Overview
International Health Regulations (IHR)

Yitades GEBRE MD
Risk Communication Training workshop
Port of Spain 24 October 2011
International Health Regulations

- WHO Member States recognized need to collectively respond to public health emergencies of international concern (1994, 1995, 2003)
- An Intergovernmental Working Group tasked with the revision of the IHR(1969) in 2004
- WHO Member States adopted the current IHR during the 58th World Health Assembly in 2005
- Current IHR entered into force in June 2007
- A legal tool: describes procedures, rights and legal obligations for States Parties and WHO
International Health Regulations

- Legal framework requested, negotiated, and developed by WHO Member States
- Recognition of a collective responsibility towards international public health, based on dialogue, transparency and trust - nothing new at technical level (Annex 1 – existing)
- Tool that serves public health according to good, evidence-based, practice and adapted to the context
- Opportunity to establish / maintain a public health system robust enough to ensure the flexibility needed to institutionalise lessons learned from real life in a continuous and dynamic manner
Purpose and scope of the IHR

“to prevent, protect against, control and provide a 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 and trade” (Article 2)

- From three diseases to all public health hazards, irrespective of origin or source
- From preset measures to adapted response
- From control of borders to, also, containment at source
Purpose...

- The scope of the IHR is purposely broad and inclusive in respect of the public health event to which they have application in order to maximize the probability that all such events that could have serious international consequences are identified early and promptly reported by States Parties to WHO for assessment.
Notifications

• Notification is required under IHR for all "events that may constitute a public health emergency of international concern".

• In this regard, the broad new definitions of "event", "disease" and "public health risk" in the IHR are the building blocks of the surveillance obligations for States Parties and WHO.
WHO strategic framework
IHR Areas of Work, 2007

1. Foster global partnerships
2. Strengthen national disease prevention, surveillance, control and response systems
3. Strengthen public health security in travel and transport
4. Strengthen WHO global alert and response systems
5. Strengthen the management of specific risks
6. Sustain rights, obligations and procedures
7. Conduct studies and monitor progress
Accessibility at all times
Primary channel for WHO-NFP event-related communications
Disseminate information within WHO
"Activate" the WHO assessment and response system

Accessibility at all times
Communication with WHO
Dissemination of information nationally
Consolidating input nationally

Unusual health events
Detect
Assess
Report
Respond

WHO Director-General

WHO IHR Contact Points

National IHR Focal Points (NFP)

National surveillance and response systems

Emergency Committee
Review Committee
Other competent organizations (IAEA etc.)
Ministries and sectors concerned

Detection
Assessment
Reporting
Response

Notification
Consultation
Report
Verification

IHR operational framework
Annex 1 – National Core Capacity

AW2: Strengthen national disease prevention, surveillance, control and response systems

AW3: Strengthen public health security in travel and transport

Entry into force

Assessment of public health core capacities (IHR Annex 1)

National action plan

Implementation of national action plan

Core capacities present

June 2007

June 2009

June 2012

2014

2016
MERCOSUR assessment and planning tools
revision 2008

I. Legal and administrative framework
II. Risk detection, risk assessment, and reporting
III. Control – investigation, intervention; and risk communication
III. Control – investigation, intervention; and risk communication

III.A HUMAN RESOURCES AND TRAINING
Are there interdisciplinary Rapid Response Teams (RRT) for public health emergencies?
If yes, is the following expertise represented: […] , mass communications (comunicación social)?

III.D COORDINATION OF RESPONSE
Is there a national government committee for responding to health emergencies?
Does this committee consider coordination with other national institutions and areas to be strategic to the implementation of control measures? If so, is there coordination with: […] , education, mass communication, […] ?

Is there a national health sector committee for health emergency response?
Does this committee consider coordination with other health sector teams that are involved in response?
If so, is there coordination with: […] , health promotion, information and communication?
III. Control – investigation, intervention; and risk communication

III.G MASS COMMUNICATION

- In public health emergencies, are official Ministry of Health reports or press releases regularly used for conveying information to the public?
- In public health emergencies, are epidemiological alerts for health professionals regularly used?
- In public health emergencies, is a Web page available to disseminate information?
- Is there a national crisis communication plan?
  If yes, does the plan identify: communication partners, spokespeople, uniform design for common messages, channels, procedures for mobilizing and informing spokespeople to conduct press conferences and produce news articles, tools (alerts, bulletins, profiles, etc.), uniform design for the emergency Web page?
- Is there a procedures manual for the preparation of local crisis communication plans?
  If yes, does the manual contain the procedures mentioned in SEE ABOVE
  
- During an emergency, does the national communication system enable: timely communication of news, being first in providing regular updates, immediately preparing notices from technical reports, designing clear messages according to the audience (persons affected by the emergency, health workers, children, etc.), immediately preparing the Web page on the emergency, updating the Web page daily, immediately preparing and calling press conferences, requesting interviews with the media?
WHO global tool for monitoring core capacities
v. 2011

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
- IHR Potential hazards 1: zoonotic events
- IHR Potential hazards 2: food safety
- IHR Potential hazards 3: chemical event
- IHR Potential hazards 4: radiation emergencies
2.1.1.1 Is there coordination within relevant ministries on events that may constitute a public health event or risk of national or international concern?

