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**Status of IHR (2005) implementation  
in the African Region**

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REGIONAL OFFICE FOR

**World Health  
Organization**

**Africa**

# Presentation Outline

What are IHR  
?

IHR core  
capacities  
requirements

Status of  
implmentation  
in the African  
and POE

Key  
challenges

Follow up/  
Next steps



# What are the IHR?



**An agreement among 194 countries  
Facilitated by WHO**

***Came into force on 15 June 2007***

**Ensuring maximum public health  
security  
while minimizing interference with  
international transport and trade**

**Legally binding** for WHO and the world's countries that have agreed to play by the same rules to secure international health.

# The IHR required States Parties (SP) to establish national core capacities to ensure public health surveillance and response throughout National Core Capacity Requirements

## Annex 1

### 8 Core Capacities

1. Legislation and Policy
2. Coordination
3. Surveillance
4. Response
5. Preparedness
6. Risk Communications
7. Human Resources
8. Laboratory

### Potential hazards

- Infectious
- Zoonosis
- Food safety
- Chemical
- Radio nuclear

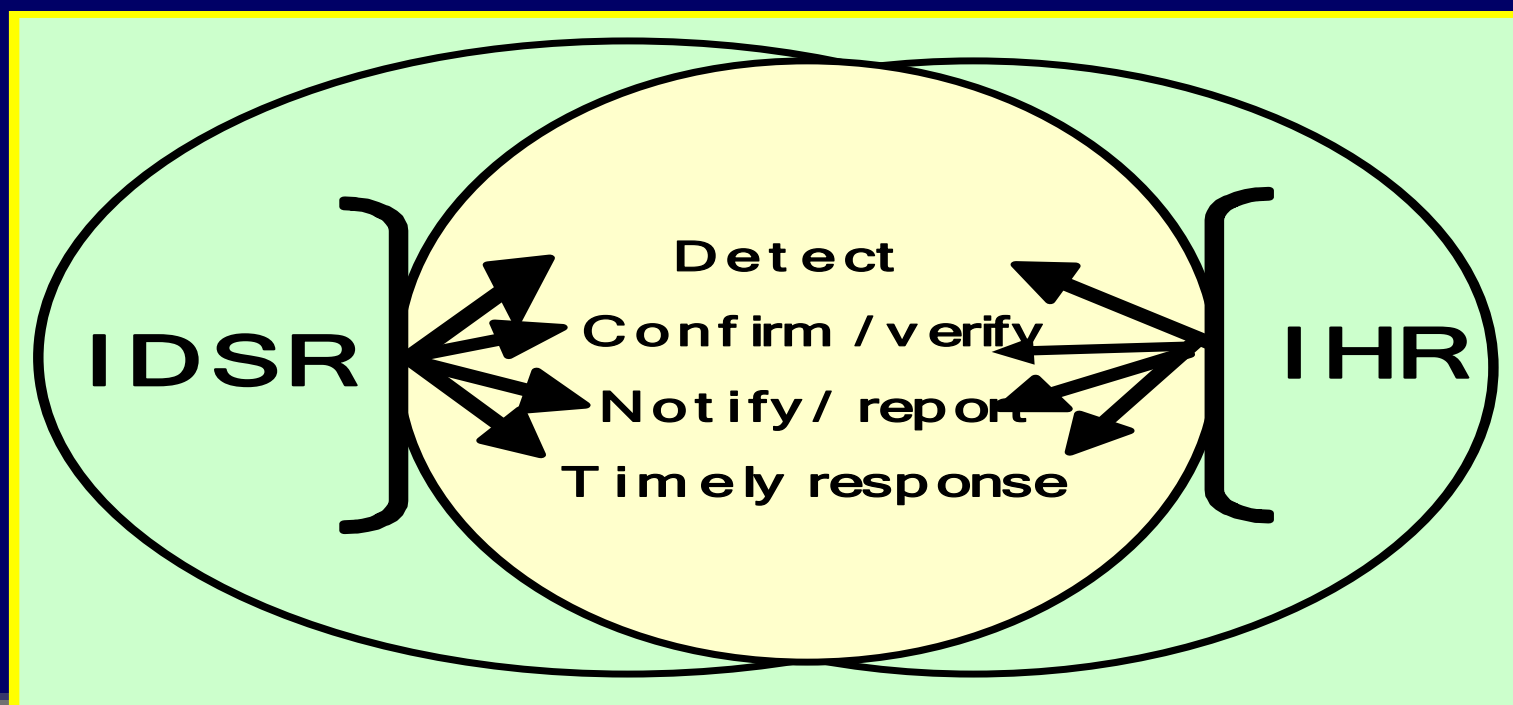
Events at  
Points of Entry

In the WHO African Region, implementation of IHR will take place within the context of IDSR (Annex 1A)



# IHR and IDSR

In the WHO African Region, implementation of IHR will take place within the context of IDSR (Annex 1A)



IDSR will serve as a vehicle for IHR

IHR will serve as the driving force for IDSR

# IHR Core Capacities at Points of Entry

## Annex 1

- **Coordination and communication**
- **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



# IHR implementation at ports, airports and ground crossings

## PREVENTION

Containing known public health risks



Routine control of “Sanitary conditions”

**Risk management**

## EARLY WARINING

Detecting relevant health events



Inspection, Information and verification

**Risk assessment**

## RESPONSE

Responding to public health emergencies



Support to investigation and contingency plans to adopt control measures

**Event management**

Conveyances inspection programmes and control measures

# Status of implementation in the African Region(1)

In the African region, significant progress made although **no country had fully attained minimum IHR Core Capacities** by set deadlines in 15 June 2012 and 15 June 2014

