

Protect the world ...



World Health Organization

اللوائح الصحية الدولية

国际卫生条例

International Health Regulations

Règlement sanitaire international

Международные медико-санитарные правила

Reglamento Sanitario Internacional

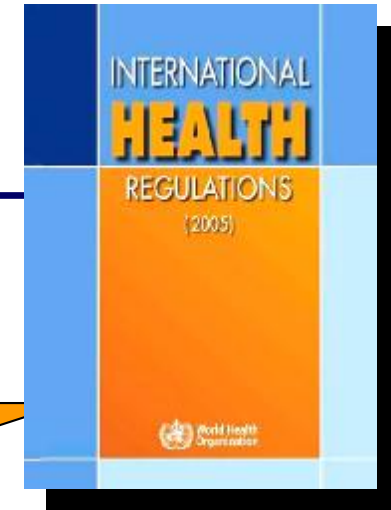
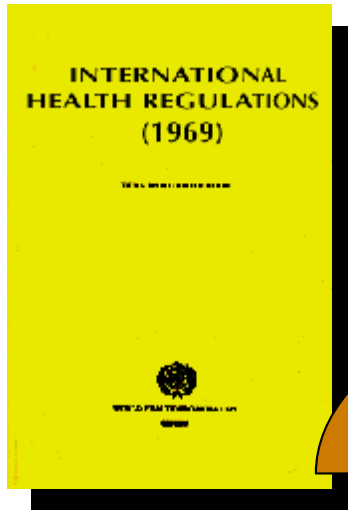
IHR (2005) Enter into force

• **15 June 2007**

- *AND EVEN BEFORE THEN: Early Voluntary Implementation now of IHR (2005) provisions primarily on avian/pandemic influenza, under World Health Assembly resolution WHA59.2

International Health Security

IHR(2005), a paradigm shift



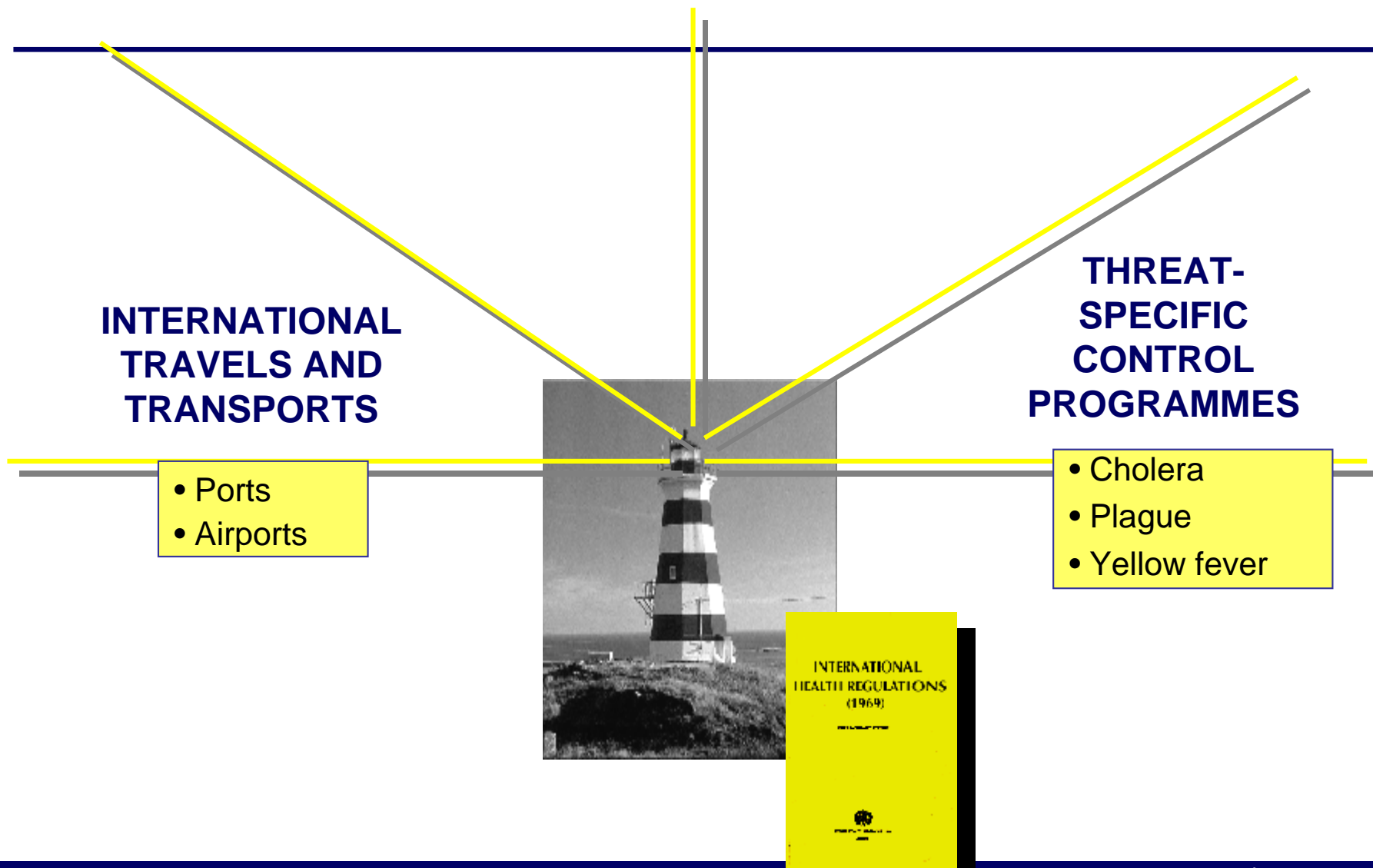
From **control of borders** to **containment at source**