2.1.1.2 Are Standard Operating Procedures (SOP) or equivalent available for coordination between IHR NFP and relevant sectors?

2.1.1.3 Is a multi-sectoral, multidisciplinary body, committee or taskforce in place addressing IHR requirements on surveillance and response for public health emergencies of national and international concern?

2.1.1.4 Have multisectoral and multidisciplinary coordination and communication mechanisms been tested and updated regularly through exercises or through the occurrence of an actual event?

2.1.1.5 Are annual updates conducted on status of IHR implementation to stakeholders across all relevant sectors?
2.1.2.1 Has the IHR NFP been established?

2.1.2.2 Have national stakeholders responsible for the implementation of IHR been identified?

2.1.2.3 Has information on obligations of the IHR NFP under the IHR been disseminated to relevant national authorities and stakeholders?

2.1.2.4 Have the roles and responsibilities of relevant authorities and stakeholders in regard to IHR implementation been defined and disseminated?

2.1.2.5 Have plans to sensitize stakeholders of their roles and responsibilities been implemented?

2.1.2.6 Is the IHR Event Information Site used as an integral part of the IHR NFP information resource?

2.1.2.7 Has an active IHR website or webpage been established?

2.1.2.8 Have any additional roles and responsibilities for the IHR NFP functions been implemented?

2.1.2.9 Does the IHR NFP provide WHO with updated contact information as well as annual confirmation of the IHR NFP?
6.1.1.1 Have risk communication partners and stakeholders been identified?

6.1.1.2 Has a risk communication plan been developed?

6.1.1.3 Has the risk communication plan been implemented or tested through actual emergency or simulation exercise and updated in the last 12 months?

6.1.1.4 Are policies, SOPs or guidelines developed on the clearance and release of information during a public health emergency?

6.1.1.5 Are regularly updated information sources accessible to media and the public for information dissemination?

6.1.1.6 Are there accessible and relevant IEC (Information, Education and Communications) materials tailored to the needs of the population?

6.1.1.7 In the last three national or international PH emergencies, have populations and partners been informed of a real or potential risk within 24 hours following confirmation?

6.1.1.8 Has an evaluation of the public health communication been conducted after emergencies, for timeliness, transparency and appropriateness of communications, been carried out?

6.1.1.9 Have results of evaluations of risk communications efforts during a public health emergency been shared with the global community?
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<th>Country</th>
<th>Sub-region</th>
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States Parties reports on IHR implementation
Feb – Oct 2010

Globally: 63% (123/194; 120/123 SP used WHO/HQ format)

- AFRO 50%
- AMRO 54% (1 SP using MERCOSUR tool)
  89% en 2008 y 66% en 2009
- EMRO 82%
- EURO 60% (2 SP using other format)
- SEARO 100% (1 SP other format)
- WPRO 74%
The scores, ranging from 0 to 100%, are automatically calculated using data analysis software embedded in the internet-based tool. For the sake of simplicity, all attributes are given the same weight. In calculating the attribute score, the numerator is the total number of attributes achieved in levels 1 and 2 combined, and the denominator is the sum of Level 1 and 2 attributes.
IHR Review Committee
Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009

Summary Conclusions

1. The IHR helped make the world better prepared to cope with public-health emergencies... but core capacities are not yet fully operational and not on a path to timely implementation worldwide.

2. WHO performed well in many ways during the pandemic, confronted systemic difficulties and demonstrated some shortcomings. The Committee found no evidence of malfeasance.

3. The world is ill-prepared to respond to a severe influenza pandemic or to any similarly global, sustained and threatening public-health emergency.
Summary conclusion 2
WHO performed well in many ways but systemic difficulties and shortcomings... no evidence of malfeasance

• R5: Strengthen WHO’s internal capacity for sustained response
• R6: Improve practices for appointment of an Emergency Committee
• R7: Revise pandemic preparedness guidance
• R8: Develop and apply measures to assess severity
• R9: Streamline management of guidance documents
• R10: Develop and implement a strategic, organization-wide communications policy
• R11: Encourage advance agreements for vaccine distribution and delivery
"Elusive transparency. ..."
AW4: Strengthen WHO global alert and response systems
WHO global alert and response systems

- Decentralized Structure & Capacity
  - 6 regional and 142 country offices

- Collective experience in managing public health events
  - Consistency
  - Timeliness
  - Technical Excellence
  - Transparency and Accountability

