WHO Linkages between Emergency Preparedness, IHR (2005) and Health Security

Seminar for Parliaments of the Pacific on the implementation of United Nations Security Council resolution 1540

Core Capacity Monitoring Evaluation Unit
Department Country Health Emergency Preparedness and IHR

Ludy Suryantoro
WHO – IPU COLLABORATION

Making history: WHO Director-General announces Memorandum of Understanding between Inter-Parliamentary Union and WHO

139th Inter-Parliamentary Union Assembly: continued support for women’s, children’s and adolescents’ health, including sexual and reproductive health and rights

18 October 2018: World Health Organization (WHO) Director-General Dr Tedros made history yesterday by publicly announcing the Memorandum of Understanding between the Inter-Parliamentary Union (IPU) and WHO. This marks a crucial high-level commitment between WHO and IPU and signals important political support for the strategic priorities of WHO in ensuring health lives and promoting well-being for all throughout life.
Epidemic and major outbreak continues to strike – MERS - EBOLA – ZIKA. Safety and Security

The International Health Regulations (2005)

Influenza preparedness threat 2006-2009

H1N1 Pandemic Response 2009-2010

US$ 1 trillion

WB Avian and Human Influenza Facility
Bilateral and Multilateral financing

H7N9 Appeal

Emerging / re-emerging diseases and Unknown...

Financing Preparedness

stronger Country Ownership working in Partnership
WHO leadership in health security

First 21st century’s global epidemic. Major economic cost – US 60 billion
The International Health Regulations (IHR) (2005) represent an legally binding agreement between 196 countries to work together for global health security.

Under the IHR, countries have agreed to build core capacities to detect, assess and report public health events.

WHO plays the coordinating role in IHR and assists countries to build capacities.

The implementation of the IHR (2005) core capacities involves addressing issues related to laboratory biosafety and biosecurity.

Laboratory biosafety and biosecurity and other IHR (2005) core capacities are crucial to the objectives of UNSCR 1540.
Travel and trade measures during outbreaks under the IHR (2005)

State Party required to send to WHO public health rationale and scientific evidence within 48h.
WHO required to share measure and rationale with other States Parties (on the EIS)

Additional health measures significantly interfering with travel (Article 43)
• Travel ban
• Closing borders
• Visa refusal for passengers originating from affected countries
• Refusal of entry or departure* or their delay for more than 24 hours

Allowed for public health purposes (Articles 23 and 31)
WHO monitors

Health measures
• Entry screening
• Exit screening
• Information check
• Invasive/non-invasive medical examination

Advisory
• Avoid unnecessary travel to affected country
• Vaccination recommendations
• Personal protective measures

* of international travelers, baggage, cargo, containers, conveyances, goods, and the like
Points of Entry and Mass Gatherings

Objective to increase health security globally

Harmonized practice, technical guidance and tools in a multisectoral approach for prevention, detection, event management at PoE

Assistance provided to countries in enhancing and strengthening capacities, including for mass gatherings

Information and knowledge sharing, international collaboration and coordination

Ports, Airports, Ground crossing network

Workforce development
Guiding Frameworks for WHO's work in prevention, detection and response

GLOBAL

Regional

World Health Organization
APSED III serves as an upgraded regional framework for action to advance IHR implementation, thus protecting health security
Prioritization: APSED III Focus Areas

- Surveillance, Risk Assessment and response
- Laboratories
- Zoonoses
- Prevention through healthcare
- Monitoring and evaluation

World Health Organization
Regional approach for health security system

• **STRENGTHEN the core** -- continuing investment in 8 focus areas for health security

• **POSITION in new context**— strengthening stakeholders’ platform and fostering partnership

• **BUILD resilience** — anchoring health security towards a resilient health system

• **PROTECT lives and people’s well-being** — contributing to universal health coverage (UHC) and sustainable development goals (SDGs)
Strengthening Cross Sectoral Collaboration and Engagement for Multisectoral Preparedness Coordination

IHR (2005)

Military Security
Guide – Tools - REMAP

Parliament
Guide – Tools - REMAP

Finance & Trade
Guide – Tools - REMAP

Tourism & Transport
Guide – Tools - REMAP

Human-Animal-Environment
Guide – Tools - REMAP

Public Health
Guide – Tools - REMAP

Public & Private
Guide – Tools - REMAP

SDG 3

GPW 13

UHC/HS

Health Security

Ministry of Health
Veterinary Services, Agriculture

MINISTRY OF FINANCE & COORDINATING BODY FOR DEVELOPMENT AID

MINISTRY OF PARLIAMENT MAJORS

DEVELOPMENT PARTNERS & DONORS

FINANCIAL INSTITUTIONS

OTHER SECTOR: TRADE, SECURITY, FOREIGN AFFAIRS

PRIVATE SECTOR: ANALYSTS AND HOOS

World Health Organization
Core Capacity Monitoring Evaluation Progress

- 190 (182 using SPAR) IHR (2005) States Parties Annual Reporting
- 111 Simulation Exercises
- 52 After Action Reviews
- 12 Resource Mapping
- 103 Joint External Evaluation
- 25 One Health National Bridging Workshops
- 196 State Parties
- 64 National Plans for Health Security

