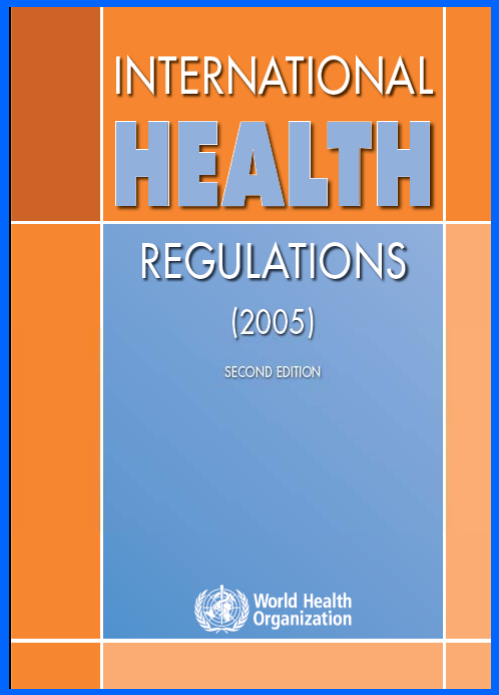
International Health Regulations (2005)



Daniel L. Menucci, Technical Advisor

Ports, Airports and Ground Crossings, Lyon Office
International Health Regulations Coordination (IHR)
Health Security and Environment (HSE)

CAPSCA Americas – First Steering Committee Meeting
Mexico City – 25-26 June 2009

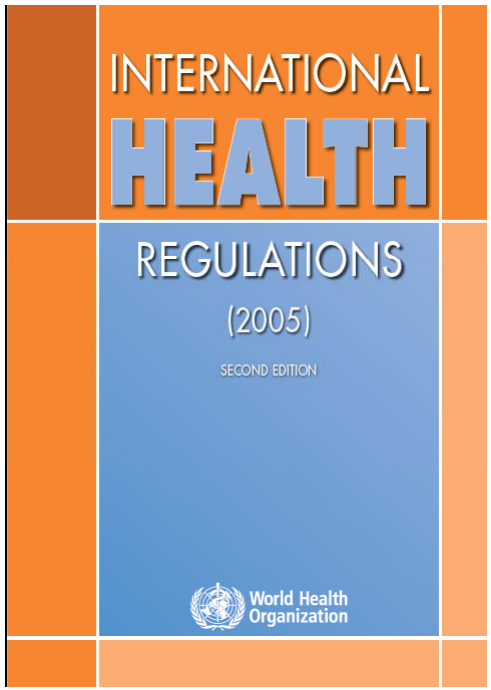
World Health Organization

*Came into force on 15 June 2007**

Legally binding for 194 countries and WHO
10 Parts
66 Articles
9 Annexes

" to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade" (*Article 2*)

What do the IHR call for?



Strengthened national capacity for surveillance and control, including international travel and transport – ports, airports and ground crossings

Prevention, alert and response to international public health emergencies (e.g. pandemic (H1N1) 2009)

Global partnership and international collaboration (e.g. IAEA, FAO, OIE, IMO, ICAO, IATA, ACI, MERCOSUR, CARECOM, EU)

Rights, obligations, procedures and progress monitoring

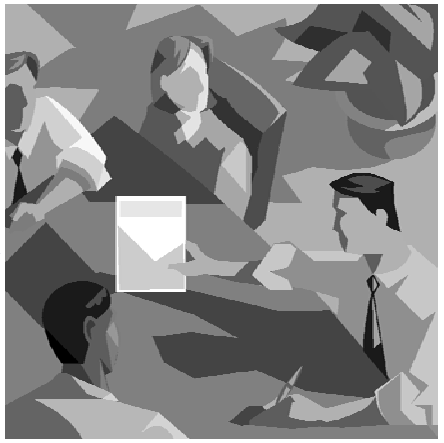
Responsible authorities (Article 4)

"National IHR Focal Point" means the national centre, designated by each State Party, which shall be **accessible at all times** for communications with WHO IHR Contact Points under these Regulations;

- **Notification**
- **Reports**
- **Consultation**
- **Verification**

National IHR Focal Point

(One per State Party)



WHO IHR Contact Point

(One per WHO Region)

PART IV – POINTS OF ENTRY
(airports, ports and ground crossings)