From **diseases list** to **all threats**

From **preset measures** to **adapted and real time response**

If IHR was a lighthouse...

IHR(1969) ... limited in range and passive



IPHR(2005) Implementation Plan

... a broad range of activities

- Health system
- Epidemiology
- Laboratory
- Preparedness
- Case management
- Infection control
- Social mobilisation
- Communication
- ...

NATIONAL SURVEILLANCE AND RESPONSE

WHO GLOBAL ALERT AND RESPONSE SYSTEM

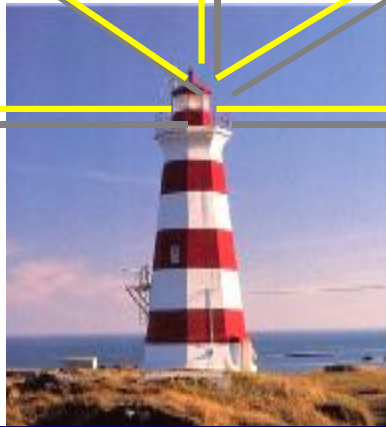
- Intelligence
- Risk assessment
- Response (GOARN)
- Logistics
- ...

INTERNATIONAL TRAVELS AND TRANSPORTS

- Ports
- Airports
- Ground crossings

THREAT-SPECIFIC CONTROL PROGRAMMES

- Influenza
- polio
- SARS
- smallpox
- cholera
- meningitis
- yellow fever
- food safety
- chemical safety
- radionuclear safety
- ...



GLOBAL PARTNERSHIP

Key Legal Dates - Deadlines

- Entry into legal force generally: **15 June 2007**
- Deadlines for any objections to reservations submitted by States: **Approximately mid-July or mid-August 2007**
- Development of core public health capacities for surveillance & response (Annex 1)
 - **“As soon as possible”**
 - **Deadline - 15 June 2012 (extension - 2014 / exceptionally to 2016)**
 - **Assessment (and Implementation Plan): 15 June 2009**

Administrative Issues

- Designate / establish **National IHR Focal Points**
 - **Legally**/administratively: status and rules to fulfill functions
 - **Operationally**:
 - Available 24 / 7
 - Communications links across ministries & sectors, to decision-makers
- Identify / designate **Responsible Authorities**:
"authorities responsible within its respective jurisdiction for the implementation of health measures" under IHR
- Notify WHO of an expert for **IHR Roster of Experts**

