Update on the use of the International Health Regulations (IHR) in Europe

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Amsterdam, 23-26 March 2015
Leadership priorities 2014–2019

1. Advancing universal health coverage
2. Health-related Millennium Development Goals – addressing unfinished and future
3. Addressing the challenge of non-communicable diseases and mental health, violence
4. Implementing the provisions of the International Health Regulations
5. Increasing access to essential, high-quality and affordable medical products
6. Addressing the social, economic and environmental determinants of health
• Review all extension requests and advise DG of WHO
• Discuss current self-assessment monitoring approach, taking into account «soft» capacities such as information sharing and reporting, and measuring outcome and results, or even performance
• Discuss the IHR perspective beyond 2016
Purpose of information sharing – Public Health: the core of the IHR

- Informing epidemic intelligence: shift from classical disease-based epidemiology to an event-based all-hazard approach
- Responding to globalization and increased travel and trade
- Protecting the own country from risks which could not be controlled on a pure national level
- Increasing health security: together we know more and we can respond more strongly
Response Timeline
Depend on both National and Global Efforts

Event Onset
- Median 15 days

WHO Alert
- Median 7 days

Verification

Event Detection
- 12-24 hrs

Risk Assessment

Intervention
- Mobilisation within 24-72 hrs

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What shall be communicated? - Annex 2

4 diseases that shall be notified polio (wild-type polio virus), smallpox, human influenza new subtype, SARS.

Disease that shall always lead to utilization of the algorithm: cholera, pneumonic plague, yellow fever, VHF (Ebola, Lassa, Marburg), WNF, others….

Q1: public health impact serious?
Q2: unusual or unexpected?
Q3: risk of international spread?
Q4: risk of travel/trade restriction?

Insufficient information: reassess
PART II – INFORMATION AND PUBLIC HEALTH RESPONSE

Article 5 Surveillance

Article 6 Notification

Article 7 Information-sharing during unexpected or unusual public health events

Article 8 Consultation

Article 9 Other reports

Article 10 Verification

Article 11 Provision of information by WHO

Article 12 Determination of a public health emergency of international concern

Article 13 Public health response

Article 14 Cooperation of WHO with intergovernmental organizations and international bodies
Art. 8 - Consultation

- In the case of events occurring within its territory not requiring notification as provided in Article 6, in particular those events for which there is insufficient information available to complete the decision instrument, a State Party may nevertheless keep WHO advised thereof through the National IHR Focal Point and consult with WHO on appropriate health measures. Such communications shall be treated in accordance with paragraphs 2 to 4 of Article 11. The State Party in whose territory the event has occurred may request WHO assistance to assess any epidemiological evidence obtained by that State Party.
What is the system for it?

What is the system for it?

- Notification
- Reports
- Consultation
- Verification

National IHR Focal Point
(One per State Party)

WHO IHR Contact Point
(One per WHO Region)

Event Information Site
Empowerment of IHR NFPs

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<th>Turkey - EURO</th>
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<tr>
<td>National IHR Focal Point Office: General Directorate of Primary Health Care Ministry of Health Saglik Bakanligi Mithatpasa Caddesi 3 Sihhiye 06434 Ankara Turkey</td>
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<tr>
<td>Contact details: Tel.: +90 312 5851267 Mobile: +90 532 7718186 (24/7) Fax: +90 312 4344449 Email(s): <a href="mailto:mehmet.torunoglu@seglik.gov.tr">mehmet.torunoglu@seglik.gov.tr</a>, <a href="mailto:mali.torunoglu@gmail.com">mali.torunoglu@gmail.com</a></td>
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<td>Responsible person: Dr Mehmet Ali Torunoglu Deputy Director General</td>
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<td>Archabil shayoly 20 741000 Ashgabat Turkmenistan Mobile: +993 65 71 51 71 Fax: +993 12 48 05 89</td>
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Availability at all times for communication with WHO

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
Two main areas for implementation

► **National and Global "event" management**

  ✓ A global early warning and information system
  ✓ Coordination of international response

► **National minimum (capacity) requirements**

  ✓ National surveillance and response systems
  ✓ Capacity at points of entry (Ports, airports, ground crossings)
2012 vs. 2014

- 23 countries (=42%)
- 10 countries (18%)
The IHR as WHO Convention

► **55 States Parties** (includes Holy See and Lichtenstein which are not WHO Member States)

► Entered into force on 15 June 2007

► Legally binding

► No reservation

*States Parties having Joined after 15 June 2007:*

- Montenegro, 05 Feb. 2008
WHO European Region

- WHO Country Offices (29)
- Geographically Dispersed WHO Office

55 State Parties, with around 894 million people

- as of 1 July 2013, the population of the EU 28 is about 507.4 million people (57% of the total)
- non-MSs: the Holy See (observer), Liechtenstein

Variation in population:
- Monaco: 32,700 people
- Russian Federation: 141,950,000 people

Variation in GDP/person/year (2013):
- Tajikistan $ 2,500 [rank 179]
- Norway $ 66,520 [rank 8]

Update on the use of the IHR in Europe
23 March 2015
Overseas territories (Denmark, France, Netherlands, Norway, UK)
Events by hazard – WHO European Region
(as of 27 Jan 2015; 14.5% of all global events; 13% of global population)
Events by source of information – WHO European Region

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Challenges in the European region (1)

- True priority countries never requested extension
- Confusion between «Minimum requirements» (Annex 1) and Core Capacities: some countries think that IHR can only be applied when all capacities are at maximum level
- Multi-sectoral coordination
- Advocacy for (the benefits of) the IHR
- Test and manage available capacities
Challenges in the European region (2)

- But in general new phase: IHR Core Capacities are in place – IHR «implementation» is «over», now daily use of the IHR with available capacities; Regional Committee paper on accelerated use of the IHR
- From the European point of view, the functionality of the IHR is limited because of
  - Awareness gaps, e.g. missing NFPs
  - Training gaps, e.g. for NFPs, exercises
  - The IHR are often not used in an operational way
INTERNATIONAL HEALTH REGULATIONS (IHR) – from policy to people’s health security

What are the IHR?
The IHR are legally binding and help countries work together to protect lives threatened by the spread of diseases and other health risks, including radiation and chemical hazards.

5 reasons why the IHR matter

1. Health threats have no borders
The IHR strengthen countries’ abilities to control diseases that cross borders at ports, airports and ground crossings.

2. Travel and trade are made safer
The IHR promote trade and tourism in countries and prevent economic damage.

3. Global health security is enhanced
The IHR establish an early warning system not only for diseases but for anything that threatens human health and livelihoods.

4. Daily threats are kept under control
The IHR guide countries to detect, assess and respond to threats and inform other countries quickly.

5. All sectors benefit
The IHR prepare all sectors for potential emergencies through coordination and information sharing.

Until all sectors are on board with the IHR, no country is ready.

www.euro.who.int/ihr
Thank you

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