

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

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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

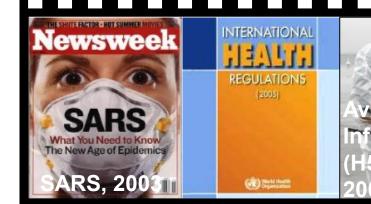
18 October 2018: World Health
Organization (WHO) Director-General Dr
Tedros made history yesterday by publicly
announcing the Memorandum of
Understanding between the InterParliamentary Union (IPU) and WHO. This
marks a crucial high-level commitment
between WHO and IPU and signals
important political support for the strategic
priorities of WHO in ensuring health lives
and promoting well-being for all throughout
life.



Photo credit @IPU/Pierre Albouy

International Health Regulations ...

WHO's milestones











Epidemic and major outbreak continues to strike – MERS - EBOLA – ZIKA. Safety and Security

First 21st century's global epidemic. Major economic cost – US 60 billion

The International Health Regulations (2005)

Influenza preparedness threat 2006-2009

WB Avian and Human Influenza Facility

Bilateral and Multilateral financing H1N1 Pandemic Response 2009-2010

US\$ 1 trillion

H7N9 Appeal Emerging / reemerging diseases and Unknown....

Financing Preparednes s

stronger Country Ownership

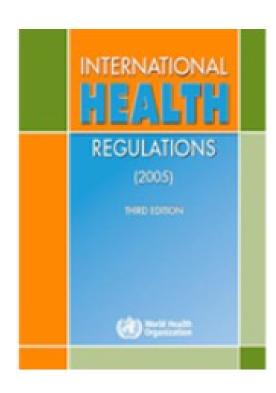
working in Partnership

WHO leadership in health





International Health



- 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

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







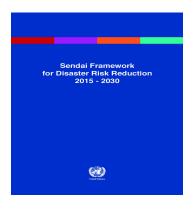
Ports, Airports, Ground crossing network

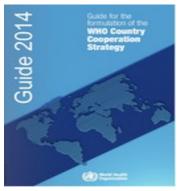


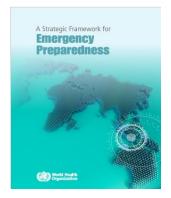




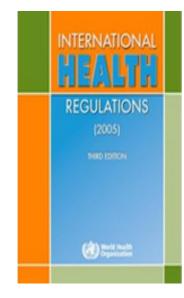
Guiding Frameworks for WHO's work in prevention, detection and response





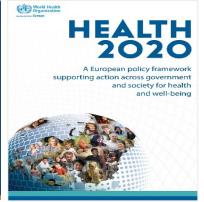
















WHE in Action in the Asia Pacific Region

APSED III serves as an upgraded regional framework for action to advance IHR implementation, thus protecting health security







