage.

NTD surveillance continued to improve in the Region. Data from Cambodia, China, the Lao People's Democratic Republic and Viet Nam indicate that blinding trachoma is no longer a public health problem. Fiji and Vanuatu completed mapping of blinding trachoma, and Fiji and Kiribati completed mapping of yaws.

Despite continued reductions in leprosy in the Region, prevalence rates remain high in three Pacific island countries: Kiribati, the Marshall Islands and the Federated States of Micronesia. WHO supported training on prevention of disability from leprosy, including ways to improve the quality of life for those with the disease.

3. ACTIONS PROPOSED

The Regional Committee is requested to note the progress and the remaining challenges to control and eliminate NTD.

14.4 AGEING AND HEALTH

1. BACKGROUND AND ISSUES

Following endorsement by the Regional Committee for the Western Pacific in 2013 of the *Regional Framework for Action on Ageing and Health in the Western Pacific (2014-2019)*, Member States have shown renewed awareness of ageing and health and have increased their requests for support. The Framework includes four pillars of action: (1) fostering age-friendly environments through actions across sectors, (2) promoting healthy ageing across the life course and preventing diseases and functional decline among older people; (3) reorienting health systems to meet the needs of older people; and (4) strengthening the evidence base on ageing and health. The focus on meeting the health needs of older people is especially timely in the context of universal health coverage.

2. ACTIONS TAKEN

The Regional Office for the Western Pacific has supported activities to raise awareness and commitment, strengthen evidence and evidence-informed policy-making and build national capacity on ageing and health. WHO support has focused in particular on reorienting health systems to meet the needs of older people.

WHO has supported Member States in their efforts to develop policies and actions on ageing and health. In China, a knowledge translation project resulted in a national report and policy briefs on ageing and health. In Mongolia, following endorsement of the National Programme on Healthy Ageing, the government convened policy dialogue on its implementation. In Fiji, policy dialogue with the Ministry of Health focused on reorienting health systems to meet older people's needs and expand palliative care. The 2014 ASEAN Health Ministers' Meeting hosted by Viet Nam included a side event on ageing and health. Regional learning and sharing of experience was facilitated though a WHO-supported workshop on health financing and social protection arrangements for older people, people with disabilities and people with NCDs, including participation from Cambodia, the Lao People's Democratic Republic and Viet Nam.

At the regional level, analyses of the health systems implications of population ageing were undertaken to inform policy advocacy and dialogue, and implementation in countries.

This included regional reviews and analyses highlighting issues in integrated service delivery, essential medicines and health technology, human resources for health and long-term care. Analysis of the potential of older people's associations to meet older people's health needs was also initiated, focusing on Cambodia, China and Viet Nam in the Western Pacific Region.

Enhancing partnerships remains vital to progress on ageing and health. The Regional Office has strengthened collaboration with HelpAge International East Asia and Pacific and United Nations Economic and Social Commission for Asia and the Pacific to disseminate the regional framework and enhance WHO's voice on ageing and health. Collaboration with the Alliance for Healthy Cities provided an opportunity to discuss synergies with the WHO Global Network of Age-friendly Cities and Communities. Regional experiences and learning contributed input into the development of the *World Report on Ageing*, scheduled for publication in October 2015.

3. ACTIONS PROPOSED

The Regional Committee is requested to note the progress in ageing and health.

14.5 NONCOMMUNICABLE DISEASE PREVENTION AND CONTROL

1. BACKGROUND AND ISSUES

In 2013, the Regional Committee for the Western Pacific endorsed the *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020)* (resolution WPR/RC64.R6). The plan, which is fully aligned with the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020* adopts nine voluntary global targets to be achieved by 2025 and 25 indicators.

The Outcome Document of the 2014 High-level Meeting of the United Nations General Assembly on the Comprehensive Review and Assessment of the Progress Achieved in the Prevention and Control of NCDs recognizes the remarkable progress achieved at the national level and includes four strategic time-bound national commitments to be implemented in 2015 and 2016. Following a request at the 136th session of the WHO Executive Board, WHO published a technical note in May 2015 that sets out 10 progress indicators to be used to report to the General Assembly in 2017.

