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DESIGNATED DISEASES IN THE AFRICAN REGION

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Threats of Epidemic since Ancient Time

1st Millennium

Middle Ages

20th Century
The Chicago Convention

- Chicago Convention on International Civil Aviation was signed on 7 December 1944
- Confirms the sovereignty of the Member States over their airspace
- Requires States to apply technical rules universally accepted
- Recommends **global harmonization to improve safety, efficiency and regularity of civil aviation**
- Establish the International Civil Aviation Organization (ICAO)
International Civil Aviation Organization (ICAO)

- 191 Member States
- UN specialized Agency
- General Assembly, Council, Secretariat

**Vision:** Achieve the sustainable growth of the global civil aviation system.

**Mission:** ICAO develops policies and Standards, undertakes compliance audits, performs studies and analyses, provides assistance and builds aviation capacity through many other ACTIVITIES and the cooperation of its Member States and stakeholders.
Prevention of spread of disease

Each contracting State agrees to take effective measures to prevent the spread by means of air navigation of cholera, typhus (epidemic), smallpox, yellow fever, plague, and such other communicable diseases as the contracting States shall from time to time decide to designate, and to that end contracting States will keep in close consultation with the agencies concerned with international regulations relating to sanitary measures applicable to aircraft.

Such consultation shall be without prejudice to the application of any existing international convention on this subject to which the contracting States may be parties.
What are the IHR?

An agreement among 194 countries
Facilitated by WHO

Came into force on 15 June 2007

Ensuring maximum public health security while minimizing interference with international transport and trade

Legally binding for WHO and the world’s countries that have agreed to play by the same rules to secure international health.
What’s new?

From three diseases to all public health risks
From preset measures to tailored response
From control of borders to also include containment at source
What is New in the IHR (2005)

- Broadens scope to include *any event* of international public health concern and not limited to communicable diseases
- Use of unofficial information sources and reports to trigger verification process
- Notification to WHO marks the beginning of a confidential dialogue between a State and WHO to assess potential serious public health implications of the event
What is New in the IHR (2005)

- Confidential and collaborative consultation on early events, if necessary, before formal notification.

- Transparent and consistent WHO process for event assessment and response

- Lists examples of applicable measures to be taken corresponding to the assessed risk
What is New in the IHR (2005)

1. Broader vision: “Public Health Emergency of International Concern” (PHEIC)

2. More operational: National Focal Point for IHR/ WHO Contact Point for IHR

3. External Expertise: Experts list, Emergency committee, and review committee

4. New obligations: Capacities requirements for entry points, for surveillance & action
Broad scope and coverage of IHR (2005)

- **“Disease”**: “an illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans”

- **“Event”**: “a manifestation of disease or an occurrence that creates the potential for disease”

- **“Public health risk”**: "the likelihood of an event that may adversely affect the health of human populations, …"

- Events/risks may be:
  - Biological/infectious, chemical, radionuclear
  - Known or unknown, emerging or re-emerging
  - Transmissible by persons, transport conveyances, cargo/goods (food/animals/products), vectors, environment, etc.
Public Health Emergency of International Concern (PHEIC)

Means an extraordinary event which is determined, as provided in these Regulations (Part I, Article 1):

- to constitute a public health risk to other States through the international spread of disease

and

- to potentially require a coordinated international response;
4 diseases shall be notified: Smallpox, Polio (wild-type Poliovirus), Human influenza caused by a new Subtype, SARS

An event involving the following diseases shall always lead to utilization of the algorithm: Cholera, Pneumonic plague, Yellow fever, VHF (Ebola, Lassa, Marburg), West Nile fever, dengue fever, Rift Valley fever, meningitis, Other diseases

Q1: Is the public health impact serious?
Q2: Is the event unusual or unexpected?
Q3: Is there a risk of international spread?
Q4: Is there a significant risk of international travel or trade restrictions?

Insufficient Information: Reassess
Is the public health impact serious?

The event unusual or unexpected?

Is there a risk of international spread?

Is there a significant risk of international restrictions?

Notify the event to WHO under the International Health Regulations

Reassess when more information is available
What is the IHR system for it?

