

International Health Regulations (IHR) Regional Progress on core capacities

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12th Meeting Caribbean National Epidemiologists & Laboratory Directors

Port of Spain, Trinidad and Tobago, 17-19 September 2014



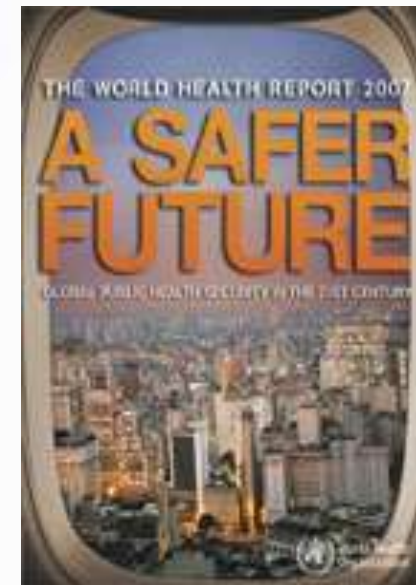
Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

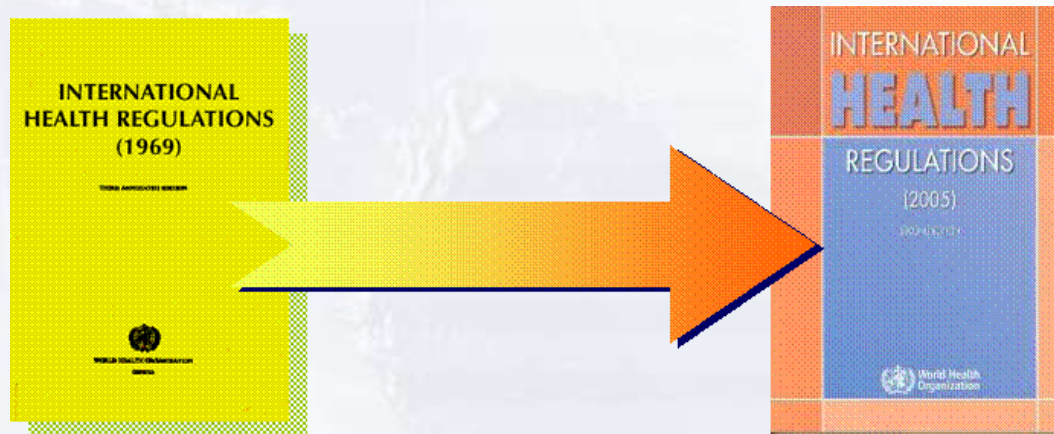
- WHO Member States recognized need to collectively respond to public health emergencies of international concern
- An Intergovernmental Working Group tasked with the revision of the IHR(1969) in 2004
- WHO Member States adopted the current IHR during the 58th World Health Assembly in 2005 with Resolution WHA58.3
- Current IHR entered into force on 15 June 2007
- A legal tool: describes procedures, rights and legal obligations for 195 States Parties and WHO
- Legal framework requested, developed and negotiated by WHO Member States - based on dialogue, transparency and trust
- State's commitment - beyond the health sector
- 10 Parts, 66 Articles, and 9 Annexes

“When the world is collectively at risk, defence becomes a shared responsibility of all nations”, Dr Margaret Chan, Director General, World Health Organization; World Health Day 2007



Article 2 - 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**.

