

Progress made by States Parties in implementing the Temporary Recommendations issued after the fifth meeting of the IHR Emergency Committee meeting on COVID-19

Following the advice of the Emergency Committee at its fifth meeting on 29 October 2020¹, the Director General declared that the event still constitutes a PHEIC, accepted the advice and issued them as Temporary Recommendations to States Parties. These Temporary Recommendations include that States Parties report to WHO on the progress in implementing the Temporary Recommendations, particularly major achievements, milestones, and obstacles.

REGION: EURO	COUNTRY: the Netherlands
Temporary Recommendations for States Parties	Progress since the fifth Emergency Committee's meeting
<p>Leadership and Coordination</p> <p>1. Continue to share with WHO best practices, including from intra-action reviews, and apply lessons learned for mitigating resurgence of COVID-19; invest in implementing National Action Plans for sustainable preparedness and response capacities in compliance with the IHR requirements.</p> <p>2. Report to WHO on progress in implementing the Temporary Recommendations, particularly major achievements, milestones, and obstacles. This information will empower countries, WHO, partners, and the Committee to continue to make informed decisions as the pandemic evolves.</p>	<p>Coordination:</p> <p>https://www.rivm.nl/ https://www.rivm.nl/coronavirus-covid-19/professionals https://www.rivm.nl/en https://www.rijksoverheid.nl/onderwerpen/coronavirus-covid-19 https://coronadashboard.rijksoverheid.nl/ https://coronadashboard.government.nl/</p> <p>Guidelines for health professionals https://lci.rivm.nl/richtlijnen/covid-19</p> <p>Intra-actions for points of entry (harbours and airports) in preparation</p>

¹ [https://www.who.int/news/item/30-10-2020-statement-on-the-fifth-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-coronavirus-disease-\(covid-19\)-pandemic](https://www.who.int/news/item/30-10-2020-statement-on-the-fifth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic)

<p>Evidence-Based Response Strategies</p> <p>3. Avoid politicization or complacency with regards to the pandemic response which negatively impact local, national, regional, and global response efforts. National strategies and localized readiness and response activities should be driven by science, data, and experience and should engage and enable all sectors using a whole-of-society approach.</p> <p>4. Implement a dynamic risk management approach using appropriate indicators to inform time-limited, evidence-based public health and social measures.</p>	<p>In the Netherlands, the decision making proces separates scientific based risk assessment and management advice by health professionals (outbreak managementteam, OMT) and the decision by the government. This is legally embedded. OMT's are organized on weekly base and take into account the latest scientific information, epidemiologic developments, results from modelling analyses and analyses of behavior and compliance of measures among the population . Separate OMT-zoonoses, including experts from the veterinary sector, were organized for risk assessment and managementadvice for COVID-19 in minks.</p> <p>https://www.rivm.nl/meldingsplicht-infectieziekten/wet-publieke-gezondheid https://www.rivm.nl/coronavirus-covid-19/omt</p> <p>The government developed a system of risk levels for the public, based on indicators advised by the OMT. This also included an overview of control measures for each risk level. The government asks the OMT for advice on the measures. https://coronadashboard.rijksoverheid.nl/veiligheidsregio https://coronadashboard.rijksoverheid.nl/landelijk/maatregelen</p>
<p>Research</p> <p>5. Conduct research and share information on transmission, including role of aerosols; presence and potential impact of SARS-CoV-2 in animal populations; and potential sources of contamination (such as frozen products) to mitigate potential risks through preventative measures and international cooperation.</p>	<p>Research is performed and published by several Dutch institutes, including the role of aerosole transmission and zoonotic potential of SARS-CoV-2.</p> <p>Among others: https://www.rivm.nl/en/novel-coronavirus-covid-19/research https://www.rivm.nl/coronavirus-covid-19/huisdieren https://www.rivm.nl/coronavirus-covid-19/onderzoek https://www.zonmw.nl/nl/over-zonmw/coronavirus/onderzoek-naar-corona-en-covid-19/</p>
<p>Surveillance and Contact Tracing</p> <p>6. Sustain efforts to strengthen public health surveillance systems and investments in a trained workforce for active case finding, comprehensive contact tracing, and cluster investigations.</p>	<p>During the first wave of COVID-19, the surge capacity for contact tracing at the level of public healths services was limited. This was improved for the second wave. However, public health expertise workforce on national level is still a concern.</p> <p>A national surveillance system for monitoring contact tracing and cluster investigations was developed and implemented in 2020.</p>