**AFR/RC/62/R8** adopted in 2012 in Luanda to accelerate IHR implementation in the African Region

Two **IHR stakeholders meetings** conducted in 2012 to map country unmet needs to accelerate IHR implementation in SP



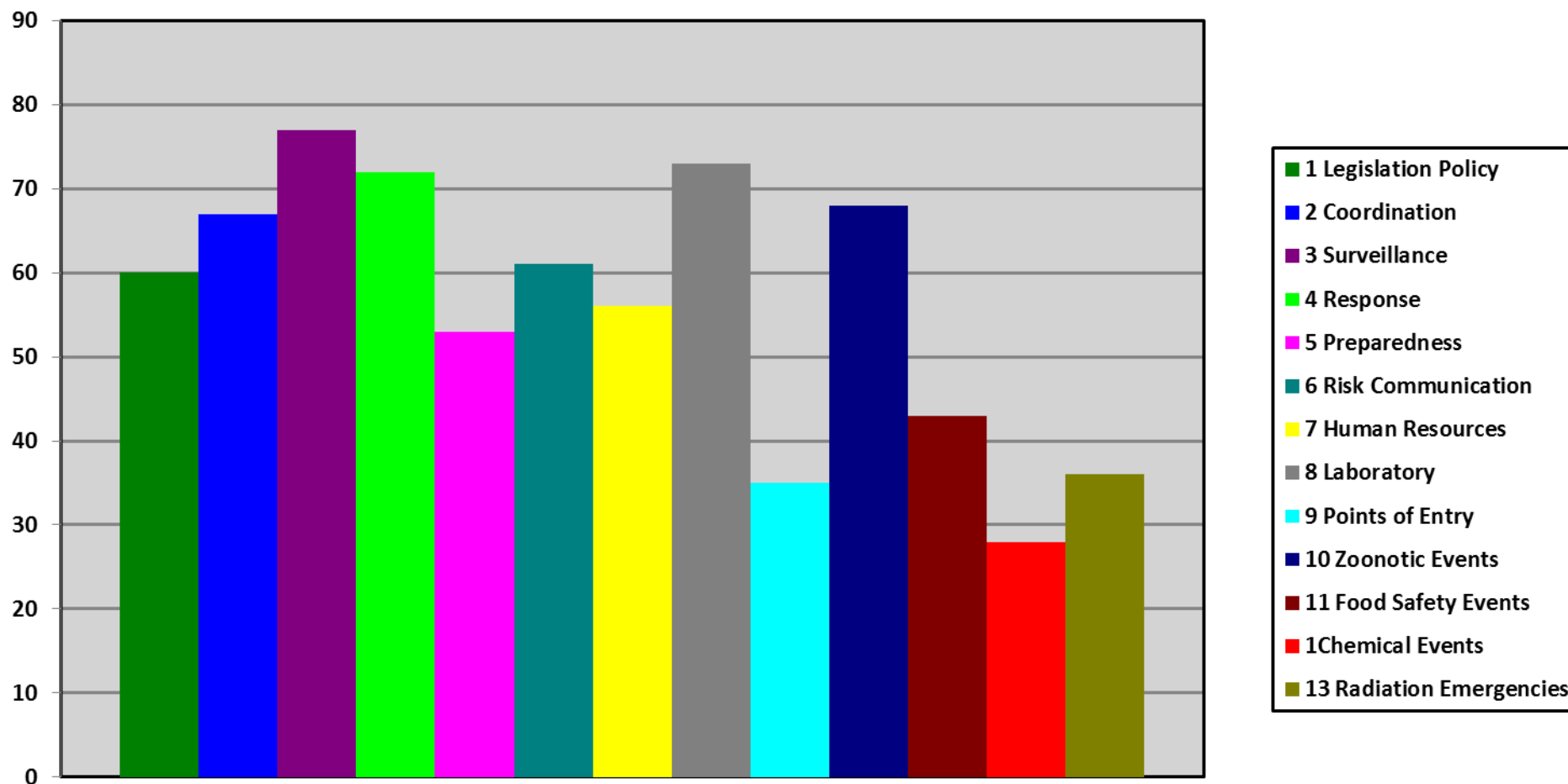
# Status of implementation in the African Region (2)

45/47 countries conducted IHR core capacity assessment and developed IHR national plans.

21/47 countries have requested 2 years extension to fully implement the IHR core capacities by the new deadline set by June 15, 2016

32/47 countries submitted annual report to WHA in 2014 and 20 countries have already submitted their report for 2015.

