

Public health emergency preparedness and International Health Regulations (IHR)

HEALTH
EMERGENCIES

programme

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Diversity across the WHO European region



55 IHR States Parties (900 million population):

- 53 WHO Member States + The Holy See (observer) and Liechtenstein

Different sizes (2017):

- San Marino: 33,000 people
- Russian Federation: 144,500,000 people

Diversified GDP per capita (2016):

- Tajikistan: \$ 3,200
- Lichtenstein: \$ 139,000

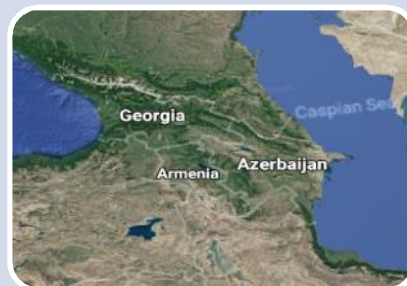
WHO Health Emergencies Programme: Protecting public health across the whole-emergency cycle



TODAY OVER
130 MILLION PEOPLE
ARE AFFECTED BY HUMANITARI

HEALTH
EMERGENCIES
programme

15 European countries are identified by WHO for priority action



Albania
Bosnia and Herzegovina
North Macedonia
Republic of Moldova
Serbia (including Kosovo*)

Armenia
Azerbaijan
Georgia


Kazakhstan
Kyrgyzstan
Tajikistan
Uzbekistan

Turkey
Ukraine

*in accordance with UNSCR 1244



State of public health preparedness

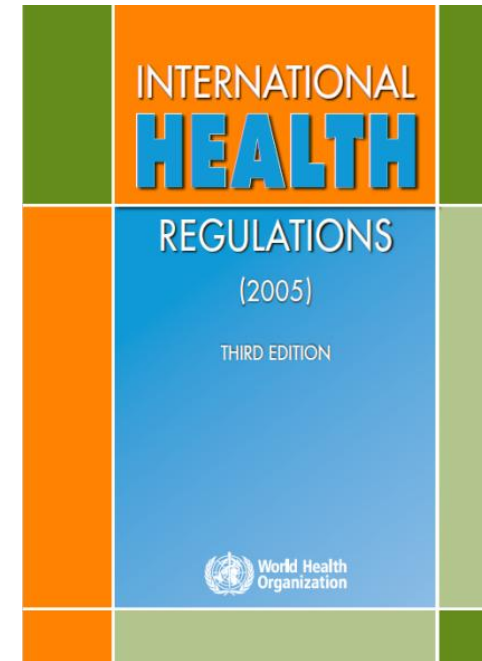
- While the risk of **disasters and humanitarian crises** are generally low in the Region...
 - **Earthquakes** are high to very-high risk in 24 countries.
 - **Floods** are high to very high risk in 26 countries.
 - **Droughts** are high risk for 22 countries.
 - **Socio-economic and political fragility** is a high risk in 18 countries.
 - **Infectious hazards** are still prevalent:
 - More than 23 million people, 3 million < 5 years, fall ill from **unsafe food** every year with 5000 deaths.
 - **Outbreaks of vaccine preventable diseases** are on the increase – in the first half of 2018, 42 170 measles cases were reported by 44 of the 53 countries of WHO EURO.
 - **Climate change** is contributing to a rise in vector borne diseases, changes in fire risk, and extreme weather events in the Region.
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Importance of multisectorality for Health: emerging risks



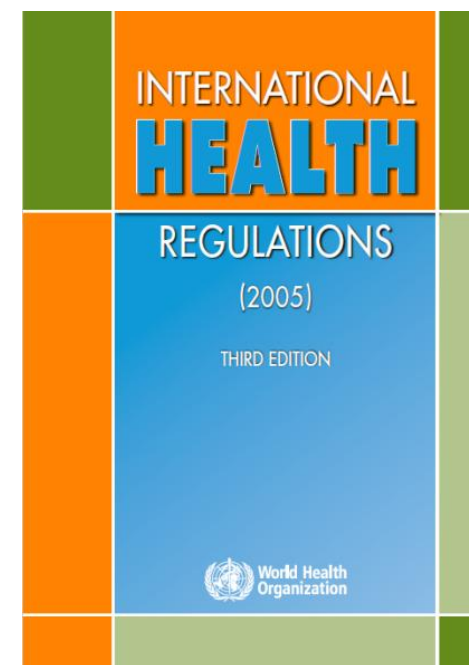
What are the International Health Regulations (IHR)?

