IHR (2005) Implementation in South East Asia Region

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Out line

• IHR Core Capacities requirements
• Implementation Progress on PoE core capacities in SEAR Member States
• Public Health Emergencies of International Concern (PHEIC) and Public Health Emergency Contingency Plan (PHECP)
Public Health Risks......

Public health risks of potential international concern could include: biological, chemical, or radiological and nuclear events in origin or source, or diseases potentially transmitted by:

- persons (e.g. SARS, influenza, polio);
- goods, food, animals (e.g. Rift Valley fever);
- vectors (e.g. plague, yellow fever, West Nile fever); or
- the environment (e.g. radiological and nuclear releases, chemical spills, or other contamination).

and IHR (2005)

The purpose and scope of the IHR (2005) is: “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”
Obligations…. and procedures

State Party (some of) obligations:
• to develop certain minimum core public health capacities
• To notify WHO of the events that may constitute a public health emergency of international concern according to a defined criteria

State Party need to strengthen:
• **National system** for surveillance and response at designated points of entry (POE)
• **International system** for prevention, alert and response to international public health emergencies
• Global partnership, international collaboration and collective actions
IHR National Core Capacities should be strengthened across the Five relevant hazards and the points of Entry.

<table>
<thead>
<tr>
<th>CORE CAPACITIES</th>
<th>HAZARDS</th>
<th>Points of Entry</th>
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</thead>
<tbody>
<tr>
<td>Legislation</td>
<td>Infectious</td>
<td></td>
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<tr>
<td>Coordination</td>
<td>Food Safety</td>
<td></td>
</tr>
<tr>
<td>Surveillance</td>
<td>Zoonotic</td>
<td></td>
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<tr>
<td>Preparedness</td>
<td>Chemical</td>
<td></td>
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<tr>
<td>Response</td>
<td>Radiological/Nuclear</td>
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<tr>
<td>Risk Communication</td>
<td></td>
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<tr>
<td>Human Resources</td>
<td></td>
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<tr>
<td>Laboratory</td>
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</tbody>
</table>
(a) Assessment and Medical care of ill travellers -

(b) Transport ill travellers

(c) Trained personnel for inspection at PoE

(d) Ensure safe environment for travellers using facilities: water, food, waste, wash rooms & other potential risk areas

(e) Vector control Programme with trained staff

Core capacity requirements for designated airports at all times (routine)
Capacity requirements for responding to potential PHEIC (emergency)

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

b. Provide assessment & care for affected travellers or animals: arrangements with medical, veterinary facilities for isolation, treatment & other services

c. Interview suspect or affected persons: Provide space, separate from other travellers

d. Assessment and quarantine of suspect or affected travellers: preferably in facilities away from airport

e. To apply recommended measures: disinsect, disinfect, decontaminate, baggage, cargo, containers, conveyances, goods, postal parcels, etc

f. To apply entry/exist control for departing & arriving passengers

g. Transfer of travellers with infection/contamination:

Provide access to required equipment, personnel with protection gear
Implementation progress in SEARO

• Target date for fulfillment of core capacity requirements was 15 June 2012
• Option for an initial extension for 2 years, with relatively simple procedures
• The IHR put the responsibility for initiating and fulfilling the procedure on the State Party and WHO is not mandated to make any determinations regarding which States require an extension
• **All Countries in SEAR has requested extensions**
• **ALL Countries got the two years EXTENSION**
The status of IHR core capacity development is monitored by the WHO through the annual IHR (States Parties) Monitoring Questionnaire (hereafter referred to as the Monitoring Questionnaire), which is self-reported data. The IHR monitoring process involves assessing, through a checklist of 20 indicators specifically developed for monitoring each core capacity,

- “Annual State Party Report” (mandatory)
- Checklist and Indicators (voluntary guidance tool) and monitoring tools
- There is also Assessment tool for core capacity requirements at designated airports, ports and ground crossings
Globally, State Parties are making good progress in achieving a number of core capacities, notably with regard to surveillance (75%), response (72%) and laboratory services (70%), while the scores for human resources (44%) and preparedness (57%) are lower. For IHR-related hazards, the scores for capacities for zoonotic (76%) and food safety (69%) events are higher than those to detect and respond to chemical (45%) and radiological events (49%).

