

Implementation of IHR 2005

“Placing Environmental Health at the Heart of Human Health”

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Outline



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Definition of IHR (2005)



- The international legal instrument designed to protect all states from the international spread of disease. The IHR 2005 came into force on the 15 June 2007. It is currently legally binding upon 194 state parties around the world (including all WHO member state)



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Implementation of the IHR 2005



- ❑ **Member states are expected to implement the following Regulations at PoE:**
 - Ensure capacities set in Annex 1B are developed
 - Identify the competent authority at each PoE
 - Designate international ports and airports, and where required, ground crossings where public health capacities shall be developed
 - Send to WHO a list of international ports authorised to issue Ship Sanitation Control Certificates
 - Collaborate with neighbouring countries (i.e. joint designation and agreement on ground crossings/entering for prevention of transmission of disease)



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IHR's Core capacity for PoE (Airports) – 1



At all times

- Provide access to medical services with adequate staff, equipment and premises for the care of ill travellers
- Provide personnel and transport for ill travellers to the medical facility
- Provide trained personnel for inspection of conveyances
- Ensure safe environment for travellers using PoE facilities (water supply, eating establishments, toilets etc.)
- Establish practicable programme with trained personnel for control of vectors in and near PoE



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IHR's Core capacity for PoE (Airports) - 2



- **For responding to events that may constitute a public health emergency of international concern**
 - Provide assessment and care for affected travellers or animals (establish arrangements with local medical and veterinary facilities) if required, quarantine suspected travellers or animals, preferably in facilities away from PoE
 - Provide appropriate space to interview suspect or affected persons
 - Apply measures to disinsect, derat, disinfect, and decontaminate baggage, cargo, containers and conveyances
 - Apply entry or exit controls for arriving and departing travellers



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Identification of the Competent Authority



IHR (2005) defines competent authority as

- “an authority responsible for the implementation and application of health measures under the IHR (2005)”
- Competent authority in PoE is Port Health Service

IHR's Core capacity for PoE



Communication and Coordination

- Multisectoral National Outbreak Response Team (MNORT)
- Port Health
- Provincial Outbreak Response Team (PORT)
- District Outbreak Response Team (DORT)
- NATHOC

Core capacity requirement at PoE - 1



■ South Africa achievements

Through assistance from WHO, conducted assessments of core capacities in PoE between 2010 and 2014;

- Tool used to conduct assessment was developed
- 38 PoE were assessed;
 - 33 PoE have been identified for designation (10 International Airports, 8 Harbours and 15 Land borders)
 - Designation will be through a Regulation signed by the Minister
 - Designation finalised through Regulation upon enactment of the IHR2005 into South African law
- Action plan was developed

Core capacity requirement at PoE - 2



- Collaborations with neighboring countries
 - Ongoing
 - Have agreements with some neighboring countries(especially SADC Region)

Core Capacity Assessment at the PoE - 3



- Process provided an opportunity to:
 - Assess the overall state of PH services in the country
 - Identify strengths and challenges faced by PoE
 - Identify gaps and develop action plan

WHO declaration of EVD in West Africa, Public Health Emergency of International Concern (PHEIC)



WHO Emergency Committee on Ebola meetings

- 8 Aug 2014: First meeting
 - WHO declared Ebola Virus Disease (EVD) in West Africa an international public health emergency (PHEIC)
- 22 Sept 2014: Second Meeting
- 22 Oct 2014: Third Meeting
- 20 Jan 2015: Fourth meeting
- 9 April 2015: Fifth Meeting
- 2 July 2015: Sixth meeting
- 1 Oct 2015: Seventh meeting

Response in affected countries (i)



- United Nations Mission for Ebola Emergency Response (UNMEER) coordinates role of the UN Agencies, partnership with AU, ECOWAS and governments of affected countries
- Promote resource mobilisation and capacity building in field of research on vaccines and drugs against Ebola
- Minimize measures that may impact on travel, trade, stigmatisation of affected countries and their nationals in keeping with International Health Regulations (IHR 2005)

