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# **Implementation of the International Health Regulations (2005)**

## **Report by the Director-General**

1. This document is submitted in response to resolution WHA61.2 (2008), and to decision WHA71(15) (2018) on Implementation of the International Health Regulations (2005): five-year global strategic plan to improve public health preparedness and response, 2018–2023, in which the Health Assembly requests the Director-General “to submit every year a single report to the Health Assembly on progress made in implementation of the International Health Regulations (2005), containing information provided by States Parties and details of the Secretariat’s activities, pursuant to paragraph 1 of Article 54 of the International Health Regulations (2005)”. Pursuant to the request in resolution WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies, a report on implementation of the resolution<sup>1</sup> is submitted separately.

### **EVENT MANAGEMENT**

#### **Event-related information**

2. Information on events monitored by the Secretariat comes from a variety of sources, including national government agencies, National IHR Focal Points, WHO offices, news media and other organizations or partners. The Secretariat routinely requests verification of information on such events under Article 10 of the Regulations. Delays continued to be observed in 2021 in States Parties’ notification of events to the Secretariat as well as their response to requests for event verification under Articles 6 and 10 of the Regulations.

3. In 2021, events monitored by the Secretariat resulted in 104 publications on the Event Information Site for National IHR Focal Points (EIS), relating to 57 country-specific public health events. Most event updates concerned acute hepatitis E, cholera, influenza due to identified avian or animal influenza viruses, Ebola virus disease, Middle East respiratory syndrome, yellow fever and monkeypox. In parallel, 127 announcements were published on the EIS, mainly relating to additional health measures in response to coronavirus disease (COVID-19) and to variants of concern of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Additional reporting on COVID-19 was undertaken through weekly epidemiological updates, with 53 such updates published in 2021. WHO also published on its website 38 updates on new and ongoing confirmed public health events as disease outbreak news in 2021, related to 21 events in 22 countries.

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<sup>1</sup> Document A75/10.

## Emergency committees

4. The IHR Emergency Committee regarding ongoing events and context involving transmission and international spread of poliovirus is entering its eighth year of existence following the initial determination by the Director-General that the event constituted a public health emergency of international concern in April 2014. In 2021, it continued to meet on a quarterly basis.<sup>1</sup> At its thirty-first meeting on 28 February 2022, multiple outbreaks of circulating vaccine-derived poliovirus remained a concern, as well as the continued potential effects of COVID-19 on polio eradication. On the advice of the Committee, the Director-General maintained the status of a public health emergency of international concern and issued revised temporary recommendations.

5. The IHR Emergency Committee for COVID-19 met on four occasions in 2021, in line with decision WHA74(15). At its eleventh and latest meeting on 11 April 2022, the Director-General followed the advice of the Committee and maintained the status of a public health emergency of international concern, issuing updated temporary recommendations under the International Health Regulations (2005).<sup>2</sup>

## Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response

6. The Review Committee was convened by the Director-General on 8 September 2020 and conducted its work until April 2021, supported throughout by the IHR Secretariat. The Committee's mandate, based on resolution WHA73.1 (2020) and in accordance with Article 50 of the International Health Regulations (2005), was to review the functioning of the Regulations during the COVID-19 response, with reference to the provisions of the Regulations as appropriate. In this regard, the Review Committee undertook an article-by-article assessment of the functioning of the Regulations to examine whether the perceived shortcomings in their effectiveness during the COVID-19 response were due to the design of the Regulations or from challenges in their implementation. Overall, the Review Committee noted that the design of the Regulations fulfils its original aim as the agreed framework for global health protection, and no major amendments are needed at this stage. However, the interpretation and implementation of the Regulations by both the WHO Secretariat and States Parties is suboptimal.

