

QUESTION OF: “ADDRESSING THE INTERNATIONAL HEALTH REGULATIONS DEFICITS – STRENGTHENING CORE CAPACITY IMPLEMENTATION”

Submitters: Chile, Guatemala, Mali, Nigeria,

Signatories: Brazil, Cuba, El Salvador, Haiti, Mexico, Netherlands, Malaysia, Peru, Russia, Rwanda, South Africa, Thailand,

Introductory Statement: Mali,

The World Health Assembly,

Recalling the obligations established in the framework of the International Health Regulations (IHR),

Having considered the recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation (WHA68.5) and the report of the Ebola Interim Assessment Panel,

Noting with regret the fact that the national core competencies following the International Health Regulations have been fully implemented only by about a third of Member States,

Noting further that implementation of the core capacities is substantially impaired by lack of financial resources, solid data, thorough assessment and transparency of the implementation process as well as enforcement mechanisms,

Observing with concern the persistence of fragile health systems being most vulnerable and likely points of origin in the event of a future epidemic, especially in view of new and reemerging infectious diseases,

Keeping in mind the possibly disastrous economic impact of future public health crises and the possibility to alleviate these consequences by intervening pre-emptively and building preparedness,

Desiring to adopt initiatives designed to improve technical capacity and overcoming political obstacles related to the implementation of the IHR,

Acknowledging that evaluation of compliance has to be done in regard to the circumstances, such as environment, preexisting public health structures and political situation;

- 1) Calls for the creation of a WHO Centre for Emergency Preparedness and Response centralizing all efforts related to IHR capacity building, implementation and compliance,
- 2) Calls upon the World Health Assembly to create of a fund with the purpose of supporting countries in the implementation of the core capacities of the IHR, called “IHR Fund”,
 - a) Confirms the IHR Fund will be financed by;
 - i) Member States according to their current financial resources, and voluntary contributions,
 - ii) Donations from NGOs and other private partners, without granting them the authority to issue instructions,

- b) Invites the World Bank to join the IHR fund in order to consult on financial funding mechanisms,
 - c) Confirms the IHR fund must be provided under the conditions of;
 - i) the Member State has currently not fully implemented the core capacities of the IHR,
 - ii) the Member States commits to the independent monitoring of their implementation of the core capacities of the IHR,
 - iii) the Member States develop and outline a plan for specific actions and sustainable structural improvements, expected costs and timeline, while taking into account already existing programs and other developmental partners,
 - iv) invites member states to form partnerships for assessment and assistance during the implementation process,
 - d) Proclaims the distribution of the IHR fund will be monitored by an independent committee,
 - i) Invites all Member States to propose candidates to be appointed by the DG,
 - ii) Confirms the committee will be an interdisciplinary, consisting of, but not limited to;
 - (1) statisticians, physicians, epidemiologists, health professionals, laboratorians, molecular biologists,
 - iii) Confirms all WHO regions must be represented in the committee,
 - iv) Confirms the committee will distribute the money based on the available data on the implementation of the core capacities of the IHR,
 - e) Authorizes the WHO Centre for Emergency Preparedness and Response to coordinate and supervise all actions taken by the IHR Fund,
- 3) Urges Member States to commit to developing strong, integrated, sustainable systems at national level, independently of the international IHR monitoring scheme, as monitoring and evaluation are essential for public health activities,
 - 4) Reaffirms the necessity to build preparedness starting from the community level and to commit a considerable amount of future funding to the strengthening of primary health care as well as the incorporation of the 'One Health' approach,
 - 5) Encourages the creation of an international health workforce network under the WHO Centre for Emergency Preparedness and Response with the purpose of sharing expertise and workforce in case of PHEIC,
 - 6) Urges Member States to assess and update regularly national plans of action regarding the preparedness and monitoring of public health emergencies and the implementation of the IHR,
 - 7) Encourages the further use of ehealth education systems, such as the Virtual Campus for Public Health, and other media to provide education concerning disaster preparedness,

- 8) Proposes measures in case of repeated non-compliance with the IHR in terms of trade and travel restrictions by the Member States, without providing the public health rationale and relevant scientific information,
 - a) Invites the WHO Centre for Emergency Preparedness and Response to decide on whether the violation was justified under given circumstances after deliberation and a report from the independent committee,
 - b) Measure may include;
 - i) higher contributions to the IHR Fund by the member states not complying with the IHR,
 - ii) deprivation of the right to vote on the distribution of funds and the IHR Fund agenda,
- 9) Calls upon the regional offices to voluntarily complement self-assessment by externally assessing public health structures and core capacity implementation in the region biennial, and to report to the IHR fund,
- 10) Invites the DG to recognise Member States who show outstanding improvement in implementing the IHR, as well as Member States who extraordinarily contribute towards the full implementation of the IHR in other Member States,
- 11) Decides to remain seized on the matter.