COVID-19 Pandemic

The International Health Regulations: linkages with the Sendai Framework to manage and reduce the impact of the pandemic

World Health Organization

HEALTH EMERGENCIES programme
The International Health Regulations (2005)

• The IHR (2005) are the global governance mechanism for health security.

• They entered into force on 15 June 2007 and are legally binding for all 196 States Parties.

• The IHR (2005) enable countries to work together to prevent, prepare for, respond, and recover from the international spread of diseases, while avoiding unnecessary interference with international traffic.

• Following adoption by the World Health Assembly (WHA) in 2008, all States Parties shall report on their implementation of the IHR to the Director General annually.
Underlying principles of the IHR (2005)

- **Event-based all-hazard approach**: they cover chemical, biological, radiological and nuclear (CBRN) threats to health.

- **One Health and multisectoral approach**: whole-of-government approach to reduce threats to health.

- The IHR are the result of, and their successful implementation depends on, **joint global responsibility**.

- Annual reporting of IHR implementation is an exercise of **transparency** and **joint accountability**.

- Status of IHR implementation informs existing **capacities** and **gaps**, drives **investments in health security** and contributes to other policy frameworks such as WHO’s General Programme of Work (13th GPW) or the **2030 Agenda for Sustainable Development**.
# IHR (2005) core capacities

To aid States Parties in fulfilling the requirement to report annually to the WHA on their implementation of the IHR, the WHO Secretariat developed the **States Party self-assessment Annual Report tool (SPAR).**

The SPAR includes **13 core capacity areas:**

1. Legislation and financing
2. IHR coordination and NFP functions
3. Zoonotic events
4. Food safety
5. Laboratory
6. Surveillance
7. Human Resources
8. National Health Emergency Framework
9. Health service Provision
10. Risk Communication
11. Points of Entry
12. Chemical Events
13. Radiation Emergencies
Translating governance into action

Two examples of how the provisions in the IHR (2005) are operationalized
IHR Monitoring and Evaluation Framework

- The IHR Monitoring and Evaluation framework (IHRMEF) is composed of mandatory and voluntary tools to assess IHR capacities and their functionality.

- These tools identify gaps and strengths to inform the development of national action plans for health security (NAHPS) and drive evidence-based investments in health security.
IHR Daily Communication and Coordination
Of public health events among national and international health authorities

National Health System
Detect and report any urgent or unexpected events

National IHR Focal Point
Consult or notify WHO of any events that may constitute a PHEIC

WHO IHR Regional Contact Points
Receive, assess, and respond to event notified

WHO Director General
Determine whether an event constitutes a PHEIC and recommend measures

Ministries/Sectors Concerned

Other Relevant Organizations

Emergency Committee

COORDINATE

INFORMATION SHARING

REPORT

COMMUNICATE

EXTERNAL ADVICE
Linkages and synergies between the IHR (2005) and the Sendai Framework
### Sendai Framework: four priority areas

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IHR-Sendai synergies: Priority 1

- **Data-based approach to NAPHS**: robust information on risks, capacities and vulnerabilities should inform the identification and prioritization of actions in the development of NAHPS that aims to improve national health security but also safeguard travel and trade, and help to protect economic and social development.

- Insights from **UNDRR monitoring framework** and the **UNDRR health score card** may complement the evidence base for the development of NAPHS.
IHR-Sendai synergies: Priority 2

• The IHR (2005) are the global governance mechanism to coordinate health security, including the assessment of health risks and strengthening of actions to address these.

• There needs to be a greater focus on two underlying principles that are common to health security and disaster risk reduction to strengthen governance at national level:
  – **Policy coherence:**
    • Horizontal (across sectors): i.e. the IHR Monitoring and Evaluation framework (i.e. SPAR, JEE) brings together the whole of government to assess capacities for health security.
    • Vertical (among national and sub-national authorities): i.e. the STAR tool assesses national and sub-national strategic health risks.
  – **Vulnerability lens:**
    • The COVID-19 pandemic has revealed the need for greater understanding and targeted action to reduce health risks for vulnerable groups.
IHR-Sendai synergies: Priority 3

- Resilience is a central tenet of health security and of emergency preparedness.
  - WHO tools to assess health system resilience at national level include:
    • WHO Hospital Safety Index
    • SPAR/JEE: IHR core capacity area: National Health Emergency Framework.
  - Strengthening whole-of-government resilience towards health risks through continuous training targeting key workforce, including emergency managers.

- NAPHS are the key tool to drive evidence-informed investment in health security.
IHR-Sendai synergies: Priority 4

- WHO Health Emergencies Programme (WHE) covers the entire health emergency management cycle with a focus on country impact.

- Lessons learnt and good practices must be identified to “build back better”:
  - Early recovery efforts to tackle pre-existing health system constraints, lay the foundations for a stronger and more resilient health system and build back better.
Proposed areas of collaboration:

- Promote joint situation analysis of risks, capacities and vulnerabilities to inform national and sub-national health security planning.

- Enhance multisectoral collaboration among emergency management and health authorities in the development and implementation of NAPHS.

- Explore synergies in strengthening local level preparedness and resilience.

- Promote joint advocacy for evidence-inform investments in health security.
THANK YOU