National Legislation - 1

- Review and revise legislation / administrative provisions as necessary for fulfilment of IHR (2005) obligations
 - Objective for IHR purposes: Compliance with IHR (2005), not new legislation
 - Sufficiency of existing legislation
 - Prioritization

National Legislation - 2

- **Keys: Prioritization and efficiency for IHR (2005) obligations**

- Those specific laws / regulations relevant and **necessary to IHR functions**
- Those key areas for your **specific national context**, in light of current legislation, government structure, legal system, etc.
- Any existing legislation / regulations **which may restrict compliance** with IHR
- Any **enabling legislation** needed to carry out IHR functions
- Any arrangements needed to address **multi-level governmental structures**
- Check relevant IHR (2005) requirements with **responsible ministries**

National Legislation - 3

- Legislation may not be necessary in all cases
 - **Regulations / administrative rules** (may be faster to enact, expedited basis)
 - **Non-legislative approaches**: agreements, guidelines, standards, etc.

A Broad Public Health Instrument.1

- Scope: “Disease”, “event,” “public health risk” very broadly defined
- Establishment of National Core Public Health Capacities – surveillance / response
- Mandatory notification to WHO of all public health “events which may constitute a public health emergency of international concern” and other reporting
- Verification by States Parties to WHO on request of key public health events

A Broad Public Health Instrument.2

- Authorizations & restrictions on health measures applied to international trade, transport and travellers (including **goods**)
- Declaration of "public health emergency of int'l concern" PHEIC+ WHO Recommendations
- Document and sanitary requirements for int'l ships/aircraft/vehicles & **goods/cargo**
- Sanitary measures and facilities: (certain) int'l ports/airports/ground crossings
- Facilitation of transport & handling of biological substances, reagents

National IHR Focal Points & Responsible Authorities

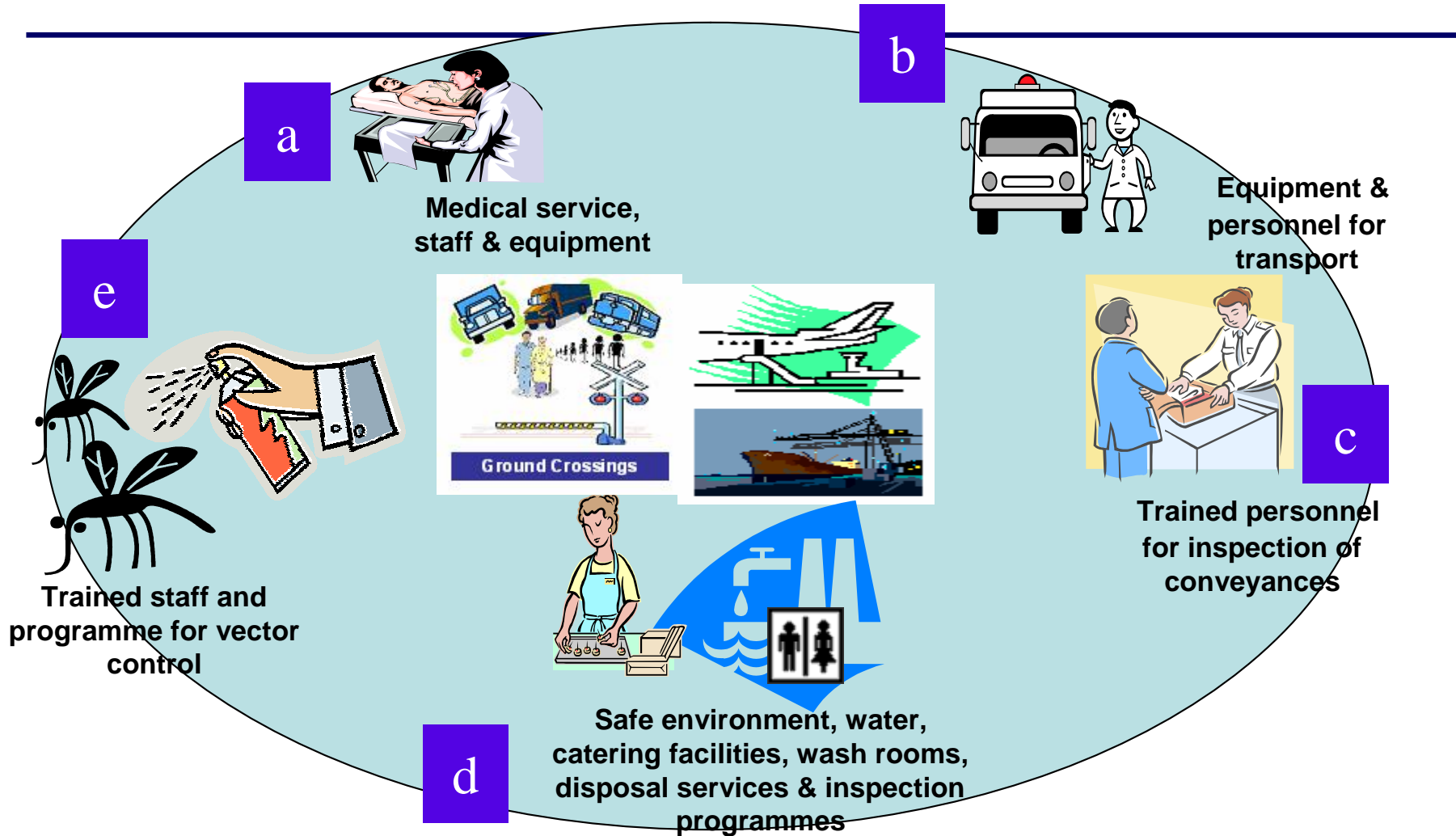
- National IHR Focal Point. National centre of the SP, available at all times for communications with WHO IHR Contact Points:
 - (i) Sending to WHO urgent communications, including Arts. 6-12;
 - (ii) Disseminating information and consolidating info from relevant governmental sectors, e.g. surveillance/response, POE, PH services, clinics/hospitals;
 - (iii) Performing additional functions as determined by SP (Art 4)
- Responsible authorities. Designation of "authorities responsible within its respective jurisdiction for the implementation of health measures" under IHR (4)