World Health Organization
Laboratory Biosafety and Biosecurity

- **International Health Regulations (IHR) Core Capacities**
  - Efficient laboratory services a cornerstone
  - Safe and secure operations critical

- **WHO supports building laboratory capability**
  - For safe, reliable and timely detection, confirmation and reporting of public health events
SPAR Biosafety & Biosecurity

2017 SPAR Biosafety & Biosecurity Results (%)

- 0-20%

2018 SPAR BIOSAFETY & BIOSECURITY RESULTS (%)

- 0-20%
- 21-60%
- 61-100%

Table: C5 2 Implementation of a laboratory biosafety and biosecurity regime

- Level 1: National laboratory biosafety and biosecurity guidelines and/or regulations are under development
- Level 2: National laboratory biosafety and biosecurity guidelines and/or regulations are in place and implemented by some laboratories at the national level
- Level 3: National laboratory biosafety and biosecurity guidelines and/or regulations are in place and implemented by all laboratories at the national level
- Level 4: National laboratory biosafety and biosecurity guidelines and/or regulations are implemented by all laboratories at national, intermediate and local levels
- Level 5: National laboratory biosafety and biosecurity guidelines and/or regulations are regularly reviewed and updated as needed

Graph: Capacity Average - C5 Laboratory

- Global Average

World Health Organization

HEALTH EMERGENCIES programme
P.6.1 Whole-of-government biosafety and biosecurity system is in place for human, animal, and agriculture facilities *

Figure 1: Indicator P.6.1

P.6.2 Biosafety and biosecurity training and practices

Figure 2: Indicator P.6.2

* Based on data from 77 JEEs
Biosafety and laboratory biosecurity

• Among the weakest technical areas of health security preparedness, as per the findings of Joint External Evaluation of country capacities

• Lack of updated/enforced regulations, notably for oversight of the possession, use and transfer of dangerous pathogens (such as the «US select agent programme»)

• Regulations development and enforcement is a must, but need to be accompanied with a sustained financing of laboratories infrastructure coupled with investment to train and retain a highly qualified workforce
JEE Priority Recommendations – Biosafety & Biosecurity *

* 7 most frequent priority actions recommended, based on approx. 350 priority actions from 77 JEE; preliminary qualitative analysis subject to ongoing research
WHO’s role in biosafety and laboratory biosecurity

- Normative role (e.g. Laboratory Biosafety Manual 4th edition being finalized)
- Technical assistance to countries (assessment, policies and strategies development, training programmes and materials development and delivery)
- Advocacy and information sharing (e.g. Networking of BSL-4/high containment laboratories, Lyon, 13-15 Dec 2017, Biosafety advisory group meetings)
WHO Biosafety Manual - revision timeline

1. Small group consultation
   - ongoing to be closed at the end of September
2. Broader consultation
   - institutional, all sectors
   - autumn/winter
3. Monograph production
4. Modifications
5. Finalisation/editorial work
6. Release end 2019

• The current 3rd edition was published in 2004
• 15 years have passed in this fast-evolving field with advancing technologies
• Therefore need for revision
WHO “model regulations” project

Regulatory situation is heterogeneous among Member States

Highly regulated countries with detailed legislation in the field of biosafety and biosecurity.

Other countries that almost completely lack regulatory guidance as legislation, standards and regulations
  • Common issues identified in JEE missions

Project
Analysis of the biosafety and biosecurity legislative framework of different WHO Member States

Proposition for a harmonized international approach for assuring state-of-the-art legislation for biosafety and biosecurity in biomedical laboratories

University of Applied Sciences Lübeck, German
  Pilot mission to Ethiopia, 23-26 July 2018
  – Global consultative meeting, Geneva, 26-28 September 2018
Stepwise approach – regulating biomedical laboratory biosafety and biosecurity