- Notification
- Reports
- Consultation
- Verification

National IHR Focal Point
(Institution with at least 5 persons per State Party)

Event Information Site

WHO IHR Contact Point
(Team with at least 4 staff in WHO Region)
The IHR National Focal Point - NFP

### Turkey - EURO

**National IHR Focal Point Office:**
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Ministry of Health
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NFP is an institution, rather than an individual

NFP is in charge for urgent IHR communications with WHO and for sharing information with all relevant sectors in their country

Availability at all times for communication with WHO
Example of IHR Framework

- Determine Public Health Emergency of International Concern (PHEIC)
  - Make temporary and standing recommendations

- Accessibility at all times
  - Primary channel for WHO-NFP event-related communications
  - Disseminate information within WHO
  - "Activate" the WHO assessment and response system

- Accessibility at all times
  - Communication with WHO
  - Dissemination of information nationally
  - Consolidating input nationally

- Unusual health events
  - Detect
  - Assess
  - Report
  - Respond

WHO Director-General

WHO IHR Contact Point

National IHR Focal Points (NFP)

National surveillance and response systems

Community

PoE

Communication

Other competent organizations (IAEA etc.)

Ministries and sectors concerned

Notification

Consultation

Report

Verification

Emergency Committee

Review Committee

Expert Roster
“Within ten years, all Member States will have established an effective and functional Integrated Disease Surveillance system that will generate information for timely action thus contributing to the reduction of mortality, disability and morbidity.”

WHO Regional Committee for Africa
September 1998, Harare,
Integrated Disease Surveillance Strategy

Community

Health facility

District / Intermediate

MoH

WHO –IST Teams

AFRO

EPI MAL EMC TB AIDS OTHERS

Community

Health facility

District / Intermediate

MoH

WHO –IST Teams

AFRO

EPI MAL EMC TB AIDS OTHERS

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IDSR objectives

Integrate vertical disease surveillance systems for effective and efficient use of resources

Improve the flow and use of information for detecting and responding to public health threats

Improve country capacity to detect early and timely respond to priority public health events
What is Done differently

- Emphasizes on:
  - use of standard case definitions
  - Collection of minimum but useful Data
    - Case-based surveillance for few diseases
  - Use of information
  - Integration of forms, wherever possible
  - Two-way information flow
  - Flexibility to address programme needs
  - Strengthening surveillance skills (analysis)
  - Coordination at all levels


**Priority Diseases**

- **Eradication/elimination**
  - AFP / polio
  - Guinea worm disease
  - Neonatal tetanus
  - Leprosy

- **Epidemic prone diseases**
  - Measles
  - Meningitis
  - Yellow fever
  - Cholera
  - Dysentery

- **Major public health importance**
  - Viral haemorrhagic fevers
  - Plague
  - Malaria
  - Pneumonia
  - Diarrhoea
  - HIV/AIDS/STDS
  - Tuberculosis
  - Trypanosomiasis
  - Onchocerciasis
IHR will serve as the driving force for IDSR

IDSR will serve as a vehicle for IHR

In the WHO African Region, implementation of IHR will take place within the context of IDSR (Annex 1).
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¹ Disease specified by IHR (2005) for notification.

*Ebola, Marburg, Rift Valley, Lassa, Crimean Congo, West Nile Fever

Any public health event of international concern (infectious, zoonotic, food borne, chemical, radio nuclear, or due to unknown condition)
Frameworks for enhancing surveillance systems

1998
Resolution Adopted

Implementation of IDSR Guides and Tools

2005
IDSR PHLN

2008
IHR Adopted

2010
IDSR
Technical Guidelines revised

2011
New initiatives

One Health
IDSR eSurveillance
IDSR community-based surveillance
IDSR eLearning
IDSR guide for pre-service training

2015
Frameworks for enhancing surveillance systems

IDSR core functions at all levels

Prepare

Identify
Report
Analyse Interpret
Investigate Confirm
Respond
Feedback
Evaluate

Community
Health facility
District, province
National
WHO
Laboratory capacity for EVD

17 countries currently have VHF laboratory capacity

The AFR EDPLN has played a crucial role in responding to the largest on-going epidemic of EVD in West Africa and provided all countries with access to virological testing in non-affected countries.

Categorization of laboratory capacity
- Category A: Countries with VHF laboratory capacity and designated as regional reference laboratories for neighbouring countries
- Category B: Countries with VHF laboratory capacity and ensuring national confirmation of VHF
- Category C: Country without existing VHF laboratory capacity but have a laboratory capacity for confirmation of influenza viruses by PCR (Potential laboratory to be upgraded for VHF confirmation capacity)
- Category D: Countries without VHF and other EDP laboratory capacity and sending VHF suspected clinical specimens to a designated regional reference laboratory

Source: Member States