International Health Regulations (IHR) Implementation status in the Americas

PAHO/CHA/IR/IHR

Fifth Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) Americas Meeting

Barbados, 2-6 September 2013
International Health Regulations

- WHO Member States recognized need to collectively respond to public health emergencies of international concern
- An Intergovernmental Working Group tasked with the revision of the IHR(1969) in 2004
- WHO Member States adopted the current IHR during the 58th World Health Assembly in 2005 with Resolution WHA58.3
- Current IHR entered into force on 15 June 2007
- A legal tool: describes procedures, rights and legal obligations for 195 States Parties and WHO
- Legal framework requested, developed and negotiated by WHO Member States - based on dialogue, transparency and trust
- State’s commitment - beyond the health sector
- 10 Parts, 66 Articles, and 9 Annexes
Article 3 - Principles

4. States have the sovereign right to legislate and to implement legislation in pursuance of their health policies. In doing so they should uphold the purpose of these Regulations.

Article 57 - Relationship with other international agreements

1. States Parties recognize that the IHR and other relevant international agreements should be interpreted so as to be compatible. The provisions of the IHR shall not affect the rights and obligations of any State Party deriving from other international agreements.
Article 2 - Purpose and scope of the IHR

...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.

- From three diseases to all public health hazards, irrespective of origin or source
- From preset measures to adapted response
- From control of borders to containment at source
IHR operational framework

Global alert and response system

National core capacities
IHR operational framework

- Determine Public Health Emergency of International Concern (PHEIC)
- Make temporary and standing recommendations

- Accessibility at all times
- Primary channel for WHO-NFP event-related communications
- Disseminate information within WHO
- "Activate" the WHO assessment and response system

- Accessibility at all times
- Communication with WHO
- Dissemination of information nationally
- Consolidating input nationally

- Unusual health events
  - Detect
  - Assess
  - Report
  - Respond

- National surveillance and response systems
  - Incl. Designated Points of Entry

WHO Director-General

WHO IHR Contact Points Regions

National IHR Focal Points (NFP)

- Notification
- Consultation
- Report
- Verification

Emergency Committee
Review Committee
Expert Roster
Other competent organizations (e.g. IAEA, OIE)
Ministries and sectors concerned

Art. 4
Art. 6-12
Annex 2
Art. 5, 13, 22, 27, Annex 1
Part IV - Points of Entry

Article 19 - General obligations

Each State Party shall, in addition to the other obligations provided for under these Regulations:

(a) ensure that the capacities set forth in Annex 1 for designated points of entry (Art. 20 and 21) are developed within the timeframe provided in paragraph 1 of Article 5 and paragraph 1 of Article 13;

(b) identify the competent authorities at each designated point of entry in its territory; and

(c) furnish to WHO, as far as practicable, when requested in response to a specific potential public health risk, relevant data concerning sources of infection or contamination, including vectors and reservoirs, at its points of entry, which could result in international disease spread.
Points of Entry

All Points of Entry (Art. 4, 5-14, 22-38, Annexes 1, 5, 8, 9)

Health Documents (Art. 39)
- Competent authorities, 4, 19, 22
- Art. 38 and Annex 9 - Health Part of the Aircraft General Declaration
- Annex 5. Specific measures for vector-borne diseases
- Art. 36, Annex 6, Annex 7 - Certificates of vaccination or other prophylaxis

Authorized ports (Art. 20) - Ship Sanitation Certificate
- 470 authorized ports in 25 States Parties

Designated ports and airports (Art. 5, 13, 19, 20) and ground crossings (Art. 21, "where justified")
- Core capacities (Annex 1.B): Routine
  - Response to potential PHEIC

Certified airports and ports (Art. 20)
National Core Capacities
Annex 1
Core Capacities for Surveillance and Response and at Designated Points of Entry

...States Parties...to ensure that these core capacities are present and functioning throughout their territories as set out in...Article 5 and...Article 13

Entry into force
Assessment of public health core capacities
National IHR Action Plan
Implementation of National IHR Action Plan
Core capacities present

June 2007
June 2009
June 2012
2014
2016

However...preparedness is forever
Identification of PoE to be designated to acquire core capacities by 2012 should have been risk assessment driven

- Epidemiological situation
- Types/volume of international traffic
- Routes used for travellers/cargo/conveyances
- Existing emergency plans
- Existing facilities and capacities to manage public health risks at the point of entry location (logistics factors)

Selected PoE to be designated should be to be individually assessed with available tools

- Focus on one port and one airport!!!
- Integration and cost-effectiveness
- Existing international agreements
- Existing emergency plans
- Leadership of the relevant sector

On the basis of the assessment, plans of action, to attain and maintain, developed and implemented (for each individual designated PoE)

Response function!!!
Annex 1B at designated Points of Entry

Core capacity requirements at all times

- **a** Assessment and Medical care, staff & equipment
- **b** Equipment & personnel for transport
- **c** Trained personnel for inspection of conveyances
- **d** Ensure safe environment: water, food, waste, washrooms & other potential risk areas - inspection programmes
- **e** Trained staff and programme for vector control

Being developed
Aircraft disinsection – chemical safety

*International Medical Guide for Ships*

*Guide to Ship Sanitation*
Annex 1B at designated Points of Entry
Capacity requirements for responding
to a (potential) public health emergency of international concern