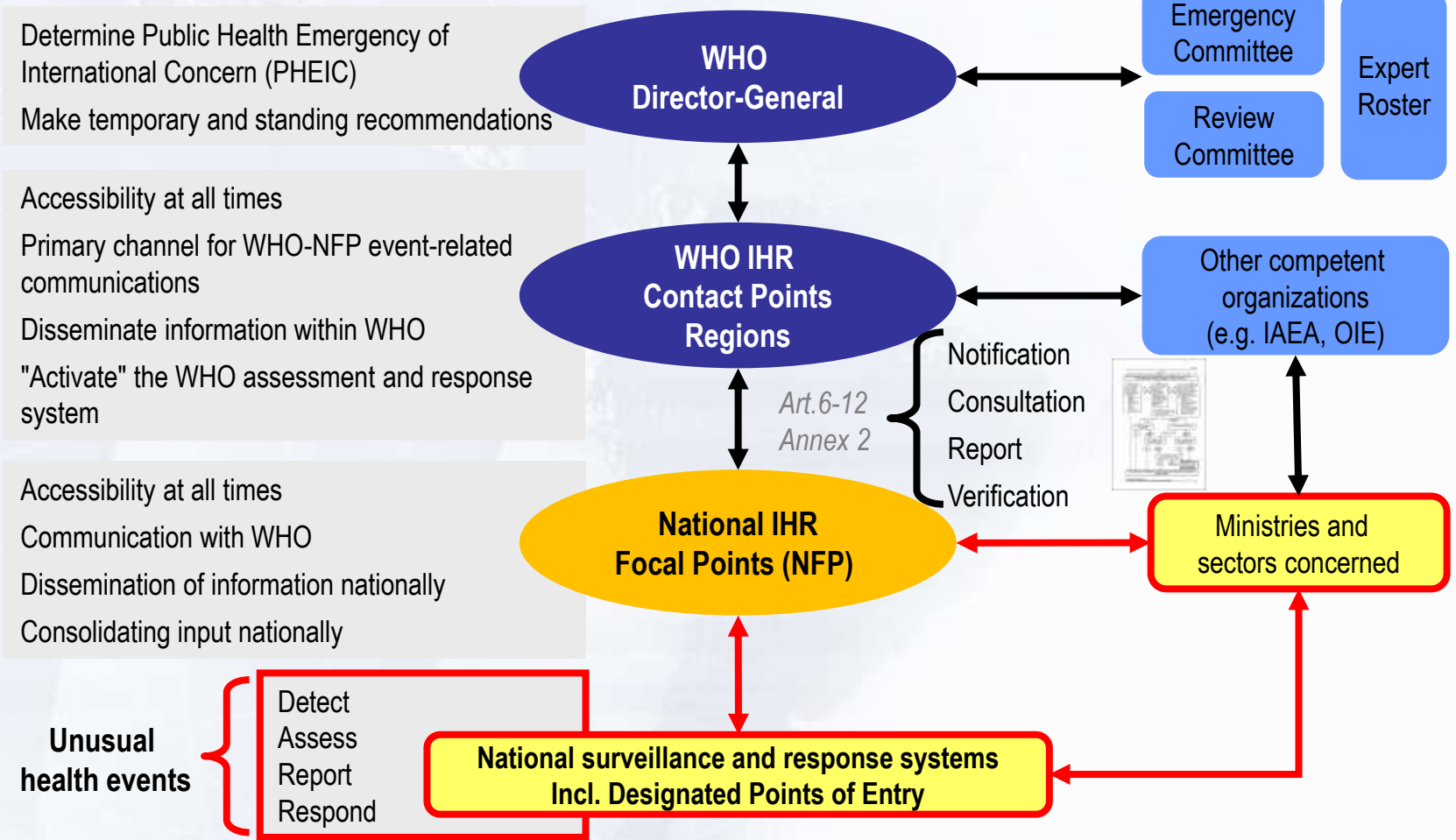


- From three diseases to all public health hazards, irrespective of origin or source
- From preset measures to adapted response
- From control of borders to containment at source



IHR operational framework

The interdependency of States Parties makes the Global Alert and Response System as strong as its weakest link



Proposed format by WHO for submission of State Party Annual Report to the World Health Assembly

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
9. Points of Entry
10. Zoonotic events
11. Food safety
12. Chemical event
13. Radiation emergencies