7. The Review Committee's report,<sup>3</sup> which includes 40 recommendations in ten areas to strengthen implementation of and compliance with the International Health Regulations (2005), was presented by the Director-General to the Seventy-fourth World Health Assembly in May 2021. As decided by the Health Assembly in resolution WHA74.7, the findings and recommendations of the Review Committee are to be considered by the newly established Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, together with those of the Independent Panel for Pandemic Preparedness and Response and of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme. Pursuant to the same resolution, the Working Group will submit a report with proposed actions for the WHO Secretariat, Member States and non-State actors, as

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<sup>1</sup> See <https://www.who.int/news/item/11-03-2022-statement-of-the-thirty-first-polio-ihr-emergency-committee> (accessed 30 March 2022).

<sup>2</sup> See [https://www.who.int/news/item/13-04-2022-statement-on-the-eleventh-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-coronavirus-disease-\(covid-19\)-pandemic](https://www.who.int/news/item/13-04-2022-statement-on-the-eleventh-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic) (accessed 19 April 2022).

<sup>3</sup> Document A74/9 Add.1.

appropriate, for consideration by the Seventy-fifth World Health Assembly through the Executive Board at its 150th session.

8. In addition, in accordance with Article 55 of the International Health Regulations (2005), one State Party submitted proposed amendments to the Regulations, which were communicated by the Director-General to all States Parties on 20 January 2022 for consideration by the Seventy-fifth World Health Assembly.<sup>1</sup> In accordance with decision EB150(3), the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies will include, as part of its ongoing work, dedicated time to allow for discussions on strengthening of the International Health Regulations (2005), including through implementation, compliance and potential amendments.

### **STRENGTHENING NATIONAL CORE CAPACITIES**

9. In 2021, the Secretariat developed and published the second edition of the State Party Self-Assessment Annual Reporting tool, taking into account the lessons learned from the COVID-19 pandemic, and continued to provide the tool in an electronic format that allows States Parties to report online, thereby facilitating the reporting by States Parties, as well as providing transparency, enabling real-time monitoring of reports submitted and offering opportunities for quality checks of data provided. Up-to-date data for the 2021 cycle are available on WHO's electronic State Parties Self-Assessment Annual Reporting portal.<sup>2</sup>

10. The Secretariat continued to work with States Parties to strengthen their laboratory core capacities, by leveraging short-term preparedness, readiness and response activities for COVID-19 in order to improve longer-term laboratory capacities for other epidemic-prone diseases and high threat pathogens. Technical assistance has been provided to national public health laboratory networks through both online and on-site workshops, training and mentoring visits. The investments made in sequencing platforms for SARS-CoV-2 should benefit other pathogens of epidemic and pandemic potential. Laboratory workforces have been strengthened through the increased implementation of the Global Laboratory Leadership Programme,<sup>3</sup> a unique learning and mentoring programme for laboratory managers and leaders aimed at strengthening laboratory systems through a One Health approach.

11. The Secretariat continued to provide technical support for enhancing core risk communication capacities by leveraging and coordinating the efforts of key international and national agencies and partners, spanning the public health and humanitarian sectors. The Collective Service for Risk Communication and Community Engagement is a coordination mechanism involving WHO, UNICEF, the International Federation of Red Cross and Red Crescent Societies and the Global Outbreak Alert and Response Network.<sup>4</sup> The Collective Service, which was established during the COVID-19 pandemic, created a comprehensive data repository and global dashboard on social behavioural information in relation to COVID-19 drawing from over 200 social and behavioural surveys. The Collective Service also developed interim guidance, COVID-19 materials and products and two online training courses ("risk communication and community engagement challenges" and "social and behavioural insights COVID-19 data collection tool for Africa"), available on the OpenWHO platform.

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<sup>1</sup> See document A75/1 Add.1.

<sup>2</sup> See e-SPAR platform (<https://extranet.who.int/e-spar/>, accessed 30 March 2022).

<sup>3</sup> See <https://www.who.int/initiatives/global-laboratory-leadership-programme> (accessed 9 February 2022).

<sup>4</sup> See <https://www.rcce-collective.net/the-collective-service/> (accessed 9 February 2022).

## COMPLIANCE WITH REQUIREMENTS OF THE REGULATIONS

12. This section provides information about compliance with several requirements of the Regulations, including those in the areas of additional health measures; event notification and verification; the establishment and maintenance of National IHR Focal Points; and key provisions in relation to points of entry and yellow fever vaccination.