- an **international legal framework** which helps countries work together to prevent, protect against, control and respond to an international spread of disease, while avoiding unnecessary interference with international traffic and trade.
- is **binding upon all WHO Member States**

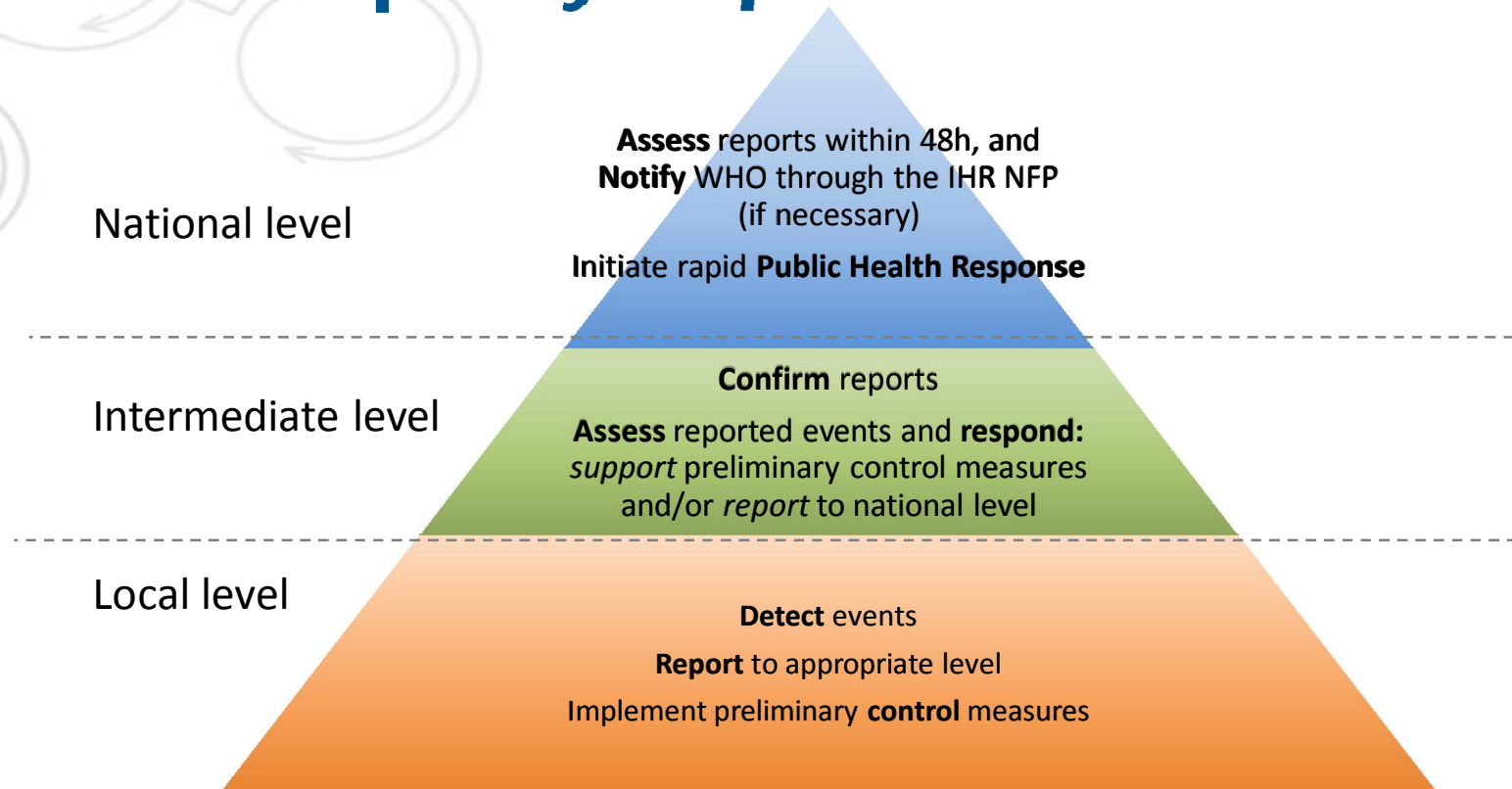


Principles of IHR

- shift from classical disease-based epidemiology **to an event-based all-hazard approach** including hazards belonging to non-health sectors;
- Responding to **globalization** and ever-increasing **travel** and **trade**;
- **Increased ownership among other sectors** from risks that could not be controlled just at the national level or by health sector only;
- Increasing **global health security** - principle of **joint global responsibility**: together we know more and we can respond to public health threats faster and more effectively