2010, Revs. 2011, 2012, 2013, 2014

National core capacities milestones

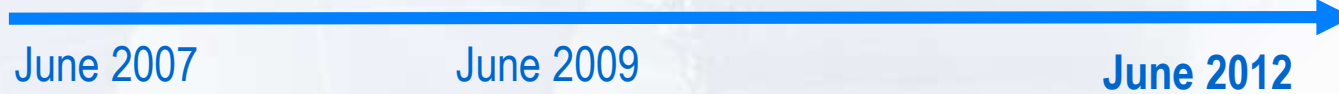
Entry into force IHR

Assessment of core capacity

National IHR Action Plan

Implementation of National IHR Action Plan

Core capacity present

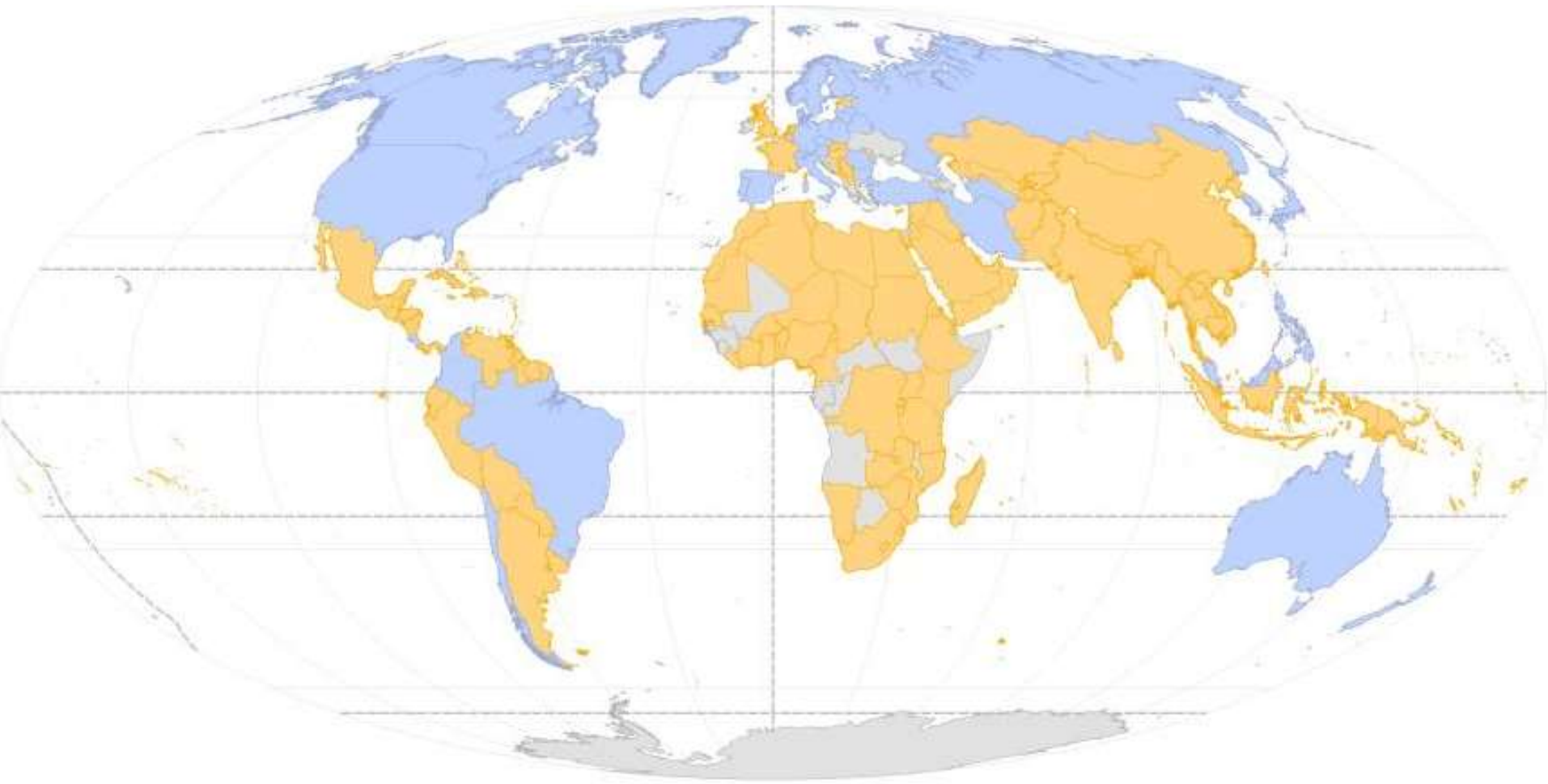


-----> **June 2014**

-----> June 2016

However...preparedness is forever

Presence of national core capacities as of 15 June 2012



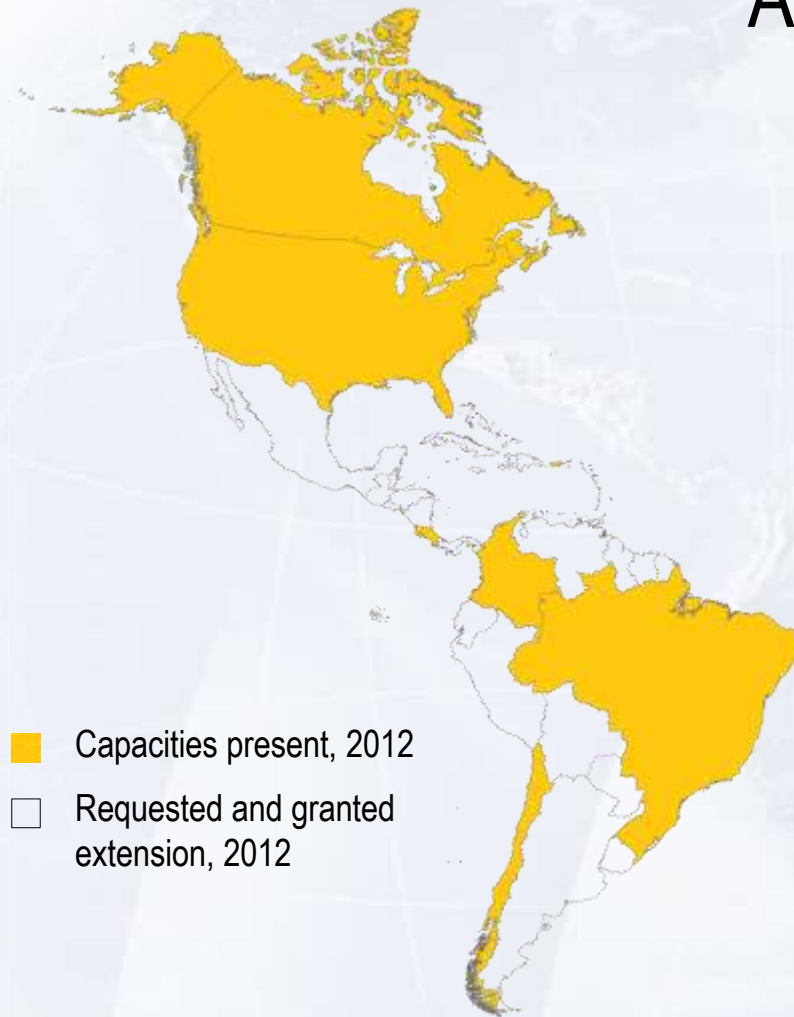
■ Present (43/195)