### Additional health measures

13. The Secretariat has continued to implement a structured approach in coordination with the regional offices for monitoring States Parties' compliance regarding additional health measures. In accordance with Article 43 of the Regulations, the Secretariat shared information about these measures, and, when available, the public health rationale, with all States Parties on a weekly basis, through 48 updates published on the secure platform of the Event Information Site for National IHR Focal Points. The Secretariat's analysis of these measures has regularly informed the deliberations of the IHR Emergency Committee for COVID-19.

14. As at 28 January 2022, the Secretariat has received reports of more than 9000 new measures that significantly interfere with international travel or trade, comprising extensions, revisions or terminations of such measures. The measures include air, land and maritime border closures for one or more countries, quarantine requirements, testing before, during or after arrival and, more recently, requirement of proof of vaccination against COVID-19 as a condition for travel.

15. As of 28 January 2022, 38 countries introduced requirements of proof of vaccination against COVID-19 as the only condition for travel, at least for specific population groups (such as non-nationals and non-immunized or non-essential travellers) or types of travel (for example, travel to or from red-zone countries), against the temporary recommendations issued by the Director-General on the advice of the Emergency Committee since its sixth meeting in January 2021,<sup>1</sup> and extended at all subsequent meetings, including at the latest meeting in January 2022.<sup>2</sup>

16. The rationale provided by States Parties who reported the measures to WHO during 2021 include uncertainties about the epidemiology of new variants of concern and their transmissibility (Delta in early 2021 and Omicron in late 2021), their impact on the clinical profile of the disease, limited or unknown effectiveness of treatments and vaccines, as well as the vulnerabilities of public health response systems in case of importation of the disease.

17. Following WHO's designation on 26 November 2021 of the SARS-CoV-2 variant B.1.1.529 as a variant of concern, named Omicron, WHO issued updated travel advice, stating that "[b]lanket travel bans will not prevent the international spread, and they place a heavy burden on lives and livelihoods. In addition, they can adversely impact global health efforts during a pandemic by disincentivizing countries to report and share epidemiological and sequencing data."<sup>3</sup> Despite this, 56 countries

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<sup>1</sup> See [https://www.who.int/news/item/15-01-2021-statement-on-the-sixth-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-coronavirus-disease-\(covid-19\)-pandemic](https://www.who.int/news/item/15-01-2021-statement-on-the-sixth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic) (accessed 30 March 2022).

<sup>2</sup> See [https://www.who.int/news/item/19-01-2022-statement-on-the-tenth-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-coronavirus-disease-\(covid-19\)-pandemic](https://www.who.int/news/item/19-01-2022-statement-on-the-tenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic) (accessed on 7 February 2022).

<sup>3</sup> See <https://www.who.int/news-room/articles-detail/who-advice-for-international-traffic-in-relation-to-the-sars-cov-2-omicron-variant> (accessed 7 January 2022).

introduced temporary travel restrictions concerning South Africa, where the variant was first reported, and other countries, primarily affecting between six and eight countries in southern Africa. By 10 December 2021, 112 State Parties had reported such measures, including denial of entry, flight suspension and additional testing and/or quarantine for travellers arriving from those countries. As at 10 February 2022, 36 countries still applied a travel or flight restriction due to the variant of concern, mainly involving southern African countries.

### **Event notification and verification and National IHR Focal Points**

18. Several WHO regional offices have continued the monitoring and reporting of States Parties' compliance with obligations under the Regulations with regard to event notification and verification.

19. The Secretariat has continued to facilitate the round-the-clock accessibility of all National IHR Focal Points and WHO's IHR Contact Points. In 2021, 66% of National IHR Focal Points confirmed or updated their contact information. By the end of 2021, there were 992 country-designated users of the Event Information Site for National IHR Focal Points, of whom 143 were new users and 443 were updated accounts. Responding to requests by the Secretariat concerning the contact details of the Focal Points and users of the Site remains a challenge in a number of States Parties.