Core capacity requirements under IHR



13 capacities




IHR implementation in the WHO European Region

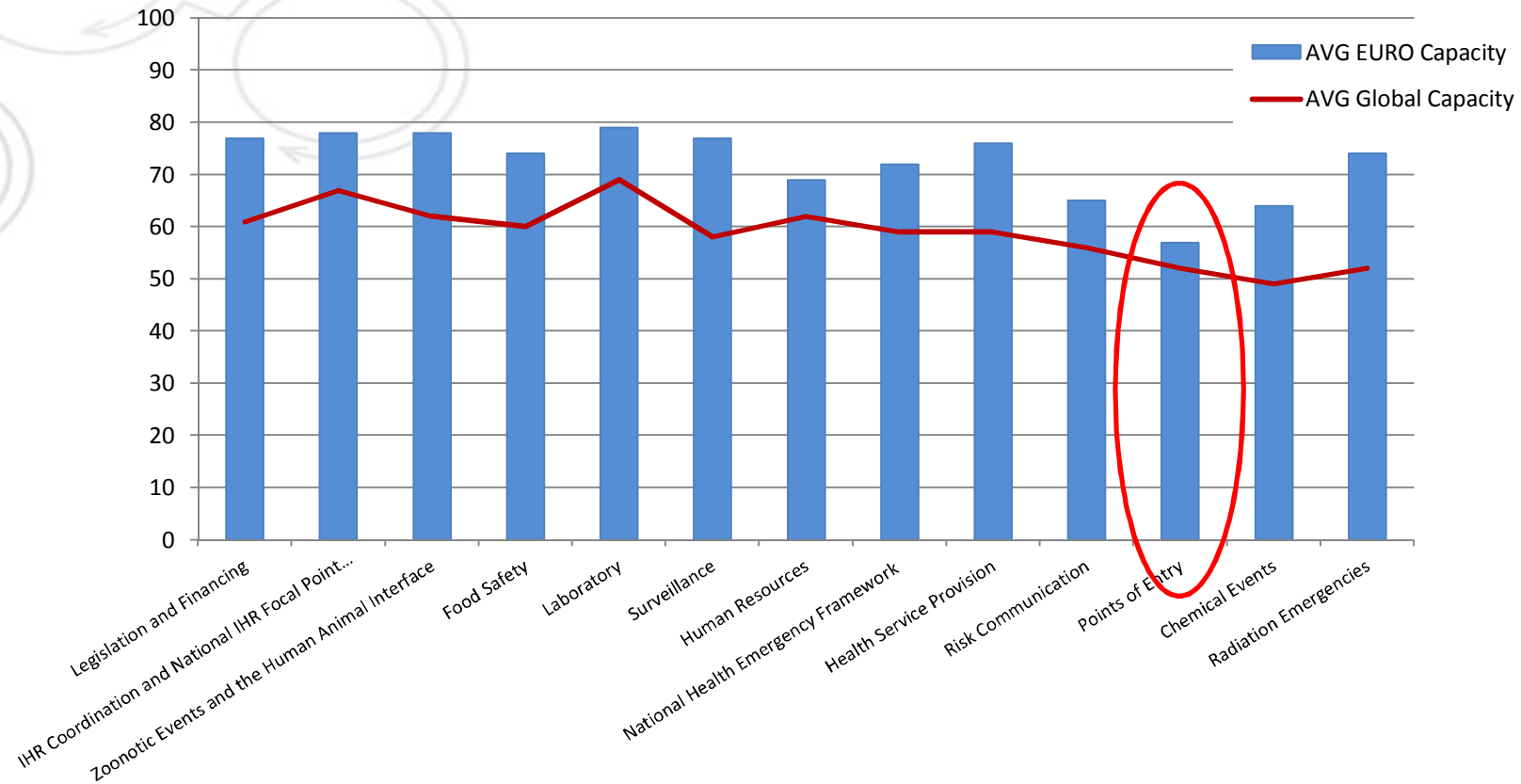




Common challenges at the country level

- All-hazard, whole-of-government approach to IHR implementation is weak
 - Coordination, cooperation and information exchange between national sectors during “peacetime” is insufficient
 - Insufficient national legislative framework to support multi-sectoral information exchange and coordination
 - Cooperation between human and animal health sectors is often times insufficient
 - Surveillance and early warning systems sufficiently cross-sectoral
 - Sectoral emergency response plans and SOPs are not sufficiently tested and updated
