



newsletter  
May 2017

## In focus

- ▼ Functional Exercise Training, Kampala, Uganda, 8-12 May
- ▼ Joint External Evaluation (JEE) in Zanzibar, United Republic of Tanzania

## Zoom in:

- ▼ National IHR/PVS bridging workshops - an interactive methodology to improve collaboration between human and animal health sectors

WHO helps ensure the regular cross-sectoral assessment of countries' core capacities as required under the International Health Regulations (IHR); and the development of National Action Plans for health security. This is done through the provision of support for national assessments and after action reviews; planning, costing, documenting and running exercises; and building monitoring and evaluating capacity.

### Functional Exercise Training in Kampala, Uganda



To complement the recently published Exercise Manual (2017), WHO is developing a training programme which aims at enhancing exercise capacity and creating a pool of exercises developers and facilitators. The first module of this training programme on table top exercises was piloted in October 2016, in Kenya and Senegal.

A second module focusing on functional exercises was rolled out in Kampala, Uganda, on 8 – 12 May 2017. The training targeted staff of the ministries of health and WHO country offices of six countries (Ethiopia, Ghana, Malawi, United Republic of Tanzania, The Gambia and Uganda). It was facilitated by teams of the WHO Regional Office for Africa and Headquarters.

In a "learning by doing" approach, participants conceptualized, developed and delivered a day long functional exercise for the Ugandan Public Health Emergency Operations Centre (PHEOC) on 11 May 2017. The purpose of the exercise was to test and evaluate the capabilities of the PHEOC in the management of the different phases of an emergency response as well as to inform the JEE process.



The main findings included:

- A well-structured and established PHEOC is in place with a clear line of responsibility
- Approved Standard Operating Procedures (SOPs) and guiding documents were used
- Staff are trained, trust each other and deliver together
- SOPs should be supported by additional templates adaptable during a response
- A standard briefing package could be developed for the Rapid Response Team deployment (contact info, check list, Incident Action plan, etc.)
- Develop a training on PHEOC to brief the Incident Management Team

Find more information at: <http://www.afro.who.int/en/uganda/press-materials/item/9596-uganda-hosts-training-on-disease-outbreak-management-for-the-african-region.html>

## Joint External Evaluation in Zanzibar, United Republic of Tanzania



Zanzibar conducted a JEE on April 24-28, 2017. The Zanzibar Ministry of Health successfully led the process with the support of WHO and partners. The JEE exercise was the first time that different government sectors, institutions, and local authorities had ever come together to discuss the status of the many facets of health security. The process was an eye opener to all local participants, and it had the support at the highest level of government. The preliminary findings revealed critical gaps across the 19 technical areas reviewed. The government committed to owning the findings and leading their implementation and requested WHO and partners to continue providing technical and financial support.

## SPP new features



New features of the WHO Strategic Partnership Portal (SPP) on Influenza and Antimicrobial Resistance are now available online at: <https://extranet.who.int/spp/>

## CBRN exercise

From 16 to 18 May, WHO participated as an observer to a field simulation exercise on Chemical, biological, radiological and nuclear (CBRN) in Lisbon, Portugal.

## G20 exercise

WHO contributed to the preparation and roll out of a simulation exercise during the G20 Health Ministers' meeting on 19-20 May in Berlin, Germany.

## Zoom in:

### National IHR/PVS bridging workshops an interactive methodology to improve collaboration between human and animal health sectors

Islamabad, 11 May 2017 – A quick look around the meeting room, filled with posters, post-its and maps, shows how fruitful discussions among the human health and animal health sectors have been. For the first time, over 70 participants from both sectors met and discussed during three days to improve their collaboration.

