Status of IHR (2005) implementation in the African Region

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WHO/AFRO
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.
The IHR required States Parties (SP) to establish national core capacities to ensure public health surveillance and response throughout their territory, and public health capacity at designated Points of Entry.

### National Core Capacity Requirements

<table>
<thead>
<tr>
<th>8 Core Capacities</th>
<th>Potential hazards</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Legislation and Policy</td>
<td>• Infectious</td>
</tr>
<tr>
<td>2. Coordination</td>
<td>• Zoonosis</td>
</tr>
<tr>
<td>3. Surveillance</td>
<td>• Food safety</td>
</tr>
<tr>
<td>4. Response</td>
<td>• Chemical</td>
</tr>
<tr>
<td>5. Preparedness</td>
<td>• Radio nuclear</td>
</tr>
<tr>
<td>6. Risk Communications</td>
<td></td>
</tr>
<tr>
<td>7. Human Resources</td>
<td></td>
</tr>
<tr>
<td>8. Laboratory</td>
<td></td>
</tr>
</tbody>
</table>

**In the WHO African Region, implementation of IHR** will take place within the context of IDSR (Annex 1A).

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**Events at Points of Entry**

- Infectious
- Zoonosis
- Food safety
- Chemical
- Radio nuclear
In the WHO African Region, implementation of IHR will take place within the context of IDSR (Annex 1A).
IHR Core Capacities at Points of Entry

Annex 1

• **Coordination and communication**

• **At all times (routine)**
  • Access to medical service
  • Transport of ill travellers
  • Inspection of conveyances (e.g. Ship Sanitation Control Certificate)
  • Control of vectors / reservoirs

• **For responding to public health related events**
  • Emergency contingency plan
  • Arrangement for isolation (human, animal)
  • Space for interview / quarantine
<table>
<thead>
<tr>
<th>PREVENTION</th>
<th>EARLY WARNING</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Containing known public health risks</td>
<td>Detecting relevant health events</td>
<td>Responding to public health emergencies</td>
</tr>
<tr>
<td>Routine control of “Sanitary conditions”</td>
<td>Inspection, Information and verification</td>
<td>Support to investigation and contingency plans to adopt control measures</td>
</tr>
</tbody>
</table>

**Risk management**

**Risk assessment**

**Event management**

Conveyances inspection programmes and control measures
In the African region, significant progress made although **no country had fully attained minimum IHR Core Capacities** by set deadlines in 15 June 2012 and 15 June 2014.

**AFR/RC/62/R8** adopted in 2012 in Luanda to accelerate IHR implementation in the African Region.

Two **IHR stakeholders meetings** conducted in 2012 to map country unmet needs to accelerate IHR implementation in SP.
45/47 countries conducted IHR core capacity assessment and developed IHR national plans.

21/47 countries have requested 2 years extension to fully implement the IHR core capacities by the new deadline set by June 15, 2016.

32/47 countries submitted annual report to WHA in 2014 and 20 countries have already submitted their report for 2015.
IHR implementation status, core capacities scoring, African region, 2014 (N=32)
IHR implementation at POE in the AFR and Globally
Average Capacity Score Compared to PoE Score by WHO Region, 2014

<table>
<thead>
<tr>
<th>WHO Region</th>
<th>Capacity Score</th>
<th>Avg Score</th>
<th>PoE Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFR</td>
<td>56</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>AMR</td>
<td>75</td>
<td>67</td>
<td></td>
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<td>EMR</td>
<td>73</td>
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<td></td>
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<tr>
<td>EUR</td>
<td>81</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td>SEAR</td>
<td>75</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>WPR</td>
<td>79</td>
<td>78</td>
<td></td>
</tr>
</tbody>
</table>
Points of Entry Designated by WHO Region and Year

<table>
<thead>
<tr>
<th>WHO Region</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFR (47)</td>
<td>150</td>
<td>292</td>
<td>436</td>
</tr>
<tr>
<td>AMR (35)</td>
<td>117</td>
<td>175</td>
<td>200</td>
</tr>
<tr>
<td>EMR (22)</td>
<td>318</td>
<td>337</td>
<td>306</td>
</tr>
<tr>
<td>EUR (53)</td>
<td>148</td>
<td>214</td>
<td>738</td>
</tr>
<tr>
<td>SEAR (11)</td>
<td>81</td>
<td>104</td>
<td>87</td>
</tr>
<tr>
<td>WPR (27)</td>
<td>345</td>
<td>402</td>
<td>459</td>
</tr>
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Average PoE Per Country by WHO Region and Year

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<thead>
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Airports

Number of Airports by WHO Region and Year

WHO Region

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<th>2013</th>
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<tr>
<td>AFR (47)</td>
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<td>EUR (53)</td>
<td>45</td>
<td>62</td>
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</tr>
<tr>
<td>SEAR (11)</td>
<td>21</td>
<td>28</td>
<td>24</td>
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<tr>
<td>WPR (27)</td>
<td>123</td>
<td>132</td>
<td>136</td>
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</table>
Ports

Number of Ports by WHO Region and Year

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Ground Crossings

Number of Ground Crossings by WHO Region and Year

World Health Organization
Challenges
Implementing IHR in the African Region (1)

