

# International Health Regulation update and progress in the region

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# What are International Health Regulations (2005)?

- **An internationally agreed instrument** for global public health security
- Represents the *joint* commitment for **shared responsibilities** and **collective defence** against disease spread
- **Legally binding** for WHO Member States since June 2007



Dr Margaret Chan  
Director-General



# What is the purpose of the IHR (2005)?

“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?



**IHR (2005)**

**A commitment of  
195 States Parties**

**Strengthened national capacity** for surveillance and control,  
designated points of entry (PoE)  
in travel and transport

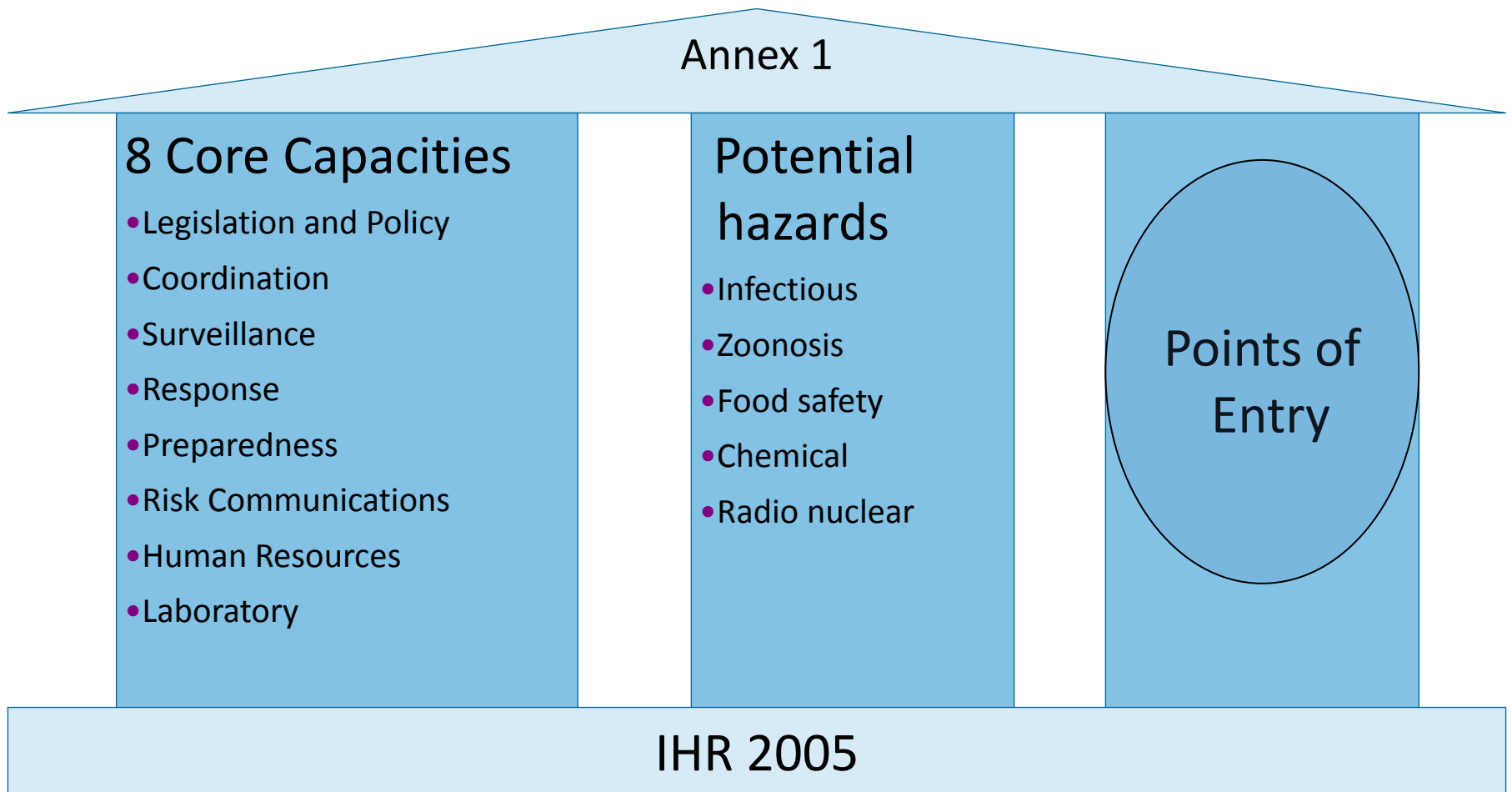
**Prevention, alert and response** to international public health emergencies