20. The Secretariat continued to support the learning of National IHR Focal Points and others involved in implementation of the Regulations, notably by boosting access to the Health Security Learning Platform and related online courses. In 2021, several new initiatives were launched to this end, including an National IHR Focal Points onboarding learning package, a training course on the Event Information Site and a training course on the IHR monitoring and evaluation framework, all of which are available on the learning platform. The Global and Regional Knowledge Networks for National IHR Focal Points and national rapid response teams continued to facilitate the sharing of experiences and peer-to-peer learning among their respective members.

21. Two IHR introduction workshops were organized remotely for the National IHR Focal Points in two European countries in 2021. A training course on the Epidemic Intelligence from Open Sources initiative was organized for public health intelligence teams in two European countries (one was held in person and the other remotely). Relevant technical guidance on COVID-19 issues has been shared with Focal Points in Europe in a timely manner through the COVID-19 Surveillance Pillar.

### **Points of entry**

22. Since 2007, 112 of a total of 152 coastal States Parties and four landlocked States Parties with inland ports have sent WHO the list of ports authorized to issue ship sanitation certificates, as required by the Regulations. The global list of authorized ports is now 1872.<sup>1</sup>

23. The Secretariat continued efforts to foster collaboration with its partners to promote the implementation of the Regulations at points of entry for international travel and transport, during routine periods and health emergencies. The Secretariat supported the International Maritime Organization in its process of reviewing and updating the Annex of the Convention on Facilitation of International Maritime Traffic, in an effort to ensure its alignment with relevant provisions of the Regulations. In the context of the COVID-19 pandemic, as well as other health emergencies such as the Ebola virus disease outbreak in the Democratic Republic of the Congo, extensive and regular coordination has been

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<sup>1</sup> See the list of ports authorized to issue ship sanitation certificates ([https://extranet.who.int/ihr/poedata/data\\_entry/ctrl/portListPDFCtrl.php](https://extranet.who.int/ihr/poedata/data_entry/ctrl/portListPDFCtrl.php), accessed on 9 February 2022).

maintained with global partner organizations in the areas of travel, transport, economic development, migration and tourism, with the aim of sharing scientific knowledge and public health surveillance data, and promoting a coordinated multisectoral response to health emergencies, including with regard to the protection of essential transport workers. Key partners included, among others, ICAO, ILO, IMO, IOM, OECD and the World Tourism Organization.

24. In collaboration with partners, the Secretariat has produced and updated policy and technical guidance and operational tools, and organized global and regional webinars, consultations and training to support countries in implementing a risk-based approach to international traffic during health emergencies, and strengthening public health measures and capacities under the Regulations at points of entry, including in the context of the COVID-19 pandemic.

25. The Secretariat continued to conduct regular systematic reviews to gather the evidence available on the effectiveness of travel-related measures to minimize the exportation, importation and onwards transmission of SARS-CoV-2, as well as their broader impact on international travellers.

26. In July 2021, the Secretariat updated its interim guidance documents on considerations to implement a risk-based approach to international travel in the context of COVID-19, incorporating the emergence of new variants in the risk assessment and factoring COVID-19 vaccination into the overall risk management process. Other updated sectoral guidance documents include the implementation guide for the management of COVID-19 on board cargo ships and fishing vessels.

27. Regional offices have supported countries in strengthening capacities and implementing public health measures at points of entry in the context of COVID-19 and beyond. The WHO Regional Office for Europe has supported online consultations with Member States and organized assessments of and training on points of entries for several countries. It also published an operational framework for international travel-related public health measures in the context of COVID-19 to improve coordinated national decision-making regarding additional health measures that significantly interfere with international traffic under Article 43 of the International Health Regulations (2005). The WHO Regional Office for Europe has published three public health checklists for controlling the spread of COVID-19 at ground crossings, in aviation and in ships, sea ports and inland ports.

