



**(CAREC)
PAHO/WHO**

International Health Regulations: Summary of evaluation findings

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***Serving
23 Member Countries
in the English and Dutch
Speaking Caribbean***

Outline

- IHR implementation and timelines
- IHR core capacities
- Evaluation findings and IHR implementation:
 - Common issues
 - Common gaps identified

IHR implementation timeline

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

IHR evaluations

- All independent countries and five territories completed evaluations and draft plans of action
- Countries in process of implementing plans of action and attaining core capacities
- WHO annual monitoring tools being completed

IHR core capacities

1. National legislation, policy and financing
2. Coordination and NFP communications
3. Surveillance
4. Response
5. Preparedness
6. Risk communication
7. Human resource capacity
8. Laboratory

Points of entry and four hazards

- 9. Points of entry
- 10. Zoonotic events
- 11. Food safety
- 12. Chemical events
- 13. Radiation emergencies

Evaluation findings: Common issues

- Staff skilful, motivated, committed, enthusiastic
- System person driven in some countries
- Rapid staff turnover
- National Surveillance & Response Teams
- Varying numbers of reporting sites – pros & cons
- Data transfer within countries generally efficient

Evaluation findings: Common issues

- Vertical programmes exist – pros and cons
- National and facility-specific disaster plans exist
- Adequate emergency and outbreak investigation supplies e.g. PPE, drugs, specimen collection kits
- Have National IHR Focal Point
- Have mechanism for 24/7 transmission and communication of PHEICs to regional level

Evaluation findings: Common issues

- Communication with non-traditional sites for early alerts generally good
- Variation in communication between lab and epid
- Surveillance reports very useful (sometimes not routinely produced & disseminated)
- Lab SOPs exist at different levels of completion

Evaluation findings: Common gaps

- Dated legislation in support of communicable disease surveillance and not widely known
- No specific budget line for surveillance
- IHR focal points sometimes not known to all
- Inadequate IT and connectivity limiting transfer of information and data
- Diseases under surveillance dated and do not identify priority diseases

Evaluation findings: Common gaps

- Lack of established epidemiology/surveillance unit at national level
- Incomplete surveillance manuals, not widely disseminated to all in system
- Some countries need to include private facilities as reporting sites
- Some challenges with respect to classification of syndromes by health care workers

Evaluation findings: Common gaps

- Specimens not routinely collected
- Lack of IATA certified shippers
- Lack of electronic databases in laboratories
- Some countries require infection control training

Evaluation findings: Common gaps

- Limited supervision of surveillance activities
- Limited data analysis at all levels, incl. laboratory
- Limited data dissemination
- Challenges with timely reporting to CAREC
- Inadequate capacity to deal with chemical events and radiation emergencies

Thank you

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