**Global partnership** and international collaboration

**Rights, obligations and procedures,**  
and progress monitoring

# National Core Capacity Requirements

IHR National Core Capacities should be strengthened across the five relevant hazards and the points of Entry



# IHR Requirements for Core capacities

States Parties shall utilize existing national structures and resources to meet their core capacity requirements under these Regulations, including with regard to:

- ✓ their surveillance, reporting, notification, verification, response and collaboration activities;
- ✓ their activities concerning designated airports, ports and ground crossings. Including inspections of conveyances

## • Timeline

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



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

## • Timeline

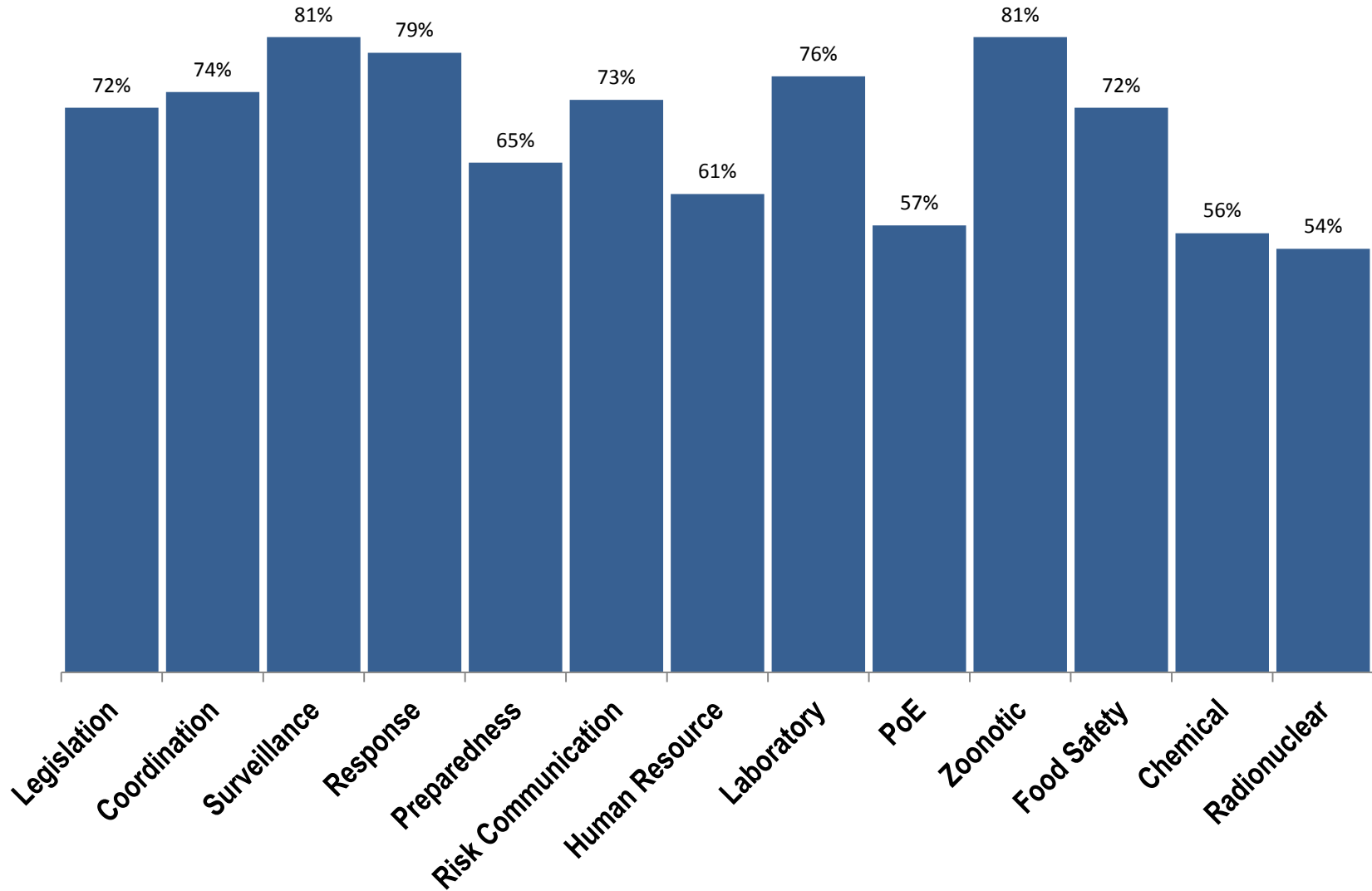
2 years + 3 + (2) + (up to 2)