■ Requested extension until June 2014 (118/195)

■ No information (34/195)

National core capacities: 2012-2014 extension

Americas

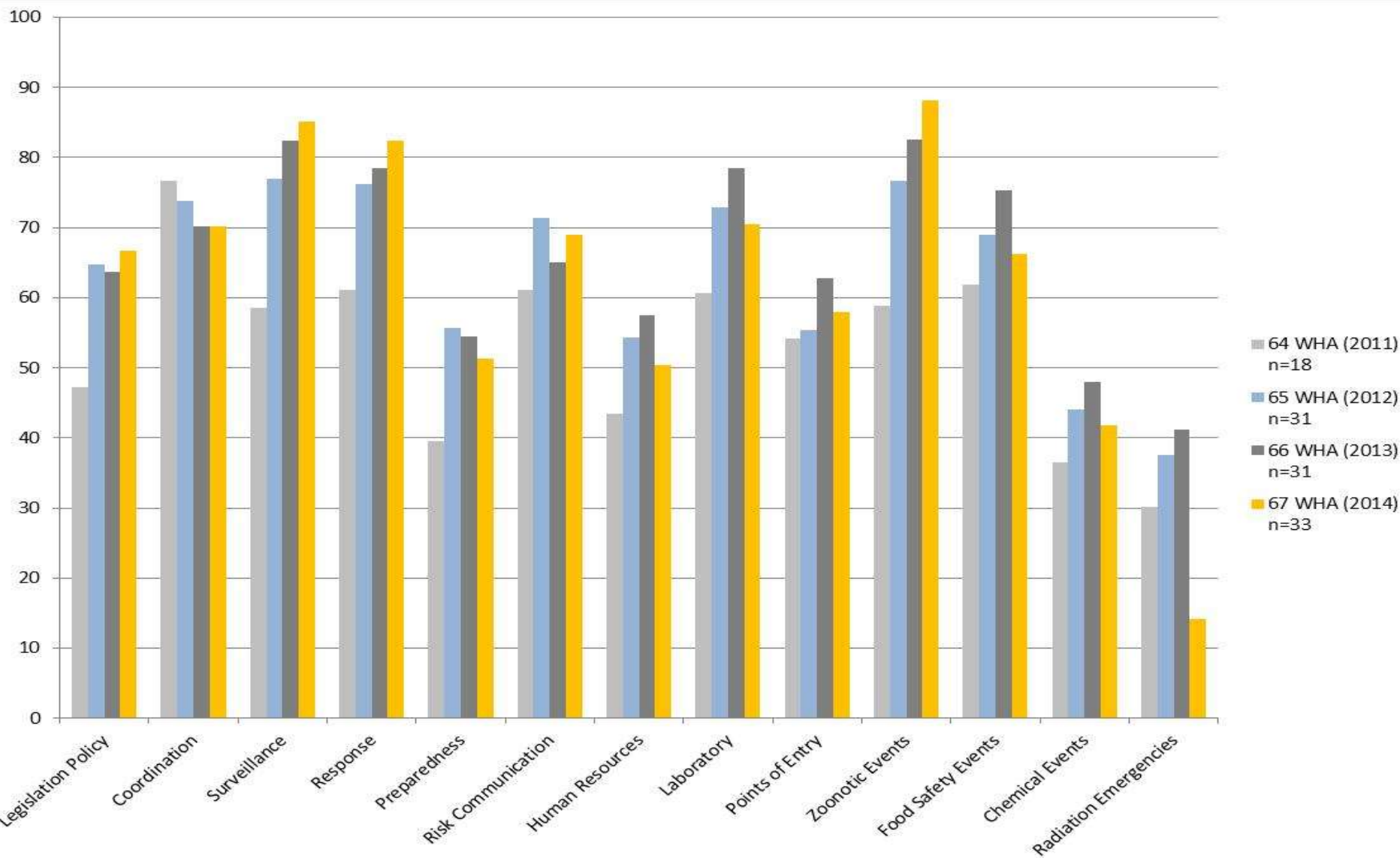


- Capacities present, 2012
- Requested and granted extension, 2012

- Requested and granted extension: 29/35 States Parties - Extension automatically granted
