



**SERIES OF WEBINARS ON SELECTED SDG
INDICATORS FOR THE ARAB REGION: SDG 3.D.1**

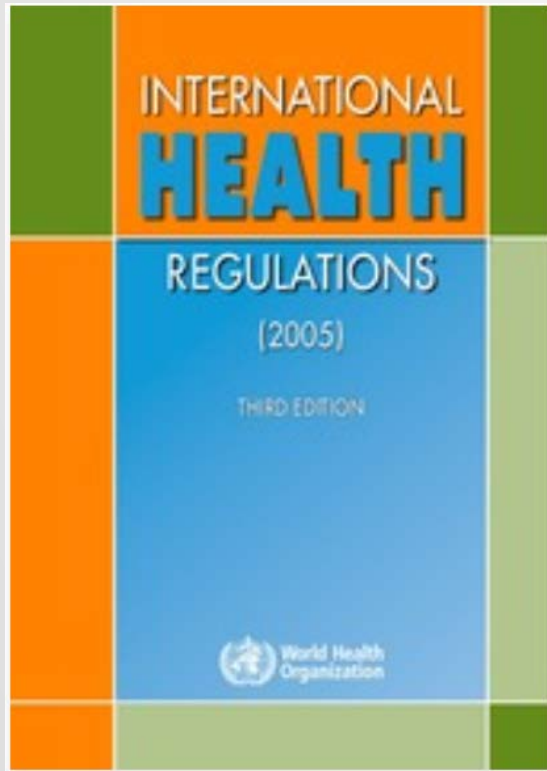
**IHR (2005)
MONITORING & EVALUATION FRAMEWORK**

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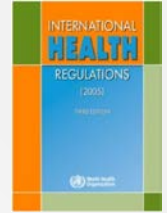
INTERNATIONAL HEALTH REGULATIONS (2005)



- Represent the **commitment of States Parties and WHO to collectively prepare for and respond to events that may constitute a public health emergency** of international concern according to a **common set of rules**.
- Require States Parties to **establish and maintain the capacity to detect, assess, notify and respond to public health risks and acute events, including those at points of entry**, (Annex 1 of the Regulations).
- The relevance of the IHR as the legislative instrument **to ensure global public health security lies in their full application, implementation and compliance by all 196 States Parties**.

IHR Art. 54: State Parties to report progress and WHO to inform WHA annually on IHR implementation.

INTERNATIONAL HEALTH REGULATIONS (2005)



ASSESS

REPORT

IHR (2005)

DETECT

RESPOND



Detect

Surveillance systems and laboratories can detect potential threats



Assess

Work with countries to make decisions in public health emergencies



Report

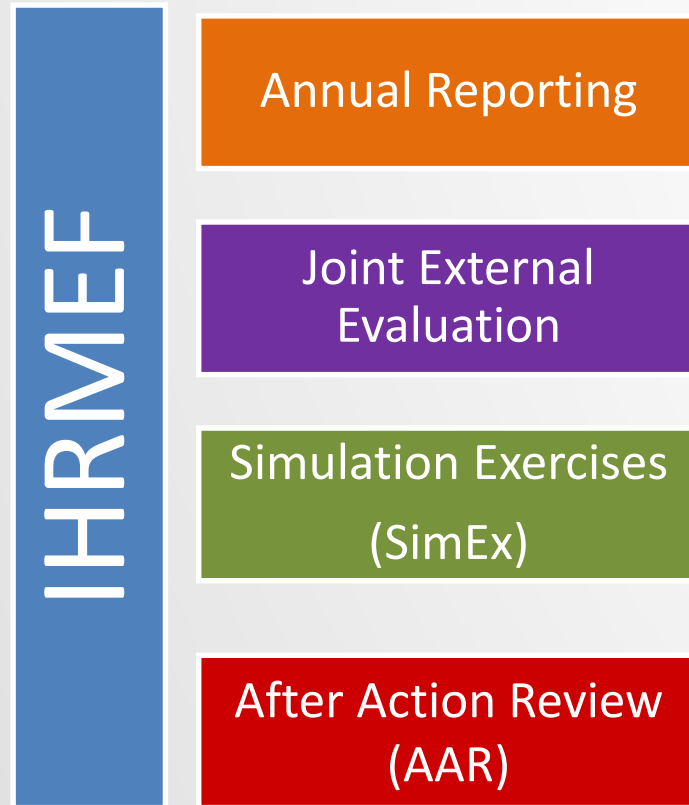
Notifiable diseases and any potential public health intl. emergencies