 - Often times poor understanding and implementation of responsibilities under the IHR of non-health sectors
 - Incorporation of NFP in information sharing mechanisms (e.g. EWARS) and authorization of NFP to act as a 24/7 multi-sectoral communication hub
 - Cross-border collaboration (between neighbouring countries)
 - Lack of cooperation between sectoral laboratories
 - Priority hazards and risk mapping is not regularly updated
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Implementation of IHR EURO



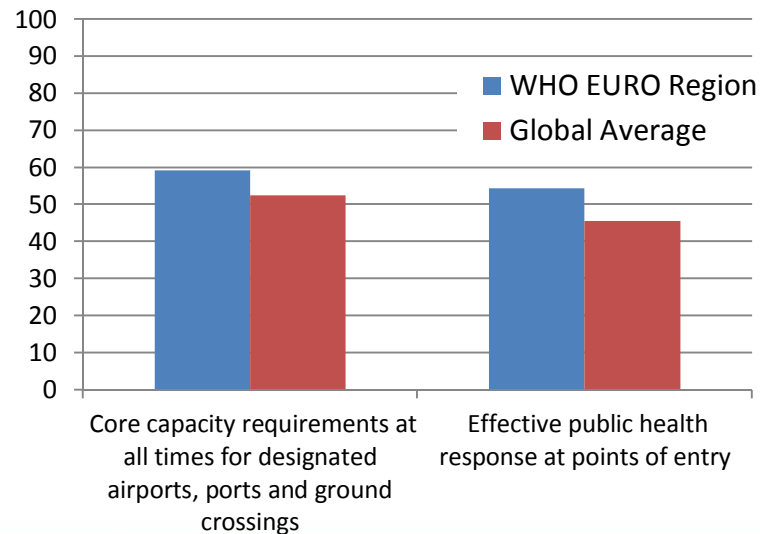
IHR SPAR: Points of entry indicators

2 indicators:

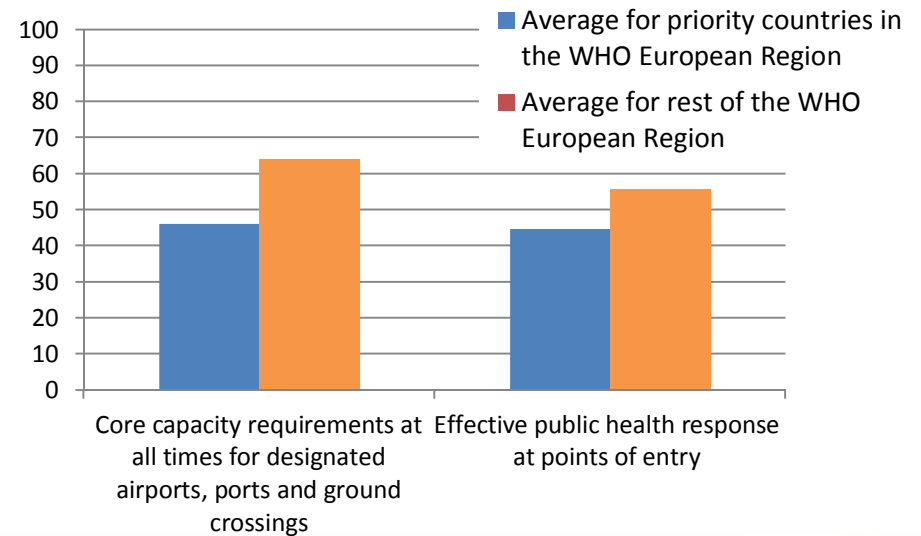
C11.1: Core capacity requirements at all times for designated airports, ports and ground crossings