• Guidance document providing clear guidance in eight major steps to follow to establish biosafety and laboratory biosecurity regulatory framework
• Does NOT intend to replace or to compete with any other available method, tool or approach in this context
• Should be considered as flexible guidance to be adapted to specific national/regional circumstances
• Does NOT provide guidance on technical specifications of the regulations, but intends to complement existing methodological/technical specifications with its focus at the regulatory strategy for biosafety/biosecurity
• Provides decision points and policy options to consider
• Expected to be finalised at the end of 2019
• Global roll out and dissemination in 2020/2021 → need for parliamentary support
SPH PORTAL - COUNTRY PREPAREDNESS PROFILE
https://extranet.who.int/sph

Morocco
WHO Region: AFRO Population: 36,472,000

PREPAREDNESS LEVEL

SURVEILLANCE

Highest Capacities
- Laboratory (100%) (SPAR)
- Risk communication (80%) (JEE)
- Food safety (80%) (JEE)

Critical Action
- **Antimicrobial Resistance**
  - Establish a national multisectoral coordination organization.
  - Develop a multisectoral National Action Plan to combat AMR.
  - Designate a National Reference Laboratory for AMR.

- **Real Time Surveillance**
  - Develop the health surveillance system focusing on indicator, event-based and syndromic surveillance.
  - Accelerate the digitalization of the National Epidemiological Surveillance System and the electronic transmission of data.

Lowest Capacities
- Antimicrobial resistance (20%) (JEE)
- IHR Coordination (40%) (SPAR)
- Laboratory (40%) (SPAR)

HEALTH SECURITY RISK

Critical Action
- **Antimicrobial Resistance**
  - Establish a national multisectoral coordination organization.
  - Develop a multisectoral National Action Plan to combat AMR.
  - Designate a National Reference Laboratory for AMR.

RESPONSE

Highest Capacities
- Medical countermeasures (100%) (JEE)
- Immunization (100%) (JEE)

Critical Action
- **Chemical events**
  - Establish a legally constituted national interministerial commission on chemical events, with a budgeted programme of work for the purpose of...

Lowest Capacities
- IHR Coordination And NIP (40%) (SPAR)
- Chemical events (40%) (JEE)
- Antimicrobial resistance (40%) (JEE)

COUNTRY CAPACITY LEVEL

1. **SDG Index Score (2019)**
   - SDG 3 – Health (2019)
   - SDG 1 – Health (2019)

2. **WHO Emergency Grade**
   - WHO Emergency Grade
   - WHO FCS

3. **WHO Joint External Evaluation**
   - WHO Joint External Evaluation

COUNTRY PREPAREDNESS PLAN

1. **NAPHS**
   - NAPHS National Action Plan for Health Security

2. **HIP**
   - HIP Pandemic Influenza Preparedness Plan

3. **AMR**
   - AMR Antimicrobial Plan

4. **EVD**
   - EVD Ebola Virus Disease

5. **WHO-HRP**
   - WHO-HRP Humanitarian Response Plan

HEALTH SECURITY DONORS AND PARTNERS

DONOR
- European Union
- The Fleming Fund

TECHNICAL AREA SUPPORTED
- Antimicrobial Resistance
- Biosafety and Biosecurity
- Communication and Advocacy
- Emergency Preparedness
- Human Resources
- IHR Coordination
- Immunization
- Linking Public Health and Security Authorities
- National Laboratory System
- National Legislation
- Points of Entry
- Policy and Financing

Legend
*Selected Indicators for SPH – AFRO

**AMR Action Plan:** A. No national AMR action plan, B. National AMR action plan under development, C. National AMR action plan developed, D. National AMR action plan approved by government that reflects Global Action Objectives, with an operational plan and monitoring arrangements, E. National AMR action plan has funding sources identified, is being implemented and has relevant sectors involved with a defined monitoring and evaluation process in place.

Example SPH PORTAL TOOLS – Donor Mapping

25 countries
$56.9 millions

Supported Technical Areas:
- Antimicrobial Resistance
- Biosafety and Biosecurity
- Emergency Preparedness
- Human Resources
- Immunization
- National Laboratory System
- National Legislation
- Policy and Financing
- Preparedness
- Surveillance
- Zoonotic Diseases
Our partnership for regional health security

INFORM

Technical Partnership

Investment Partnership

INOLVE

Operational Partnership

ENGAGE

Country ownership

Putting people first

Monitoring and evaluation

Public health emergency preparedness

Surveillance, risk assessment, and response

Laboratories

Zoonoses

Prevention through health care

Risk communication

Regional preparedness, alert and response
NO SINGLE INSTITUTION CAN RESPONSE TO FUTURE PUBLIC HEALTH THREATS
WORKING TOGETHER IS A MUST
THANK YOU

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