Current practice in implementing the IHR provisions related to the National IHR Focal Points (Articles 4)

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The IHR (2005) establish 6 main obligations that States Parties must implement

Establish a National IHR Focal Point and the authorities responsible for implementing health measures under IHR (Article 4)



Public health capacities development: surveillance, assessment, response, PoE

Public health operations: surveillance, assessment & response to public health events



Provision of services and facilities at international ports, airports, ground crossings

Notification of certain events, response to verification requests from WHO



Requirements for applying health measures to international traffic





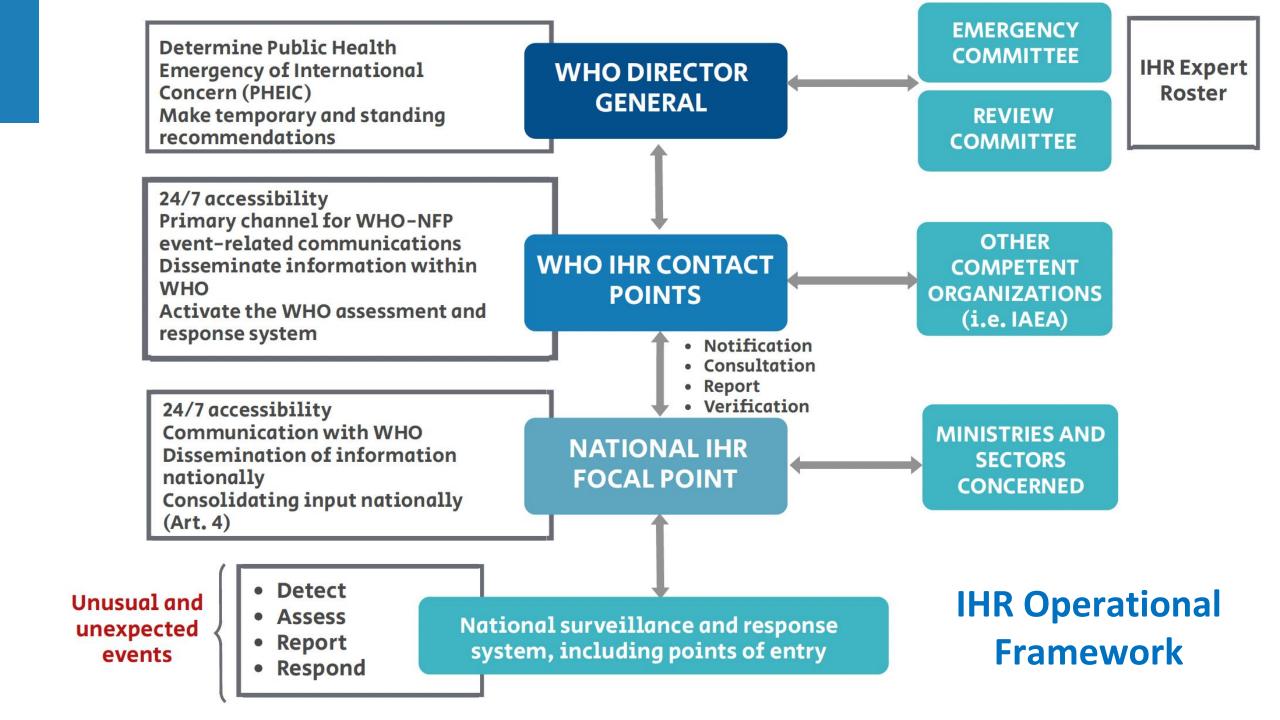
National IHR Focal Points

"National IHR Focal Point" means the **national centre**, designated by each State Party, which shall be accessible at all times for communications with WHO IHR Contact Points under these Regulations (Article 1 Definitions).

- Article 4 of IHR (2005) requires States Parties to designate or establish a National IHR Focal Point available 24/7 for IHR-related communication
- The main obligation of the NFP is to **communicate** internationally and at national level:
 - Send to WHO IHR Contact Points urgent communications concerning the implementation of the IHR, in particular Articles 6-12.
 - Disseminate information to, and consolidate input from, relevant sectors o the SP administration (including those responsible for surveillance, PoEs, public health services, clinics and hospitals, other govt departments)







NFP 24/7 accessibility

- States Parties are obliged to ensure that their NFP is formally established as a national office or centre and can fulfil its functions as required under Article 4.
- States Parties must continuously update and confirm NFP contact details to the WHO Secretariat (<u>ihradmin@who.int</u>)
 - Telephone and email addresses annually confirmed no later than 31 March of each year
 - In 2022,146 IHR NFPs (74%) confirmed or updated their contact information.
- IHR NFP contact information is published on the IHR Event Information Site (https://extranet.who.int/ihr/eventinformation/)
- WHO Regional Offices conduct annual exercises to test connectivity
- Special arrangements for communication through the Regional IHR Contact Points for territories or countries who are not Member States of WHO
- Majority of IHR NFPs are located in Ministries of Health (few exceptions)