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

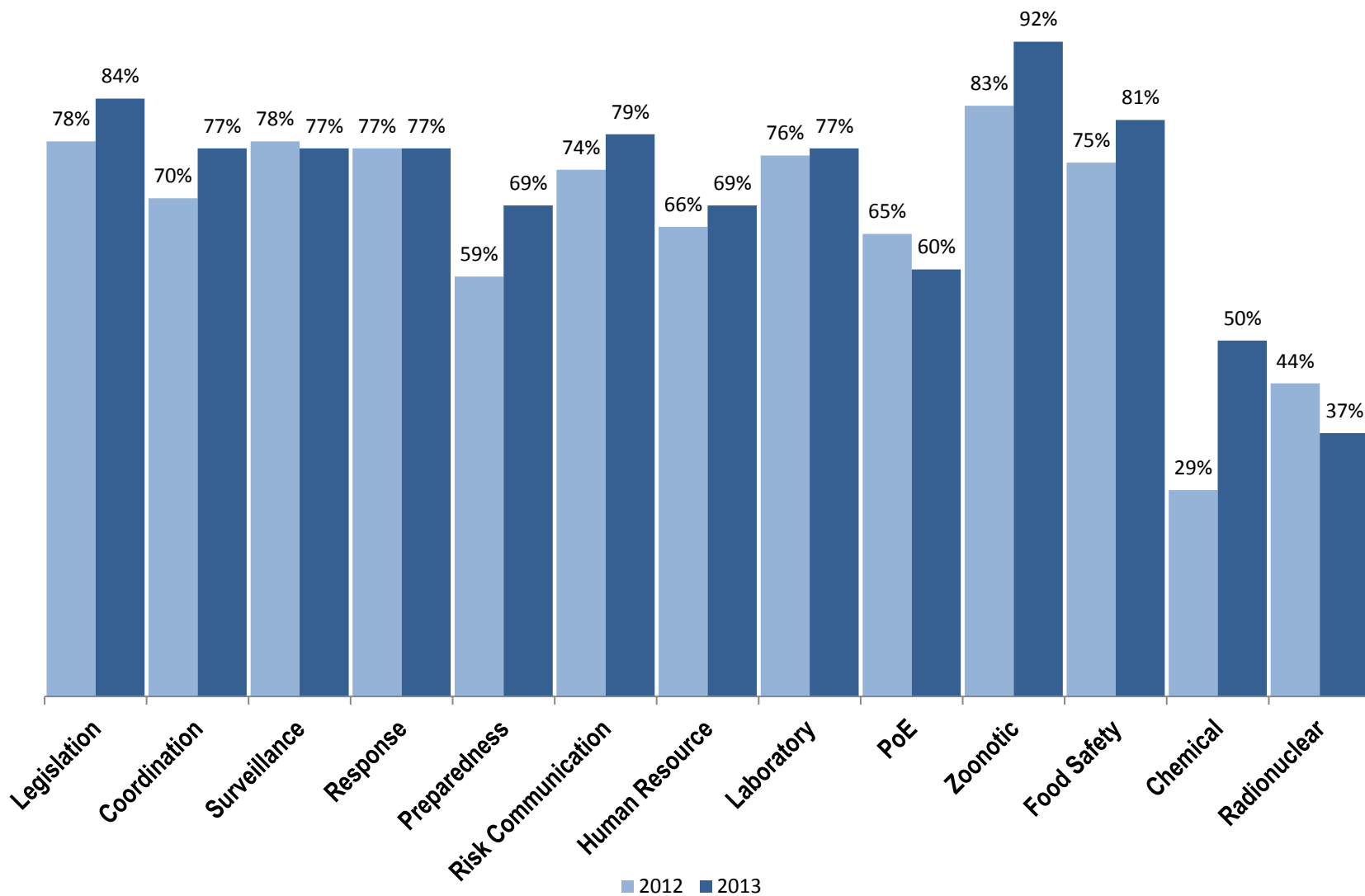
- In 2012, 38 States Parties have not requested an extension to the initial target date of June 2012 (AMRO: 4, EMRO: 1, EURO: 20, WPRO: 13)
- The rest requested extension until June 2014 including all 11 countries of SEARO.
- As of 6 May 2014, 55 States Parties globally have requested a second extension (AFRO: 5, AMRO: 19, EMRO: 11, EURO: 4, SEARO: 8, WPRO: 8),
- 17 countries did not request a further extension because the national IHR core capacities requirements have been achieved (AMRO: 6, EMRO: 6, EURO: 1, SEARO: 2, WPRO: 2).
- Based on informal communications, a second extension is expected for four countries (AMRO: 1, EMRO: 2, SEARO: 1), while five States Parties indicated that a further extension will not be sought (AMRO: 2, EMRO: 1, WPRO: 2).