2. ACTIONS TAKEN

To strengthen national capacity, leadership and multisectoral action and raise the priority of NCD prevention and control: WHO supported six Member States in developing national NCD multisectoral action plans or strategies. These were endorsed in Cook Islands, Fiji and Viet Nam. Marshall Islands and the Federated States of Micronesia developed tobacco control action plans. A joint mission of the Pacific Regional UN Thematic Group on NCDs and the United Nations Interagency Task Force on the Prevention and Control of NCDs (UNIATF) took place in Tonga in March 2015. The second Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD) was held in December 2014 in Japan, with 20 participants from 15 countries and areas. Malaysia held a national LeAd-NCD workshop in December 2014. The second Workshop on Leadership and Capacity-Building for Cancer Control (CanLEAD) was held in June 2015 in the Republic of Korea with 20 participants from nine countries. The national Health Promotion Leadership (ProLead) Training for China concluded its second and third module in January and July 2015, respectively.

To reduce the modifiable risk factors for NCDs: Nine countries implemented tobacco tax increases, three countries introduced graphic health warnings on tobacco packaging, and seven countries expanded smoke-free zones. In April 2015, Pacific health ministers reaffirmed their commitment to the Healthy Islands vision and goal of a Tobacco Free Pacific by 2025. A workshop was held in August 2015 with 13 countries to discuss implementation of the *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015-2019).* Workshops were held in Asia in March 2015 and in the Pacific in April 2015 for implementation of the *Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015–2020),* followed by a meeting on the role of Codex Alimentarius in addressing NCDs. The WHO Commission on Ending Childhood Obesity (ECHO) held its first regional consultation for Asian countries in March and another for Pacific island countries in July 2015. The Philippines and Viet Nam were supported in identifying priority actions to address the increasing prevalence of childhood obesity. Most Member States have also initiated salt reduction activities as part of their commitment towards reaching the associated global targets on salt/sodium and blood pressure.

To strengthen health systems to address the prevention and control of NCDs: WHO continues to support its Member States in the implementation of the Package of Essential NCD (PEN) Interventions for Primary Health Care in Low-Resource Settings. PEN has been introduced into selected primary health-care facilities in Cambodia, China, the Lao People's Democratic Republic and Samoa, as a village demonstration initiative on early NCD detection and management through community participation. A planning workshop for the implementation of PEN in Mongolia was held in August 2015. An informal consultation to review progress and assess further support for the adaptation of the PEN protocols to improve relevance and suitability for Pacific island countries was held in February 2015 in Fiji.

To monitor the trends and evaluate progress: all Member States have adopted the nine voluntary global NCD targets, with some developing National NCD targets aligned with the global targets. Surveillance systems to monitor NCD risk factors and disease trends were strengthened. Viet Nam is conducting a second-round WHO STEPwise approach to surveillance (STEPS) survey, and Brunei is preparing for its first such survey. Five Pacific island countries have completed or are conducting second-round surveys. Six Pacific island countries and areas have planned or conducted school-based health surveys. WHO conducted the NCD Country Capacity Survey with an updated questionnaire in all countries and areas in the Region from June to August 2015. Survey

results will be used to assess country capacity and progress in NCD prevention and control. These results will inform the third high-level meeting of the United Nations General Assembly on NCDs in 2018.

3. ACTIONS PROPOSED

The Regional Committee is requested to note the progress in addressing NCDs in the Western Pacific Region.

14.6 REGULATORY SYSTEMS STRENGTHENING

1. BACKGROUND AND ISSUES

The resolution of the Sixty-seventh World Health Assembly on regulatory system strengthening for medical products (WHA67.20) mandates WHO to continue supporting Member States to strengthen regulatory systems for medical products. The resolution also requests that WHO increase efforts to support countries and prioritize establishing and strengthening regional and subregional networks of regulatory authorities. Two strategies guide regulatory systems strengthening work in the Western Pacific Region. First, the *Regional Framework for Action on Access to Essential Medicines in the Western Pacific (2011–2016)* prioritizes regulation strengthening and quality assurance. Second, the *Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific,* endorsed by the Regional Committee for the Western Pacific in 2014, prioritizes strengthening the functions of national regulatory authorities to accelerate entry of low-cost, safe and effective vaccines. The regional framework also prioritizes strengthening regulatory capacity in countries through the Regional Alliance for National Regulatory Authorities in the Western Pacific, conducting self-assessment and supporting institutional development planning.