PART I DEFINITIONS, PURPOSE AND SCOPE, PRINCIPLES AND RESPONSIBLE AUTHORITIES
PART II INFORMATION AND PUBLIC HEALTH RESPONSE
PART III RECOMMENDATIONS
PART IV POINTS OF ENTRY
PART V PUBLIC HEALTH MEASURES
Chapter I General provisions

Designation of points of entry to maintain the core capacities in Annex 1B (Article 19)

Identification of "competent authority" at each designated point of entry for IHR

Authorization of ports to issue Ship Sanitation Certificates (SSC) (Article 20)

PART VII CHARGES
PART VIII GENERAL PROVISION
PART IX THE ROSTER OF EXPERTS, THE EMERGENCY COMMITTEE AND THE REVIEW COMMITTEE
Chapter I The IHR Roster of Experts
Chapter II The Emergency Committee
Chapter III The Review Committee
PART X FINAL PROVISIONS

Seven strategic actions to guide IHR(2005) implementation

	Strategic action	Goal	
	GLOBAL PARTNERSHIP		
1	**Foster global partnerships**	WHO, all countries and all relevant sectors (e.g. health, agriculture, travel, trade, education, defence) are aware of the new rules and collaborate to provide the best available technical support and, where needed, mobilize the necessary resources for effective implementation of IHR (2005).	**Awareness**
	STRENGTHEN NATIONAL CAPACITY		
2	**Strengthen national disease surveillance, prevention, control and response systems**	Each country assesses its national resources in disease surveillance and response and develops national action plans to implement and meet IHR (2005) requirements, thus permitting rapid detection and response to the risk of international disease spread.	**Four Technical areas**
3	**Strengthen public health security in travel and transport**	The risk of international spread of disease is minimized through effective permanent public health measures and response capacity at designated airports, ports and ground crossings in all countries.	
	PREVENT AND RESPOND TO INTERNATIONAL PUBLIC HEALTH EMERGENCIES		
4	**Strengthen WHO global alert and response systems**	Timely and effective coordinated response to international public health risks and public health emergencies of international concern.	
5	**Strengthen the management of specific risks**	Systematic international and national management of the risks known to threaten international health security, such as influenza, meningitis, yellow fever, SARS, poliomyelitis, food contamination, chemical and radioactive substances.	
	LEGAL ISSUES AND MONITORING		
6	**Sustain rights, obligations and procedures**	New legal mechanisms as set out in the Regulations are fully developed and upheld; all professionals involved in implementing IHR (2005) have a clear understanding of, and sustain, the new rights, obligations and procedures laid out in the Regulations.	**A legal and monitoring framework**
7	**Conduct studies and monitor progress**	Indicators are identified and collected regularly to monitor and evaluate IHR (2005) implementation at national and international levels. WHO Secretariat reports on progress to the World Health Assembly. Specific studies are proposed to facilitate and improve implementation of the Regulations.	

[a] Strategic actions 2–5 are key because they call for significantly strengthened national and global efforts.

World Health Report 2007

	STRENGTHEN NATIONAL CAPACITY	
2	**Strengthen national disease surveillance, prevention, control and response systems**	Each country assesses its national resources in disease surveillance and response and develops national action plans to implement and meet IHR (2005) requirements, thus permitting rapid detection and response to the risk of international disease spread.
3	**Strengthen public health security in travel and transport**	The risk of international spread of d[illegible]se is minimized through effective permanent public health measures [illegible] response capacity at designated airports, ports and ground crossing[illegible] all countries.

IHR Annex 1A

National disease alert and response system

- Health system
- Epidemiology
- Laboratory
- Preparedness
- Case management
- Infection control
- Social mobilisation
- Communication
- …

	STRENGTHEN NATIONAL CAPACITY	
2	**Strengthen national disease surveillance, prevention, control and response systems**	Each country assesses its national resources in disease surveillance and response and develops national action plans to implement and meet IHR (2005) requirements, thus permitting rapid detection and response to the risk of international disease spread.
3	**Strengthen public health security in travel and transport**	The risk of international spread of disease is minimized through effective permanent public health measures and response capacity at designated airports, ports and ground crossings in all countries.