- Self-determination core capacities present: 6/35 States Parties
- Designated Points of Entry
 - 64 designated ports in 31/35 States Parties
 - 77 designated airports in 34/35 States Parties
 - 22 designated ground crossings in 9/35 States Parties

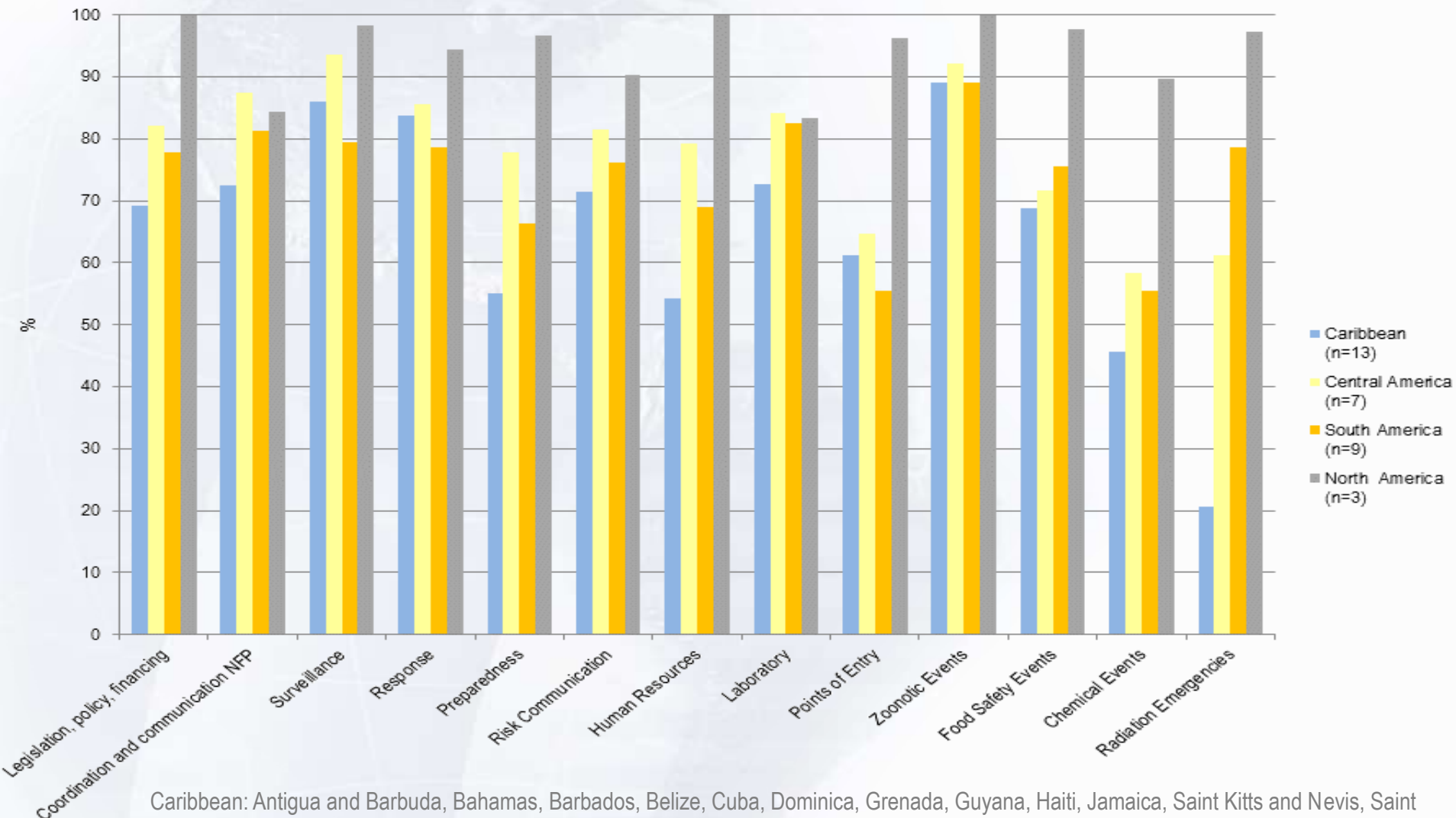
Status (%) of national core capacities in the Americas