# IHR implementation status, core capacities scoring, African region, 2014 (N=32)



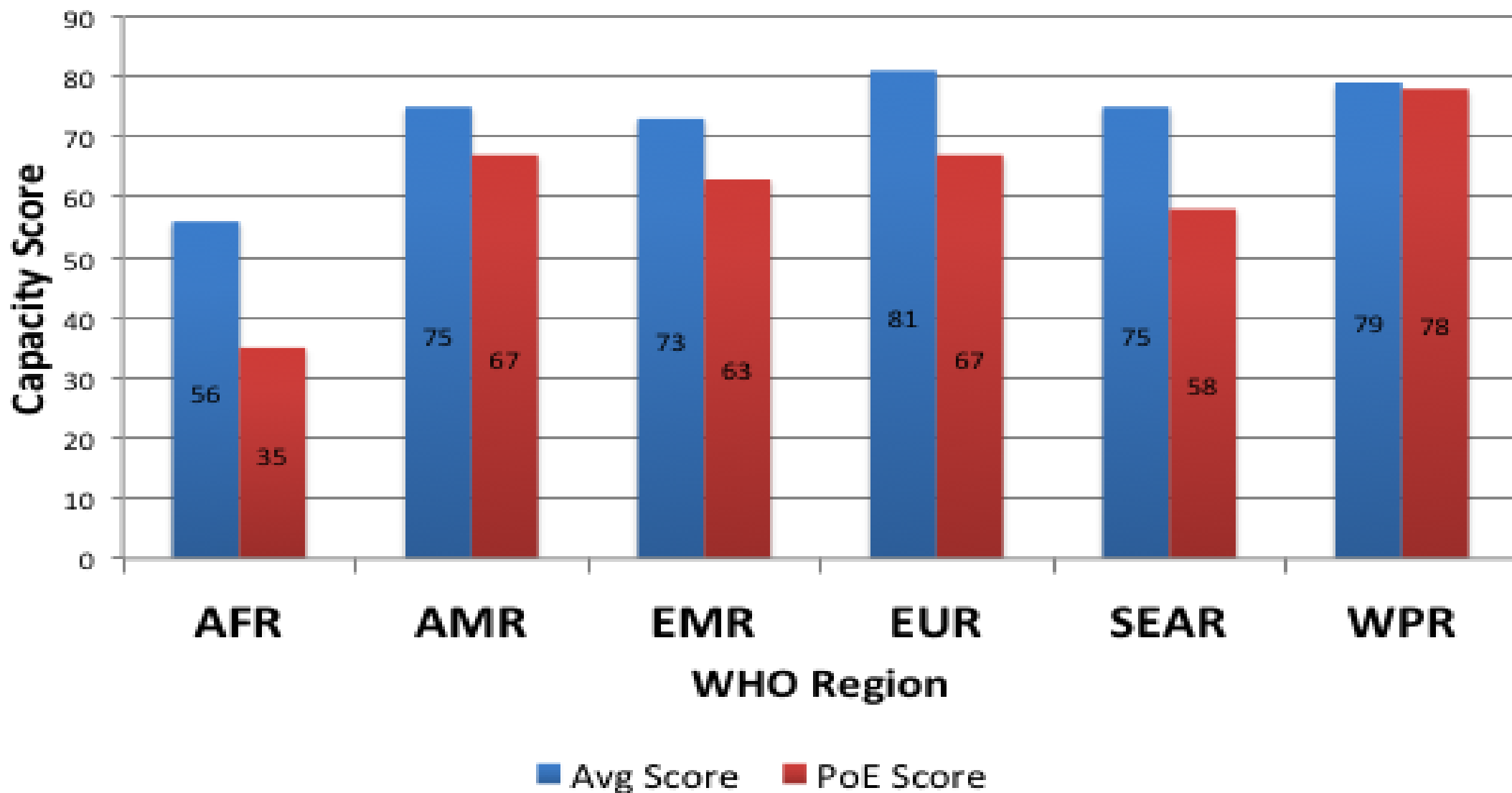
Scoring for all capacities: WHO African Region, 2014

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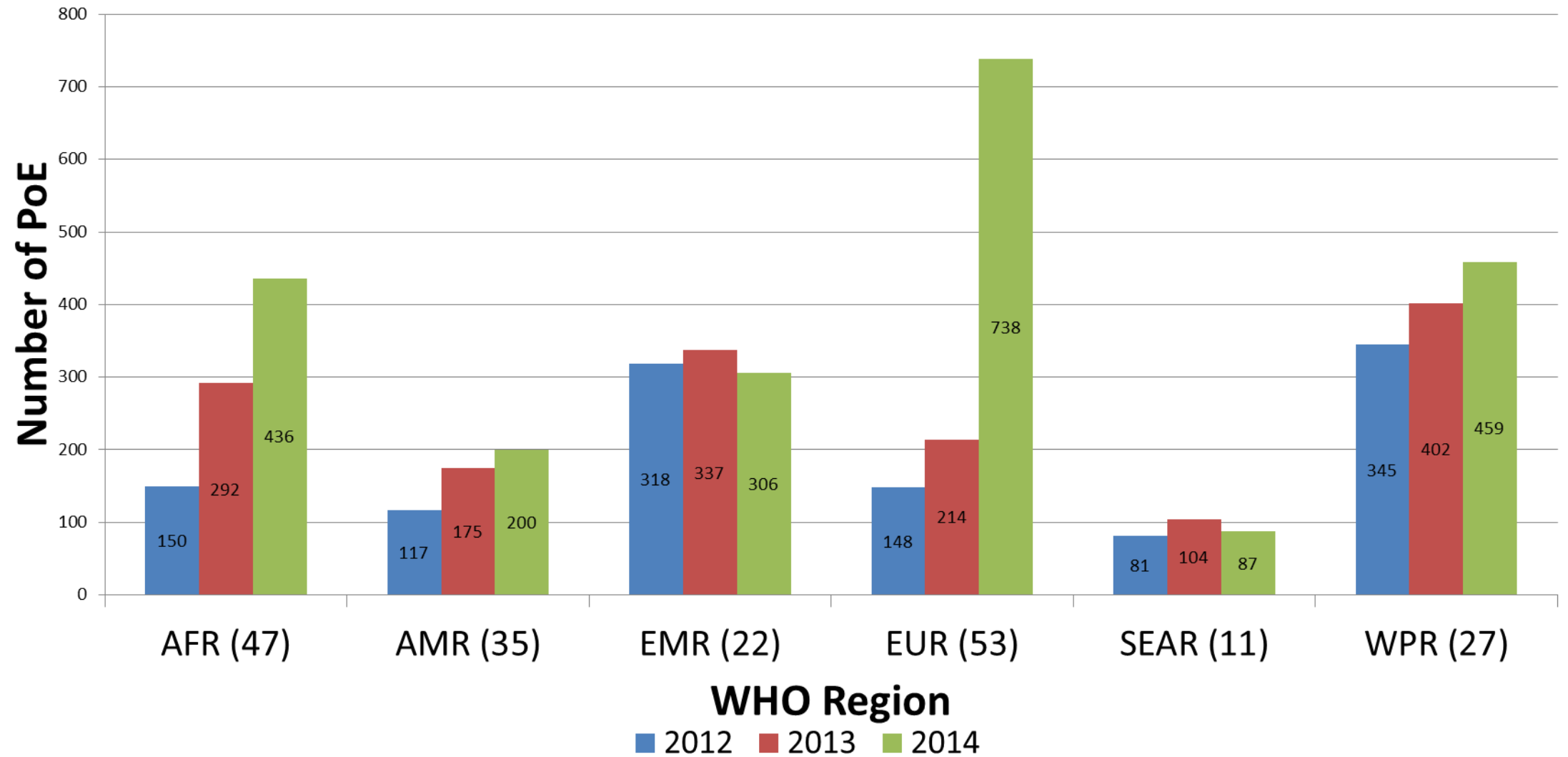
# **IHR implementation at POE in the AFR and Globally**