# Global– Average attribute scores for IHR core capacities, PoE and IHR-relevant hazards, 2013

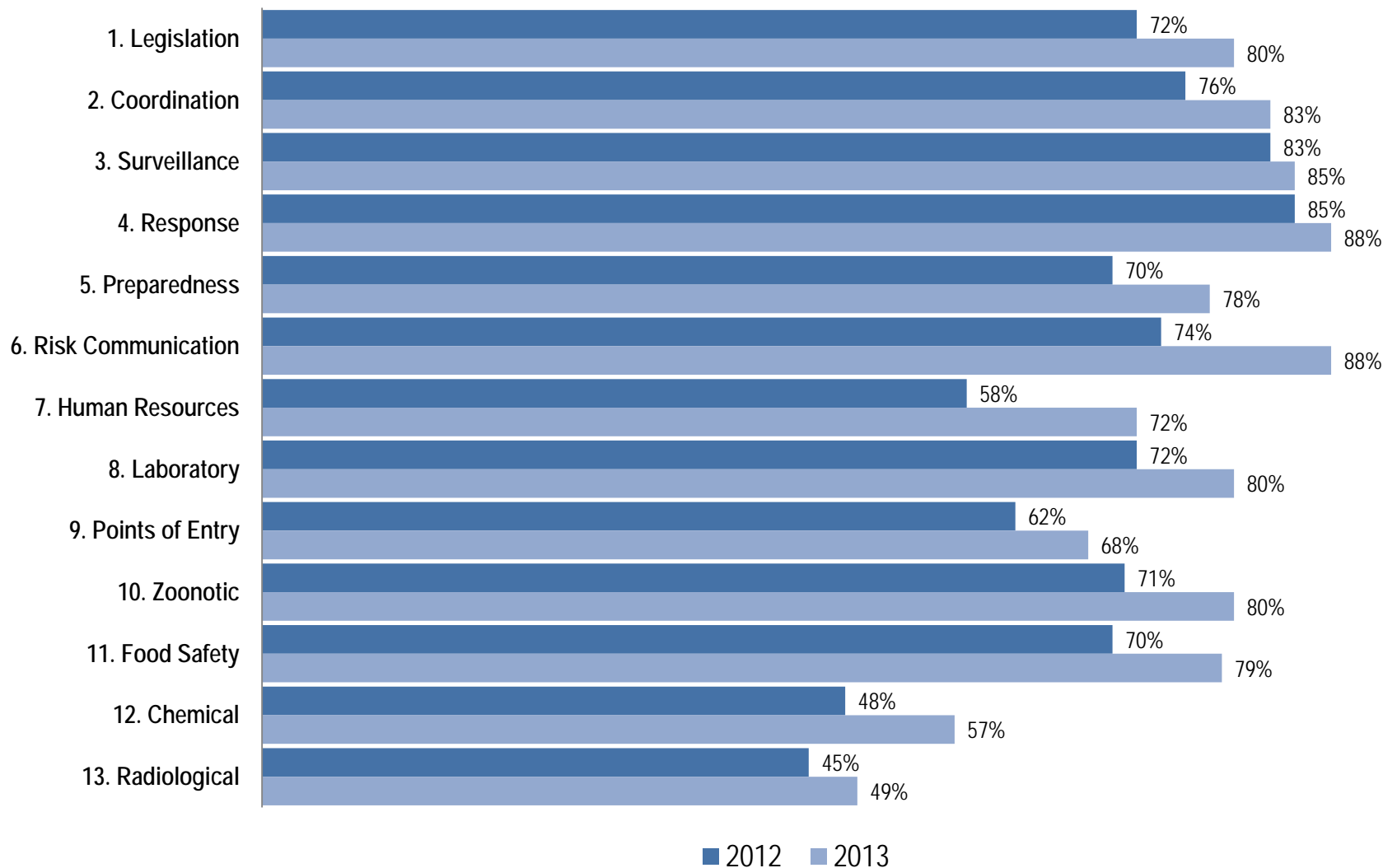




## SEAR – Average attribute scores for IHR core capacities, PoE and IHR-relevant hazards, 2012 and 2013



# WPR – Average scores for IHR core capacities, PoE and IHR-relevant hazards, 2012 and 2013



# Regional Activities Supporting Core Capacity

# Regional Activities Supporting Core Capacity -SEAR

- A regional workshop on **Public Health legislation** - 2013 in Yangon, Myanmar
- The bi-regional APSED (Asia Pacific **Strategy for Emerging Disease** ) – 2013 in Kathmandu, Nepal
- Assessment of **integrated disease surveillance** (EBS & EWAR) – 2013 undertaken in IND, INO, MAL & THA
- Plan for Regional Training Workshop on **Risk Assessment** and Risk **Management** this year
- SEARO is developing the Health Emergency Risk Management Framework
- A **bi-regional meeting on influenza** - 2013 in Beijing, China
- A **bi-regional training on clinical management of influenza** and SARS – 2014 Nanjing, China
- The next **NIC meeting** planed in August 2014, Bali, Indonesia
- **Training on international outbreak response** (under GOARN) – 2012, Medan Indonesia. Further training is planned

# ...Regional Activities Supporting Core Capacity - SEAR

- Communication in **Behavioural Impact (ComBI) and Media training** - 2013
- Continue to **strengthen media capacity** for outbreak prone/emerging infectious diseases in the region and identify appropriate communications technologies for risk communications
- Regional training in media risk communication planned - 2014
- Enhancing capacity for **Field Epidemiology Training (FET)** - 2014 DPRK
- Regional workshop and training on **lab diagnosis, quality management and bio safety / bio security** - 2014
- Regional meeting on **strengthening capacities at Points of Entry** - 2013 in Kochi,
- Training on **Ship Sanitation** and certification – 2013, Kochi, India
- **Assistance visit** to review Nepal International Airport 2012 and Sri Lanka International Airport 2013
- Support to national assessments as requested
- **Regional IHR / APSED meeting** planned - June 2014, Bangkok, Thailand
- A guideline on healthcare facility preparedness for infectious disease outbreaks is being finalized which will be followed by development of training materials
- Updating IPC training materials to cover H7N9 is planned for this biennium

