

D. IMPLEMENTATION OF THE INTERNATIONAL HEALTH REGULATIONS

Introduction

45. The purpose of this report is to give an account of the progress made by Member States of the Region of the Americas and the Pan American Health Organization (PAHO) toward fulfilling their obligations and commitments in implementing the International Health Regulations since the last report to the 50th Directing Council, held in 2010 (Document CD50/INF/6).

Promote Regional and Global Partnerships

46. States Parties are gradually taking ownership and embracing the spirit of the Regulations in terms of transparency, shared responsibility, and mutual support, driven also by existing subregional integration mechanisms and initiatives. Recognizing the benefits of this approach, PAHO continues to promote and collaborate with such mechanisms and initiatives. It also continues to strengthen collaboration with other international organizations and technical institutions identified as key to supporting implementation of the Regulations.

Strengthen National Disease Prevention, Surveillance, Control and Response Systems and Public Health Security in Travel and Transport

47. The National IHR Action Plans (NAP) are the cornerstones of IHR implementation at the national level. Of the 28 States Parties that developed their NAP, at least 10 have conducted the costing exercise for such plans. Country-specific support provided by PAHO for the implementation of NAPs includes: (a) finalization and adjustment of the NAP; (b) strengthening of the National IHR Focal Point Office (NFP) through the development of standard operating procedures, training in the use of Annex 2 of the Regulations, study visits to the WHO IHR Contact Point for the Region at PAHO Headquarters, and introduction of the IT platform for event management with support from the Ministries of Health of Brazil and Chile; (c) training of Rapid Response Teams; and (d) the establishment of competencies for field epidemiology.

48. PAHO supported country missions to facilitate the implementation of IHR provisions at points of entry, in particular those related to the port designation process, promoting intersectoral interactions between public health and points of entry authorities, and other ministries (e.g. ministries of transport, defense, among others), stressing the importance of integrating public health functions and a cost-effective approach to the

designation of points of entry. With support from the Government of Spain, PAHO facilitated the translation of key documents on IHR implementation at points of entry.

49. The States Parties have committed to establishing core capacities for surveillance and response, including at points of entry, by June 2012, but it can be anticipated that not every country in the Region will meet the deadline. This deadline should be regarded as a target set to maintain the momentum and a step in the sustainable and ongoing preparedness process where countries adapt lessons learned and evidence-based best practices.

Strengthen PAHO/WHO Regional and Global Alert and Response Systems

50. PAHO continued fulfilling its obligations as the WHO IHR Contact Point for the Region of the Americas, facilitating the public health event management process: risk detection, risk assessment, response, and risk communication. From 1 January to 3 November 2010, a total of 110 public health events of potential international concern were detected and assessed. For 60 out of the 110 events considered, verification was requested and obtained from the NFP.

51. PAHO supported national authorities in their response efforts during a nosocomial outbreak of pulmonary plague in a known plague focus in Peru in August 2010. PAHO also supported Haiti and Dominican Republic following the reintroduction of cholera in Haiti in October 2010. Over 100 experts were deployed to support cholera response efforts, including those mobilized through the Global Outbreak Alert and Response Network (GOARN). Institutions and governments that contributed substantially to the response include the Centers for Disease Control and Prevention, United States; the Public Health Agency of Canada; the European Centre for Disease Prevention and Control; the Institut de veille sanitaire, France; the Ministries of Health of Brazil, Peru, and Spain, and the Government of Cuba. Cuba deployed an additional 1,500 health workers to strengthen its already substantial, ongoing presence, as well as the Governments of Argentina, Brazil, Ecuador, and Peru also sent personnel.

Sustain Rights, Obligations and Procedures and Conduct Studies and Monitor Progress

52. The review and/or amendment of the national legal framework to ensure its compatibility and consistency with IHR provisions remain a challenge in Central America and the Caribbean.

53. In 2010, all but five States Parties in the Region submitted the annual confirmation or update of the NFP contact details. As of 31 January 2011, the IHR Roster of Experts includes 75 experts from the Region of the Americas.

54. As of 31 January 2011, 379 ports in 17 States Parties in the Region of the Americas were authorized to issue Ship Sanitation Certificates. The list of authorized ports is regularly updated and posted online.¹⁶

55. In 2010, eight States Parties from the Region informed WHO about their vaccine requirements for travelers. The information was included in the 2011 edition of WHO publication *International Travel and Health*.¹⁷

56. In spite of the fact that the IHR signal the commitment of States Parties to strengthen capacity for surveillance and response while ensuring mutual accountability,¹⁸ to date, there are no legal obligations concerning the format of the annual report to be used by States Parties for reporting to the World Health Assembly (WHA). Mindful that, as per Article 54, IHR implementation monitoring should encompass the Regulations as a whole, between 2007 and 2009, several monitoring tools, primarily focusing on core capacities, were developed worldwide and in the Region. Therefore, options as for the reporting format were offered to facilitate States Parties' ability to comply with their reporting obligations to the Sixty-fifth WHA. Member countries of the Union of South American Nations (UNASUR) agreed in May 2011 to use the toolkit developed and validated within the Southern Common Market (MERCOSUR) framework for reporting to the Sixty-fifth World Health Assembly.

IHR Review Committee

57. The IHR Review Committee¹⁹ was convened pursuant to Resolution WHA61.2 (2008), following the Director-General's proposal to the 126th Executive Board to review the functioning of the IHR during the pandemic (H1N1) 2009. The main findings, recommendations, and conclusions of the Review Committee were presented at the Sixty-fourth WHA in the Report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009 (hereafter referred to as Final Report).²⁰

58. The three overarching conclusions offered by the Review Committee in its Final Report indicate that: (a) the IHR helped improving the world's preparedness to cope with public health emergencies, although core capacities called for in Annex 1 of the IHR are

¹⁶ Available at http://www.who.int/ihr/ports_airports/portslanding/en/index.html.

¹⁷ WHO. "International Travel and Health", 2011 Edition, <http://www.who.int/ith/en/>

¹⁸ Global Health Security and the International Health Regulations. Andrus JK, Aguilera X, Oliva O, Aldighieri S. BMC Public Health. 2010 Dec 3;10 Suppl 1:S2.

¹⁹ Information about IHR Review Committee is available at:
http://www.who.int/ihr/review_committee/en/index.html.

²⁰ WHO. 64th WHA Document A64/10, 2011, "Report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009",
http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_10-en.pdf.

not yet fully operational throughout all levels of the public health system and are not on a path to be timely implemented worldwide; (b) WHO performed well in many ways during the pandemic, confronted systemic difficulties and demonstrated some shortcomings; no evidence of malfeasance was found by the Review Committee; and, (c) the world is ill-prepared to respond to a severe influenza pandemic or to any similar global public health event; in addition to the establishment of core capacities, factors of different nature might help in advancing global preparedness.

59. Through Resolution WHA 64.1, the Assembly urged Member States to support implementation of the recommendations contained in the Final Report of the IHR Review Committee.²¹

²¹ WHO. 64th WHA Resolution WHA 64.1, 2011, http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_R1-en.pdf.