

CAPSCA AFRICA ANNUAL MEETING

IHR implementation Progress in Zambia

24th to 28th JULY, 2017

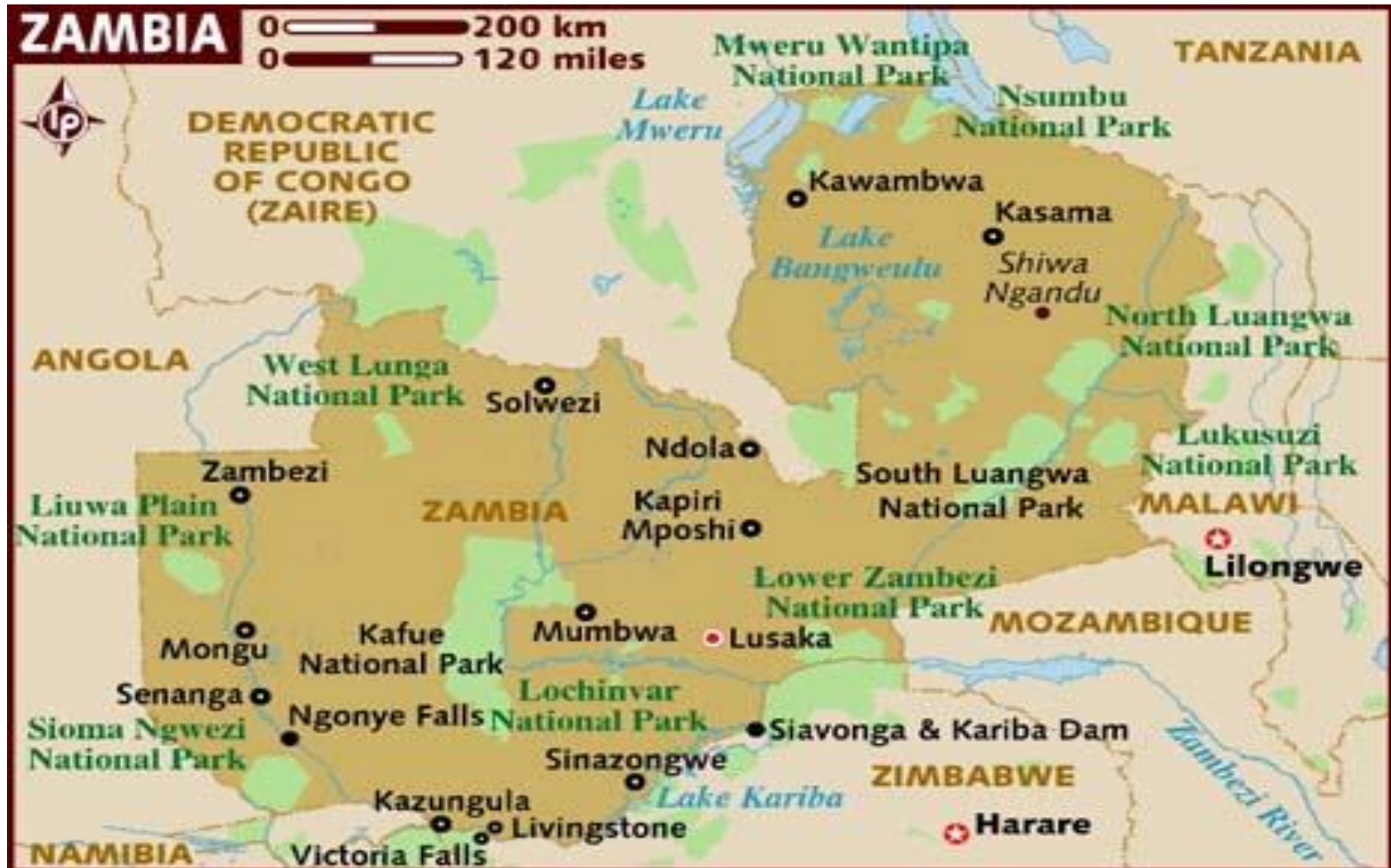
ZAKEYO MVULA

**Chief Environmental Health Officer -
MOH**

OUTLINE OF PRESENTATION

- Background to IHR
- Purpose & Scope of IHR (2005)
- Three (3) Top priorities for States Parties to implement the IHR (2005)
- Progress on IHR implementation
- Way forward,

Background: Zambia's border area



Background - Organisation

National Epidemic Management Committees with stakeholders from Government ministries, NGOs, UN agencies and community members established

Four (4) designated points of Entry and 14 authorised Points of Entry

National Focal Point

IDENTIFIED STAKEHOLDERS FOR IMPLEMENTATION OF IHR

Stakeholders (Within Lusaka)

Ministry of Livestock

Ministry of Justice

Ministry of Finance

Ministry of Defence

Ministry of Agriculture

Ministry of Local Government

Ministry of Foreign Affairs

Ministry of Commerce

Ministry of Transport & Co

ZEMA, ZRA, Civil Aviation,

Immigration, Home Affairs

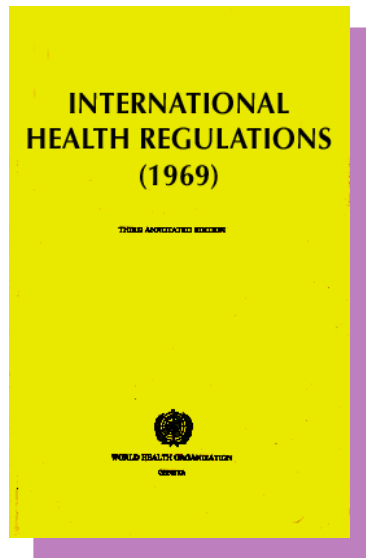
National Airports, UNZA Vet & EH

WHO & UNICEF

Purpose and Scope of IHR (2005)