- Ports
- Airports
- Ground crossings

IHR Annex 1B,
(also 3, 4, 5, 8, and 9)

Intersectoral collaboration

- Aviation sector (ICAO, ACI, IATA)
- Shipping (IMO, ISF, CLIA)
- Railways (UIC)

3	**Strengthen public health security in travel and transport**	The risk of international spread of disease is minimized through effective permanent public health measures and response capacity at designated airports, ports and ground crossings in all countries.

CORE CAPACITIES

Annex 1B

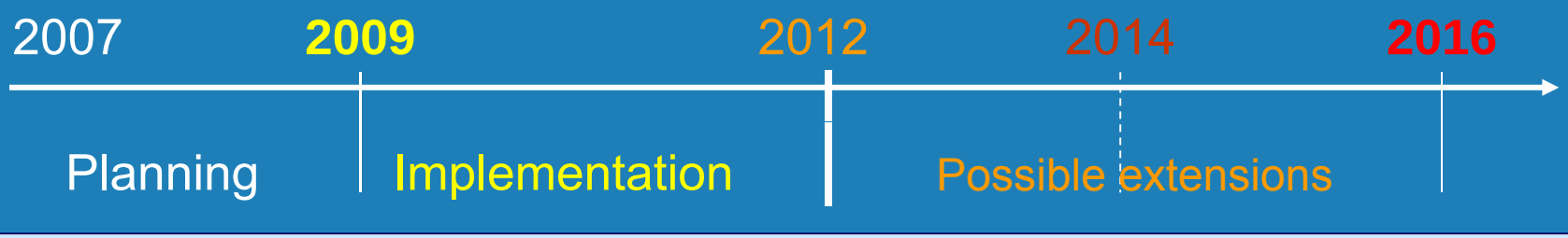
- **At all times**
  - Access to medical service
  - Transport of ill travellers
  - Inspection of conveyances
  - Ensure safe environment at PoE facilities
  - Control of vectors / reservoirs
- **For responding to events**
  - Public health emergency contingency plan
  - Arrangement for assessment, medical care and isolation for travellers or animals
  - Space for interview / quarantine travellers
  - Apply entry-exit control or other specific control measures

	STRENGTHEN NATIONAL CAPACITY	
2	**Strengthen national disease surveillance, prevention, control and response systems**	Each country assesses its national resources in disease surveillance and response and develops national action plans to implement and meet IHR (2005) requirements, thus permitting rapid detection and response to the risk of international disease spread.
3	**Strengthen public health security in travel and transport**	The risk of international spread of disease is minimized through effective permanent public health measures and response capacity at designated airports, ports and ground crossings in all countries.

Core capacity requirements for surveillance and response and activities concerning designated ports, airports and ground crossings (Annex 1):

- **Timeline**

2 years + 3 + (2) + (up to 2)



"As soon as possible but no later than five years from entry into force …"

	PREVENT AND RESPOND TO INTERNATIONAL PUBLIC HEALTH EMERGENCIES	
4	**Strengthen WHO global alert and response systems**	Timely and effective coordinated response to international public health risks and public health emergencies of international concern.
5	**Strengthen the management of specific risks**	Systematic international and national management of the risks known to threaten international health security, such as influ a, meningitis, yellow fever, SARS, poliomyelitis, food contamination, che al and radioactive substances.

IHR Annex 2 (notification instrument)

Surveillance and response at global level

- Intelligence
- Verification
- Risk assessment
- Response (GOARN)
- Logistics
- …