NFP IHR Contacts self-update tool (1/2)



https://extranet.who.int/ihrcontact//

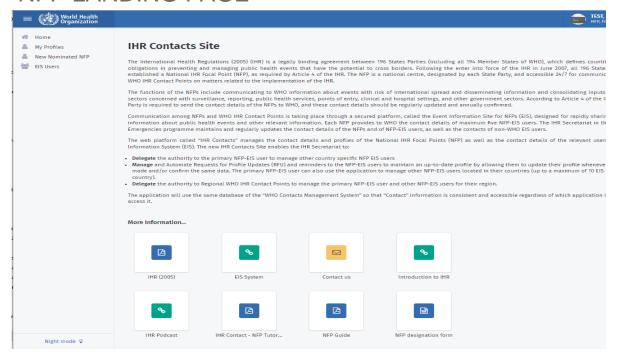
- IHR Contacts is a Web Platform for automatizing the management of contact details and profiles of National IHR Focal Points, WHO IHR Regional Contact Points and EIS users.
- This system has been developed in replacement of an old and unstable platform that could no longer be supported by the old IT technology.
- This new application:
 - (1) enables multi-level authorization at global, regional and country level;
 - (2) delegate authority to IHR RFPs to manage NFP contacts in their Region;
 - (3) authorize NFPs to manage EIS contacts in their country; and
 - (4) enable on-demand update of NFP profiles without time-limited tokens.



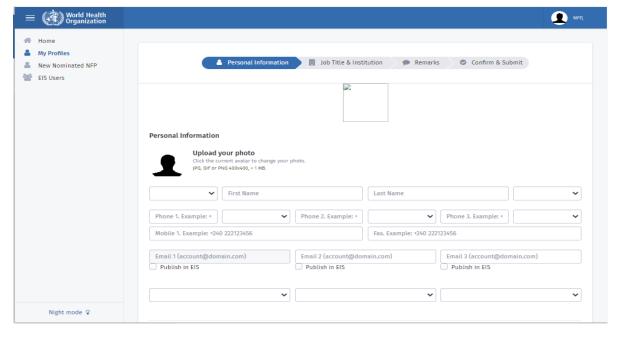


NFP IHR Contacts self-update tool (2/2)

NFP LANDING PAGE



NFP PROFILE PAGE



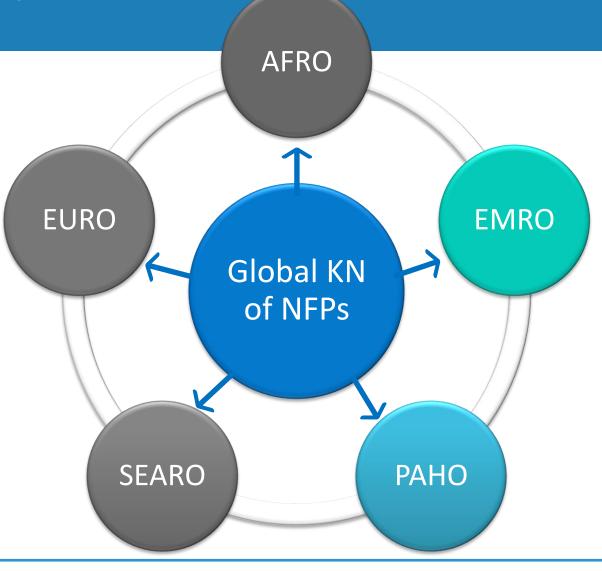




Strengthening capacities of the IHR NFPs

- Global or regional knowledge networks (supported by WHO) – to rapidly exchange information about ongoing activities (Whatsapp, moving to Teams)
- Annual or bi-annual regional meetings organized by WHO Regional Offices to exchange experiences, verify connectivity, and share knowledge
- WHO IHR Orientation Program
- Upcoming needs assessment for all NFPs









Challenges faced by National IHR Focal Points

- WHO <u>NFPs Needs assessment</u> study (2021) while noting generally good knowledge and compliance with obligations, also identified some challenges:
 - Lack of appropriate information technology for communication
 - Obtaining approvals from government sectors outside health (leading to delays in communicating with WHO)
 - Inadequate staffing, fast turn-over of staff, lack of institutional memory, no plans for continuous development and learning of staff of the NFPs
- Review Committee on the functioning of the IHR during COVID-19 (2021):
 - Many NFPs lack resources, are not empowered or not well positioned within their governments to fulfill the functions as required under IHR Article 4.
 - The distinction between the NFP and the competent authority of a State Party (i.e. "the authorities responsible within its respective jurisdiction for the implementation of health measures under these Regulations", as defined in Article 4.1 of the IHR) is often blurred, resulting in confusion about the roles and expectations of NFPs, and a perceived challenge in ensuring States Parties' accountability for all their obligations under the IHR.