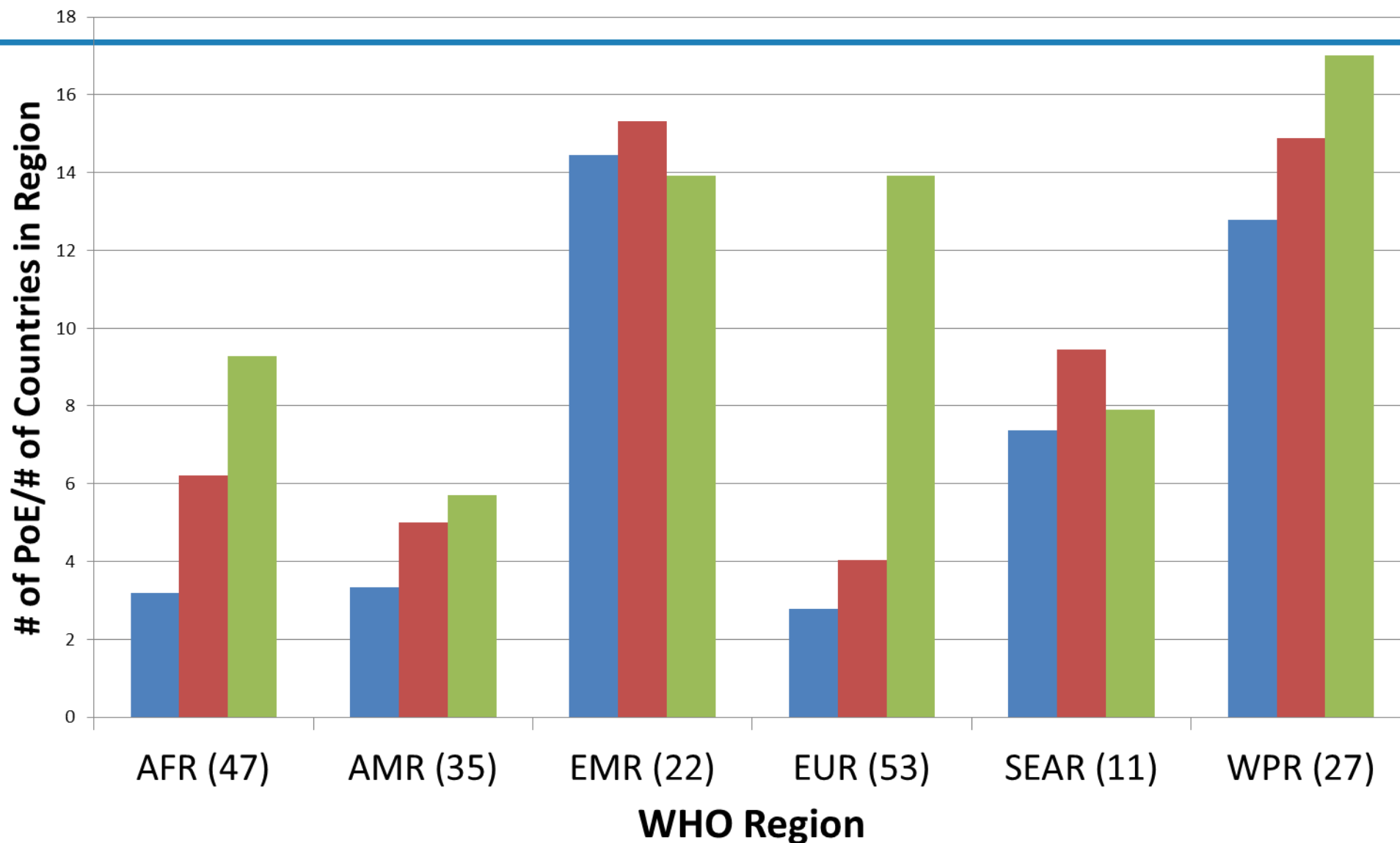
# Average Capacity Score Compared to PoE Score by WHO Region, 2014