Decision instrument (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….**

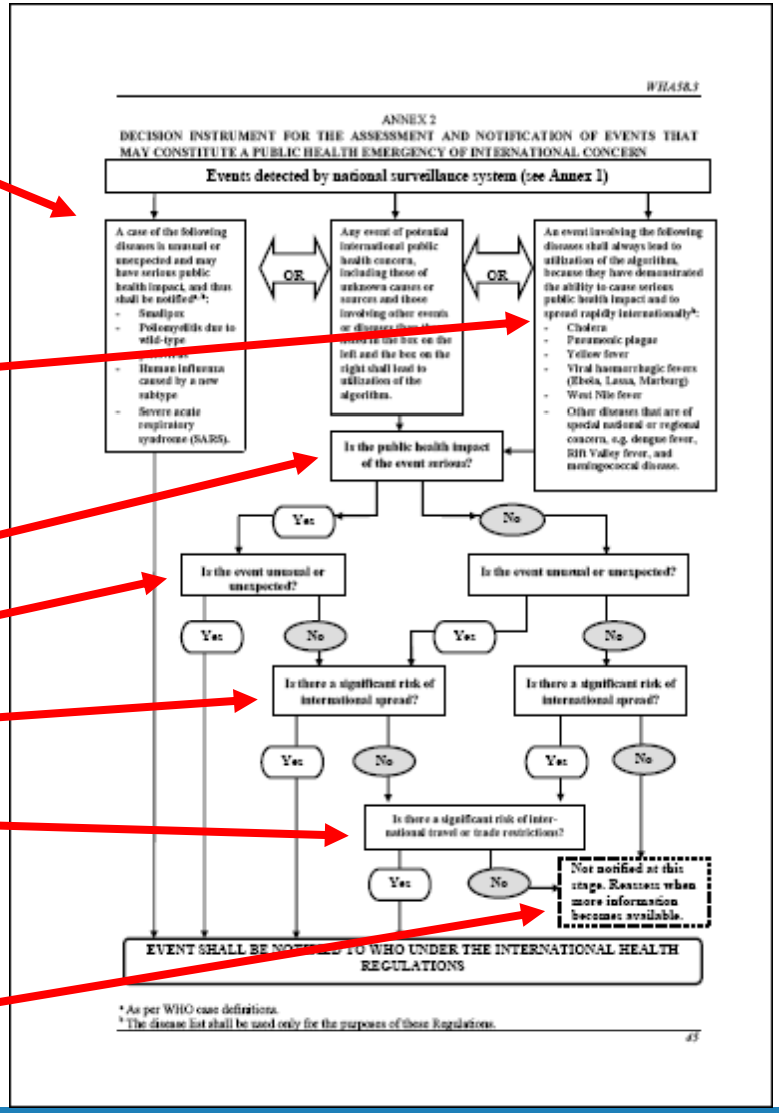
Q1: **public health impact serious?**

Q2: **unusual or unexpected?**

Q3: **risk of international spread?**

Q4: **risk of travel/trade restriction?**

Insufficient information: reassess



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ANNEX 2

DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

Events detected by national surveillance system (see Annex 1)

A case of the following diseases is unusual or unexpected and may have serious public health impact, and thus shall be notified[a, b]:
- Smallpox
- Poliomyelitis due to wild-type
- Human influenza caused by a new subtype
- Severe acute respiratory syndrome (SARS).

OR

Any event of potential international public health concern, including those of unknown causes or sources and those involving other events or diseases [illegible] in the box on the left and the box on the right shall lead to utilization of the algorithm.

OR

An event involving the following diseases shall always lead to utilization of the algorithm, because they have demonstrated the ability to cause serious public health impact and to spread rapidly internationally[b]:
- Cholera
- Pneumonic plague
- Yellow fever
- Viral haemorrhagic fevers (Ebola, Lassa, Marburg)
- West Nile fever
- Other diseases that are of special national or regional concern, e.g. dengue fever, Rift Valley fever, and meningococcal disease.

Is the public health impact of the event serious?

Yes / No

Is the event unusual or unexpected?

Yes / No

Is there a significant risk of international spread?

Yes / No

Is there a significant risk of international travel or trade restrictions?

Yes / No

Not notified at this stage. Reassess when more information becomes available.

EVENT SHALL BE NOTIFIED TO WHO UNDER THE INTERNATIONAL HEALTH REGULATIONS

[a] As per WHO case definitions.
[b] The disease list shall be used only for the purposes of these Regulations.