Public Health Emergency Contingency plan: coordinator, contact points for relevant PoE, PH & other agencies

- Provide assessment & care for affected travellers, animals: arrangements with medical, veterinary facilities for isolation, treatment & other services
- Provide space, separate from other travellers to interview suspect or affected persons
- Provide for assessment, quarantine of suspect or affected travellers
- To apply recommended measures, disinsect, disinfect, decontaminate, baggage, cargo, containers, conveyances, goods, postal parcels etc
- To apply entry/exit control for departing & arriving passengers
- Provide access to required equipment, personnel with protection gear for transfer of travellers with infection/contamination

Annex 1B at designated Points of Entry
Capacity requirements for responding
to a (potential) public health emergency of international concern
Core Capacities

as per format proposed by WHO in 2010 (rev. 2011, 2012, 2013)

for submission of Annual Report to the World Health Assembly

1. National legislation, policy and financing
2. Coordination and NFP communications
3. Surveillance
4. Response
5. Preparedness
6. Risk communication
7. Human resource capacity
8. Laboratory

- Points of Entry
  - Information requested aggregated at national level
  - Does not substitute assessment tool for individual designated PoE
- Zoonotic events
- Food safety
- Chemical event
- Radiation emergencies
Information related to points of entry submitted by Argentina, Bolivia, Brazil, Chile, Colombia, Paraguay, and Venezuela was in a format not allowing its conversion into the WHO format.

General obligations fulfilled: 65%
Effective surveillance and routine capacities established: 68%
Effective response established: 48%
Caribbean sub-region includes: Antigua and Barbuda, Bahamas, Barbados, Belize, Cuba, Dominica, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago
Central America sub-region includes: Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Panama
North America sub-region includes: Canada, Mexico, United States
South America sub-region includes: Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay, Venezuela

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Status of Core Capacities in %
Sub-regions in the Americas and Global
IHR Extension Action Plans (2012-2014)
Region of the Americas
Summary of gaps by core capacity


- 64 designated ports in 31 of the 35 States Parties
- 77 designated airports in 34 States Parties
- 22 designated ground crossings in 9 States Parties
<table>
<thead>
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<th>Regions</th>
<th>Core capacities present</th>
<th>Extension 2012-2014</th>
<th>Position not communicated</th>
<th>Total</th>
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<tr>
<td><strong>Total</strong></td>
<td><strong>42</strong></td>
<td><strong>115</strong></td>
<td><strong>38</strong></td>
<td><strong>195</strong></td>
</tr>
</tbody>
</table>

**Entry into force**

- Assessment of public health core capacities
- National IHR Action Plan
- Implementation of National IHR Action Plan
- Core capacities present

- June 2007
- June 2009
- June 2012
- **2014**
- **2016**
In exceptional circumstances, and supported by a new implementation plan, the State Party may request a further extension not exceeding two years from the Director-General, who shall make the decision, taking into account the technical advice of the Committee established under Article 50 (hereinafter the “Review Committee”).
Global alert and response system
Global Alert and Response System

States Parties

Others sources

Informal/ Unofficial information

Initial screening

Verification

Event's Risk assessment

Formal reports

Disseminate information

Escalate - PHEIC
Temporary recommendations

Assist
Respond
Substantiated Public Health Events of Potential International Concern by Hazard

1 January 2001 - 1 June 2013

(n=2,819; 592 (21%) in the Americas)

Criteria for substantiated:
- Serious Public Health Impact
- Unusual or Unexpected
- International disease spread
- Interference with international travel or trade
Art. 22 – Role of competent authorities [Points of Entry]

[…] (i) communicate with the NFP on the relevant public health measures taken pursuant to these Regulations

Art. 27 – Affected conveyances

[…] conveyance affected if evidence of a public health risk on board […] (a) disinfect, decontaminate, disinsect or derat the conveyance; (b) decide technique to secure an adequate level of control as provided in these Regulations

Additional health measures, including isolation conveyances, to prevent the spread of disease. Such additional measures should be reported to the NFP
Challenges related to event management

- Contact tracing related to air transportation, in particular if related to international travelers, continues to pose challenges to public health authorities:
  (i) evidence indicating the risk for exposure to different pathogens on an aircraft
  (ii) different scenarios related to the timing the index case is identified
  (iii) availability of actionable information for contact tracing purposes

- The implementation of entry/exit screening measures, at airports in particular, as part of the response to public health events poses a substantial burden to countries and their impact, according to available evidence and models, is limited

- WHO documents being developed
  - WHO Technical Advice for Event Management in Air Transport
  - WHO Technical Advice for Event Management on board ships
Conclusions

- IHR are not to re-invent the wheel
  - Not a new technical discipline (existing)
  - but tool to serve public health according to good, evidence-based, practice and adapted to the context

- IHR are an opportunity
  - Opportunity
    - To institutionalise lessons learned from real life in a continuous and dynamic manner
    - To forge and nurture inter-sectoral coordination mechanisms
    - To mobilize resources, both internally and externally, to strengthen the essential public health functions
    - To boost countries’ credibility in the international arena

- Use IHR deadlines as milestones to make continuous public health preparedness processes sustainable
Thank you

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