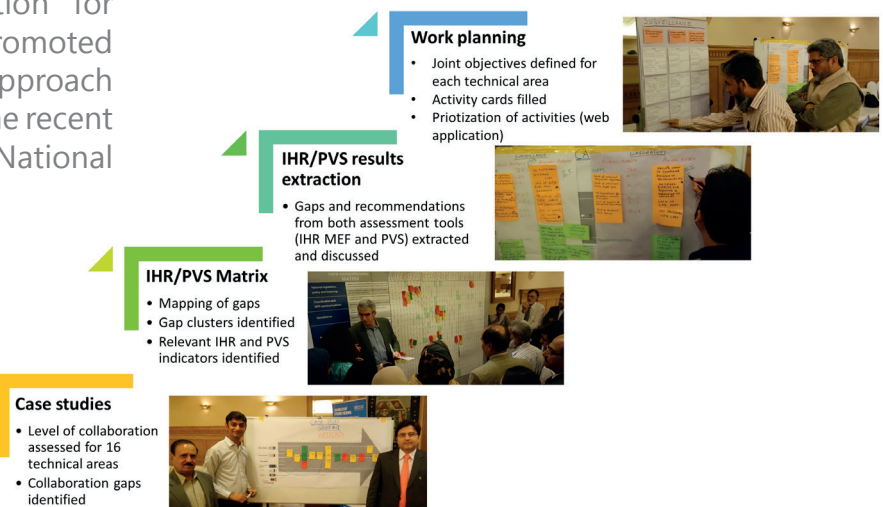
As a majority of human diseases have their origins in animals, the necessity to bridge human and animal health is indisputable. WHO and the World Organisation for Animal Health (OIE) have actively promoted a collaborative intersectoral approach among institutions and systems. One recent development is the IHR/PVS National Bridging Workshops.

The workshop uses a structured approach with different sessions following a step-by-step progression from gap identification to work planning, with an interactive methodology, user-friendly material, case studies and facilitation tools. Though its modular system permits to fit each country's needs, core steps are often the same:

- A first session uses different case studies to evaluate, using color-coded cards the level of coordination between the two sectors for 16 technical areas.
- Linkages between WHO's IHR MEF and OIE's PVS Pathway, which assesses the performance of veterinary services

are described and a large matrix, connecting the indicators from both tools, is used to map the gaps.

- Working groups focused on these gaps to extract recommendations from existing assessments (JEE, PVS).
- For each technical area, main objectives and activities to improve collaboration are identified. A world café which allows each group to contribute to each technical area was applied. Activities are prioritized using a web voting application.



Pakistan was the fourth country to benefit from such workshop, after Azerbaijan, Thailand and Costa Rica. The success of these workshops has led to an increase in demands from countries worldwide and substantial support from donors. Outcomes are of particular relevance in the context of the IHR MEF, as they can feed into the development of National Action Plans and improve the work at the animal-human interface, thereby increasing IHR related capacities in Member States.



## Coming up next

- ▼ Preventing, Detecting, Reporting, and Responding to Public Health Emergencies: Workshop on Tools, Best Practices, and Challenges in the Americas Region, 14-15 June, Lima, Peru (tbc)
- ▼ WHO high-level meeting on Delivering Global Health Security through sustainable financing, 26-28 July 2017, Seoul, Republic of Korea
- ▼ Joint External Evaluation in June 2017:
  - Belgium (June 19-23)
  - Mali (June 26-30)
  - Nigeria (June 12-16)
  - Slovenia (June 5-9)
  - Sri Lanka (June 19-23)
  - Thailand (June 26-30)
  - Uganda (June 26-30)
- ▼ Country Planning Workshops in June 2017:
  - Kyrgyzstan (June 12-14)
  - Morocco (June 12-14)

## ACKNOWLEDGEMENT

WHO would like to acknowledge its strong partnerships with the Global Health Security Agenda; the governments of Finland, Germany, and the United States; the US Centers for Disease Control (CDC); Public Health England (PHE); the Bill and Melinda Gates Foundation; The United Nations Food and Agriculture Organization (FAO); and the World Organisation for Animal Health (OIE) and other partners. WHO would like to acknowledge the continuing support and commitment of all of these to the principles of the International Health Regulations (2005).

## CONTACTS

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WHO International Health Regulations website - <http://www.who.int/ihr/procedures/implementation/en/>  
Strategic Partnership portal - <https://extranet.who.int/spp/>

## World Health Assembly (WHA)

During the WHA the IHR Monitoring and Evaluation Framework was discussed in several side-events including on 'The IHR and the impact of the GHSA' (22 May) and on 'Stronger national health systems underpinning stronger health security' (23 May).

## The IHR MEF in members

In 2016, **129 Member States** reported on the status of IHR implementation, **28 conducted a JEE** and **14 undertook a simulation exercise**. <https://extranet.who.int/spp/ihrmef>

The capacity scores reported in 2016 are available on the WHO Global Health Observatory at: <http://www.who.int/gho/ihr/en/>