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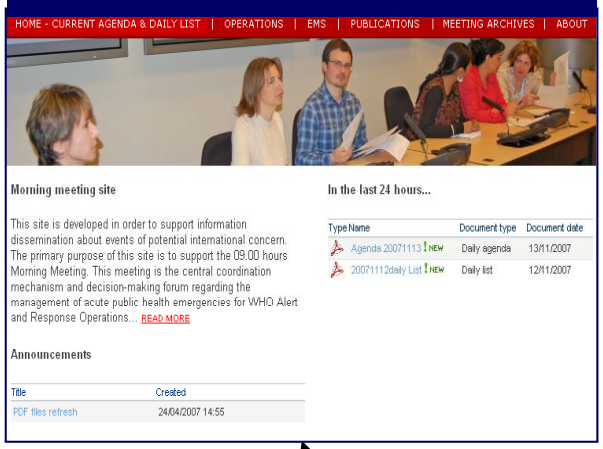
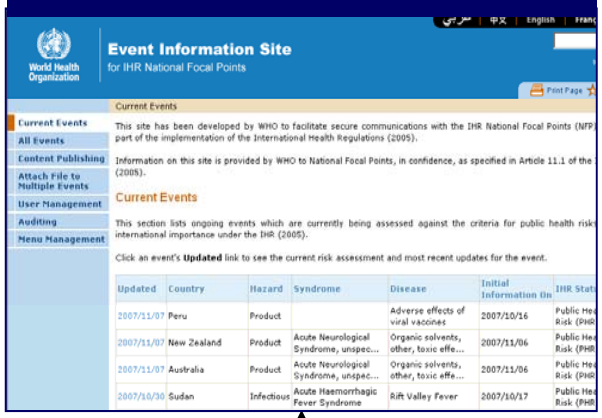
WHO Portal