- Networks and Partnerships (e.g. GOARN, regional and subregional networks, specialist networks, WHO CCs; GISN)
Accessibility at all times
Primary channel for WHO-NFP event-related communications
Disseminate information within WHO
"Activate" the WHO assessment and response system

Accessibility at all times
Communication with WHO
Dissemination of information nationally
Consolidating input nationally

Unusual health events
Detect
Assess
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WHO Director-General
WHO IHR Contact Points
National IHR Focal Points (NFP)
National surveillance and response systems

Emergency Committee
Review Committee
Expert Roster
Other competent organizations (IAEA etc.)
Ministries and sectors concerned

Notification
Consultation
Report
Verification
Decision instrument (Annex 2)

Notifiable diseases:
- Poliomyelitis, wild-type virus
- Human influenza, new subtype
- SARS
- Smallpox

Any event of potential international public health concern

Diseases that shall always lead to utilization of the algorithm:
Cholera, pneumonic plague, yellow fever, viral haemorrhagic fevers (Ebola, Lassa, Marburg), West Nile fever, other diseases of special national or regional concern (e.g. dengue fever, Rift Valley fever and meningococcal disease)
Decision instrument (Annex 2)

Two of the following criteria...

• Is the public health impact of the event serious?
• Is the event unusual or unexpected?
• Is there a significant risk of international spread?
• Is there a significant risk of international travel or trade restrictions?

Not a risk assessment framework per se
• Guidance to inform the decision to communicate with WHO
• When in doubt
• Potential benefits
• Anything that you would want to know from others
WHO Event Management Process
Information and Public Health Response

States Parties

WHO

Others sources

Informal/ Unofficial information

Initial screening

Verification

Event’s Risk assessment

Formal reports

Disseminate information

Assist Respond
Early warning function of the public health surveillance system

100% coverage, 100% sensitivity, 100% flexibility

**Signal**

**Unusual health event**

**Response**

**Verification**

**Triangulation des sources**

**Indicator-based surveillance**
(discrete variables)
- Case based (aggregated, individual)
- Laboratory results
- Environmental measurements
- Drug sales
- Absenteeism
- Etc.

**Event-based surveillance**
(unstructured information)
- Media reports
- Hotlines (community, professionals, etc.)
- NGOs
- Diplomatic channels
- Military channels
- Etc.
Substantiated acute public health events, by country (EMS, 1 January 2001 – 9 June 2010, n=1,945) *

* Excludes pandemic (H1N1) virus 2009 events.
** China: number includes acute public health events in the special administrative regions of Hong Kong (30) and Macau (2), and in Taiwan (14).

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Public Health Information and Geographic Information Systems (GIS) World Health Organization

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Field operations framework
April 2010

- No single institution has all the capacity!
- Coordinate and supported rapid international team support to countries for outbreak response
- To focus and coordinate global resources - local > regional > global

November 1966

The Council of the School are considering creating a disaster team, the members of which would be available on call to go to any disaster area where their special knowledge and abilities might be useful.

This would really amount in the first instance to keeping the vaccinations etc. up to date in a selected group of the staff who are competent to deal with such things as cholera and to let it be known that they would be available.

I am writing to ask you whether you think there is any room for such an arrangement and whether you would feel that it would be useful to the W.H.O. to be given details of it in due course, and to have such a group to call on if need be.
<table>
<thead>
<tr>
<th>Build the Puzzle</th>
<th>Mexico Response</th>
<th>Regional Response</th>
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</table>
| • Gathering intelligence  
  • Risk Assessment  
  • IHR channel  
  • Trilateral agreement  
  • Few people involved | • Complex  
  • Multiple external players: PAHO, WHO, CDC, PHAC, GOARN, Bilateral, Trilateral, . . . .  
  • Difficult access to key domestic players,  
  • 2 approaches:  
    - support MOH and Government response,  
    - gather / analyze information, field investigations | • Monitor the spread of the disease  
  • Direct technical assistance to prioritized countries and countries with epidemics  
  • Readiness assessment teams versus Rapid Response Teams;  
  • Two rounds in central America May-June / October-December. |

| April 10th – April 23rd | April 23rd – Mid May | Mid May – December |
New context

• Lessons were learnt

• Greater/ Formal Regionalization of “Operations”
  • WHO Global Team, and Global Event Management System
  • Strategic Health Operations Centre and Regional Operations Hubs at Regional Offices, and in priority country offices

Ultimate network
National IHR Focal Points

Needs
• Equitable and appropriate participation in field missions
• Early Alert and Request for Assistance
• Clear Terms of Reference for International Missions
• Clear Terms of Reference for Experts
• Rapid, transparent, consistent decision-making
• Professional administration and contracting
• Dependable field logistics and consistent operational support
• Geographical, linguistic and cultural proximity
Thank you