Response in affected countries - (ii)



Current focus

- On-going intensified, targeted response;
 - Identifying and treating all cases
 - Community engagement
 - Tracking every contact from every case
 - Countering stigmatisation and community mistrust



South Africa Ebola Preparedness and Response



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Coordination



Administrative

- Interministerial Committee
- Minister's Advisory Committee on Ebola (MAC-E)
- Multi sectoral National Outbreak Response Team (MNORT)
- The National Health Operations Centre (NATHOC):
- Humanitarian aid to affected countries (Mobile laboratory, IPC materials, ambulances, HCWs, scooters..)

Technical

- Risk assessment: implementing travel advisory set by Cabinet 20 August 2014
- Development of Guidelines (case management, surveillance, returning SA Health care professionals...)
- Training of HCWs with emphasis on IPC
- Assessment of designated Health facilities for confirmation and treatment of EVD cases
- Communication on EVD
- Humanitarian aid to affected countries (Mobile laboratory and training of local staff, IPC materials, ambulances, HCWs, scooters..)



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EVD preparedness in South Africa



- Travel Advisory issued by the Department to inform travelers about EVD and provide information on what Government is currently doing.
- Increased vigilance by Port Health Officials especially with conveyances and travelers coming from the affected region.
- Implementation of Standard Operating Procedures for the Management of Ebola Virus Disease in Points of Entry
- “Traveler Health Questionnaire” (THQ) - to be completed by all travelers arriving in South African PoE and South Africans leaving the country to the EVD affected countries
- Thermal scanning conducted at key PoE (Durban, OR Tambo and Cape Town)

EVD preparedness in action (i)



National Health Operations Centre (NATHOC) August 2014 to 31 August 2015

- Operates 7 days a week (currently office hours only) and addresses all Ebola related enquiries
- Coordinates enhanced surveillance activities Nationally
- Monitors all travel between South Africa and EVD risk countries, include processing travel applications.
 - Since August 2014, a total of **5 735** applications received and processed, only 5 have been declined to date.
 - Works closely with provincial CDC and Port Health
 - Prepares regular reports (daily, weekly and monthly)



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EVD preparedness in action (ii)



- The country has maintained high level of preparedness in light of the on-going EVD transmission in West Africa.

Number of travel applications received and processed by NATHOC, August 2014 to 31 August 2015



Travel Category	Non-South Africans	South Africans	Total
From high risk to SA	1 099	2 360	3 459
From SA to high risk	304	1617	1 921
In Transit through SA	267	5	272
From low risk to SA	49	3	52
From medium risk to SA	28	3	31
Total applications	1 747	3 988	5 735

A small number of applications for travel from medium and low risk countries were also received.

Total number of applications received for travel from South Africa to high risk countries, August 2014 – 31 August 2015



High Risk Country	Number of travellers
Sierra Leone	1 440
Liberia	418
Guinea	63
Total	1 921



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Total number of applications received for travel from high risk countries to South Africa, August 2014 – 31 August 2015