## **Yellow fever vaccination**

28. Information about States Parties' requirements for vaccination against yellow fever is collected annually through a questionnaire sent by the Secretariat to all National IHR Focal Points. The information is published in Annex 1 of WHO's report on international travel and health.<sup>1</sup> In addition, the WHO Secretariat also each year publishes State Parties' requirements and WHO's recommendations on vaccination and prophylaxis for international travellers, particularly for yellow fever, malaria and poliomyelitis.<sup>2</sup> Currently, 120 States Parties and territories request a certificate of vaccination against yellow fever for incoming travellers. In 2020, 122 countries confirmed that international certificates of vaccination against yellow fever, using WHO-approved vaccines, are now accepted as valid for the life of the person vaccinated, which they should be in accordance with Annex 7 of the Regulations, as

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<sup>1</sup> Annex 1, Countries with risk of yellow fever transmission and countries requiring yellow fever vaccination (May 2021) ([https://www.who.int/publications/m/item/countries-with-risk-of-yellow-fever-transmission-and-countries-requiring-yellow-fever-vaccination-\(may-2021\)](https://www.who.int/publications/m/item/countries-with-risk-of-yellow-fever-transmission-and-countries-requiring-yellow-fever-vaccination-(may-2021))), accessed 8 February 2022).

<sup>2</sup> Vaccination requirements and recommendations for international travellers; and malaria situation per country – 2021 edition (<https://www.who.int/publications/m/item/vaccination-requirements-and-recommendations-for-international-travellers-and-malaria-situation-per-country-2021-edition>), accessed 8 February 2022).

amended by resolution WHA67.13 (2014) on implementation of the Regulations. The survey for 2022 is ongoing and results will be published in the latter part of 2022.

## **ACTIVITIES BY THE SECRETARIAT IN SUPPORT OF STATES PARTIES TO IMPLEMENT THE REGULATIONS**

29. The Secretariat has continued to provide sustained support to States Parties to enhance preparedness for all hazards.

30. In 2021, the Secretariat continued to provide the State Party Self-Assessment Annual Reporting tool in an electronic format that allows States Parties to report online, thereby facilitating the reporting by States Parties, as well as providing transparency, enabling the real-time monitoring of reports submitted and offering opportunities for quality checks of data provided. In March 2021, the Secretariat hosted a global consultation followed by a series of technical working group meetings to review the State Party Self-Assessment Annual Reporting and joint external evaluation tools and processes in order to incorporate lessons learned from the COVID-19 pandemic in ways that make these national preparedness assessments more reflective of the performance of country capacities to detect and respond to severe epidemic and pandemic threats. This will also facilitate and strengthen the development, review and implementation of national action plans for health security.

31. As at 14 January 2022, 110 COVID-19 intra-action reviews had been carried out by 71 countries, 114 joint external evaluations had been completed, 170 simulation exercises undertaken and 68 after-action reviews conducted. The Secretariat also developed intra-action review and simulation exercise packages<sup>1</sup> on vaccination to support countries in strengthening their functional capacities in order to address critical gaps during the COVID-19 pandemic.<sup>2</sup> The intra-action review package is available in all of WHO's six official languages as well as in Portuguese. In June 2021, the Secretariat supported an after-action review of the response to the ninth, tenth, eleventh and twelfth outbreaks of Ebola virus disease in the Democratic Republic of the Congo.

32. In 2021, the Secretariat published the WHO Strategic Toolkit for Assessing Risks (STAR),<sup>3</sup> which is a comprehensive toolkit to support countries in identifying all-hazard preparedness and disaster risks. The Toolkit also facilitates the development of robust policies, strategies and plans to address the vulnerabilities that countries can face in terms of health emergencies and disasters.

33. In 2021, the Secretariat developed technical and procedural guidance for Member States to undertake voluntary pilots of the Universal Health and Preparedness Review, which has been proposed as a means of increasing accountability, solidarity and transparency among countries in health emergency preparedness gap identification and capacity-building. The Universal Health and Preparedness Review is a voluntary peer-to-peer review mechanism, led and owned by Member States, to promote greater, more effective international cooperation and global solidarity by bringing countries and stakeholders together to enhance preparedness. In September 2021, WHO established a technical advisory group, comprising 21 international experts, to advise on the conceptual development of the mechanism. In accordance with resolution WHA74.7, a detailed concept note on the proposed Universal Health and Preparedness Review mechanism has been developed and submitted for consideration by the

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<sup>1</sup> See <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/training/simulation-exercise> (accessed 9 February 2022).