# ...Regional Activities Supporting Core Capacity - SEAR

- Regional meeting on **zoonotic diseases** – 2013 in Chiang Mai, Thailand
- Tripartite FAO / OIE/ WHO “Regional Workshop on Multi-Sectoral Collaboration on Zoonoses Prevention and Control” - 2013 in Kathmandu, Nepal
- Advocating Regional Strategy Framework for **elimination of human Rabies** in SEA
- Regional meeting on **Nutrition and Food Safety** - 2012 in Jakarta, Indonesia
- Bi-Regional INFOSAN meeting - 2013 in Manila
- A **Regional Strategy for Food Safety** is being developed following a consultation in late 2013
- An informal consultation on **strengthening regional capacity for preparedness, detection and response to chemical and radio-nuclear events** in the context of IHR – 2013, Bangkok, Thailand
- Regional meeting on Public Health Response to chemical and radio-nuclear events in the context of IHR – 2013, Colombo, Sri Lanka
- Regional Strategy for South East Asia to strengthen Public Health Response to Chemical and Radiological Safety in the context of IHR being finalized.

# Regional Key Activities Supporting IHR Core Capacity Development - WPR

## Regional Meetings:

- Annual meetings of the Technical Advisory Group on the Asia Pacific Strategy for **Emerging Diseases**
- Annual meetings of **National Influenza Centers**
- Laboratory Strengthening **for EID**, June 2013, Manila
- IHR, APSED and the Pacific Public Health Surveillance Network, May 2012, Fiji

## Informal Consultations

- Public Health Emergency Planning, March 2012, Manila
- Emergency Operations Centre and Response Logistics, May 2012, Manila
- **Risk Communications**, June 2012, Kuala Lumpur
- **Risk Assessment** Tools, August 2012
- **Monitoring and Evaluation** for APSED, January 2014, Manila
- Strengthening Surveillance Systems for **Food Safety**-related Illnesses, February 2014, Manila
- Enhance the External Quality Assessment Programme for EIDs, April 2014, Singapore

# Regional Activities Supporting IHR Core Capacity Development - WPR

## Workshops and Trainings

- Annual workshops on **Zoonosis**
- Annual workshops on **Field Epidemiology Training Programme**
- **IATA** Training, July 2012, Lao PDR
- Asia-Pacific **Dengue** workshop, Sept 2012, Singapore
- Field Epidemiology Fellows in Risk Assessment, October 2012, Tokyo
- Leptospirosis Laboratory Training for ASEAN Member States, October 2012, Philippines
- **Points of Entry**, April 2013, Ningbo, China
- Sequencing and Phylogenetic Analysis, April 2013
- IATA Training, September 2013, Malaysia
- Training for **Clinical Management** of Avian Influenza A (H7N9) in humans and Severe Acute Respiratory Infection (SARI), May 2014, China



# Existing Regional / Bi-regional Strategic Frameworks

- Asia Pacific Strategy for Emerging Diseases
- Asia Pacific Strategy for Strengthening of Health Laboratories
- SEA Region Benchmarks for Emergency Preparedness and Response
- Regional Strategy for Food Safety
- Regional Strategy for Chemical and Radiological Safety in the context of IHR

# Core Capacities: Points of Entry

- **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
  - Apply specific control measures



# EXPECTED RESULTS

## with IHR implementation at PoE

- ❖ Facilities at points of entry are maintained in a sanitary condition, kept free of infection or contamination, including vectors and reservoirs.
- ❖ Routine measures are in place for travellers, conveyances, cargo, goods and postal parcels.
- ❖ A contingency plan for public health emergencies is effectively available and operational at all designated PoE and in all countries.
- ❖ Capacity to rapidly implement international public health recommendations at designated points of entry.
- ❖ Coordination between WHO and other Organizations

# Challenges

## Implementing IHR at points of entry

- Designating PoE and identifying competent authorities for implementing IHR at PoE.
- Listing authorized ports able to implement ship sanitation certificates - SSC
- Strengthening links of PoE with national health surveillance and response system.
- Updating national legislation and harmonization of IHR requirements with enforcement of provisions from others International agreements (e.g. ICAO, IMO, ILO Conventions)
- Strengthening intersectoral collaboration and coordination for designation, assessment and development of routine and response core capacity at PoE (e.g. transport, customs, immigration, environment, etc.)
- To have harmonized best practices at PoE in a globalized world and in a all hazards approach.