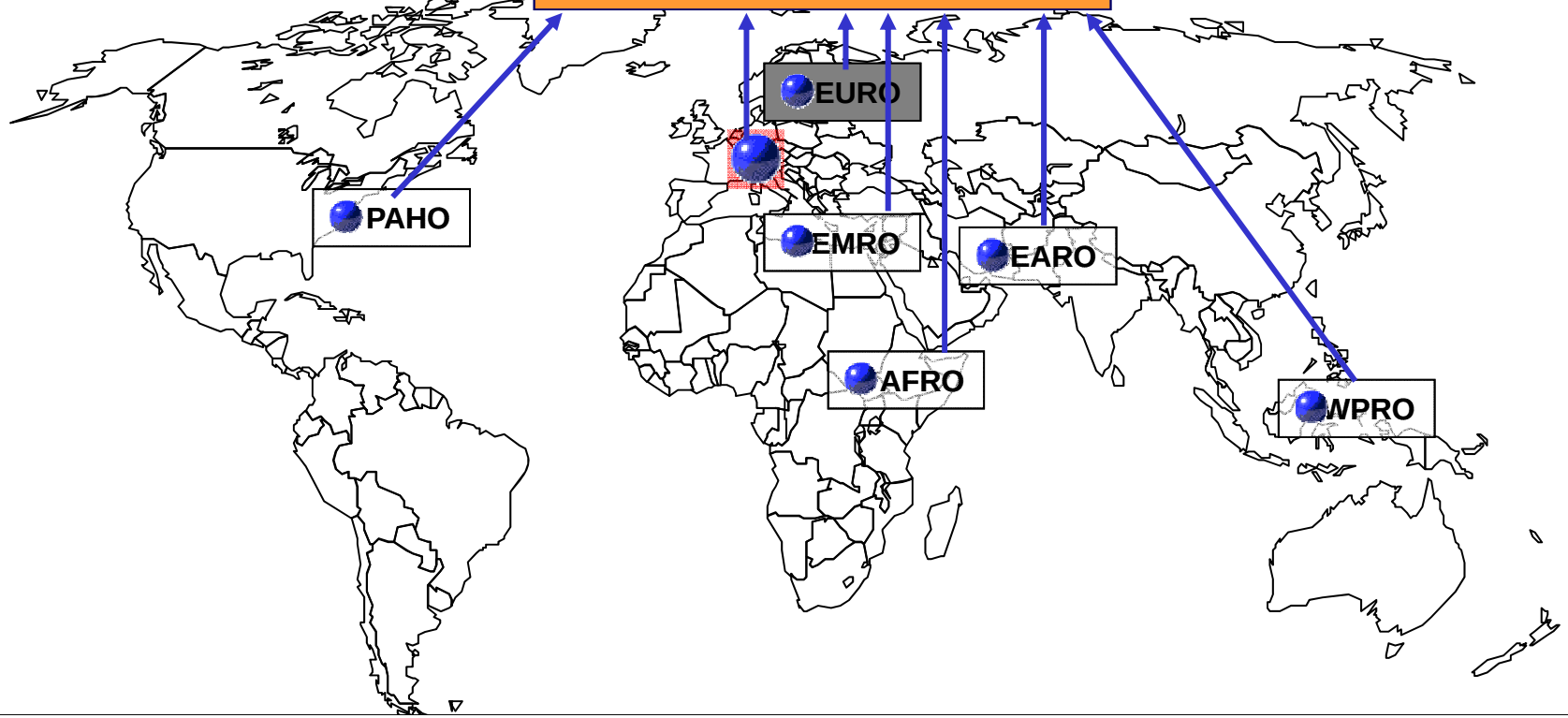


States Parties



Operations

Event Management System



Update on IHR implementation

Awareness and global partnership

- IHR Introduction Online training package
- Second edition of IHR (2005), including Annex 9 by ICAO
- Working relationships with partner organizations and networks, including ICAO, FAO/OIE, IATA, GOARN etc

Strengthening national capacity

- Implementing regional strategies
- Laboratory biosafety training programme
- National influenza Centres (NICs)
- POE capacity assessment and planning
- Workshops/training sessions for Ship Sanitation Certificates

Update on IHR implementation

Managing international public health emergency

- Networks of National IHR Focal Points for event communications
- Global Public Health Security Exercise from 11-12 June 2008
- WHO Interim Guidance on use of IHR decision instrument published (Oct 2008)
- Event Management System (EMS)
  - >700 events managed and analysed (since June 2007)
- Updated guidance on pandemic influenza preparedness and response (April 2009)
- Response to Pandemic *(H1N1) 2009*

Update on IHR implementation

Legal issues and monitoring

- The establishment of the IHR Roster of Experts
  - >160 experts in the 21 subject areas (including port health) nominated or proposed

- The establishment and use of *the IHR Event Information Site (EIS)* to facilitate sharing of information on public health events among all the National IHR Focal Points
  - > 56 items (including H1N1 update) posted on EIS

Update on POE work in WHO

POE core capacity assessment tool

Other technical guidelines or advice published, e.g. Revision of Guide to Hygiene and Sanitation in Aviation (2009) and Guide for TB on board of aircraft (2008)

As of March 2009, more than 1640 ports have been authorized to issue Ship Sanitation Certificates by 69 countries

Participating in:

- Cooperative Agreement for Preventing the Spread of Communicable Diseases through Air Travel – CAPSCA (leadership of ICAO)
- EU SHIPSAN Trainet (passengers ships)
- EU REACT Project (communicable diseases preparedness)

OTHERS EVENTS RELATE TO IHR and AIR TRANSPORT

Airport WHO Certification: informal consultation meeting for harmonization of procedures and requirements with ICAO, IATA and ACI – Geneva, Sept. 2008

IHR Annex V requirements for vector control at airports

- Informal WHO expert meeting for YELLOW FEVER control- Geneva, Sept. 2008
- ICAO-WHO-IATA Informal expert meeting to consider ICAO Resolution A36 on non-chemical disinsection and other methods of aircraft disinsection – Florida, Dec. 2008

	PREVENT AND RESPOND TO INTERNATIONAL PUBLIC HEALTH EMERGENCIES	
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- **Influenza**
- Polio
- SARS
- Smallpox
- Cholera
- Meningitis
- Yellow fever
- Food safety
- Chemical safety
- Radionuclear safety
- …

- Tuberculosis
- Malaria
- HIV/AIDS
- EPI

Driving forces at country level … but vertical and not integrated …

when a pandemic situation occurs global response is needed and will motivate integration and synergy.