States Parties: Key Surveillance Obligations and Functions

- **Notification** of all events in State which may constitute a public health emergency of international concern
- **Reporting** "as far as practicable" of public health risks in other States: imported/exported human cases, contaminated/infected vectors, and **contaminated goods**
- **Verification** on request to WHO on status of alleged public health events reported from sources other than notifications/consultations
- Optional **Consultations** with WHO on non-notifiable events
- **Information sharing** to WHO of all relevant public health information on unexpected/unusual events within territory, which may constitute a PHEIC
- **Development/maintenance of** core surveillance/response capacities: Domestic detection/assessment/reporting and international reporting

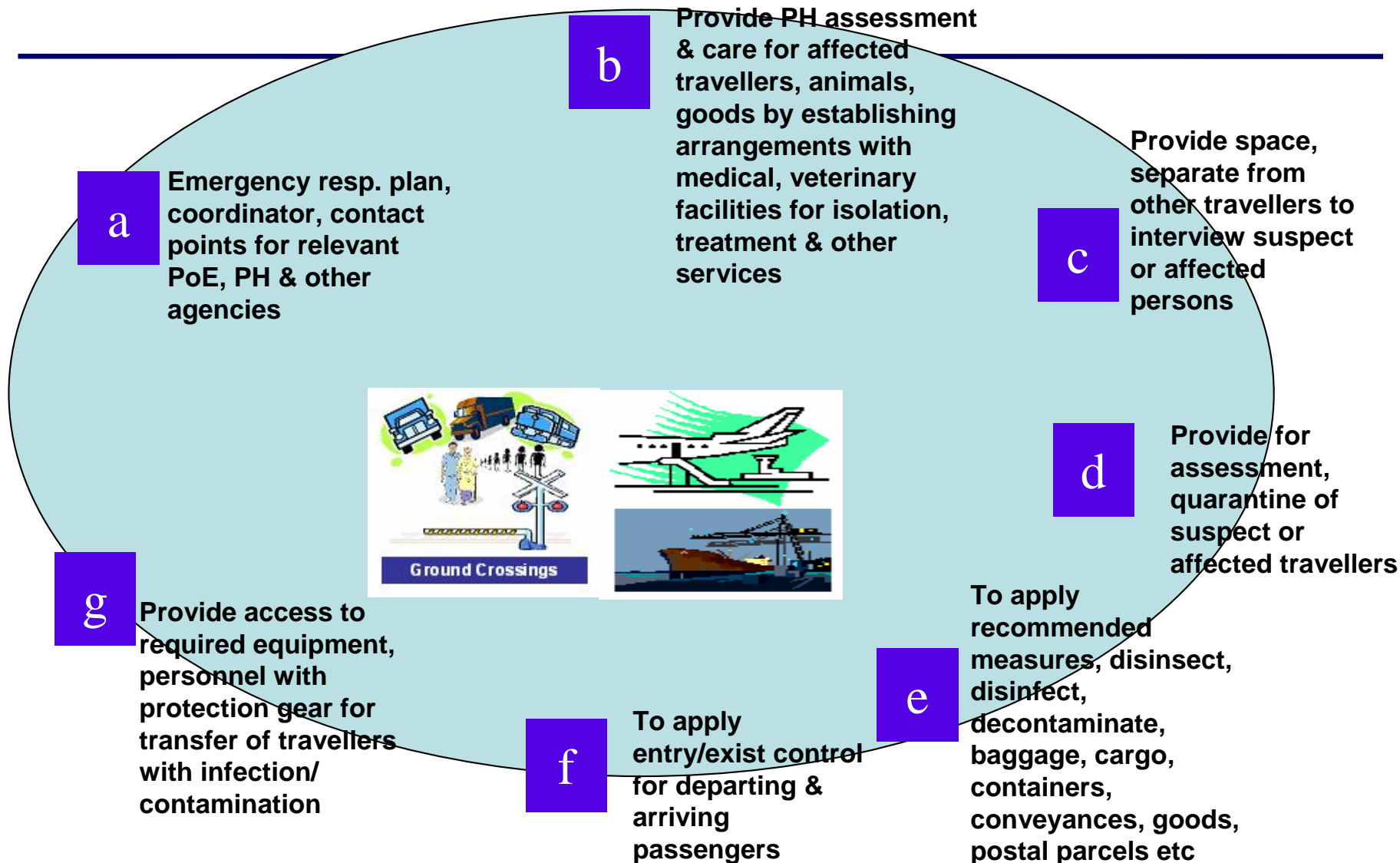
Ports of entry

Core Capacity required at all times



Ports of entry

Core Capacity required during a PHEIC



Key State obligations: RRC in domestic outbreak (potential) **pandemic influenza** - 1

- **REPORTING**

- Notify/report to WHO (within 24 hours):
 - **Cases of new subtype human influenza** (including imported/exported cases)
 - **Events/clusters with characteristics of pandemic influenza** (serious/severe, unusual/unexpected) even if agent is not known
 - Follow with specific, detailed public health information to WHO
- Provide verification to WHO on request (within 24 hours):
 - Concerning same cases / events, including follow-up information

Key State obligations: RRC in domestic outbreak of (potential) **pandemic influenza** - 2

- CAPACITIES & COLLABORATION
- **Designate:** National IHR Focal Point (available at all times), and responsible authorities for implementing IHR measures
- **Develop/maintain national capacities for surveillance & response**
 - At all levels and throughout territory – within limited time frame
 - Detect, assess, verify & report—internally and to WHO
 - Determine & implement necessary control and response measures
 - Relevant to response & containment of pandemic influenza
- **Collaborate with other States:** (i) capacity building and (ii) surveillance & response to public health events-risks