# Points of Entry Designated by WHO Region and Year



# Average PoE Per Country by WHO Region and Year



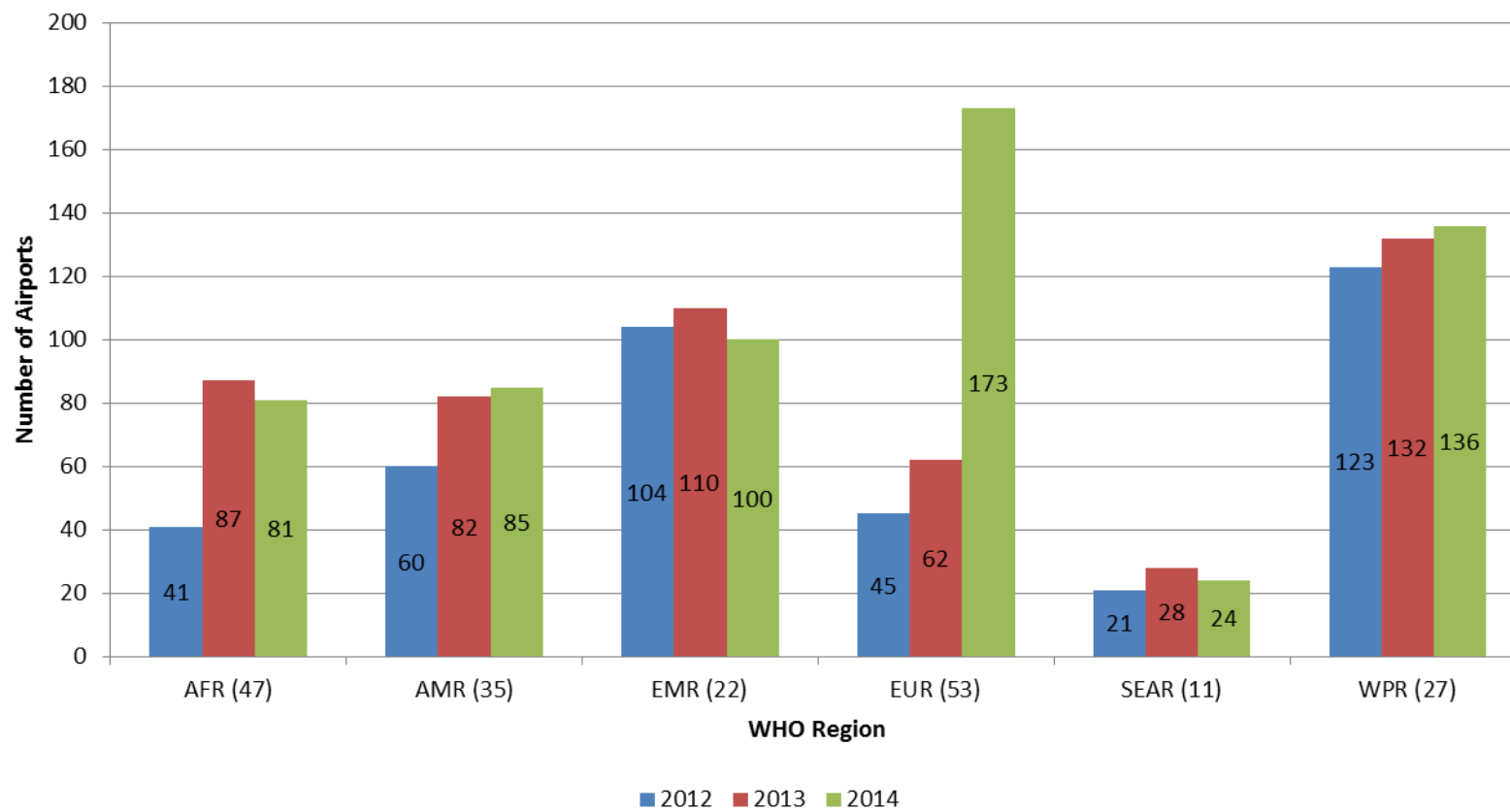
2012 2013 2014



World Health Organization