<p>7. Continue timely and consistent reporting to WHO, including through platforms such as GISRS, on all recommended indicators for COVID-19 epidemiology and severity, response measures, and concurrent outbreaks, to enhance global understanding of the pandemic's evolution.</p>	<p>A microbiological surveillance system for molecular sequencing was developed and expanded during the emergence of SARS-CoV-2 variants end of 2020. Information is shared on platforms as GISRS</p> <p>Epidemiological data are provided in the Tessa system/ECDC and shared WHO. They are shared in the public domain: https://www.rivm.nl/coronavirus-covid-19/actueel Response measures are shared publically: https://coronadashboard.government.nl/landelijk/maatregelen</p> <p>https://www.rivm.nl/coronavirus-covid-19/actueel https://www.rijksoverheid.nl/onderwerpen/coronavirus-covid-19</p> <p>Information on epidemiological developments in the Overseas Territories (Aruba, Bonaire, Curacao, St Maarten, Saba, St Eustatius) is shared with PAHO/ECDC/WHO Euro and CARVA. Information on molecular sequencing surveillance is shared with PAHO.</p>
<p>Risk communications and community engagement</p> <p>8. Engage and empower individuals and communities to strengthen confidence in the COVID-19 response and promote sustained adherence to public health and social measures underpinned by the principles of solidarity and human rights; monitor and address rumours and misinformation.</p>	<p>Risk communication is provided by the government and RIVM.</p> <p>RIVM initiated research in communicatoy engagement in decision making process</p> <p>RIVM initiated behaverioul research unit which engages with the public to understand reasons for adherence and compliance of measures. Outcomes are input for the Outbreak Management Team</p> <p>https://www.rijksoverheid.nl/onderwerpen/coronavirus-covid-19 https://www.rijksoverheid.nl/onderwerpen/coronavirus-covid-19/algemene-coronaregels https://www.rivm.nl/en/novel-coronavirus-covid-19/research/behaviour</p>
<p>Diagnostics, therapeutics, and vaccines</p> <p>9. Establish a national multi-disciplinary taskforce, assess progress using the COVID-19 Vaccine Introduction Readiness Assessment Tool (VIRAT), and prepare the National Deployment and Vaccination Plan, which can serve as the holistic operational plan for COVID-19 vaccine introduction. A strong emphasis should be placed on</p>	<p>A COVID-19 vaccination programme was developed. The Dutch Health Council advises the government on the vaccination strategy. The RIVM implements the vaccinationcampaign, aligning with existing vaccination campaigns (seasonal influenza) and both public health as curative sector.</p> <p>https://www.rijksoverheid.nl/onderwerpen/coronavirus-vaccinatie https://www.rivm.nl/covid-19-vaccinatie https://www.gezondheidsraad.nl/documenten/adviezen/2020/11/19/strategieen-voor-covid-19-vaccinatie</p>

communication with communities to prepare for COVID-19 vaccination.	
<p>Health Measures in Relation to International Traffic</p> <p>10. Regularly re-consider measures applied to international travel in compliance with Article 43 of the IHR (2005) and continue to provide information and rationales to WHO on measures that significantly interfere with international traffic. Ensure that measures affecting international traffic (including targeted use of diagnostics and quarantine) are risk-based, evidence-based, coherent, proportionate and time limited.</p> <p>11. Continue to strengthen capacity at points of entry to manage potential risks of cross-border transmission and to facilitate international contact tracing.</p>	<p>The government asks regularly advice to the Outbreak Management Team on measures related to international travel.</p> <p>Government decisions and information for the public is shared through the internet. https://www.rijksoverheid.nl/onderwerpen/coronavirus-covid-19/reizen-en-vakantie https://www.nederlandwereldwijd.nl/reizen/reisadviezen</p> <p>The RIVM (LCI/CID) develops protocols for public health professionals on points of entry: https://lci.rivm.nl/richtlijnen/covid-19. This includes (inter)national contact tracing, preparedness and response for detection and control of outbreak related to ships and planes.</p>
<p>Essential Health Services</p> <p>12. Maintain essential health services with sufficient funding, supplies, and human resources; strengthen health systems to cope with mental health impacts of the pandemic, concurrent disease outbreaks, and other emergencies.</p>	<p>The government is providing funds and supplies for maintaining essential health services. In the first wave, specific supplies were necessary for personal protection and diagnostic testing.</p>