States Parties Annual Reports
64, 65, 66, 67 World Health Assemblies



Status (%) of national core capacities

by sub-region in the Americas, States Parties Annual Reports to 67 World Health Assembly, 2014 (n=33*)

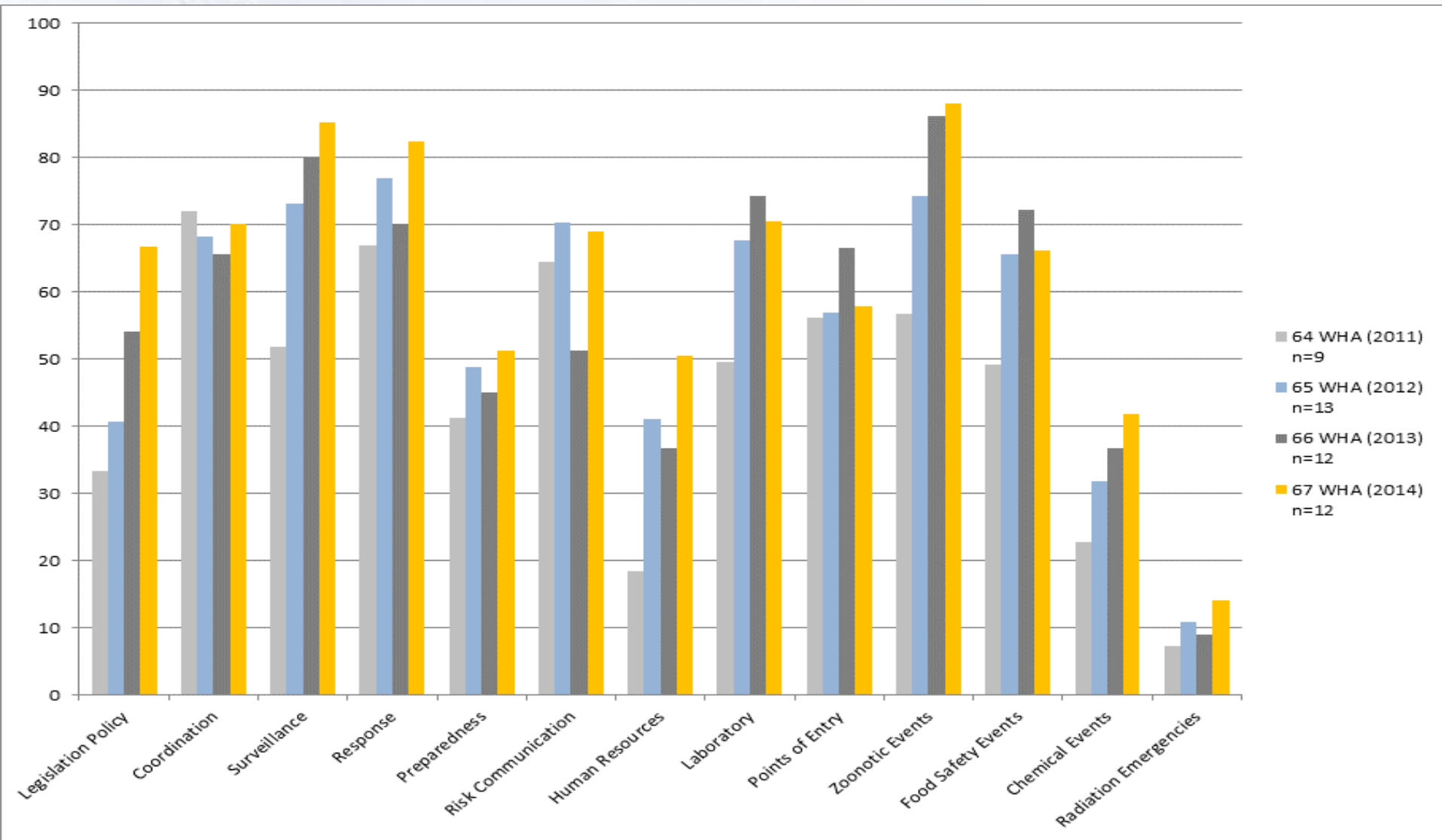


Caribbean: Antigua and Barbuda, Bahamas, Barbados, Belize, Cuba, Dominica, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago; ; Bahamas and St Lucia have not submitted the Annual Report
 Central America: Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Panama
 South America: Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay, Venezuela
 North America: Canada, Mexico, United States