Prioritization: APSED III Focus

Areas

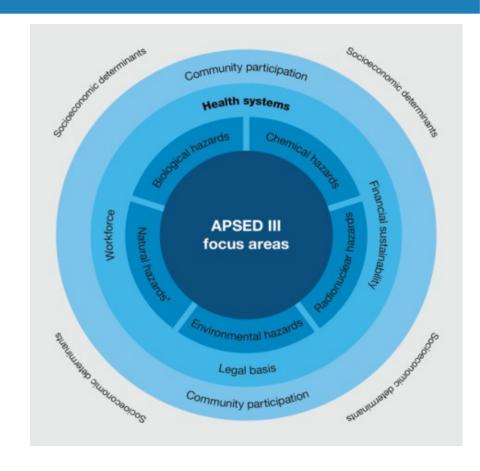






Regional approach for health security system

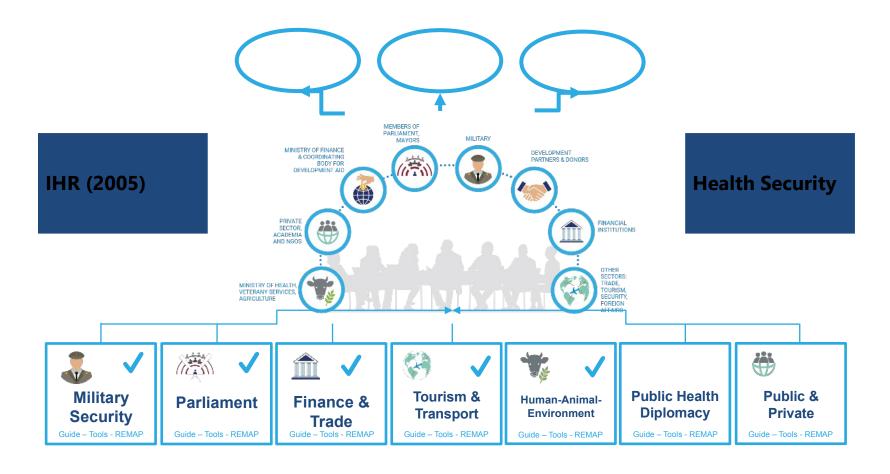
- STRENGTHEN the core -continuing investment in 8 focus areas for health security
- POSITION in new context—
 strengthening stakeholders'
 platform and fostering partnership
- BUILD resilience anchoring health security towards a resilient health system



PROTECT lives and people's wellbeing – contributing to universal thealthordeleadth (UHC) and sustainable development goals



for Multisectoral Preparedness Coordination





Sample Sa







Biosecurity



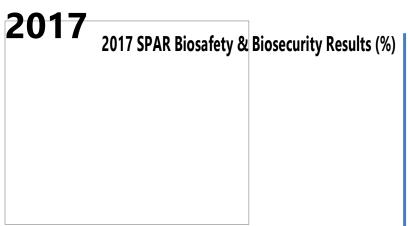
- International Health Regulations (IHR) Core Capacities
 - Efficient laboratory services a cornerstone
 - Safe and secure operations critical

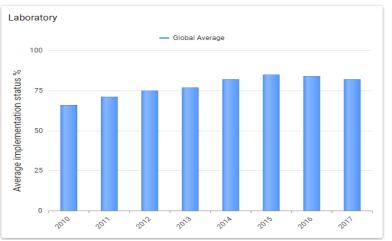
- WHO supports building laboratory capability
 - For safe, reliable and timely detection, confirmation and reporting of public health events





SPAR Biosafety &

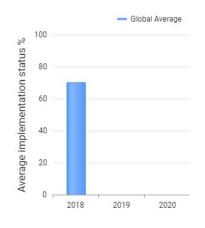




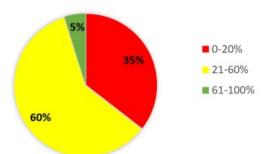
2018

Level	C5.2 Implementation of a laboratory biosafety ⁴² and biosecurity ⁴³ regime				
Level 1	National laboratory biosafety and biosecurity guidelines and/or regulations are under development	0			
Level 2	National laboratory biosafety and biosecurity guidelines and/or regulations are in place and implemented by some laboratories at the national level				
	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				

Capacity Average - C5 Laboratory



2018 SPAR BIOSAFETY & BIOSECURITY RESULTS (%)







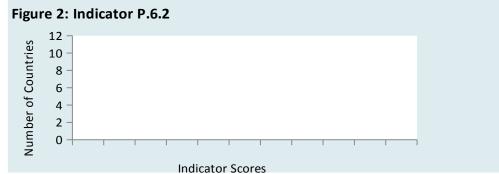
JEE

Biosafety Biosecurit Indicator Based **Scores**

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



P.6.2 Biosafety and biosecurity training and practices



* Based on data from 77 JEEs





Biosafety and laboratory

- 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 dangerous pathogens (such as the «US select agent



