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
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

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 / re-emerging diseases and Unknown....

Financing Preparedness

stronger Country Ownership working in Partnership
WHO leadership in health security
International Health Regulations (2005)

- 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

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

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

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
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
- Regional alert, preparedness and response
- Global alert, preparedness and response
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)
for Multisectoral Preparedness Coordination

IHR (2005)

Health Security

Military Security

Parliament

Finance & Trade

Tourism & Transport

Human-Animal-Environment

Public Health Diplomacy

Public & Private

[Diagram showing various sectors and their interconnections]
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
JEE Biosafety & Biosecurity – 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 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 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 and Biosecurity)
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” 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
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
Morocco

WHO Region: AFRO
Population: 36,472,000

SPH PORTAL - COUNTRY PREPAREDNESS PROFILE
https://extranet.who.int/sph

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 organ.
    - 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)

**RESPONSE**

- **Highest Capacities**
  - Medical countermeasures (100%) (JEE)
  - Emergency response (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...
  - **Antimicrobial resistance**
    - Establish a national multisectoral coordination organ.
    - Develop a multisectoral National Action Plan to combat AMR.
    - Designate a National Reference Laboratory for AMR.

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

HEALTH SECURITY RISK

**STAR** Strategic Tools for Assessing Risks

<table>
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<tr>
<th>COUNTRY CAPACITY LEVEL</th>
<th>2016</th>
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<td>SDG Index Score (2019)</td>
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<td>WHO FCS Fragile &amp; Conflict States</td>
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<td>Capacity for Disaster Reduction Initiative</td>
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<td>Brucellosis</td>
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**COUNTRY PREPAREDNESS PLAN**

- **NAPHS ✓**
- **IHR-PVS ✓**
- **PIP ✓**
- **AMR ✓**
- **EVD ✓**
- **WHO-HRP ✓**

HEALTH SECURITY DONORS AND PARTNERS

- 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

ENGAGE

Operational Partnership

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

https://extranet.who.int/sph

sph@who.int