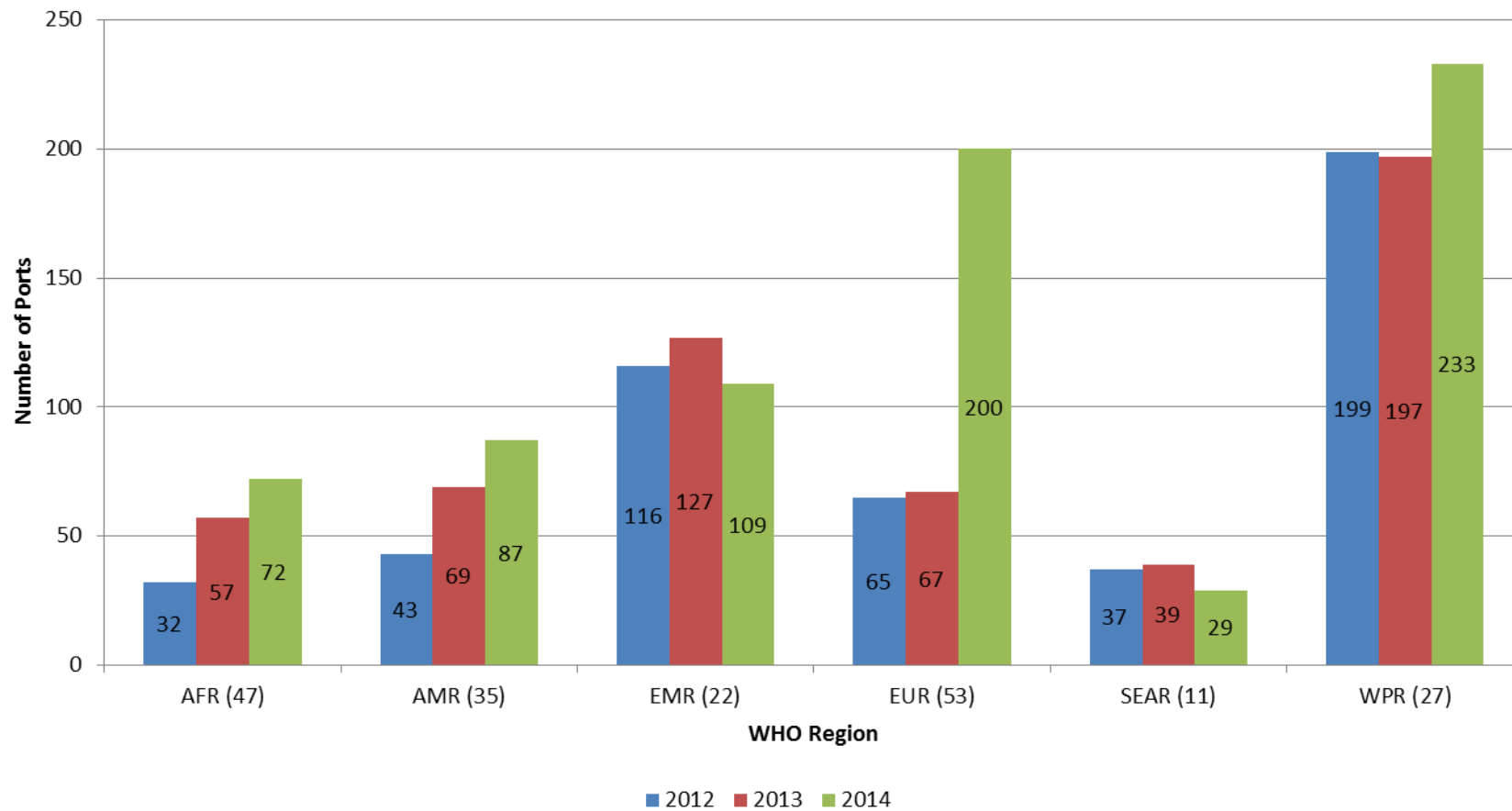
# Airports

Number of Airports by WHO Region and Year



# Ports

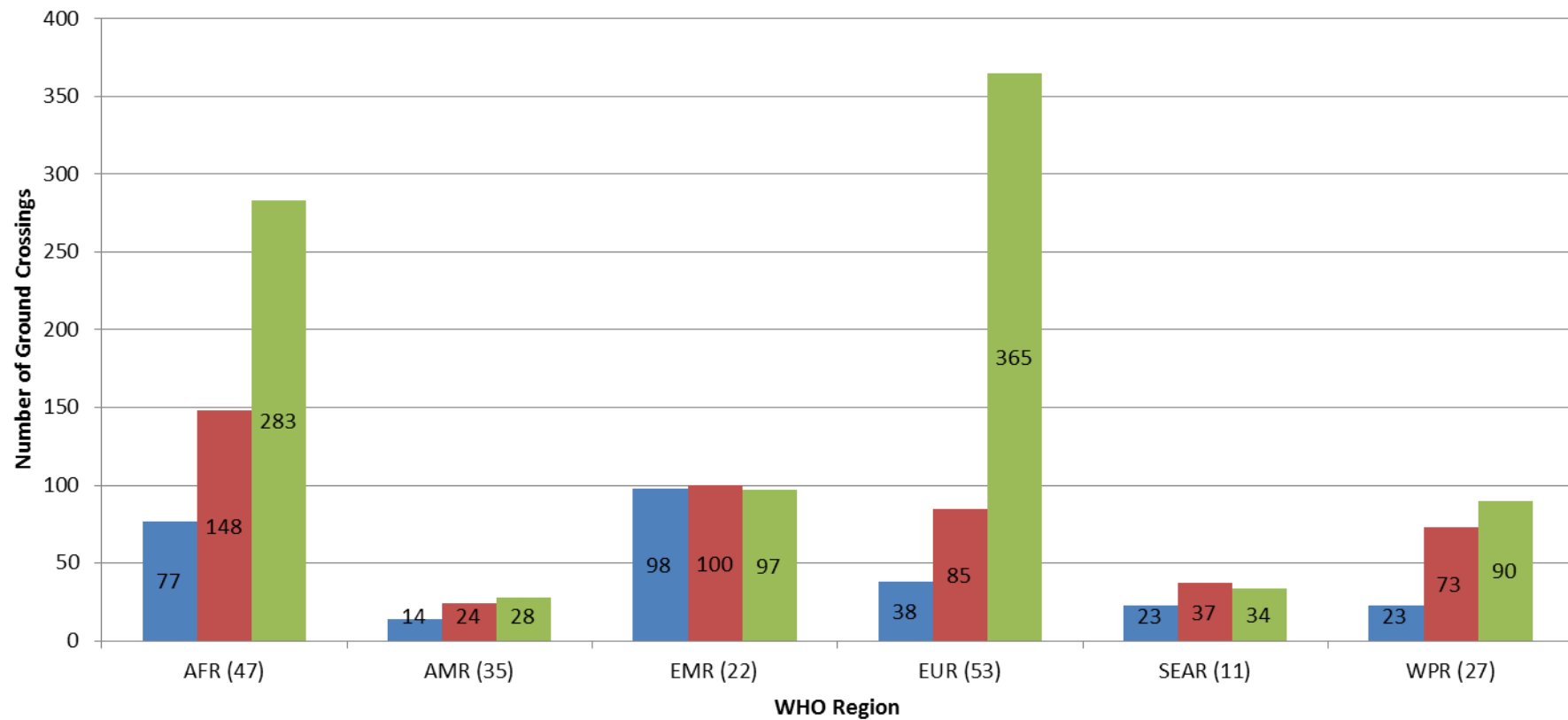
## Number of Ports by WHO Region and Year