*Annual Report submitted by Peru not yet included in the analysis

Status (%) of national core capacities English and French Speaking Caribbean

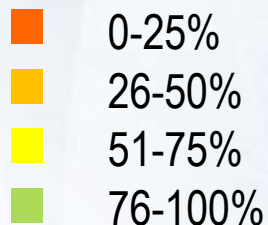
States Parties Annual Reports
64, 65, 66, 67 World Health Assemblies



Status (%) of national core capacities English and French Speaking Caribbean

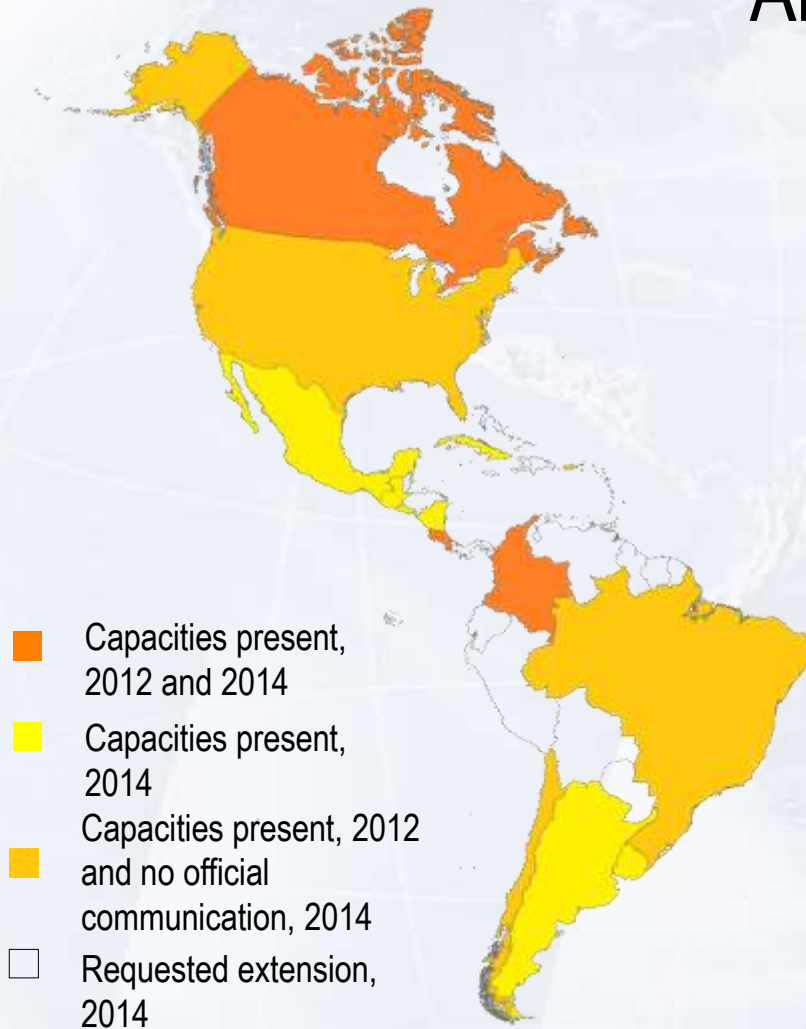
States Parties Annual Reports
64, 65, 66, 67 World Health Assemblies

	Legislation Policy	Coordination	Surveillance	Response	Preparedness	Risk Communication	Human Resources	Laboratory	Points of Entry	Zoonotic Events	Food Safety Events	Chemical Events	Radiation Emergencies
Antigua and Barbuda	100	66	95	65	50	57	100	45	86	100	80	85	23
Bahamas													
Barbados	100	53	100	89	90	86	60	96	100	100	73	54	15
Belize	25	56	85	82	26	57	40	73	12	67	27	15	0
Dominica	75	100	72	83	62	100	25	37	75	100	86	46	31
Grenada	75	83	85	64	16	57	60	45	50	100	67	46	0
Guyana	100	83	80	100	90	86	100	100	38	100	67	62	0
Haiti	25	46	95	76	20	100	60	60	21	67	20	0	0
Jamaica	100	66	70	87	71	57	20	47	62	67	67	62	23
Saint Lucia													
Saint Kitts and Nevis	50	83	80	89	36	57	60	81	45	100	67	8	0
Saint Vincent and the Grenadines	50	83	80	89	36	57	60	81	45	100	67	8	0
Suriname	50	83	85	89	48	43	0	100	84	67	87	62	0
Trinidad and Tobago	50	40	95	76	71	71	20	81	77	89	87	54	77



