IHR Implementation in the Western Pacific Region

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Dr Chin Kei Lee

Dr Maria Nerissa Dominguez
Emerging Disease Surveillance and Response (ESR)
Division of Health Security and Emergencies (DSE)
Outline

- Background information
- Regional approach and actions to implement IHR (2005)
- Progress on strengthening the IHR core capacities at designated POE
History of the IHR

- 1830-1847: the cholera epidemics in Europe
- 1851: 1st International Sanitary Conference, Paris
- 1948: The WHO Constitution came into force
- 1951: WHO Member States adopted Intl Sanitation Regulations
- 1969: Renamed as the International Health Regulations, 1969
  - cholera, plague and yellow fever
- 1995: WHA48 called for the revision
- 2003: WHA56 established an intergovernmental working group
- 2005: WHA58 adopted the substantially revised IHR --- IHR(2005)
International Health Regulations (2005)

A global legal framework for public health security

IHR (2005) came into force on 15 June 2007

195 States Parties
Why the New IHR?

In today’s world, diseases travel fast and no single country can protect itself on its own…

Acknowledging this, the 193 WHO Member States unanimously adopted a new version of the International Health Regulations (IHR)…

“…the world to translate the new code of the Regulations into the reality of greater international public health security…”

Dr Margaret Chan, WHO Director-General
Our world is changing as never before

Populations grow and move...

Microbes adapt...

Public health risks increase...

Diseases travel fast...

Health security is at stake
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 new IHR call for?

- Strengthened **national system** for
  - surveillance and response
  - designated points of entry (POE) – travel and transport
- Strengthened **international system** for prevention, alert and response to international public health emergencies
- Global partnership, international collaboration and **collective actions**
- Rights, obligations and procedures, and progress monitoring
The IHR define a risk management process where countries work together, coordinated by WHO, to collectively manage acute public health risks.

The key functions of this global system are to:

- Identify…
- Assess…
- Assist…
- Inform…
A Broader Concept of Risk Management....

- Disease Risk Identification & Characterization
- Disease Risk Reduction
- Disease/Threat-specific Preparedness & Readiness

- Event Detection
- Event Investigation & Risk Assessment
- Event Response

- Evaluation of Response & Future Risk
A Paradigm Shift

From diseases list to all public health threats

From control of borders to also containment at source

From preset measures to adapted responses
Benefit and Value of New IHR

- IHR (2005) has been widely and well applied to the current pandemic response in a coordinated and collective way
- Proving to be a key framework for sharing information among countries and partners related to pandemic (H1N1) 2009
- Timely notifications and reporting from countries have allowed
  - global and regional pandemic situation to be assessed and monitored
  - technical guidance to be developed in a timely manner
- POE has played an important role in providing information to international travellers, detecting and responding to early suspected cases among people with travel history
Core Capacities: Surveillance and Response

- **At local level**
  - Detection of events
  - Reporting
  - Control measures

- **At intermediate levels**
  - Confirmation
  - Assessment
  - Reporting
  - Respond

- **At national level**
  - Assessment
  - Notification (to WHO)
  - Public health response
    - Control measures
    - Support (staff, lab)
    - On-site assistance
    - Operational links/liaison
    - Public health emergency response plan
    - On 24 hour basis

Present and functioning throughout the territory
Shift of Public Health Efforts at POE

- POE were the main implementers and partners for the old IHR
- However, many new challenges faced in managing acute public health risks and events at POE in the changing world
- **Key questions:**
  - What are new roles of POE under the new IHR?
  - How can we shift our public health efforts at POE to fit the changing situation?
Core Capacities: Points of Entry

- At all times (Routine)
  - Medical services for ill travellers
  - Safe environment for travellers
  - Personnel for inspection and vector control

- For responding to events
Routine public health functions

- Access to appropriate medical services for assessment and care of ill travellers
- Inspection of conveyances – including ship sanitation and aircraft inspection
- Safe environment for travellers – potable water, safe food, public washrooms, waste disposal services
- Vector and reservoir control
IHR Core Capacity Requirements for Designated POE

- **Designation** of POE under IHR (2005)
  - Designation of international airport(s) and port(s) – mandatory (“shall”)
  - Designation of ground crossing(s) – optional (“may”)

- **Two types** of the IHR core capacities required:
  - At all times: *routine public health functions*
  - Responding events that may constitute a *public health emergency of international concern (PHEIC)*
Responding to PHEIC events

- Establishment and maintenance of a **public health emergency contingency plan** (PHECP)
- Arrangements with **existing facilities** for assessment, quarantine, isolation and treatment services, as needed
- Arrangements and updated guidelines for applying recommended measures – disinfection, deratting, disinsection, decontamination
- Preparation for **entry or exit** controls
Recommended approach: Links between POE and national/local public health systems

- **Arrangements:**
  - transportation
  - treatment
  - isolation
  - diagnosis

- **POE**

- **Mechanisms for command, communication & coordination:**
  - Event communication
  - Collaborative investigation
  - Coordinated response
  (e.g. screening, examination)