# Ground Crossings

## Number of Ground Crossings by WHO Region and Year



■ 2012 ■ 2013 ■ 2014



World Health Organization

# Challenges

## Implementing IHR in the African Region (1)



Insufficient high level involvement at national and sub national levels for the implementation of IHR (2005)

Lack of partners' engagement to actively support IHR (2005) implementation to strengthen disease surveillance, prevention, control and response systems

Insufficient investment and funding to support IHR implementation and limited involvement of the private sector

IHR NFP Turn over, insufficient authority/capacity , and inadequate Human resources

# Challenges

## Implementing IHR in the African Region (2)

Weak collaboration and coordination between Health, Animal and other sectors

Insufficient capacities for diagnosis, monitoring and response to chemical, biological and radio nuclear (CBRN) events

Specific needs for small islands states and States parties with overseas territories

The Ebola crisis highlighted three key concerns for IHR: (i) development of core capacities, (ii) timely sharing of information and (iii) the institution of additional measures by States

# Challenges

## Implementing IHR at points of entry (3)



**Designating PoE and identifying competent authorities and human resources**



**Listing authorized ports for ship sanitation certificates - SSC**



**Updating national legislation, operational procedures and harmonization of IHR requirements with enforcement of provisions from others International agreements (e.g. ICAO, IMO, ILO Conventions)**



**Strengthening intersectoral collaboration and coordination (e.g. transport, customs, immigration, environment, etc.)**

# Challenges

## Implementing IHR at points of entry (4)

To have harmonized best practices at PoE in a globalized world and in a all hazards approach.

Implementation of WHO temporary recommendations during PHEIC, in a Regional and Global Approach (e.g. EBOLA).

To provide appropriate PH emergency response at designated points of entry, in a multi-sector approach:

Capacity for inspection of conveyances and adoption of control measures

Strengthening links of PoE with national health surveillance and response system

# Follow up – Member States (1)



**High level commitment and engagement for IHR implementation**



**Identify remaining gaps in line with the IHR Review Committee 2014 Recommendations ,Revise national implementation and maintenance plans**



**Mobilize technical and financial support for building core public health capacities and ensure full implementation of IHR**

## Follow up – Member States (2)

Strengthen intersectoral and multisectoral coordination and collaboration among and within States Parties

Improve Intercountry support in the building, strengthening and maintenance of IHR core capacities

The “implementation” of the IHR will never be over. States should “maintain” core capacities, be able to use it effectively when and where needed (e.g. Ebola PHEIC) and “monitor its functioning”.

# Next Steps – WHO (1)



**Collaborate and assist States Parties in the mobilization of technical and financial support for IHR core capacity development**



**Identify areas of collaboration and specific projects developments**



**Monitoring of IHR core capacity development and maintenance from 15 June 2012 to 2016**



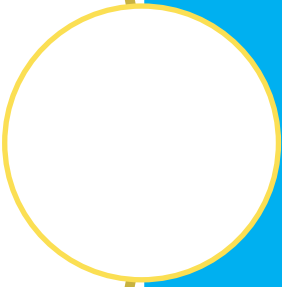
**Review the mechanisms/methodologies of monitoring progress in the implementation of IHR in close collaboration with States Parties**



# Next Steps – WHO (2)



**WHO will continue its leading role on public health and supporting better information sharing and collaboration for strengthening health security**



**The efforts to control public health threats require all stakeholders to continuously improve the way they coordinate and collaborate, to stay dynamic and to adapt to new challenges.**



**WHO IHR Certification for airports and ports, in a voluntary basis.**

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

Provide technical support and advice for building capacities for prevention, early detection, and control of public health risks

Support preparedness capacity development for event management and emergency response

Provide WHO Certification for IHR of capacities at airports and ports

Foster international collaboration in a multisectoral approach

## ACTIVITIES

Trainings

Guidelines

Networking



Activities in all WHO Regions

# Collaboration and partnership

Provision of guidance and harmonization of requirements and practices with other UN agencies and specialized intergovernmental organizations (e.g. ICAO, IMO, UNWTO..)

Foster collaboration and partnership with, civil society and NGOs (e.g. IATA, ACI, ICS, CLIA...)

Provide technical support and joint activities and projects with partner organisations (ICAO-CAPSCA, EU: DEVCO – AIRSAN - SHIPSAN...)

Intersectoral Coordination during emergency (e.g. Int. Travel & transport task force)

WHO Collaborating Centres- PoE (China-AQSIQ, Greece-Thessaly University)

PAGNet specialized network for ports, airports and ground crossings

# Exchange and dissemination of knowledge and information

## ➤ IHR Information, guidance and tools:

- Document Center
- IHR multilingual web site  
[www.who.ihr/int/fr/index](http://www.who.ihr/int/fr/index)

Many documents and tools available in the 6 WHO languages

## Publications:

- IHR news – quarterly information bulletin
- Main target audience: NFPs but also other public health actors and stakeholders

- [lhinfo@who.int](mailto:lhinfo@who.int) : Information exchange with technical partners and general audiences



**World Health Organization IHR News**  
The WHO quarterly bulletin on IHR implementation  
8 April 2014, No. 14

Issued by the International Health Regulations (IHR) Coordination Department  
World Health Organization (WHO), Geneva and Ginev  
@lhinfo@who.int

**Editors**  
• Japoh earthquake and nuclear concerns

The recent earthquake and nuclear accidents in Japan were a disturbing wake-up call to the international community. While the events in Japan remained local, they are a timely reminder of how closely linked we are, from one country to another, from region to region, and how much work we must do to be prepared not only to deal with potential future pandemics and other epidemic-prone diseases, but also for nuclear and chemical accidents, and environmental disasters. The devastating events in Japan also remind us of the need for global coordination, supported solidarity.