<sup>2</sup> See the COVID-19 Strategic Preparedness and Response Plan (<https://www.who.int/publications/i/item/WHO-WHE-2021.02>, accessed 4 January 2022).

<sup>3</sup> See <https://www.who.int/publications/i/item/9789240036086> (accessed 9 February 2022).

Seventy-fifth World Health Assembly following a consultation process with all Member States in April 2022.<sup>1</sup> Four country pilot tests were conducted between December 2021 and May 2022 in Central African Republic, Iraq, Portugal and Thailand and were facilitated by a WHO support mission. As at 4 May 2021, 21 Member States have expressed interest in piloting the Universal Health and Preparedness Review

34. To further support States Parties in the strengthening of their One Health capacities, the Secretariat, jointly with the World Organisation for Animal Health and the Food and Agriculture Organization of the United Nations, continued to support States Parties to strengthen multisectoral collaboration at the human-animal-environment interface. National bridging workshops were organized to facilitate countries' reviews of their gaps in coordination for zoonotic events and to develop operational road maps to improve multisectoral capacities. The workshops were organized in four additional countries in 2021, with the total number of workshops completed across all countries standing at 36 as at 14 January 2022. To support the implementation of activities in the national bridging workshop road maps, 10 WHO country offices have recruited national bridging workshop catalysts (national One Health experts). In addition, in 2021 multiple countries received support on using the principles and best practices set out in the Tripartite Zoonoses Guide.<sup>2</sup> This included launching online training, publishing the Joint Risk Assessment Operational Tool and piloting the Multisectoral Coordination Mechanism Operational Tool and the Surveillance and Information Sharing Operational Tool.

35. The Secretariat has also made progress in developing a dynamic preparedness metric framework to address the need for more dynamic measures to reflect current and changing risks and countries' corresponding preparedness status, including hazards and threats, vulnerabilities and capacities. The framework will bring together current preparedness assessment tools and metrics with other relevant interdependencies in order to more effectively identify national strengths and gaps and prioritize capacity-building actions, including those relating to the WHO benchmarks for capacities under the International Health Regulations (2005).<sup>3</sup>

36. The Secretariat has undertaken a review of the cost estimates for improving health emergency preparedness at the national and global levels. This work will inform and facilitate the development of investment cases to better – and more sustainably – finance preparedness and capacity-building.

37. The Secretariat has launched a series of small research grants to document, synthesize and disseminate knowledge on existing national best practices for implementation of the Regulations. So far, the Secretariat has facilitated 13 grants across nine countries in the Eastern Mediterranean Region, with further support across more regions planned for the near future.<sup>4</sup>

38. In 2021, the Secretariat published “Health Systems for Health Security”,<sup>5</sup> a framework to support countries and partners in bringing together the capacities required for implementation of the Regulations, as well as the components of health systems and other sectors needed to ensure effective multisectoral

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<sup>1</sup> Document A75/21.

<sup>2</sup> See <https://www.who.int/initiatives/tripartite-zoonosis-guide> (accessed 9 February 2022).

<sup>3</sup> See <https://www.who.int/publications/i/item/9789241515429> (accessed 9 February 2022).

<sup>4</sup> See Supporting research on health security preparedness in the Eastern Mediterranean Region (<https://tdr.who.int/newsroom/news/item/03-11-2021-supporting-research-on-health-security-preparedness-in-the-eastern-mediterranean-region>, accessed 7 February 2022).

<sup>5</sup> See <https://www.who.int/publications/i/item/9789240029682> (accessed 9 February).

and multidisciplinary preparedness for and management of health emergencies. The framework is an innovative approach that complements existing concepts and tools for global health security capacity-building and that facilitates more synergistic working relationships between stakeholders in health security, health systems and other sectors to ensure multisectoral and multidisciplinary health emergency preparedness. It also contains a list of 22 thematic areas for consideration in building country capacities towards health security.