2. ACTIONS TAKEN

WHO has conducted a national medicines regulatory system assessment in the Philippines that resulted in important regulatory reforms. Systems for medicines registration, inspections and pharmacovigilance were strengthened in Cambodia, China, the Lao People's Democratic Republic, Mongolia, the Philippines and Viet Nam. Support entailed improvements to databases used for registration as well as updated inspection protocol for drug manufacturing facilities, as well as good manufacturing practice inspections for plasma fractionation in Malaysia.

The regulatory framework, registration and quality assurance for traditional medicine products were strengthened in Cambodia, Fiji, the Lao People's Democratic Republic, Mongolia, the Philippines, Papua New Guinea and Viet Nam. At the global and regional levels, initiatives such as the *Pandemic Influenza Preparedness Framework* and the *Access to Quality Medicines and other Technologies Taskforce of the Asia Pacific Leaders Malaria Alliance* increased intercountry collaboration to strengthen national regulatory systems. At the regional level, WHO also worked with

Interpol on annual campaigns to identify substandard and falsified medicines and to strengthen enforcement to curb the sale of these products.

China Food and Drug Administration met WHO criteria for a functional vaccine regulatory system in 2011 and 2014. In line with this, locally produced Japanese encephalitis and seasonal influenza vaccines from China were WHO-prequalified in 2013 and 2015. The Drug Administration of Viet Nam achieved the same certification in 2015. The achievements of national regulatory authorities of China and Viet Nam will contribute to improving the global supply of affordable, quality-assured vaccines.

Under the guidance of the Regional Alliance, WHO Regional Office for the Western Pacific has provided technical support, including self-assessments of regulatory capacity gaps and in-country and intercountry trainings for low- and lower-middle-income countries, including Cambodia, the Lao People's Democratic Republic, Mongolia, the Philippines and Viet Nam. WHO has also supported Member States in the development and implementation of institutional development plans to strengthen vaccine regulatory capacity.

3. ACTIONS PROPOSED

The Regional Committee is requested to note the progress in regulatory system strengthening.

ANNEX 1

Concept note

Development, monitoring and evaluation of functional core capacity for implementing the International Health Regulations (2005)

1. Institutional framework

In view of (i) Article 54 on "Reporting and review" of the International Health Regulations (2005) (IHR); (ii) resolution WHA61.2 "Implementation of the International Health Regulations (2005)"; (iii) resolution WHA65.23 in 2012 "Implementation of the International Health Regulations (2005)"[1]; (iv) resolution EBSS/3/2015/REC/1 on the Ebola virus disease outbreak and the report of the Ebola Interim Assessment Panel in 2015[2], States Parties to the IHR should consider new approaches and methods for short- and long-term assessment of national core capacity for implementation and effective functioning of the IHR.

Resolution WHA68.5 approving the recommendations of the "Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation"[3] noted that, in order for the IHR to continue to serve their primary purpose—an agreed set of rules to minimize the international public health implications of the spread of an initially localized risk that is sub-optimally controlled-2016 should not be perceived as the end of implementation of the IHR.

It is therefore important to develop an improved capacity monitoring and assessment scheme with a clear mechanism, recognizing that a significant challenge for the implementation of the IHR in the foreseeable future is related to the lack of satisfactory metrics to demonstrate the actual benefits from their implementation as well as progress made toward their sustainable implementation.

