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## IHR News

### The WHO quarterly bulletin on IHR implementation

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*Editorial:*

#### **IHR implementation in countries: Extensions, national action plans and what WHO is doing to support achievement**

With the second milestone relative to IHR implementation<sup>1</sup> in countries come and gone with only partial achievement, WHO headquarters and the six regional offices are escalating efforts to support and accelerate achievement of core capacities in countries.

Momentum towards IHR implementation is increasing: regional back-to-back trainings in national legislation and laboratory capacity building, combined trainings in points of entry and surveillance, table top exercises, release of new tools to address gaps and formalized partnerships<sup>2</sup> between public health institutions underscore the commitment of stakeholders – WHO, Member States, , technical partners and donors – to consolidate efforts to help the world be better prepared to prevent and when necessary, respond to, public health events of international concern.

As set out in the IHR, all countries were to have achieved the **core capacities**<sup>3</sup> by June 2012. Countries' state of readiness varies however; the IHR, therefore, make it possible for countries not having met the June 2012 deadline to request a 2-year extension – accompanied by a national action plan – for achieving the minimum core capacities.

Thus far, 102 countries have requested extensions accompanied by a national action plan; 15 countries have indicated that they need extensions but have not yet provided a national action plan; 34 countries have indicated that they have all the required capacities in place and therefore do not require an extension.

The 102 national action plans provided to WHO are currently being analysed to identify priority action areas for WHO. In parallel, WHO headquarters and regional offices continue to refine guidance and tools to better meet the needs in countries and are actively seeking to engage new partners to ensure sustained support for activities on the ground.

Meanwhile, coordinated response between WHO and the regional offices continues in the face of current public health events. Updates on the novel coronavirus infection in the United Kingdom, cholera in Sierra Leone and Ebola in the Democratic Republic of the Congo are available on the disease outbreak news web page: [www.who.int/csr/don/en/](http://www.who.int/csr/don/en/)

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<sup>1</sup> June 2009: assess national structures and resources and develop national action plans; June 2012: meet IHR core capacity requirements or if necessary, request a 2-year extension with the submission of a national action plan for achievement of the core capacities by June 2012. In exceptional circumstances and supported by a new national action plan, a further 2-year extension may be granted by the WHO Director-General.

<sup>2</sup> See "Other news" in this issue, signature of WHO/Institut Pasteur MoU

<sup>3</sup> Eight core capacities, capacities at points of entry and capacities for the detection and response to IHR relevant hazards: National legislation; National Focal Points communications and coordination; surveillance; response; preparedness; risk communications; human resources; laboratory; points of entry; food safety events; nuclear events; radiological events.

## WHAT'S NEW IN IHR COORDINATION AND SUPPORT

- **65th World Health Assembly: Resolution WHA65.23 reaffirms need for increased support to countries to achieve IHR requirements and strengthen capacities for management of public health emergencies**

During the 65th World Health Assembly, a last-minute drafting group of Member State delegations adopted a resolution that reaffirms commitment to the implementation of IHR at national level. The resolution underscored the need for strengthened collaboration among States Parties to achieve full implementation. It calls on the Secretariat to strengthen its own capacities for supporting countries in managing public health emergencies and building their national capacities. It also provides direction on the process of monitoring and reporting on State Party capacities and preparations for the granting of further extension to the time line in 2014.

- **Guidance on coordination between points of entry and national surveillance systems: WHO Expert Consultation, 16–18 July 2012, Lyon, France**

This consultation involved experts in surveillance and in points of entry (PoE), members of the Episouth network, and WHO staff. It marked the first meeting on communications between PoE and national surveillance systems, two technical areas that do not traditionally meet. The consultation provided an opportunity to identify surveillance activities at PoE as well as common gaps; mechanisms for collaboration and information sharing between staff working at PoE and those. Participants agreed that guidance for improving communication between PoE and national surveillance systems is needed; this guidance will be led by WHO and developed with the contribution of experts and countries. The main challenge will be to develop short and simple guidelines that are specific enough to provide operational support to teams working in the field.

- **IHR core capacities table top exercise development, 23–25 July 2012, Geneva, Switzerland**

WHO technical experts from a range of areas including polio eradication, emergency response, country collaboration, innovation information evidence and research, health security and environment and consultants from Afghanistan and Cameroon came together learn how to develop table top exercises to support Member States in strengthening national capacities for surveillance and response. The workshop, which teaches the development, conduct and evaluation of table top exercises, has been conducted previously in Ankara, Turkey and Nairobi, Kenya.

- **Laboratory: Publication of the Laboratory Assessment Tool**

The Laboratory Assessment Tool offers guidance to assess laboratories and national laboratory systems. The target audience is any stakeholder performing laboratory assessments: national health authorities, multilateral agencies, Nongovernmental Organizations (NGOs), laboratory managers, etc. This document describes a general process for assessing laboratories and provides two questionnaires to help assess national laboratory systems (Annex 1) and individual laboratories (Annex 2). Assessors can use it as is or can customize the available materials to meet local requirements or specificities to better fit the assessment context. The Laboratory Assessment Tool is available in English and will soon be available in French and Spanish.

[www.who.int/ihr/publications/laboratory\\_tool/en/index.html](http://www.who.int/ihr/publications/laboratory_tool/en/index.html)