- Insufficient high level involvement at national and sub national levels for the implementation of IHR (2005)
- Lack of partners’ engagement to actively support IHR (2005) implementation to strengthen disease surveillance, prevention, control and response systems
- Insufficient investment and funding to support IHR implementation and limited involvement of the private sector
- IHR NFP Turn over, insufficient authority/capacity, and inadequate Human resources
Weak collaboration and coordination between Health, Animal and other sectors

Insufficient capacities for diagnosis, monitoring and response to chemical, biological and radio nuclear (CBRN) events

Specific needs for small islands states and States parties with overseas territories

The Ebola crisis highlighted three key concerns for IHR: (i) development of core capacities, (ii) timely sharing of information and (iii) the institution of additional measures by States
Challenges
Implementing IHR at points of entry (3)

- Designating PoE and identifying competent authorities and human resources
- Listing authorized ports for ship sanitation certificates - SSC
- Updating national legislation, operational procedures and harmonization of IHR requirements with enforcement of provisions from others International agreements (e.g. ICAO, IMO, ILO Conventions)
- Strengthening intersectoral collaboration and coordination (e.g. transport, customs, immigration, environment, etc.)
Challenges
Implementing IHR at points of entry (4)

To have harmonized best practices at PoE in a globalized world and in a all hazards approach.

Implementation of WHO temporary recommendations during PHEIC, in a Regional and Global Approach (e.g. EBOLA).

To provide appropriate PH emergency response at designated points of entry, in a multi-sector approach:

Capacity for inspection of conveyances and adoption of control measures

Strengthening links of PoE with national health surveillance and response system
Follow up – Member States (1)

- High level commitment and engagement for IHR implementation
- Identify remaining gaps in line with the IHR Review Committee 2014 Recommendations, revise national implementation and maintenance plans
- Mobilize technical and financial support for building core public health capacities and ensure full implementation of IHR
Follow up – Member States (2)

Strengthen intersectoral and multisectoral coordination and collaboration among and within States Parties

Improve Intercountry support in the building, strengthening and maintenance of IHR core capacities

The “implementation” of the IHR will never be over. States should “maintain” core capacities, be able to use it effectively when and where needed (e.g. Ebola PHEIC) and “monitor its functioning”.

World Health Organization
Next Steps – WHO (1)

- Collaborate and assist States Parties in the mobilization of technical and financial support for IHR core capacity development.
- Identify areas of collaboration and specific projects developments.
- Monitoring of IHR core capacity development and maintenance from 15 June 2012 to 2016.
- Review the mechanisms/methodologies of monitoring progress in the implementation of IHR in close collaboration with States Parties.
WHO will continue its leading role on public health and supporting better information sharing and collaboration for strengthening health security.

The efforts to control public health threats require all stakeholders to continuously improve the way they coordinate and collaborate, to stay dynamic and to adapt to new challenges.

WHO IHR Certification for airports and ports, in a voluntary basis.
WHO Support for Strengthening Public Health Capacity at Points of Entry - POE

ACTIVITIES

- Provide technical support and advice for building capacities for prevention, early detection, and control of public health risks
- Support preparedness capacity development for event management and emergency response
- Provide WHO Certification for IHR of capacities at airports and ports
- Foster international collaboration in a multisectoral approach

Activities in all WHO Regions

Trainings

Guidelines

Networking
Collaboration and partnership

- Provision of guidance and harmonization of requirements and practices with other UN agencies and specialized intergovernmental organizations (e.g. ICAO, IMO, UNWTO..)
- Foster collaboration and partnership with, civil society and NGOs (e.g. IATA, ACI, ICS, CLIA…)
- Provide technical support and joint activities and projects with partner organisations (ICAO-CAPSCA, EU: DEVCO – AIRSAN - SHIPSAN…)
- Intersectoral Coordination during emergency (e.g. Int. Travel & transport task force)
- WHO Collaborating Centres- PoE (China-AQSIQ, Greece-Thessaly University)
- PAGNet specialized network for ports, airports and ground crossings
Exchange and dissemination of knowledge and information

- IHR Information, guidance and tools:
  - Document Center
  - IHR multilingual web site www.who.ihr/int/fr/index

Many documents and tools available in the 6 WHO languages

Publications:
- IHR news – quarterly information bulletin
- Main target audience: NFPs but also other public health actors and stakeholders
- Ihrinfo@who.int: Information exchange with technical partners and general audiences
WHO Guidance and Tools related to PoE

PUBLISHED

Air travel

Public health emergency
Preparedness & Response

Ebola
Event management at Poe
Exit & Entry
Screening
Travel & Health

Ports and Ships

PoE core capacity Assessment and surveillance

WHO Learning Program for Ship Inspection and Issuance of SSC under IHR 2005 and EVD Management at PoE
WHO PoE Guidance and tools under development

Event management

- WHO Technical Advice for Event Management in Air Transport
- WHO Technical Advice for Event Management on board ships

Ground Crossings

Vector

- Vector Surveillance and Control at PoE

Others

- Procedures for Airport and Port Certification

Project on PoE Vector Identification Platform
Thank You
Merci
Obrigado