National core capacities: 2014-2016 extension

Americas



- Official communication: 32/35 States Parties (deadline 15 April 2014)
- Requested extension: 22/32 States Parties (2 plan of action pending)
- Self-determination core capacities present: (3+7)/32 States Parties
- Extensions to be granted by WHO Director-General, with the advice of the IHR Review Committee

PAHO 53rd Directing Council

Washington DC, 29 Sept – 3 Oct 2014

Program Policy Matter

4.12 Advancing toward a Regional Position on the IHR

Action by the Directing Council

The Directing Council is invited to take note of this report and to provide any recommendations and/or proposal it may have, in particular with respect to the following topics:

- a) the institutional roadmap for the revision of the global IHR implementation monitoring scheme, beyond June 2016;
- b) the Region-wide approach for the determination of the areas at risk of yellow fever transmission;
- c) the process for the voluntary certification of designated airport and ports.



53rd DIRECTING COUNCIL

66th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 29 September-3 October 2014

Provisional Agenda Item 4.12

CD53/14

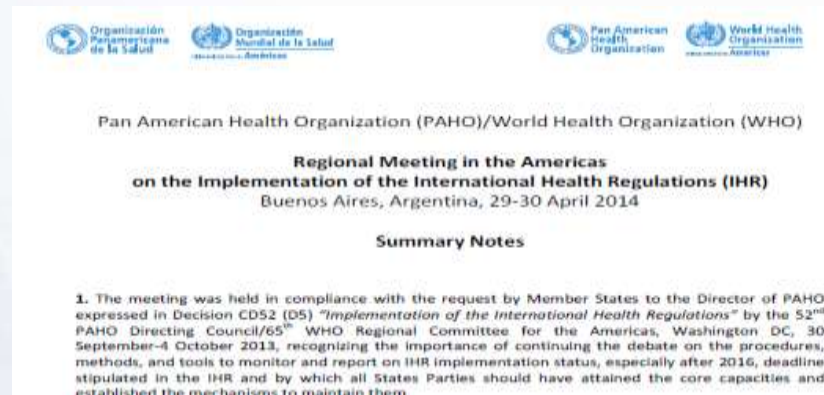
28 July 2014

Original: English

ADVANCING TOWARD A REGIONAL POSITION
ON THE INTERNATIONAL HEALTH REGULATIONS

a) IHR monitoring scheme, beyond June 2016

- Holistic approach to the IHR monitoring
- Institutionally participatory approach to reach consensus at global level – use of Regional Committees to encompass the regional dimension
- Approaches
 - Both, quantitative and qualitative
 - Different frequency (ad hoc, periodic, cyclical, continuous)
- Areas
 - i. Public health events – after action reports
 - ii. National core capacities – national M&E mechanisms
 - iii. Obligations of administrative nature
 - iv. Other related international monitoring mechanisms



b) Region-wide approach for determination areas at risk of yellow fever transmission

SIXTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA67.13

Agenda item 16.1

24 May 2014

Implementation of the International Health Regulations (2005)

The Sixty-seventh World Health Assembly,

Having considered the report on implementation of the International Health Regulations (2005);¹

Recalling the recent meeting and report of the Strategic Advisory Group of Experts on immunization,² which completed its scientific review and analysis of evidence on issues concerning vaccination against yellow fever and concluded that a single dose of yellow fever vaccine is sufficient to confer sustained immunity and life-long protection against yellow fever disease, and that a booster dose of yellow fever vaccine is not needed;

Noting that in its report the Strategic Advisory Group of Experts on immunization recommended that WHO should revisit the provisions in the International Health Regulations (2005) relating to the period of validity for international certificates for vaccination against yellow fever,

1. ADOPTS, in accordance with paragraph 3 of Article 55 of the International Health Regulations (2005), the updated Annex 7 of the International Health Regulations (2005) that is set out below.

ANNEX 7

REQUIREMENTS CONCERNING VACCINATION OR PROPHYLAXIS FOR SPECIFIC DISEASES

1. In addition to any recommendation concerning vaccination or prophylaxis, the following diseases are those specifically designated under these Regulations for which proof of vaccination or prophylaxis may be required for travellers as a condition of entry to a State Party:

Vaccination against yellow fever.

c) the process for the voluntary certification of designated airport and ports



International Health Regulations (2005)

WHO Airports and Ports Certification

Administrative Procedures and Technical Checklist



Nineteenth Special Meeting of the Council for Human and Social Development
(COHSOD) – Health, Washington DC, 27-28 September 2014



Thank you

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