

IHR: Responsibilities and Status of Implementation in CAREC member Countries

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***Serving
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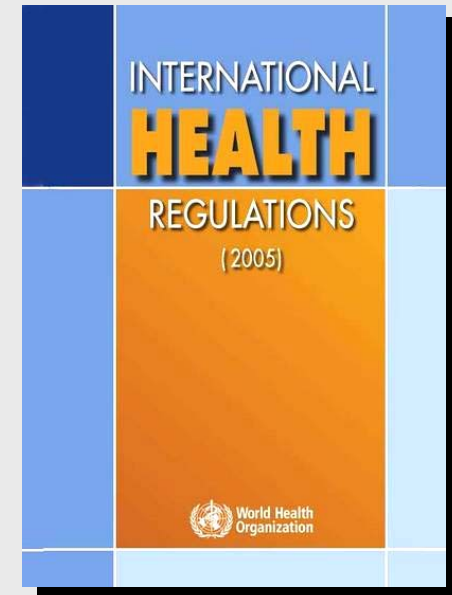


Outline

- ✦ What is IHR
- ✦ IHR implementation timeline
- ✦ Public health emergency of international concern
- ✦ Country responsibilities for IHR
- ✦ Status of implementation in CAREC Member Countries

What are the IHR?

- ✦ Legal instrument
- ✦ Agreed by WHO member states
- ✦ Agreed code of conduct
- ✦ Aims for global health security
- ✦ Latest revision in 2005



IHR(2005) Implementation Timeline

- ✦ June 15, 2007 - IHR (2005) came into force
- ✦ June 2009 – Member States to assess ability & develop plan to meet core surveillance requirements
- ✦ June 2012 – Member States to have developed core surveillance capacities
- ✦ States can apply for additional 2 year extension

Public health emergencies of international concern (PHEIC)

- ✦ Constitute a public health risk to other States through international spread of diseases
- and
- ✦ Potentially require a coordinated international response
- ✦ Includes PH threats caused by infectious diseases, chemical agents, radioactive materials and contaminated food

Public health emergencies of international concern (PHEIC)

Assessments criteria in the decision instrument:

- ✦ Seriousness of public health impact of the event
- ✦ Unusual or unexpected nature of the event
- ✦ Potential for the event to spread internationally
- ✦ Risk that restrictions to travel or trade may result because of the event

PHEIC reporting timeframes

- ✦ National level assessments to be conducted within 48 hours
- ✦ Notification to WHO within 24 hours:
 - of identifying PHEIC in State
 - of potential PHEIC in another State
- ✦ Response to WHO within 24 hours for verification of health related events

IHR requires

- ✦ Strengthened national capacity in: surveillance, prevention, response and control; and public health security in travel and transport public
- ✦ Prevention, alert and response to PHEICs
- ✦ Global partnership & international collaboration
- ✦ Legal issues and monitoring: Rights, obligations and procedures; and progress monitoring

Key obligations for States

- ✦ Designate National IHR Focal Point
- ✦ Assess events and notify WHO of PHEICs
- ✦ Respond to requests for verification of information on PHEICs
- ✦ Respond to public health risks which may spread internationally

Key obligations for States (cont'd)

- ✦ Develop, strengthen and maintain capacity to detect, report and respond to public health events (at local, intermediate and national levels)
- ✦ Provide routine inspection and control activities at international airports, ports and ground crossings
- ✦ Provide public health rationale and scientific justification for additional measures which significantly interfere with international traffic

Status of implementation of IHR



Evaluations of CD surveillance systems

- ✦ Completed in 17 countries:
 - ANG, ANT, BAH, BDS, BEL, BER, BVI, DOM, GRE, GUY, JAM, MONT, SKN, STL, SVG, SUR, TNT
- ✦ 2 completed short UK assessment: CAY, TCI
- ✦ Not completed in 4 countries: ARU, CUR, STM, BES

Plans of action

- ✦ Countries have plans of action
- ✦ In various stages of implementation

Pandemic H1N1 reinforced the need for efficient communicable disease surveillance systems able to:

- rapidly identify changes in disease trends
- produce timely data

IHR National Focal Points

All countries have named IHR Focal Points

But

Often a person, not an office

PHEICs

- ✦ Countries assessing events and notifying PAHO IHR Focal Point
- ✦ Countries responding to requests for verification of information on PHEICs
- ✦ Countries did well with reporting during pandemic
- ✦ Simulations conducted

Next steps

- ✦ Communicable disease surveillance systems evaluations may be completed in some countries
- ✦ On-going monitoring and technical assistance with implementation of plans of action
- ✦ Development of minimum standard benchmarks for model countries of different populations with respect to surveillance

Thank you
for your kind attention