C11.2: Effective public health response at points of entry

**Average designated PoE
EURO region vs Global**



**Average designated PoE
EURO: priority vs Other**

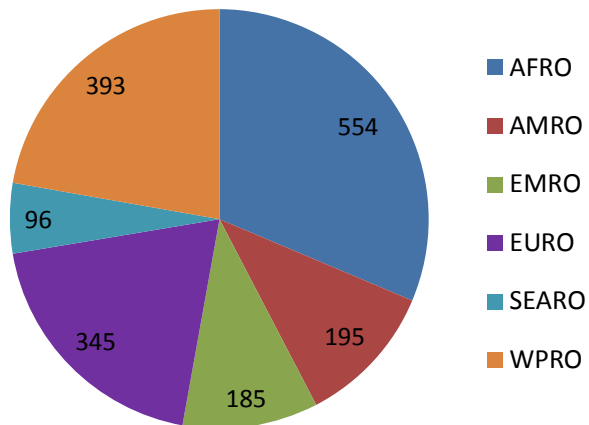


IHR designated points of entry

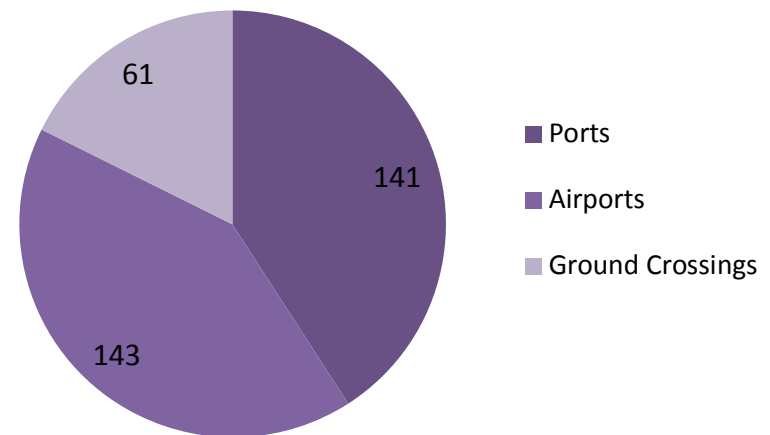
International Health Regulations (2005), Article 20

States Parties shall designate the airports and ports that shall develop the capacities provided in Annex 1.