The global IHR monitoring and evaluation scheme for use after 2016 should satisfactorily ensure the mutual accountability of States Parties and the Secretariat for global public health security, by transparent reporting and building trust through dialogue. It should cover implementation of the IHR as a whole and, depending on the aspect considered, propose both quantitative and qualitative

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[1] http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_R23-en.pdf
Resolution WHA65.23 "Implementation of the International Health Regulations (2005)"(2012), requesting the WHO Director-General: "(7) *to monitor the maintenance of the national core capacities required under the International Health Regulations (2005) in all States Parties not requesting extensions to the deadline, through the development of appropriate methods of assessing effective functioning of the established core capacities*."

[2] http://apps.who.int/gb/ebwha/pdf_files/EBSS3/EBSS3_R1-en.pdf
http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_25-en.pdf

[3] http://apps.who.int/gb/ebwha/pdf_files/EB136/B136_22Add1-en.pdf
Implementation of the International Health Regulations (2005): Report of the Review Committee on Second Extensions for establishing national Public Health Capacities and on IHR implementation. Recommendation 7: *(Para. 43) "The Review Committee recommends that the Director-General consider a variety of approaches for the shorter- and longer-term assessment and development of IHR core capacities as follows: States Parties should urgently: (i) strengthen the current self-assessment system [….]; and (ii) implement in-depth reviews of significant disease outbreaks and public health events [….]. In parallel, and with a longer term vision, the Secretariat should develop through regional consultative mechanisms options to move from exclusive self-evaluation to approaches that combine self-evaluation, peer review and voluntary external evaluations involving a combination of domestic and independent experts [….]. Any new monitoring and evaluation scheme should be developed with the active involvement of WHO regional offices and subsequently proposed to all States Parties through the WHO governing bodies' process."*

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approaches, with consensus on the frequency of ad hoc, periodic, cyclical and continuous assessments. The scheme should be proposed to all States Parties through WHO governing bodies, for ultimate approval by the Sixty-ninth session of the World Health Assembly in May 2016.

This concept note is designed as an aid to meet the May 2016 deadline by describing the proposed components of the IHR monitoring and evaluation scheme related to the capacity of States Parties.

2. National public health capacity under the IHR

The IHR represent the commitment of all States Parties to prepare for and respond to events that may constitute a public health emergency of international concern by a common set of rules. The IHR are designed to ensure and improve the capacity of all countries to prevent, detect, assess, notify, report and respond to public health threats. The global effectiveness of the framework depends on its full, sustained application by all countries.

Public health capacity under the IHR is defined as the indispensable, fundamental actions that are the primary responsibility of each State Party for achieving the goal of national health security, i.e. to prevent the spread of diseases and to detect and investigate health risks in the community by efficient multisectoral action (e.g. integrated disease surveillance systems, laboratory services and national, regional and global networks).

A critical component of essential public health functions under the IHR is the empowerment by States of national focal points to notify and coordinate activities in the public health system and to ensure the availability of a competent public health workforce for a continuum of health services, from the community to intermediate and central levels. The IHR require coordination among all parts of the health system, including personal and population-based care, the integration of health information systems with the use of new technologies and coordination of multisectoral activities between ministries and sectors.

Thus, a method is required for evaluating performance that can be applied to public health services in the context of IHR requirements.

3. Principles for monitoring national public health capacity under the IHR

The purpose of the IHR monitoring and evaluation scheme after 2016 at the global level should be to provide a framework for mutual accountability among Member States for global public health security. Transparent, accurate, timely reporting will give all Member States information on existing capacity and will foster dialogue, trust and mutual accountability among Member States.

Monitoring and evaluation are essential for public health, and all countries should have a strong, integrated system at national level, independently of the international IHR monitoring scheme. This should be the basis for national health sector strategic planning, covering all major disease programmes and health systems activities. It should be well integrated with existing activities and systems in order to minimize work and avoid duplication.

National plans of action (e.g. national IHR implementation or extension plans and, where relevant, national preparedness and response plans) should be incorporated into the national budget cycle and aligned with the national strategic plan, rather than being independent of institutional planning. This is one of the first steps in building sustainable capacity. It will facilitate linkage of the plan with other relevant sectors and ensure compatibility with national timelines and strategic plans.