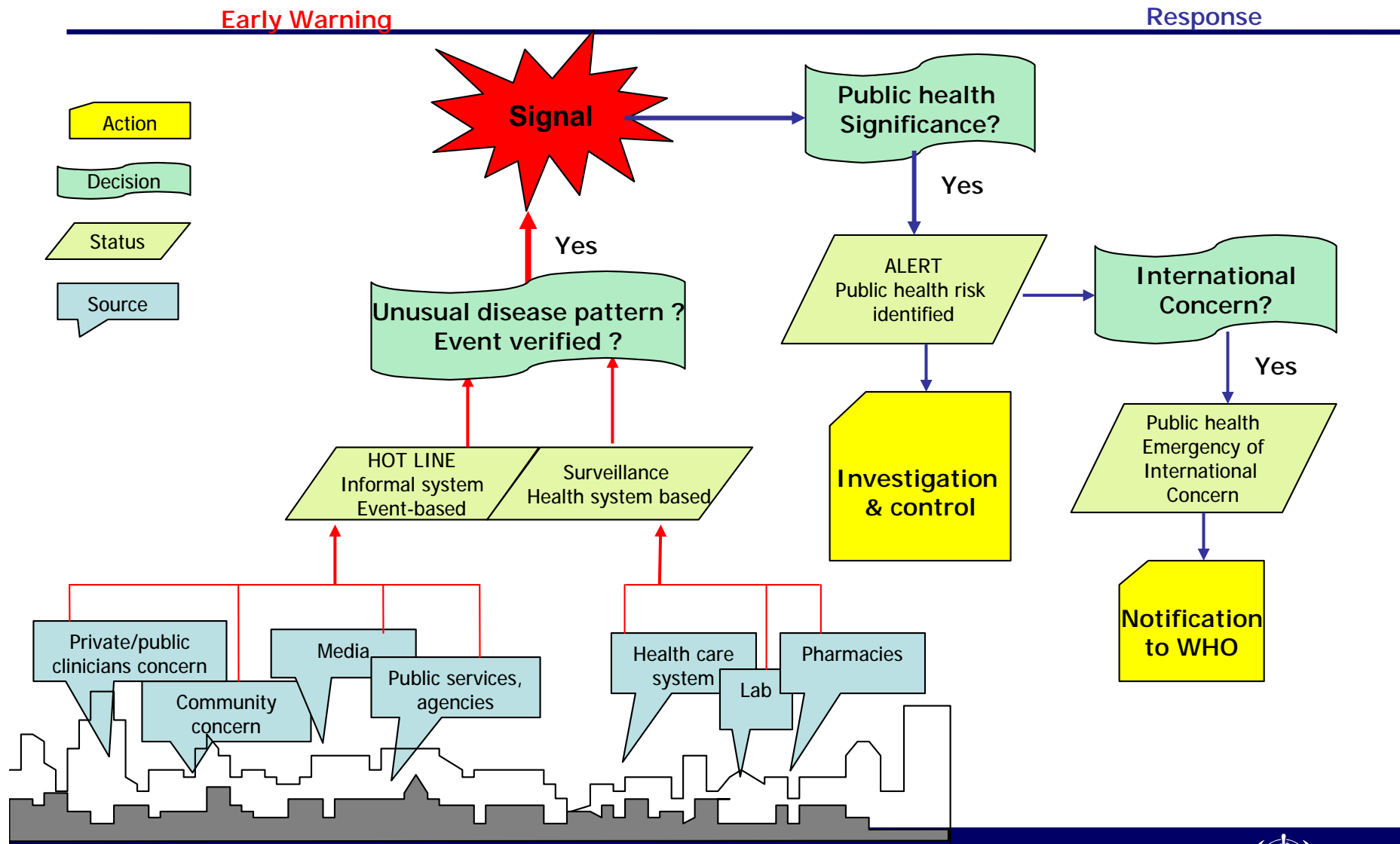
Relevant IHR requirements concerning international travellers

- Some IHR requirements for international travellers may also apply:
 - Measures applied to arriving international travellers
 - Measures applied to travellers inside the country intending to depart
- IHR provisions that may affect potential interventions:
 - Prior express informed consent before prophylaxis / other measures
 - Requirements for non-consensual measures, entry conditions, exit restrictions
 - Protections for travellers subject to isolation or quarantine, including adequate accommodations, food, medical care, communication
 - Restrictions on charges for exams, prophylaxis, quarantine, isolation
 - Potential requirement to provide International certificate of Vaccination or Prophylaxis to such travellers / WHO approval of prophylaxis