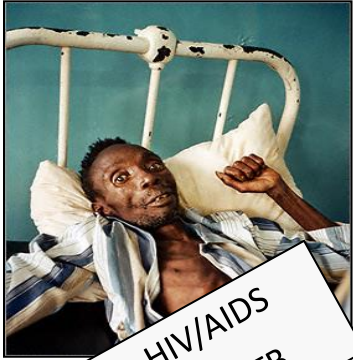
To prevent, protect against, control and provide public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic





- From **three diseases (Yellow fever, plague & Cholera)** to **all public health threats** –
- From **preset measures** to **adapted response**
- From **control of borders** to, also, **containment at source**

Global Health Security - Why we are concerned



HIV/AIDS
XDR-TB



Plague



VHV /Ebola
/ Marburg



Anthrax



SARS



meningitis



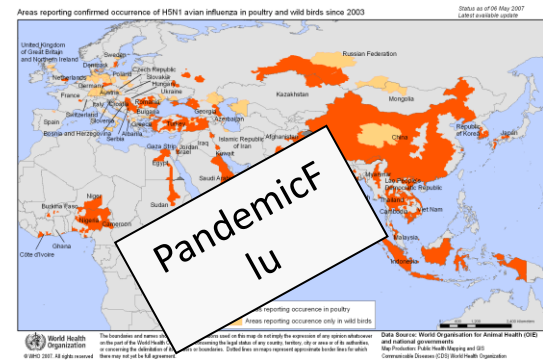
Nipah



Chemical
pollution



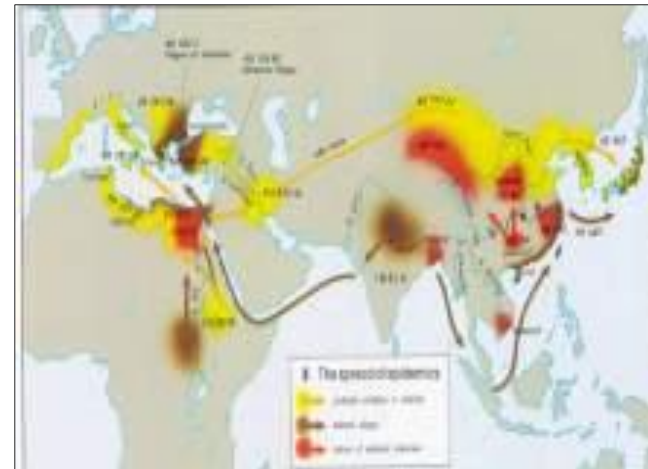
cholera



Pandemic
flu

Global Health Security: Why we are concerned about national and global threats

- Emergence/re-emergence of infectious diseases and increased pace of spread
- Globalisation – public health event in one location can be a threat to others.
- Serious and unusual disease events are increasing and inevitable
- Threat of deliberate use of biological and chemical agents; laboratory and industrial accidents
- Impact on health, economy and security



3 Top priorities for States Parties to implement the IHR (2005)

- 1. Establish a functioning National IHR Focal Point – communication to WHO**
- 2. Ensure adherence to reporting requirements and verification of public health events.**
- 3. Assess and strengthen national IHR capacities**

Progress on implementation of IHR

1. Training in HR: purpose, scope, principles and concepts to key staff
2. Updating National Legislation: (PHA under review: IHR components to be adapted as part of regulations)
3. One health approach to prevention, control and Management of diseases through the Epidemic Preparedness committees at National, Provincial and District levels.
4. Monitor and reporting on IHR implementation progress including assessment of POE
5. Notify, report, consult and inform WHO in case of events in country

Progress on implementation of IHR

6. Strengthened surveillance and response capacities at all levels
7. Establishment of the National Public Health Institute
8. Increased Public Health Security at ports, airports and ground crossings
9. Use and disseminate IHR health documents at Point of Entry

IHR Implementation Status in Zambia

Several activities:

- Established NFP Unit.
- Implementation of IDSR - meeting the reporting requirements of events of (PHEIC) still a challenge
- Prioritizing of funds to implement co capacities is a challenge
- Zambia has been sending reports to WHO Geneva in form of the IHR monitoring Tool .
- Core capacities assessed (Desk review 2012)
- Multi-sectoral IHR Implementation plan developed
- Coordinated efforts for response for zoonoses.

DESK REVIEW COMPONENTS-CORE CAPACITIES AND HAZARDS?

IHR Core capacities

Legislation

Coordination

Surveillance

Preparedness

Response

Risk communication

Human Resources

Laboratory

Hazards

Infectious

Food safety

Zoonotic

Chemical

Radiological

Point of Entry

TOP THREE PRIORITIES

1. Points of Entry Core Capacity development
2. Publication of IHR work
3. Human resource development in IHR and numbers

WAY FORWARD

Strengthen points of entry:

- Staff - competence and numbers
- Equipment

Resource mobilization:

- Monitoring and evaluation
- Strengthen Coordination
- Research
- Early warning system strengthening
- Updating and Implement IHR action plan
- Strengthen one health surveillance at all level

THANK YOU