RESPOND

Respond effectively to public health events

IHR MONITORING AND EVALUATION FRAMEWORK

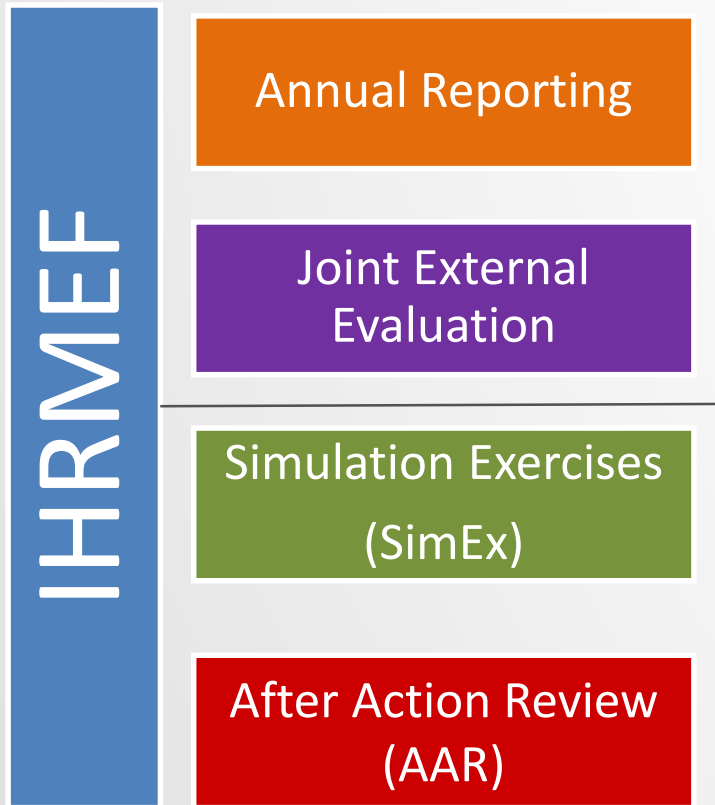


Recommendations of the IHR Review Committee in 2014. Endorsed through WHA Resolution 68.5

Global consultative process initiated through RCM in 2015 and 69th WHA (2016)

WHO launched the tools for IHRMEF moving from exclusive self-assessment to a more holistic approach

IHR MONITORING AND EVALUATION FRAMEWORK



- The State Party Self-assessment Annual Report and joint external evaluations, are based on quantitative measures, and can be regarded as a prerequisite of functional core capacities.

- After-action reviews and simulation exercises, are based on qualitative measures, and are aimed at gauging the functional status of core capacities.

IHR MONITORING AND EVALUATION FRAMEWORK



IHRMEF

Annual Reporting

- constitutes the primary tool for ensuring mutual accountability between States Parties and the WHO secretariat
- multisectoral and focuses on national IHR capacities for the detection and response to potential public health emergencies
- considers 'access' to capacities
- explicitly captures the status of IHR for capacities at individual designated points of entry

IHR MONITORING AND EVALUATION FRAMEWORK



IHRMEF

Joint External
Evaluation

- voluntary; peer-to-peer evaluation of national capacities to prevent, detect, and respond to all public health threats
- priority action recommendations to help focus opportunities for enhanced preparedness and response
- facilitates engagement with donors and partners to target resources effectively

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IHRMEF

Simulation Exercises
(SimEx)

- focuses on functionality
- voluntary, qualitative
- evaluation of simulated event
- to develop, assess and test functional capabilities of emergency systems, procedures and/or mechanisms that respond to outbreaks and public health emergencies