Annex 1

The main purpose of completing the annual IHR monitoring framework questionnaire[4] was to fulfil the obligation of Member States and the Secretariat to report annually to the Health Assembly on progress in implementing the IHR. Although the data derived from the current questionnaire provide consistent information, they do not give an indication of the functionality of national systems or the capacity required to manage public health events.

➔ *Preparation of an evidence-based self-assessment of essential public health functions by States Parties (IHR Annex 1 Core capacities)*

The outbreak of Ebola virus disease indicated that the information shared by Member States in the self-assessment questionnaire does not always correspond to the reality in the field, because of inadequate mechanisms for accurate collection and validation of data.

As the usefulness of the IHR monitoring framework for reporting on IHR capacity at national level is recognized, the WHO Secretariat could identify a subset of indicators of functionality and associate them with reformulated or simplified function-oriented questions. Any review or modification of the framework should be inspired by or complement other tools developed for regional strategies and frameworks, such as the Asia Pacific Strategy for Emerging Diseases and Integrated Disease Surveillance and Response.

➔ *Review after acute public health events*

The management of public health events reflects the functionality of national core capacity and of the readiness of the global alert and response system.

To complement self-assessment and foster transparent collective learning, it is proposed that each State Party review one of the events with potential or actual international public health implications that has come to the attention of WHO. States Parties that have not been affected by an event with potential or actual international public health implications would examine one or more events with local connotations.

Such national reviews should be conducted continuously as soon as possible after the event and be qualitative. The reviews remain the responsibility of the States Parties, with or without support from other States Parties or WHO.

The after-action review could consist of an internal audit by all national stakeholders responsible for essential public health functions or an external peer review if a State Party wishes to invite another State Party and the WHO Secretariat to participate in an independent review of a national outbreak. Standardized tools and methods for this purpose will be prepared by the WHO Secretariat after consultation with States Parties.

➔ *Simulation exercises*

When possible, Member States should include simulation exercises in monitoring and evaluation to test the actual functionality of their IHR capacity and perhaps share lessons and best practices with other countries and stakeholders. To the extent possible, regional offices should facilitate the participation of other Member States in simulation exercises as observers.

Protocols for national simulation exercises could include “table-top” exercises, “skill drills”, national functional assessment exercises or full-scale exercises, which may be combined.

The WHO Secretariat will be responsible for preparing standardized tools and methods, in consultation with the regional offices and Member States. WHO country offices should support such exercises to ensure that IHR core capacity is improved in a sustainable way.

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[4] http://www.who.int/ihr/checklist/en/
http://www.who.int/ihr/publications/WHO_HSE_GCR_2015.8/en/

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4. Independent evaluation of the quality and functional performance of the capacity of States Parties for implementing the IHR

Integrated review and planning

IHR capacity should be assessed by an integrated review of current functioning. All Member States should conduct such reviews, including those that have reported that they have met the targets for IHR capacity and those that have not made a report. The review should be based on a systematic assessment and gather all national stakeholders and value existing sectoral assessments.

The review will help to:

- establish or reinforce national coordination mechanisms and identify the roles of stakeholders;
- plan within the national budget cycle;
- update and realign plans in various national sectors as a first step in institutionalizing monitoring and evaluation mechanisms; and
- identify gaps and possible solutions or corrections at national or regional level and establish milestones to monitor progress.

For this integrated review, all national plans that include IHR capacity and functions, including extension action plans submitted by Member States, should be incorporated into the existing strategic, planning and financing mechanism. This integrated review and planning process should empower countries to negotiate with national partners and external donors by providing a solid institutional framework for channelling resources for cooperation. The review therefore represents an opportunity for reframing the national institutional cooperation framework and for a systematic review of the commitments made by the country in all relevant sectors and institutions at international level (United Nations, sub-region).

Independent evaluation of functional IHR capacity

The integrated review is primarily the responsibility of each Member State. One option for operational IHR monitoring and evaluation, however, that Member States may consider on a voluntary basis, is an independent evaluation of the country's capacity to detect and respond to public health events on the basis of a set of criteria for operational capacity and performance.

