

Status of Implementation of the Recommendations of the Third Regional Stakeholders' Meeting To Review Implementation Of The International Health Regulations(IHR 2005) With Special Focus On Ebola, Cairo, Egypt, 11–13 January 2015

General Recommendations	Implemented	Partially Implemented	Not implemented	Under implementation
<p>Develop short term plan (90 days) to address priority gaps in national capacities for preparedness and response to potential importation of Ebola, with identified and allocated technical and financial resources to implement the plan.</p>		<p>The plan was done without identification of the financial resources.</p>		
<p>Strongly advocate among all stakeholders the joint responsibility for IHR implementation, emphasizing the crucial role of their involvement in the development and maintenance of IHR public health capacities beyond 2016.</p>		<p>Done through IHR</p>		

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<p>Establish dialogue with neighboring countries to discuss the enhancement of cross-border collaboration for surveillance and response to public health events.</p>	<p>Established between GCC countries.</p>			
<p>Ensure continued retention of qualified human resources responsible for preparedness and response to public health events expanding and continuously training the pool of experts and teams.</p>	<p>Done through IHR Committee.</p>			
<p>Assist Member States in addressing priority gaps and implementing national plans for preparedness and response to potential importation of Ebola; and establish a mechanism to monitor the implementation of such plans.</p>		<p>WHO assist Bahrain in 2014</p>		
<p>Explore options to move from checklist approach to more action-oriented approach to monitor progress in implementing the</p>		<p>√</p>		

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Regulations at national level.				
Enhance linkages with regional and international partners to support Member States to strengthen IHR core capacities.	√			
Develop modules of simulation/drill exercises to support Member States testing the functionality of national plans and SOPs	WHO			
Establish a mechanism, i.e. regional network, to facilitate sharing best practices and experiences among Member States of the region; and facilitate documentation of IHR implementation and lessons learned.	WHO			
Conduct regional evaluation of management and response to diseases public health events occurred in the region and identify lessons learnt for future IHR programming.	WHO			
Consolidate the lessons learnt from Ebola so	WHO			

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<p>as to enhance regional capacity to respond to emergencies, and to build national capacities for early detection, notification and response to public health events to meet IHR obligations.</p>				
<p>Develop/update National EVD Response Plan as an integral part of the national public health preparedness and response plan.</p>	√			
<p>Establish an Incident Command Systems (ICS) for response operations with clear SOPs - under EVD Response Plan.</p>	Done through the National Disaster Committee			
<p>Develop simulation scenarios and conduct a simulation exercise on the EVD response plan.</p>	done In 2014			
<p>Conduct advocacy activities to promote awareness and ensure political commitment</p>		√		

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for the implementation of the Regulation.				
Establish IHR Multisectoral Committee with high representation from the different sectors and clear Terms of Reference.	√			
Put in place ToR for the functions of the IHR NFP and for the IHR stakeholders committee, if exists.	√			
Develop SOPs for the notification of public health events of potential international concern to WHO.	√			
Equip the NFPs with IT equipment to facilitate the 24/7 communications.	√			
Establish a mechanism to evaluate the	√			

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communication with of the IHR NFPs related to public health events.				
Develop a public health contingency plan as an integral part of the overall emergency plan for each designated point of entry.	√			
Establish arrangements with airline companies to facilitate the follow up of passengers, when needed.	√			
Develop SOPs for the notification of suspected passengers detected at airport or onboard aircrafts between airline operators, airport authority, competent authority and IHR NFP.	√			
Develop SOPs for notification between points of entry in the different countries related to sick passengers detected on board of conveyances.	√			

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<p>Establish isolation area/space at airports for the initial assessment of EVD suspected cases and interview of contacts with access to ambulance.</p>	<p align="center">√</p>			
<p>Develop and conduct training package to enhance the capacity of workforce responsible for detection, initial assessment and response to EVD suspected case, including for those providing ground services. Equip the concerned workforce with sufficient PPEs and disinfectants.</p>		<p align="center">√</p>		
<p>Review entry screening measures in place and improve them to ensure their effectiveness and establish necessary arrangements with the different stakeholders to ensure the implementation of the screening measures.</p>	<p align="center">√</p>			
<p>Develop and roll urgently Standard operating Procedures (SOPs) for early warning system for EVD surveillance and contact tracing with relevant tools (forms, database,..) and linkages between all stakeholders (POE, Lab, IPC) monitoring and evaluation of surveillance readiness to be tested through simulation and</p>	<p align="center">√</p>			

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drill.				
Initiate the establishment of an Event-based Surveillance System.		√		
Establish Ebola Rapid Response Team at central and peripheral levels.	√			
Conduct training of RRT in all required areas (response, IPC, Contact tracing, etc.)		√		
Build the capacity of the healthcare workforce of the designated EVD treatment centers, POEs, designated staff of ambulance services and members of the rapid response teams through conduction of EVD IPC trainings including donning and doffing of PPEs and conduction of simulation exercises and drills.		√		
Establish a triage system and develop guidance on basic standards and SOPs for establishing EVD treatment center and handling patients.		√		
Develop standardized method for investigating occupational exposure in hospitals amongst the HCWs - Health Care Associated Infections		√		

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(HAIs).				
Define monitoring and evaluation tools with measurable indicators to assess the readiness of the states according to EVD IPC implementation plan activities.	WHO			
Through training assist Member States to be prepared for within country and international (WHO CC) for an efficient and timely shipment of specimens.	WHO			
Member States to designate a bio risk officer and complete risk assessment exercise.		√		
Designated laboratories in selected Member States provided with Ebola kits and essential safety equipment/PPE	WHO			

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<p>Request Member States to officially appoint one person as a focal point for risk communications/social mobilization. Then, establish a risk communications/social mobilization network of all State focal points and EMRO, and conduct a risk communications orientation training/workshop;</p>	<p>WHO</p>
<p>Develop Regional Ebola risk communications strategic plan with a special emphasis on how to deal with fear and panic using West Africa experiences. The plan should have a social media strategy; a template communication plan for first case of Ebola diagnosed that includes SOPs, prototype messages/IEC materials, as well as predicated response scenarios for a potential Ebola outbreak.</p>	<p>WHO</p>
<p>Develop risk communications/social mob training curricula and plan for MOH stakeholders, journalists, community health workers in Five priority countries in the coming 90 days, including social media and for risk communications staff and media skills for</p>	<p>WHO</p>

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health professionals.	
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