IHR MONITORING AND EVALUATION FRAMEWORK



IHRMEF

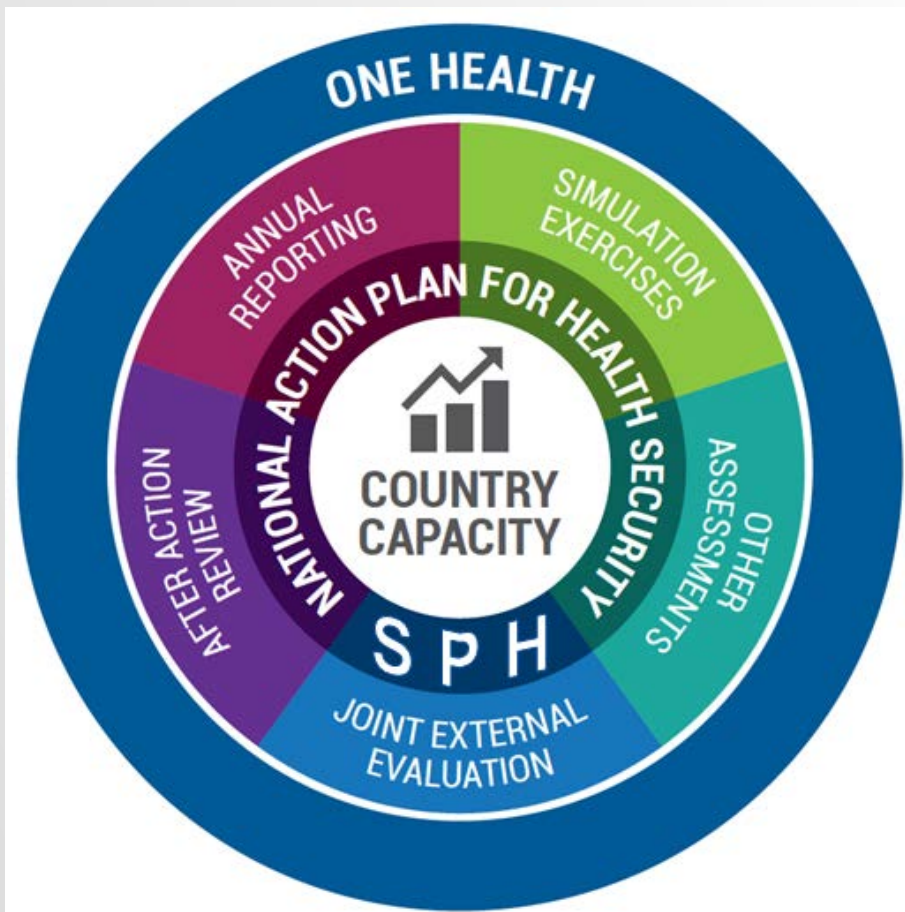
After Action Review
(IAR/AAR)

- focuses on functionality
- voluntary, qualitative
- qualitative review of actions taken to respond to an emergency as a means of identifying best practices, gaps and lessons learned
- cover infectious disease, chemical and radiological-related hazards, and food safety as well as for natural and man-made disasters

ADDRESSING HUMAN AND ANIMAL HEALTH SECTORS

- WHO, OIE and FAO working together to increase the contribution of the veterinary sector in the implementation of the IHR (2005)
- WHO and OIE are promoting the use of the IHR Monitoring and Evaluation Framework and the PVS (Performance of Veterinary services) outcomes to jointly address gaps in core capacities at the human and animal interface using the IHR-PVS National Bridging Workshops
- National Bridging Workshops are having positive impact on the engagement of veterinary services at country level.

NATIONAL ACTION PLANS FOR HEALTH SECURITY (NAPHS)



- country owned, multi-year, planning process
- based on a One Health for all-hazards, whole-of-government approach
- captures national priorities for health security, brings sectors together, identifies partners and allocates resources for health security capacity development



CONCLUSION

- IHR (2005) – Looks at global health security
 - Essentially contain PH threats before they become international emergencies and impact travel and trade
- Countries have global obligations IHR and National responsibilities e.g. ensuring individual health security
- SPAR/JEE – Indicators to identify capacities available (not capability/functionality)
- Does not capture sub-national capacity

THANK YOU

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