Figure 3: Status of global IHR core capacities in 2011
SEAR - Average attribute scores for IHR core capacities, PoE and IHR-relevant hazards, 2010 and 2011
(1) Progress in implementation of IHR (2005) at PoE in SEAR: Results from 2012 self-reported data (Information is based on 10 Member States)

- Total number of airports that have been designated
- Number of designated airports where Competent Authority been identified
- Number of airports where assessment has been done

- There are 25 designated airports in all Member States in SEAR
- At 21/23 (91%) of the airports CA has been identified in 8 MS; In 2 MS the CA has not been identified
- 19/25 (76%) airports which have been designated have been assessed
(2) Progress in preparedness and Response....

- Number of airports having access to appropriate medical services including diagnostic facilities for the prompt assessment and care of ill travelers and with adequate staff, equipment and premises
- Mechanisms for the exchange of information
- SOPs for response at designated Air Ports

- 23 / 24 airports (96%) in 9/10 MS (90%) have this provision (report from one airport not available)
- Mechanisms for the exchange of information between designated PoE and medical facilities exist in 9/10 (90%) MS
- SOPs for Response are available in 75% of designated airports
(3) Progress in preparedness and response ...(report from one airport not available)

- Number of designated airports that can provide quarantine for suspect travelers, and care for affected travelers or animals
- Number of designated airports that have appropriate space, separate from other travelers, to interview suspect or affected persons
- Number of designated Airports that has an established and maintained public health emergency contingency plan to provide public health emergency response

- 21/24 of the airports (88%) can provide medical assessment and quarantine for suspect travelers, the facilities for this are available in all MS
- 23/ 24 airports have the appropriate space to carry out this function (96%)
- 20/ 24 (83%) airports have made this provision but this PHECP is available in 6/10 MS (60%) including a coordinator and contact points for relevant points of entry
Public Health Emergency of International Concern (PHEIC)

- PHEIC is an extraordinary event which is determined, as provided in these Regulations:
  - to constitute a public health risk to other States through the international spread of disease and
  - to potentially require a coordinated international response.
Decision instrument for the assessment and notification of events that may constitute a public health emergency of international concern (Annex 2)

4 diseases that always have to be notified: polio (wild type virus), smallpox, human influenza caused by a novel virus, SARS.

Diseases that always lead to the use of the algorithm: cholera, pneumonique plague, yellow fever, VHF (Ebola, Lassa, Marburg), WNF, meningitis, others

*Q1: Is the public health impact of the event serious?
Q2: Is the event unusual or unexpected?
Q3: Is there a significant risk of international spread?
Q4: Is there significant risk of international travel or traffic restrictions?

Insufficient information: re-evaluate

Positive response to two questions requires a country to notify WHO.
Event notification

- Any event that may constitute a public health emergency of international concern (PHEIC) need to notified To WHO within 24 hours of national assessment

- Continue to provide WHO with detailed public health information including: case definition, cases/deaths, conditions affecting spread, measures

- Does NOT mean an actual “PHEIC” is necessarily occurring
Event Information Site
for IHR National Focal Points

Current Events

This site has been developed by WHO to facilitate secure communications with the IHR National Focal Points (NFP) as part of the implementation of the International Health Regulations (2005).

Information on this site is provided by WHO to National Focal Points, in confidence, as specified in Article 11.1 of the IHR (2005).

Current Events

This section lists ongoing events which are currently being assessed against the criteria for public health risks of international importance under the IHR (2005).

Click an event’s Updated link to see the current risk assessment and most recent updates for the event.