As part of the response efforts in Japan, WHO is working in close collaboration with the Japanese authorities, the International Atomic Energy Agency (IAEA) and WHO West Pacific Regional Office and its global network of experts, at the highest level of the organization, to further updated information and best risk assessment results. The work of WHO is supported by a global network consisting more than 40 specialized institutions in radiation emergency medicine.

There are no health risks that far people living in other countries from radionuclide material released into the atmosphere from the Japanese nuclear power plant. Radiation levels measured to date in other countries are far below the level of background radiation that most people are exposed to in normal, every day environments. The situation is monitored on a daily basis and the Japanese authorities, WHO and other partners involved in the response, continue to work closely together.

Throughout this emergency, we have been asked, "Is IHR at work?" Has IHR been set in motion? The answer is yes. Although the events in Japan remain local, IHR has been invoked from the start, closely monitoring developments to be ready to take timely and appropriate action as needed working with its partners in the travel and transport sector to ensure that no inappropriate travel restrictions were imposed and facilitating a harmonized approach at points of entry.

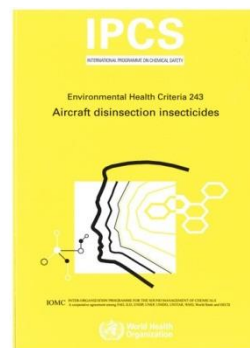
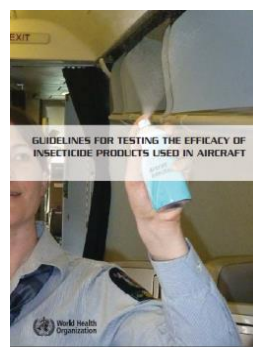
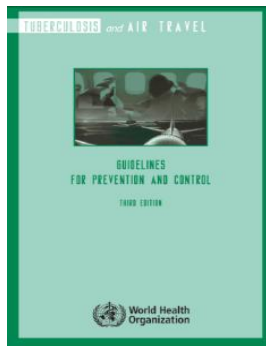
The IHR provide not only the legal framework but also a unique opportunity for the international community to work closely together to better prepared to respond collectively to potential public health events that threaten our global health security. For WHO, this is an opportunity to strengthen and improve activities we have been doing in different departments and in the regions for many years. There is much work to be done, and at WHO we are committed to supporting the national offices to better help countries strengthen their core capacities for preparedness and response to public health events.

Dr Isabelle Ntuli  
Director  
International Health Regulations Coordination Department  
[www.who.int](http://www.who.int)

Daily citations (updates on the Japan disaster response) are available on the WHO home page  
[www.who.int](http://www.who.int)

# WHO Guidance and Tools related to PoE PUBLISHED

## Air travel

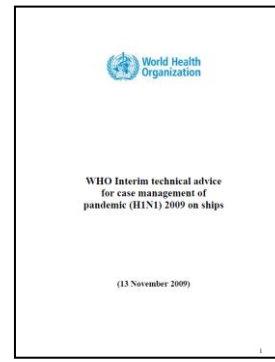
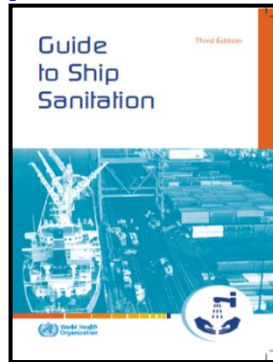
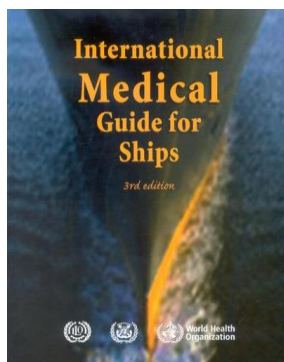


## Public health emergency Preparedness & Response

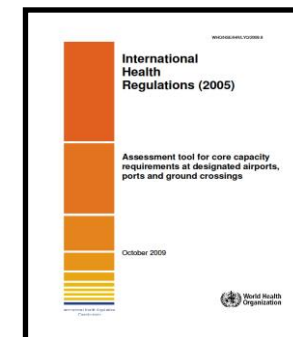
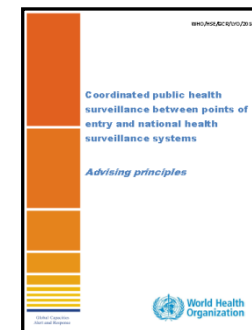


**Ebola**  
Event management at PoE  
Exit & Entry Screening  
Travel & Health

## Ports and Ships



## PoE core capacity Assessment and surveillance



**WHO Learning Program for Ship Inspection and Issuance of SSC under IHR 2005 and EVD Management at PoE**

# 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

## Others

Procedures for  
Airport and Port  
Certification

## Ground Crossings



## Vector

Vector Surveillance and  
Control at PoE

## Handbook

Vector Surveillance and Control at Ports,  
Airports and Ground Crossings



World Health  
Organization

Project on PoE Vector  
Identification Platform

**Thank You**

**Merci**

**Obrigado**