- **Arrangements**
  - quarantine
  - conveyance inspection
  - vector control
  - disinfection, disinsection

- **Relevant sectors & stakeholders**

- **Hospitals & facilities**

- **Public health authority:**
  - National S&R system
  - Other PH services

- **NFP**
2005: A historically vital year

- A global legal framework agreed by Member States
- A regional tool endorsed by RCM towards meeting the IHR core capacities
APSED Expanded Scope

**APSED (2005)**
1. Surveillance and Response
2. Laboratory
3. Zoonoses
4. Infection Control
5. Risk Communication

**APSED (2010)**
1. Surveillance, Risk Assessment and Response
2. Laboratory
3. Zoonoses
4. Infection Prevention and Control
5. Risk Communication
7. Regional Preparedness, Alert and Response
8. Monitoring and Evaluation

POE Preparedness
APSED approach: Focuses on common capacities

Examples:
- EBS, RRT, FET
- Risk communication
- PHEP, EOC
- Response logistics
- ...
Regional actions to comply with IHR

Advocacy, awareness and partnership

WHO

National IHR Focal Points

Other sectors

Asia Pacific Strategy for Emerging Diseases

APSED (2010)

Country core capacities for surveillance & response

Points of Entry (POE)

Legal, administrative and procedural support
Capacity Development Timeframe

- Past progress
- Country assessment & workplan development
- Implementing Work plans: Stakeholders’ review and planning (M&E)

Timeline:
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015

- APSED (2005)
- APSED (2010)
- IHR deadline
- IHR Extended deadline
In the Western Pacific Region, 14 / 27 States Parties requested an extension for a period of 2012.
Process for Requesting Extensions in 2014

- Self-assessment
  - Core capacities exist
    - Yes
      - Extension Granted
    - No
      - Extension requested
        - DG’s criteria for granting extension
          - WHO guidance on EIS:
            - Extension process
            - Monitoring and maintenance
            - Exercises
            - Peer review
            - Reviews
        - Extension Not Granted
Timeframe towards 2014

AUG-OCT 2013
Criteria for IHR extension discussed at RCM

JAN 2014
Revised criteria proposed at EB

FEB 2014
All requests for extension received by DG
IHR Core Capacity: Western Pacific Region 2012

Number of countries responded: 26 (96%)
Core Capacities at Points of Entry 2012 - Global

<table>
<thead>
<tr>
<th>Region</th>
<th>AFRO</th>
<th>AMRO</th>
<th>EURO</th>
<th>EMRO</th>
<th>SEARO</th>
<th>WPRO</th>
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<td>61</td>
<td>64</td>
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</table>
Good progress made

- A total of 351 designated POEs
  - 203 Ports
  - 125 Airports
  - 23 Ground crossings
- Routine public health functions and measures in place in most designated POEs
- On-going efforts in public health emergency contingency planning at designated POE
## IHR Authorized Ports in Asia (as of 11 April 2013)

<table>
<thead>
<tr>
<th>Country</th>
<th>Ship Sanitation control Certs (SSCC)</th>
<th>Ship Sanitation Control Exemption Certs (SSEC)</th>
<th>Extensions to the Ship Sanitation Certs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
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<td>59</td>
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<tr>
<td>China</td>
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<td>Japan</td>
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<td>Papua New Guinea</td>
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<td>Republic of Korea</td>
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<td>Singapore</td>
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<tr>
<td>Vietnam</td>
<td>40</td>
<td>38</td>
<td>38</td>
</tr>
<tr>
<td><strong>Total in Asia</strong></td>
<td><strong>430</strong></td>
<td><strong>473</strong></td>
<td><strong>381</strong></td>
</tr>
</tbody>
</table>
IHR Core Capacity at POE 2012 (1)

Have ports/airports been designated for development of capacities as specified in Annex 1 of the IHR?

Number of WPRO countries responded: 19 (70%) in 2011, 26 (96%) in 2012
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Has a list of ports authorized to offer certificates relating to ship sanitation has been sent to WHO if applicable?

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POE Core Capacities: Key Issues (1)

**Important issues** to be addressed

- **POE designation is priority**
- Utilization of the existing national and local public health systems and services to support POE public health functions
- Challenges in developing public health emergency contingency plan at designated POE
- Need for improving readiness for response to future public health emergencies which are unknown
POE Core Capacities: Key Issues (2)

- Communications and discussions with the National IHR Focal Point are vital
  - Priority actions and monitoring of progress against national workplan/IHR implementation plan
  - Issue related to national decision for further extensions in 2014

- Collective efforts for a regional mechanism that benefits all
Philippines:

- **December 2010:**
  - Meeting of partners of the NAIA airport (coverage: 3 terminals) with the Bureau of Quarantine-DOH and supported by WHO.
  - Developed the NAIA Public Health Emergency Contingency Plan (PHECP). Finalization took more than a year.

- **6 March 2013**
  - Orientation on the NAIA PHECP
  - Table top exercise
Thank you

World Health Organization