Organization
Regulations development and

JEE Priority Recommendations – Biosafety & Biosecurity *

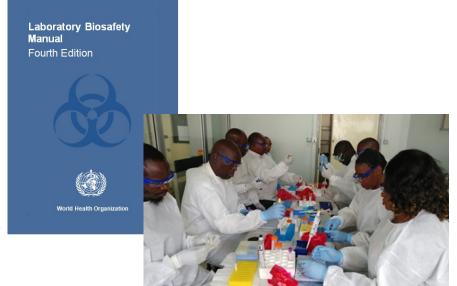
* 7 most frequent priority actions recommended, based on approx. 350 priority actions from 77 JEE; preliminary qualitative analysis subject to ongoing research





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

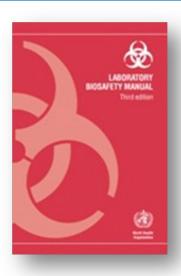








WHO Biosafety Manual - revision timeline



- 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"

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**



Stepwise implementation of regulatory requirements for ensuring biosafety and biosecurity in biomedical

WHO Guidance Document

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

University of Applied Sciences Lübeck, German





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



98

I MIC

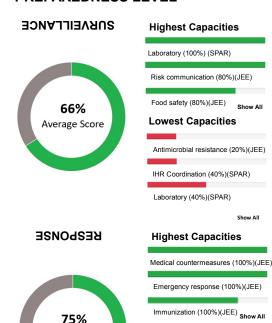
Training

Brucellosis

16

WHO Region: AFRO Population: 36,472,000

PREPAREDNESS LEVEL



Lowest Capacities

Chemical events (40%)(JEE)

Antimicrobial resistance (40%)(JEE)

IHR Coordination And NFP (40%)(SPAR)

Critical Action

Antimicrobial Resistance Establish a national multisectoral coordination

Develop a multisectoral National Action Plan to combat AMR

Designate a National Reference Laboratory for

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

Read More

Critical Action

Chemical events

Establish a legally constituted national interministerial commission on chemical events, with a budgeted programme of work for

Antimicrobial resistance

Establish a national multisectoral coordination

Develop a multisectoral National Action Plan to

Designate a National Reference Laboratory for

Read More

HEALTH SECURITY RISK



COUNTRY CAPACITY I EVEL

OOMINITONI TELLE					
SDG Index Score (2019)	69.	UHC 2030	✓		
SDG 3 – Health (2019)	73.7	UHC Partnership	~		
SGD – Access to Electricity (% of population – 2019)	100	UHC Health Service Coverage Index (%)	65		
WHO Emergency Grade	-	NHPSP National Health Policy & Strategic Plan			
WHO FCS Fragile & Conflict States	-	State Party Self-Assessment Annual Report	75		
Capacity for Disaster Reduction Initiative	-	JEE Joint External Evaluation	69		

COUNTRY PREPAREDNESS PLAN



HEALTH SECURITY DONORS AND PARTNERS

DONOR

- European Union
- The Fleming Fund

TECHNICAL AREA SUPPORTED

- Biosafety and Biosecurity
- Communication and Advocacy
- Emergency Preparedness
- Human Resources **IHR** Coordination
- Immunization
- Antimicrobial Resistance
- Linking Public Health and Security Authorities
- National Laboratory System
- National Legislation

come Group (2019)

PC – World Bank
ahly Indebted Poor Country

- Points of Entry
- Policy and Financing

*Selected Indicators for SPH - AFRO

Average Score

*AMR Action Plan: A- No national AMR action plan, B - National AMR action plan 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. *Country Preparedness Plan: NAPHS National Action plan for Health Security, PIP: Pandemic Influenza Preparedness Plan, AMR: Antimicrobial Plan, EVD: Ebola Virus Disease, WHO-HRP: Humanitarian Response plan

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



ENGAGE



EMERGENCIES

Slide 11

NO SINGLE INSTITUTION CAN RESPONSE TO FUTURE PUBLIC HEALTH THREATS WORKING TOGETHER IS A MUST THANK YOU

https://extranet.who.int/sph

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