Implementation of International Health Regulation (2005) in the African Region

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Outline of Presentation

- Background
- Rational, Purpose, Scope, and Implementation of IHR
- Linkage between IDSR and IHR
- Key Country & WHO obligations on IHR
- Status of IHR implementation in the African region
- Challenges
- Way forward
Background

- 1998: Integrated Disease Surveillance and Response (IDSR) strategy adopted
- 2003, SARS (Severe Acute Respiratory Syndrome)
- 2004: IHR (1969) revision initiated
- May 2005: IHR (2005) was adopted by WHA
  - The IHR is legally binding for WHO and 194 Member States (including all 46 WHO Member States in the African region)
Background

- 2006: The WHO Regional Committee for Africa in Addis Ababa called for the implementation of the IHR (2005) in the context of the Integrated Disease Surveillance and Response

- The WHO Regional Committee for Africa in Kigali, Rwanda, in 2009 recommended Member States to take appropriate actions to fully implement the IHR

- IHR Review Committee recommendation and Resolution WHA64.1
What’s new?

- From three diseases to all public health threats
- From preset measures to adapted response
- From control of borders to, also, containment at source
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.
May 2005: Adoption of IHR(2005)

- 15 June 2007: Entry into force
- 2009: Core capacity assessment completed
- 2012: Core capacities implemented
- 2014: Possible extension of 2 + 2 years
- 2016: Monitoring IHR Implementation
Synergy between IDSR and IHR

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

![Diagram](image)

IDSR will serve as a vehicle for IHR

IHR will serve as the driving force for IDSR
Key Country's IHR Obligations (1)

- Designate National IHR Focal Point
- Provide full contact details and access to Event Information Site
- Assess events, notify WHO of potential Public Health Emergency of International Concern (PHEIC)
- Respond to requests for verification of potential PHEIC
- Respond to PH risks that may spread internationally
Key Country's Obligations (2)

- Designate the Airports and ports that shall develop the capacities and where justified designated ground crossings (Annex 1B)
- Identify the Competent Authorities (CA) at each designated Points of Entry (PoE) in its territory
- Develop, strengthen and maintain required minimum core public health capacities for surveillance and response including Points of entry
- Designate at least one Expert to IHR Roster
- Submit annual report to WHA
- Ensure Intercountry collaboration and cooperation
WHO Obligations

- WHO will set up IHR regional contact point
- WHO will assist countries in:
  - building core capacities
  - providing guidance during outbreak investigation, risk assessment, and response
  - Providing advice and logistical support
  - Sharing information gathered by WHO about public health risks worldwide
  - mobilizing funding to support Member States
Status of IHR implementation in the African Region (1)

- All 46 Member States have designated a NFP and provided full contact details

Out of 46 Member States (MS)

- 35 MS reported that they are accessible twenty-four hours a day, seven days a week
- 38 MS have access to Event Information Site
- 32 MS have established communication links with at least one of the relevant sectors
Status of IHR implementation in the African Region (2)

- All 46 MS are participating in laboratory External Quality Assurance programme (EQAP) for microbiology and only 17 are participating in laboratory EQAP for influenza.

- 30 MS have assessed one or more of the national core capacities in surveillance and response and developed plans.

- 30 MS have identified competent authorities for application of health measures at points of entry.

- 28 MS designated ports; 34 of them designated airports; and 24 designated ground crossing for development core capacities required for IHR implementation.
• 15 MS have assessed their national capacity for Points of Entry using WHO or other assessment tools

• 15 MS have conducted assessment of relevant national legislation, regulations or administrative requirements

• 17 MS have designated at least one expert for IHR roster to advice the Director General of the WHO as prescribe by the Regulations

• 23 MS have submitted the 2010 annual report for IHR Implementation to the WHA 63
WHO contribution (1)

- IHR Regional contact point designated
- Capacity building by:
  - Training of 26 IHR Consultants for assessment and Planning process
  - WHO national staff Training in Event Management System « EMS »
  - Participation to IHR International Courses (15 countries)
  - Training on Risk Communication
WHO contribution (2)

- Development, pre testing and dissemination of Assessment tools
- Support to revision of national IDSR technical guidelines incorporating IHR provisions
- Dissemination of Outbreak communication planning guide, etc
- Provision of technical and financial support to Member States to assess IHR core capacities and respond to events of national, regional and international concern
- Advocacy during various Regional/subregional meetings
WHO contribution (3)

- Support to the development of epidemic preparedness & response plans including SOPs

- Provision of technical and logistical support for field operations
  - Development of surge capacity - Rapid Response Teams
  - Prepositioning of stocks of essential supplies

- Strengthened multisectoral coordination mechanisms for preparedness and response
WHO contribution (4)

- Improved disease monitoring through IDSR implementation resulting in:
  - Timely detection and response to disease outbreaks
  - Reduction of case fatality rates e.g.
    - Cholera from over 6% to below 3% in last 10 years
    - Yellow fever from > 20% to less than 5% last 5 years
  - Introduction of pneumococcal and rotavirus vaccines
Better understanding of disease epidemiology leading to enhanced preventive approaches e.g.

- Introduction of preventive vaccination for Meningitis A
- Targeted yellow fever preventive campaigns
- Introduction of pneumococcal and rotavirus vaccines
WHO contribution (6)

- Strengthened public health laboratories
  - Technology transfer e.g. more PCR capacity
  - Establishment of external quality assurance systems and networking laboratories (Centres of Excellences)

- Developed framework for mobilizing additional funds by establishment of the APHEF (African Public Health Emergency Funds)

- Established Strategic Health Operations Centre for better coordination and communication of emergencies responses
Challenges

- Complying with IHR annual report to WHO
- Mobilizing funds for supporting IHR implementation
- Assessing IHR core capacities and compliance with IHR requirements
- Enacting legislative and regulatory instruments
- Notifying on time of all events constituting a public health emergency of national or international concern
- Addressing the problem of high NFP turnover and of delays in updating the contact details of NFPs
- Strengthening collaboration with other relevant sectors for IHR operations.
Way forward

- Accelerate the implementation ply with IHR States Party report on status of IHR implementation to WHA
- Completion of Core capacities assessment and Planning development
- Increased Advocacy and resource mobilization
- Compliance to IHR requirements and obligation
- Compliance to annual reporting to WHA on the progress in MS
- Strengthen partnership and collaboration with relevant sectors to ensure full implementation of IHR at country level.
Thank You
Merci
Obrigado

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