



# INTERNATIONAL HEALTH REGULATIONS

## IMPLEMENTATION IN SAINT LUCIA

Dr Alina Jaime

National Epidemiologist

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# Background

## **2005**

An assessment of Points of Entry was conducted in St Lucia

National Consultation was held to review a draft of Port Health guidelines which was developed by PAHO

# Background

2006

A Port Health project was implemented under Cricket World Cup 2007.

This project was implemented at 4 major points of entry and systems were put in place for screening passengers to ensure that infectious diseases did not enter into the island.

Cabinet Conclusion No. 1134 of 2006 approved a structure for Port Health and mandated the Ministry of Health to make budgetary allocations for the continuation of the port health programme.

# Background

Cabinet approved the Port Health guidelines and Policy for St Lucia

Commenced the implementation of the Port Health Surveillance Programme which continued beyond Cricket World Cup

# Background

Consequently for the financial year 2008-2009, nine (9) positions for Port Health were approved and funded under recurrent expenditure,

# Background Cont'd

2007

New Revised CD Surveillance system was implemented in St Lucia

Enhanced surveillance system and the introduction of the Disease Warning System for the Cricket World Cup

Launching of the National CD surveillance Manual

# IHR ASSESSMENT OF NATIONAL CORE SURVEILLANCE CAPACITIES IN SAINT LUCIA

In July 2009, the Ministry of Health, St Lucia provided concurrence to conduct an assessment of the Communicable Disease Surveillance System and data audit, with some focus on the HIV/AIDS system; this included points of entry.

The evaluation was timely in identifying gaps in the CD surveillance system and provided recommendations for improving the system's shortcomings.

# IMPLEMENTATION CONT'D

**2009**

National Action Plan was developed

**2010**

Training and sensitization of key stakeholders



# IMPLEMENTATION CONT'D

## **2011**

A meeting was held with PAHO consultant and the National Surveillance and Response Team to review activities undertaken and make critical recommendations for the way forward in the full implementation of International Health Regulations (IHR) 2005 by 2012.

# IMPLEMENTATION CONT'D

**A National Consultation was held with the following objectives:**

**to review the action plan and the progress in the implementation of IHR Core capacities in St Lucia**

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**To provide a structural orientation for key stakeholders about the IHR 2005**

**To discuss requirements, roles and responsibilities for all relevant sectors; and**

**To solicit buy- in and endorsements for the proposed Plan of Action.**

# **CORE CAPACITY 1: NATIONAL LEGISLATION**

**Policies or other government instruments in place for implementation of obligations under the IHR**

**A legislative Committee has been organized for Legislative review**

# **CORE CAPACITY 2: POLICY AND COORDINATION**

**A mechanism is established for the coordination of relevant sectors. IHR NFP functions and operations are in place as defined by the IHR (2005).**

Formation of IHR coordinated committee for IHR implementation

Submit NFP for Cabinet approval

# **CORE CAPACITY 3: SURVEILLANCE**

**Event based surveillance is established. A coordinated mechanism is in place for collecting and integrating information from sectors relevant to the IHR.**

SOPs and Memorandum of Understanding with other sectors

# **CORE CAPACITY 4: RESPONSE**

**Public health emergency response mechanisms are established. Infection prevention and control (IPC) is established at national and hospital levels.**

SOPs for case management procedures for IHR relevant hazards and programme for disinfection, decontamination and vector control.

# **CORE CAPACITY 5: PREPAREDNESS**

**A Multi-hazard National Public Health Emergency Preparedness and Response Plan has been developed.**

To review the Pandemic Influenza Plan and to adapt to the IHR.

# **CORE CAPACITY 6: RISK COMMUNICATION**

**Mechanisms for effective risk communication during a public health emergency are established.**

Revision of the current Risk communication Plan developed for Influenza Pandemic Plan.



# **CORE CAPACITY 7: HUMAN RESOURCE CAPACITY**

**Human resources available to implement IHR core capacity requirements.**

Lobby for physical, financial, and Human resources

# **CORE CAPACITY 8: LABORATORY**

**Laboratory services to test for priority health threats available and accessible and Laboratory biosafety and biosecurity practices are in place.**

Accreditation is in process

# POINT OF ENTRY

**General obligations at PoE are fulfilled.  
Effective Surveillance and Response  
established**

No Port Health surveillance is currently functioning

# **IHR Potential hazards : zoonotic events, FOOD SAFETY, CHEMICALS EVENTS AND RADIATION EMERGENCIES**

**Mechanisms for detecting and responding to zoonoses and mechanisms are established for detecting and responding to radiological and nuclear emergencies.**

Lack of policies regarding Chemicals and Radiation emergencies

# THE WAY FORWARD

Need of political commitments and mobilize necessary resources that will guarantee the effective implementation of the new Regulations.

This includes ensuring that the national legislation is compatible with IHR (2005).

# CHALLENGES

No budget allocation

Lack of financial and human resources

Legislative review

**THANK YOU**