# WHO Support for Strengthening Public Health Capacity at Points of Entry - POE

## MISSION

- ❖ Provide technical support and advice for preventing, detecting, controlling Public Health risks
- ❖ Foster international collaboration in a multisectoral approach

## ACTIVITIES



**implementation of  
International Health Regulation (2005)  
at Points of Entry in  
South East Asia Region**

**Results from 2013 self-reported data**

# Progress in implementation of IHR (2005) at PoE in SEAR: Results from 2013 self-reported data

- Total number of airports that have been designated
- Number of designated airports where Competent Authority has been identified
- Number of airports where assessment has been done

- There are 28 designated airports in all Member States in SEAR
- At 27/28 (96%) of the airports CA has been identified in 10 MS
- 19/ 28 (68%) airports which have been designated have been assessed

# ...Progress in implementation of IHR (2005) at PoE in SEAR: Results from 2013 self-reported data

- Number of airports having access to appropriate medical services including diagnostic facilities for the prompt assessment and care of ill travelers and with adequate staff, equipment and premises
  - Mechanisms for the exchange of information
  - SOPs for response at designated Air Ports
- 25 / 28 airports (89%) in 10/11 MS (91%) have this provision
  - Mechanisms for the exchange of information between designated PoE and medical facilities exist in 10/11 (91%) MS
  - SOPs for Response are available in 64% of designated airports



# ...Progress in implementation of IHR (2005) at PoE in SEAR: Results from 2013 self-reported data

- Number of designated airports that can provide quarantine for suspect travelers, and care for affected travelers or animals
- Number of designated airports that have appropriate space, separate from other travelers, to interview suspect or affected persons
- Number of designated Airports that has an established and maintained public health emergency contingency plan to provide public health emergency response

- 24/ 28 of the airports ( 86%) can provide medical assessment and quarantine for suspect travelers, the facilities for this are available in all MS
- 24/ 28 airports have the appropriate space to carry out this function ( 86%)
- 25/ 28 (89%) airports have made this provision but this PHECP is available in (8/11) MS ( 73%) including a coordinator and contact points for relevant points of entry

## (1) Progress in implementation of IHR (2005) at PoE in WPR: Results from 2013 self-reported data

- Total number of airports that have been designated
- Number of designated airports where Competent Authority has been identified
- Number of airports where assessment has been done

- There are 130 designated airports in all IHR States Parties in WPR
- At 103/130 (79%) of the airports CA has been identified.
- 86/130 (66%) airports which have been designated have been assessed

## ...(2) Progress in implementation of IHR (2005) at PoE in WPR: Results from 2013 self-reported data

- Number of airports having access to appropriate medical services including diagnostic facilities for the prompt assessment and care of ill travelers and with adequate staff, equipment and premises
- Mechanisms for the exchange of information
- SOPs for response at designated airports

- 97/130 airports (75%) have this provision
- Mechanisms for the exchange of information between designated PoE and medical facilities exist in 23/26 States Parties
- SOPs for response are available in 18/26 States Parties

### ...(3) Progress in implementation of IHR (2005) at PoE in WPR: Results from 2013 self-reported data

- Number of designated airports that can provide quarantine for suspect travelers, and care for affected travelers or animals
- Number of designated airports that have appropriate space, separate from other travelers, to interview suspect or affected persons
- Number of designated airports that have an established and maintained public health emergency contingency plan to provide public health emergency response

- 95/130 of the airports (73%) can provide medical assessment and quarantine for suspect travelers
- 88/130 airports have the appropriate space to carry out this function (68%)
- 85/130 (65%) airports have made this provision.