39. The Secretariat continued to support States Parties in applying the WHO benchmarks for capacities under the International Health Regulations (2005) in order to support emergency preparedness capacity-building. The benchmarks and corresponding actions can strengthen countries' emergency preparedness through the development and implementation of national action plans for health security. The Secretariat has also developed a benchmarks reference library to provide States Parties, partners and public health stakeholders with direct access to relevant guidance, tools and materials that support the implementation of proposed capacity-building actions in relation to the benchmarks.

40. The Secretariat, in 2021, advanced progress towards establishing and piloting the Global Strategic Preparedness Network in line with resolution WHA73.8 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005), including through extensive strategic and technical consultations with Member States, international organizations, multisectoral networks and partners. The network will facilitate implementation of national health security plans and capacity-building through a network of technical experts that can work with countries in addressing identified preparedness gaps.

41. In 2021, the Secretariat revamped and enhanced WHO's portal for the Strategic Partnership for IHR and Health Security. The portal now has expanded functionalities that can be used to scale up multisector coordination and collaboration for preparedness and to better track and monitor national preparedness investments in relevant capacity-building activities, including those contained in national action plans for health security.

42. The Secretariat also further expanded the implementation of the WHO Resource Mapping (REMAP) tool and process to support countries in identifying all nationally available technical and financial resources that can be used to strengthen preparedness. Through REMAP, over 3450 different activities representing a total of over US\$ 7.89 billion in disclosed contributions from 62 donors and partners have been tracked and displayed on WHO's portal for the Strategic Partnership for IHR and Health Security. The portal's partner matching capabilities have also enabled donors, partners and countries to mobilize multisectoral resources to support emergency preparedness strengthening at the national level.

43. In 2021, the Secretariat developed an e-learning version of the training course on the IHR monitoring and evaluation framework. The course comprises four modules to support public health stakeholders in enhancing their capacity to implement monitoring and evaluation activities, carry out capacity-building planning through national action plans for health security and strengthen national capacities to prevent, detect and respond to health emergency threats like COVID-19.

44. The Secretariat continued to support the development of preparedness case studies to document all best practices, challenges and opportunities for enhancing national health emergency management capacities. In 2021, 12 articles from WHO regional offices were published in a supplement edition of the *Weekly Epidemiological Record*, six country case studies were published on WHO's portal for the Strategic Partnership for IHR and Health Security and three interviews with IHR champions were conducted to share knowledge about best practices related to strengthening preparedness against Ebola

virus disease in Guinea, the implementation of strategic risk assessments in the European Region and the application of information and computing technology for preparedness in Rwanda.

45. In the context of country readiness strengthening, WHO continued to support the capacity-building of national rapid response teams. The Secretariat assessed the impact of the national rapid response team training delivered between 2015 to 2020 and the mechanisms contributing to these impacts at the individual, team and organizational levels. The COVID-19 National Rapid Response Teams Online Learning Programme was updated and now comprises eight separate modules offered in English, French and Spanish.

46. Strengthening health emergency preparedness and response is one of the most important health priorities in the South East Asia Region. Throughout the response to COVID-19, Member States, the Secretariat and other partners have worked together through various platforms, including Regional Committee meetings, to identify priority actions to further strengthen health emergency preparedness and response capacities while building national health security systems that are linked to resilient health systems. In the context of COVID-19, the region also regularly communicates with Member States; four virtual meetings have been held with National IHR Focal Points and the Regional Knowledge Network for National IHR Focal Points, to facilitate the exchange of information, experiences and lessons learned.

## **CONCLUSION**

47. The implementation of the International Health Regulations (2005) continued to be a challenge in 2021 due to the COVID-19 pandemic. It is expected that the discussions surrounding the potential adoption of a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and proposed amendments to the Regulations will contribute in a meaningful way to strengthen the current global architecture and governance for efficient and effective health protection and security.

## **ACTION BY THE HEALTH ASSEMBLY**

48. The Health Assembly is invited to note this report.

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