In a performance-oriented approach, retrospective reviews of actual events and simulation and table-top exercises can be conducted for both qualitative and quantitative assessments of functioning and contribute to building trust among Member States.

Independent evaluation is important for improving the public health capacity required under the IHR at national, regional and international levels. It will be undertaken with the full participation and approval of the country and will serve as the basis for discussions with:

- the ministry(ies) and stakeholders responsible for surveillance and response to public health threats, in collaboration with other sectors (e.g. animal health, tourism, transport); and
- international technical partners and funding agencies when requesting support for any of the activities or investments defined in the external evaluation report.

Independent evaluations should be facilitated by WHO and conducted by e.g. a group of technical assessors established by the regional committee (or alternatively regional commissions or platform), with standardized terms of reference for the six regions. The group should consist of international experts in various subjects who are qualified and trained by WHO, are on the international IHR roster of experts or are solicited for their expertise in essential functions of public health.

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The independent evaluation will comprise a desk review of country data, followed by a country visit, ideally at central, intermediate and local levels, to determine the functionality of the procedures and processes in place. The country data for the desk review could include self-assessments and other reviews conducted by the State Party, including after action review and simulation exercises. Parties might decide to conduct a simulation exercise during the independent evaluation.

The evaluation teams will report to the annual regional committee meetings on capacity, and the WHO Secretariat will publish a list of Member States in which evaluations have been made, for transparency and to build trust among States Parties. Countries may consider sharing the report of the independent evaluation, the recommendations and the work plan publicly.

WHO headquarters and regional offices will support countries in participating in evaluations with regard to both voluntary submission and conducting simulation exercises, as these are an important component of external evaluation.

Member States are urged to consider the incentives, benefits and outcomes of an independent evaluation, which:

- is more than a diagnostic instrument and will raise awareness and promote a culture of continual improvement;
- indicates the overall performance of essential IHR capacity;
- provides a basis for establishing routine monitoring and follow-up of the overall performance of the health services over time with regard to prevention, early detection, reporting, accurate confirmation and response to public health threats;
- fosters peer-review and partnerships between countries, sharing of technical skills and resources, capacity-strengthening and/or assistance in times of crisis; and
- by specific follow-up with interested stakeholders and donors, helps countries to set priorities and formulate justifications when applying for national or international financial support (loans or grants) from national governments or international donors.

The independent country evaluation will focus on the national context and priorities. Any specific regional context might have to be taken into consideration, such as membership of a sub-regional economic community or a regional economic integration organization.

5. Next steps and timelines

The monitoring and evaluation framework described in this concept note, if endorsed by the global and regional WHO governing bodies during 2015, will be expanded further in consultations organized by WHO headquarters and regional offices, including convening meetings of experts. The monitoring and evaluation framework, its operational details and the proposed timetable will be presented to the Sixty-ninth session of the World Health Assembly in 2016.

In order to establish the level of performance of a country, identify a shared vision, establish priorities and conduct strategic initiatives, revised tools and protocols will be prepared by the WHO Secretariat as part of a standardized process for e.g. defining critical competences for the IHR, performance levels and functional indicators, terms of reference and standard operating procedures for independent evaluations, and training assessors certified by WHO.

The Secretariat will continue to interact with relevant international agencies and the coordinating bodies of existing initiatives to identif`y any synergy and minimize duplication, while fostering an intersectoral approach.

Annex 1

Date	Activity
June–October 2015	Consult the WHO regional committees for endorsement of the method and activities.
October–December 2015	Conduct regional consultations with Member States and international partners (e.g. the International Organisation for Animal Health, the International Atomic Energy Agency, the International Civil Aviation Organization and the International Organization for Migration) on options for monitoring and evaluating implementation of the IHR. WHO will prepare tools and protocols.
January 2016	Method and principles of monitoring and evaluation of implementation of the IHR approved at the 138st session of the Executive Board.
January–December 2016	Finalize and pilot test the WHO tools and protocols for external evaluation (self-assessment tool, after-action review, simulation exercise)
May 2016	Approval of the IHR monitoring and evaluation framework at the Sixty-ninth session of the World Health Assembly