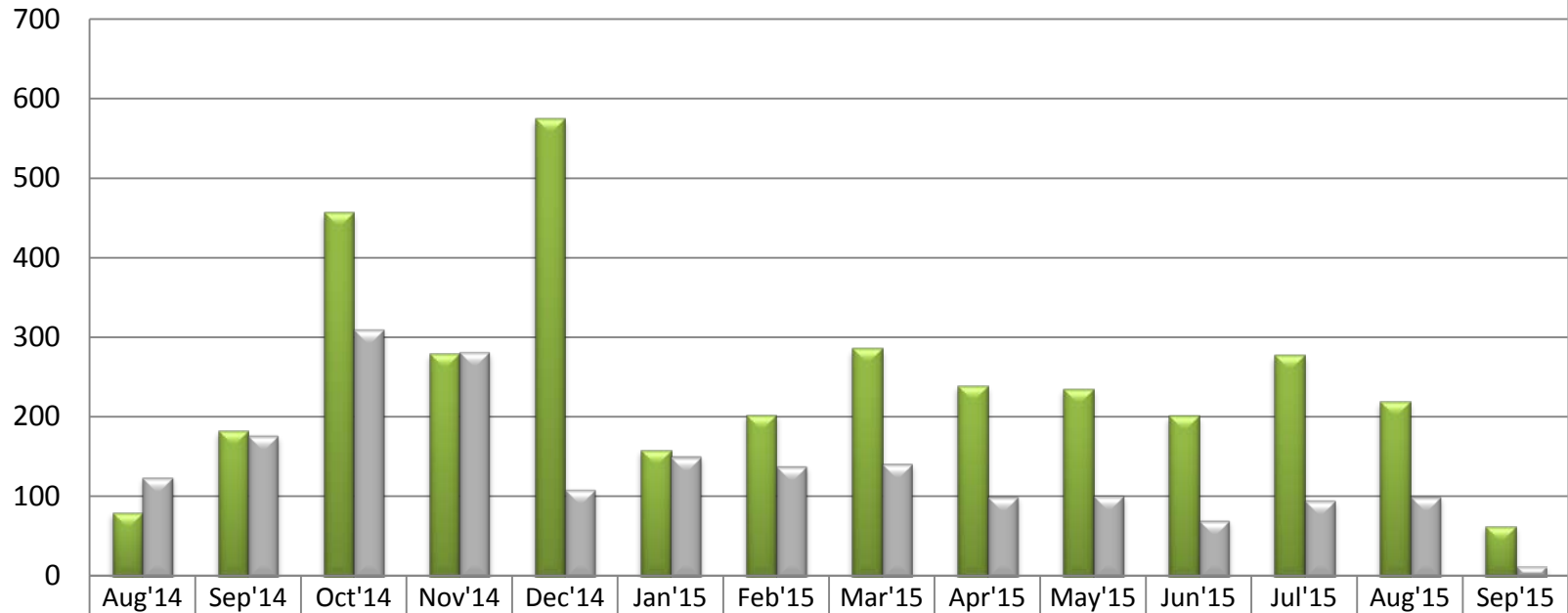


High Risk Country	Number of travellers
Sierra Leone	2 112
Liberia	892
Guinea	455
Total applications	3 459

Number of travel applications received and processed by NATHOC, by month of travel, August 2014 to 31 August 2015



Number of travel applications



From high risk to SA	80	183	457	280	575	159	203	286	239	235	201	278	220	63
From SA to high risk	125	177	310	282	110	151	139	142	101	102	71	96	101	14



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Monitoring of category A travellers - health care workers deployed in Sierra Leone



- The Department of Health deployed 26 health care workers to assist in the provision of health care in Sierra Leone.
- The first group which consisted 7 health care workers (HCWs) travelled to Sierra Leone on 23 January 2015 and returned to South Africa on 22 March, 2015. All were monitored for 21 days, uneventful.
- The second group which consisted 19 HCWs travelled to Sierra Leone on 19 February 2015 and came back on 29 July, 2015. All were monitored for 21 days, uneventful.
- All were issued with a protocol they need to observe for a period of 21 days in order to reduce the risk of transmission of Ebola.

Lessons learnt



- Port Health service guided by IHR (2005) is critical in prevention of introduction and spread of EVD and other priority diseases in a country and region
- There is need for strong coordination mechanism at all levels to ensure early detection and management of EVD suspect cases within country and regional level
- The need for monitoring and evaluation component within the epidemic preparedness and response (EPR) plans
- The need for on going training including supportive supervision to maintain capacity for EPR at provincial and District levels
- Operational research to inform policy and guide activities for EPR

Conclusion



- To date South Africa has not reported any case of EVD, however, the country remains on alert as long as cases exist in any country
- The implementation of IHR (2005) by all stakeholders including Port Health service is very critical in prevention of introduction and spread of EVD and other priority communicable diseases



Thank you



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