<table>
<thead>
<tr>
<th>Updated</th>
<th>Country</th>
<th>Hazard</th>
<th>Syndrome</th>
<th>Disease</th>
<th>Initial Information On</th>
<th>IHR Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/04/21</td>
<td>China</td>
<td>Undetermined</td>
<td>Acute Respiratory Syndrome</td>
<td>Influenza due to identified avian origin</td>
<td>2013/03/31</td>
<td>Public Health Risk (PHR)</td>
</tr>
<tr>
<td>2013/04/15</td>
<td>United States of America</td>
<td>Food Safety</td>
<td>Escherichia coli infection, other salmonella</td>
<td>2013/04/08</td>
<td>Public Health Risk (PHR)</td>
<td></td>
</tr>
<tr>
<td>2013/04/03</td>
<td>Germany</td>
<td>Infectious</td>
<td>Coronavirus infection</td>
<td>2013/03/25</td>
<td>Public Health Risk (PHR)</td>
<td></td>
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<tr>
<td>2013/04/03</td>
<td>Saudi Arabia</td>
<td>Undetermined</td>
<td>Acute Respiratory Syndrome</td>
<td>Coronavirus infection</td>
<td>2012/11/04</td>
<td>To be assigned</td>
</tr>
<tr>
<td>2013/04/03</td>
<td>United Kingdom</td>
<td>Undetermined</td>
<td>Acute Respiratory Syndrome</td>
<td>Coronavirus infection</td>
<td>2012/09/23</td>
<td>Public Health Risk (PHR)</td>
</tr>
<tr>
<td>2013/04/03</td>
<td>Qatar</td>
<td>Undetermined</td>
<td>Acute Respiratory Syndrome</td>
<td>Coronavirus infection</td>
<td>2012/09/27</td>
<td>To be assigned</td>
</tr>
<tr>
<td>2013/04/03</td>
<td>Jordan</td>
<td>Undetermined</td>
<td>Acute Respiratory Syndrome</td>
<td>Coronavirus infection</td>
<td>2012/04/20</td>
<td>To be assigned</td>
</tr>
</tbody>
</table>

Announcements

2013/01/15
Epidemiological Alert - Increase of influenza activity in North America - 14 January 2013

2012/11/16
Outbreak of Salmonella Bredeney infections in the USA associated with widely distributed contaminated peanut based products

2012/09/28
Update - Multi-country outbreak of methanol poisoning associated with counterfeit alcoholic drink

2012/09/20
Multi-country outbreak of methanol poisoning associated with counterfeit alcoholic drink

2012/07/26
Colorelpa
Determination of a PHEIC

- DG of WHO determines whether an event constitutes a PHEIC
- 5 key criteria:
  - Information from the State / States
  - Decision instrument (Annex 2)
  - Advice of the Emergency Committee
  - Scientific principles, scientific information, other relevant information
  - Risk assessment: to human health, of international spread and interference with international traffic
PHE Contingency planning at designated PoE

IHR (2005) compliance requires that a public health emergency contingency plan (PHECP) be developed and maintained in designated POE for responding to events that may constitute a public health emergency of international concern (PHEIC)
Objectives:

• ensure alignment and interoperability between emergency response plans at the local, national and international levels;

• support the establishment and building of relationships between public health authorities and concerned POE stakeholders, agencies and service providers;

• play a facilitation role in the multisectoral collaboration that is required to support the enhancement of technical competencies of National Point of entry Health Authority and local Point of entry Health Officers; and

• support the harmonization of regional and global emergency plans
Key Planning Considerations

- **communication** - sharing the right information, to the right people, at the right time, in the right format;
- **relationships** - the right people connecting with the right people and working together in a mutually beneficial way;
- **command and control** - the right people empowered to make decisions that enable timely actions;
- **decision support** - providing the right information and data to the right people to make the right decisions (intelligence information);
- **people** - the right people, upskilled, trained and empowered in their roles;
- **interoperability of plans** - ensuring agencies align their plans as part of a multiagency response; and
- **a set of clear definitions** - ensuring phrases and keywords are clearly defined to mitigate any potentially significant differences in interpretation of definitions.
For effective response to PHEIC….

• Under IHR (2005) Member States must comply with the legal requirements set out for designated POE.

• Each country should ensure that core capacities for designated POE are in place before the extension period

• There is good coordination among National Public Health Authority and the Designated POE Authorities
Thank you …… and like to share the scenic beauty of TIA - Kathmandu