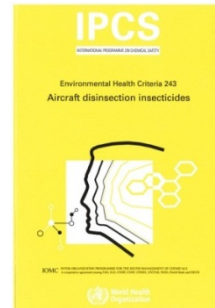
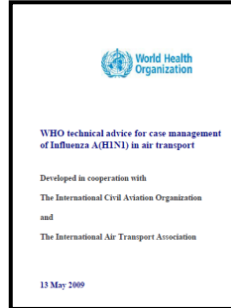
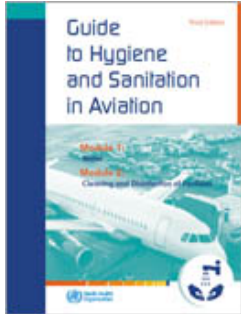
# Developing capacities at points of entry

## WHO Activities

- WHO to continue supporting State Parties for designating ports, airports and ground crossings for development of plans and to implement IHR core capacities at PoE
- Fostering International collaboration and harmonization of practices (WHO Collaborating Centers, CAPSCA, SHIPSAN, AIRSAN, etc..)
- Development and update of more specific technical guidance documents
- Development and update of learning tools
- WHO PAG database-search tool
- Development of WHO Guidance and procedures for certification of airports and ports

# WHO PoE Guidance and tools - PUBLISHED

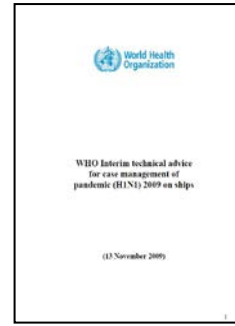
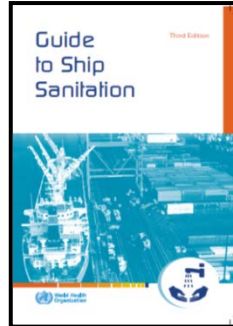
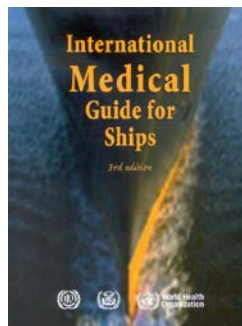
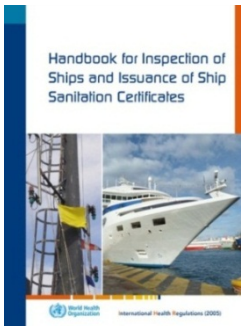
## Air travel



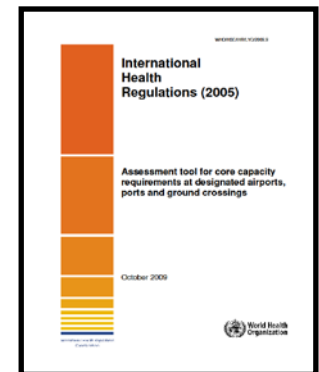
## Public health emergency preparedness



## Ports and Ships



## PoE core capacity checklist



**WHO Learning Program for Ship Inspection and Issuance of SSC under IHR 2005**

# 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

Strengthening  
Coordinated Surveillance  
at points of entry

## Others

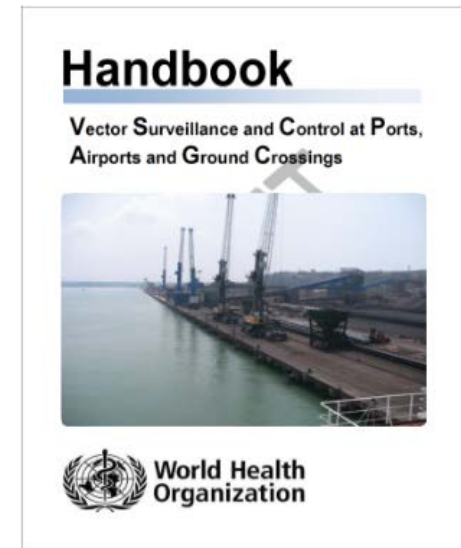
Procedures for  
Airport and Port  
Certification

## Ground Crossings



## Vector

Vector Surveillance  
and Control at PoE



Project on PoE Vector  
Identification Platform



**PUBLIC HEALTH**



**Baggage Claim  
Terminal** ENERGY-EPA



**THANK YOU**