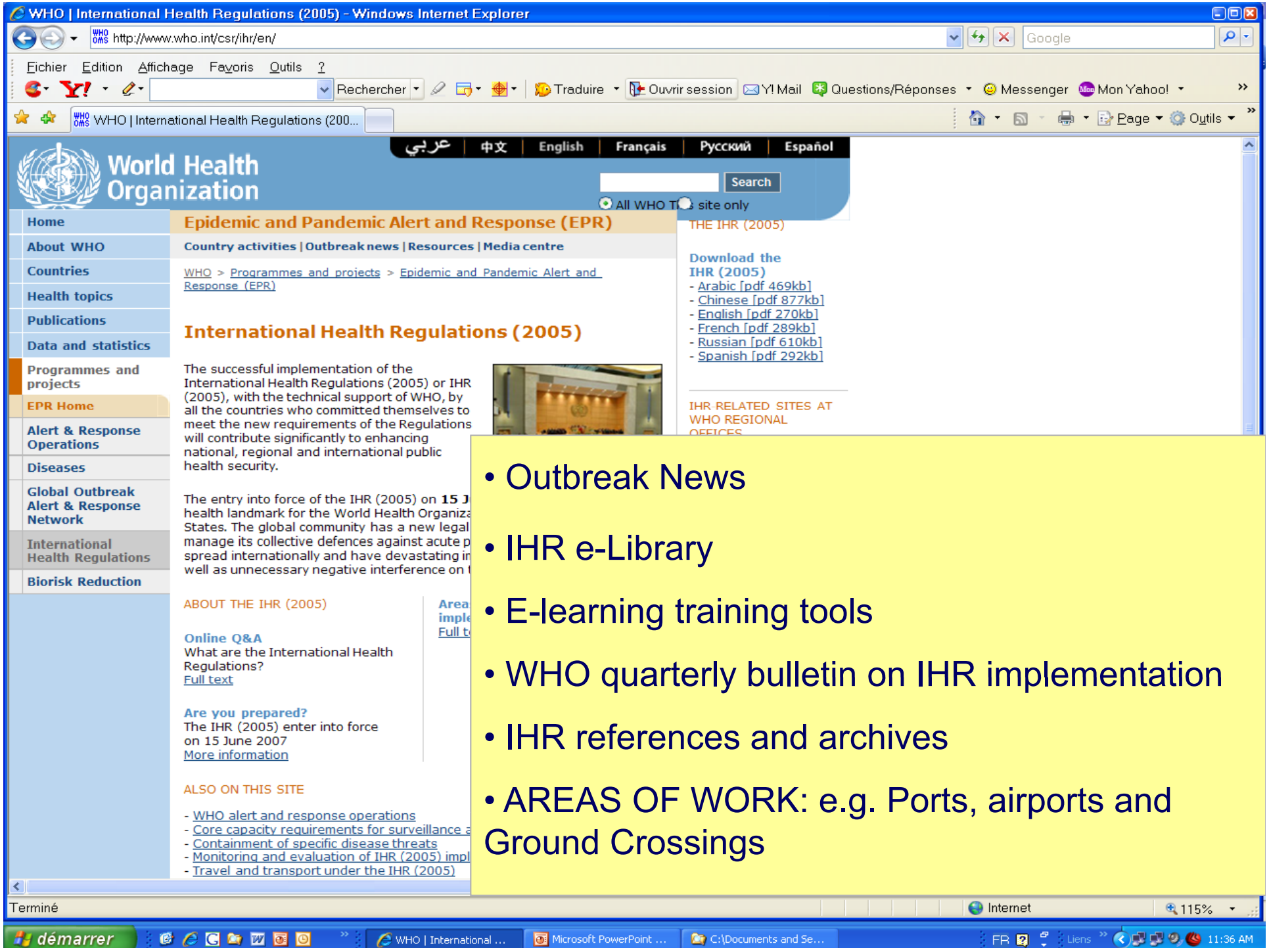
e.g. pandemic (H1N1) 2009

WHO IHR Contact Points

WHO shall designate IHR Contact Points, which shall be accessible at all times for communications with National IHR Focal Points (Article 4)

Regional WHO IHR Contact Points

Region	E-mail	Telephone	Fax
AMRO/PAHO	ihr@paho.org	+1202 3688929	+ 1202 974 3432
AFRO	ihr@afro.who.int	+ 2426726524	+4724139530
EURO	ihr@euro.who.int	+45 51 31 89 09	+4539171801
EMRO	ihr@emro.who.int	+2010 0069722	+2022765456
SEARO	ihr@searo.who.int	+919871329862	+911123705663
WPRO	ihr@wpro.who.int	+639285031007	+6325266730