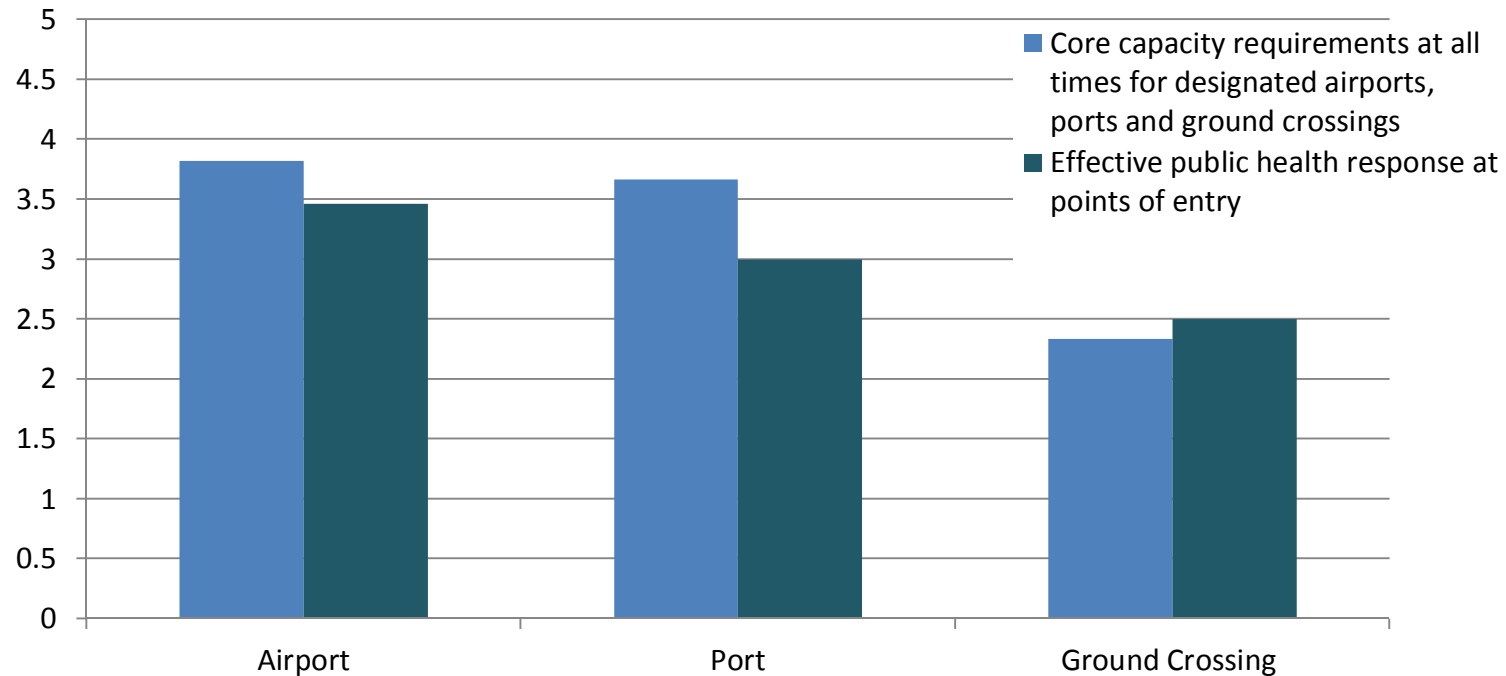
Designated PoE per region



Breakdown of Designated PoE by type in EURO



Average score per indicator per Point of Entry type EURO



Action Plan to Improve Public Health Preparedness and Response in the WHO European Region



Regional Action plan: Vision and Goal



VISION *A WHO European Region where the impact of health emergencies is prevented or minimized*











GOAL *Strengthen and maintain adequate capacities in the European Region to effectively prevent, prepare for, detect and respond to public health threats and to provide assistance to affected countries, when necessary, through three strategic pillars*

PROCESS *Welcomed with appreciation through unanimous endorsement of a Resolution at the 68th WHO Regional Committee in Sept 2018*

Action Plan to Improve Public Health Preparedness and Response in the WHO European Region




Strategic pillar 1

Build, strengthen and maintain States Parties' core capacities required under the IHR (2005)

-  National policies, plans and legislation
-  IHR (2005) coordination, communication and advocacy
-  National laboratory systems
-  National surveillance systems
-  Human resources
-  Risk communication
-  **Points of entry**
-  Synergies between emergency preparedness and response, health system strengthening and EPHF
-  One Health
-  Sustainable financing for IHR implementation



Strategic pillar 2

Strengthen event management and compliance with the requirements under the IHR (2005)

-  Notification and information sharing
-  Emergency preparedness and response operations
-  Medical countermeasures and personnel deployment

Strategic pillar 3

Measure progress and promote accountability

-  Mandatory annual reporting by States Parties
-  Assessment of capacities through use of voluntary tools



Points of entry

States Parties will:

- develop and **maintain routine and emergency capacities** at designated points of entry and ensure regular evaluation;
- establish, maintain and **strengthen competent authorities** to ensure routine and emergency capacities at points of entry; and
- ensure compliance with maritime provisions in the IHR (2005).

The Regional Office, in collaboration with key partners, will:

- Support States Parties in **strengthening and maintaining routine and emergency capacities** at points of entry;
- Coordinate activities aimed at strengthening health provisions at points of entry through formal and informal platforms and networks, such as the **CAPSCA** and the WHO Ports, Airports and Ground Crossings Network;
- maintain and regularly update the **list of international ports** authorized to issue Ship Sanitation Certificates; and
- maintain and regularly update a **list of IHR (2005) designated points of entry** in the WHO European Region.

FOR FURTHER QUESTIONS

AND

TECHNICAL ASSISTANCE

**PLEASE
CONTACT US**

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More information

<http://www.who.int/ihr/en/>

<https://extranet.who.int/sph/>