WHO | International Health Regulations (2005) - Windows Internet Explorer
http://www.who.int/csr/ihr/en/
World Health Organization
Search
Epidemic and Pandemic Alert and Response (EPR)
Country activities | Outbreak news | Resources | Media centre
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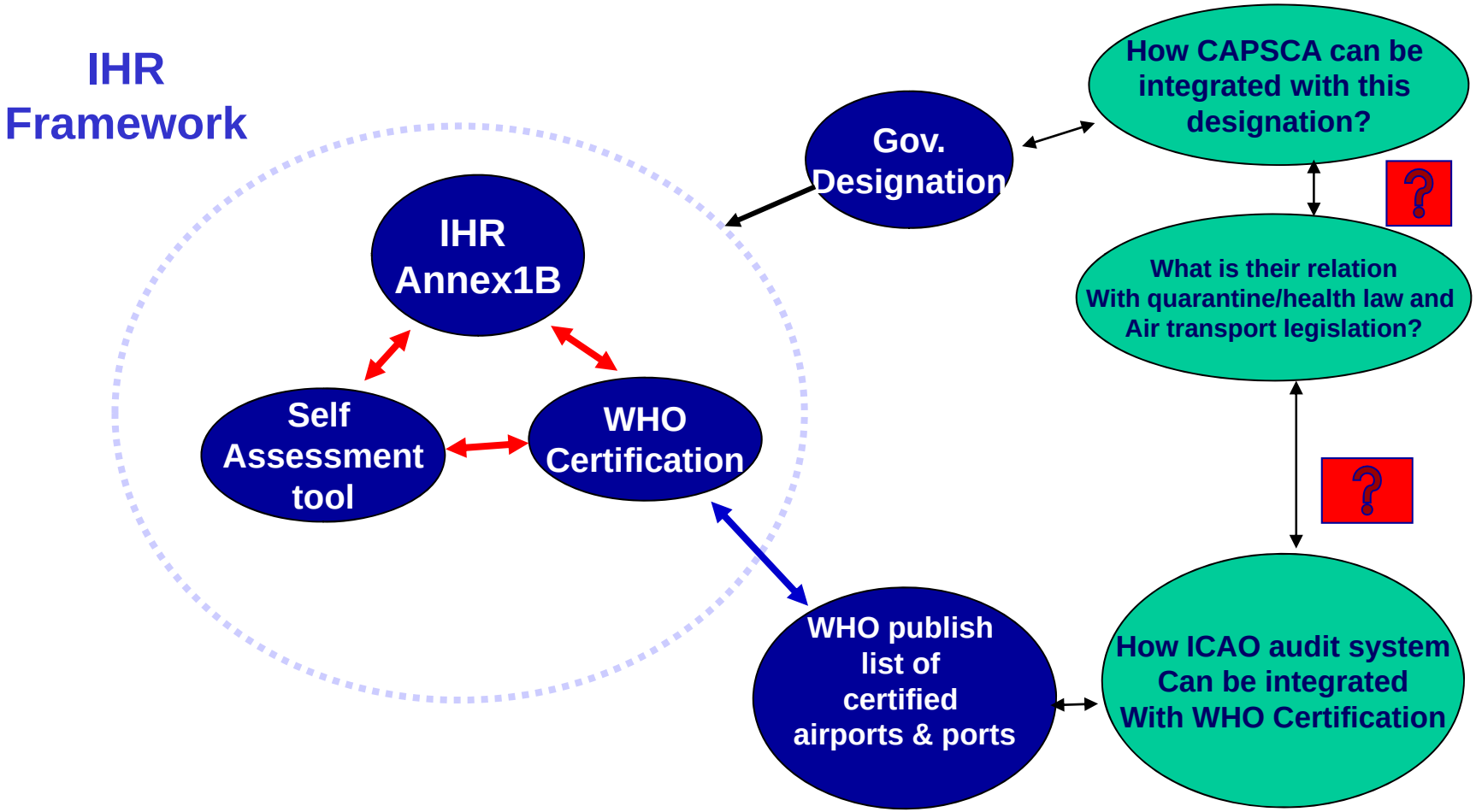
EPR Home
Alert & Response Operations
Diseases
Global Outbreak Alert & Response Network
International Health Regulations
Biorisk Reduction
• Outbreak News
• IHR e-Library
• E-learning training tools
• WHO quarterly bulletin on IHR implementation
• IHR references and archives
• AREAS OF WORK: e.g. Ports, airports and Ground Crossings

IHR core capacity requirements

Assessment, designation and certification of airports



www.who.int/ihr