Key WHO obligations in IHR (2005)

- Designate WHO IHR Contact Points – available at all times
- Support national capacity-building under IHR (2005)
- Public health surveillance, assessment, State verification, communication
- Collaborate with States on reporting, verification, assessment, response
- Coordinate/mobilize international support / efforts
- Potentially declare Public Health Emergency of International Concern
 - If emergency is declared, WHO issues Temporary Recommendations
- Disseminate necessary PH information to States Parties (and others)
- Additional provisions in Early Voluntary Implementation Resolution

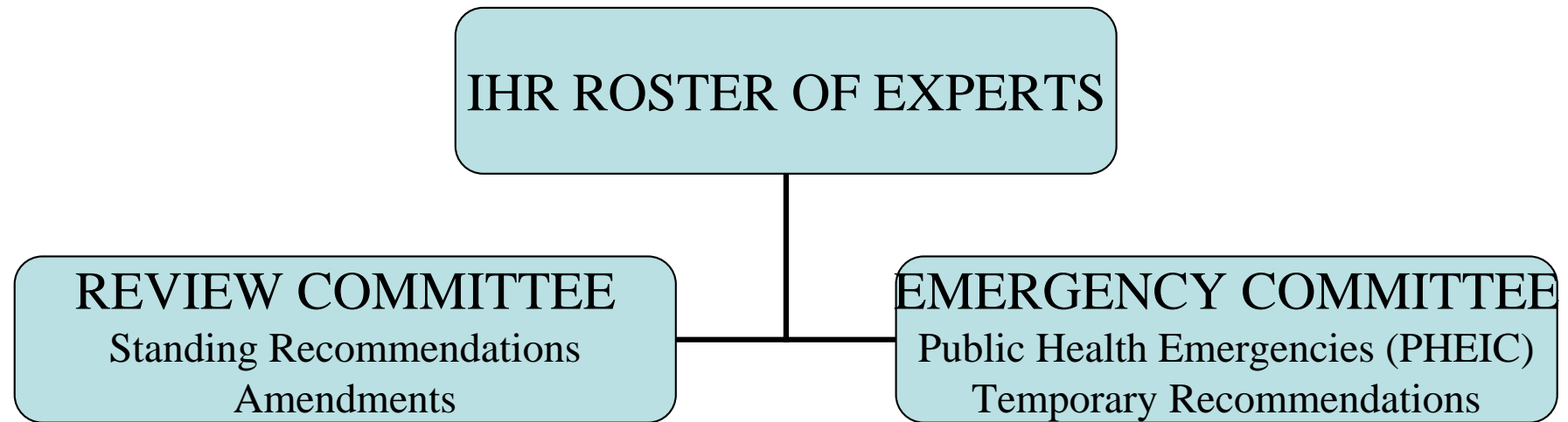
EWAR, Decision flow chart



Public Health Emergency of Int'l Concern

- Declared by WHO Director General
 - Consultation with affected State(s)
 - Advice of Emergency Committee of experts – currently the Influenza Pandemic Task Force until June 2007
 - “Extraordinary event” constituting a “public health risk to other States through the international spread of disease” & potentially requiring “coordinated int'l response”
 - Inform States and general public
 - Additional Obligations

IHR Roster of Experts & Committees



IHR Roster of Experts (Art. 47)

- The panel of experts in all relevant fields from which selections made by DG for an **IHR Emergency Committee** or **Review Committee**, if one is convened:
 - **Emergency Committee**: Convened only if DG considers a “PHEIC” is occurring
 - **Review Committee**: Convened only for certain technical questions, including a proposed Standing Recommendation, or an amendment to the IHR (2005)
 - **Additional selection criteria** for appointment to the Committees themselves
 - DG can also select from WHO Expert Advisory Panels as appropriate
- Currently 32 subject areas of expertise
- Experts generally designated by the DG; States may additionally designate 1 each
- States, relevant IGOs and REIOs can also propose experts for consideration
- Lengthy process as for Expert Advisory Panels, including approvals by ADG, RO, State

Emergency Committee: Who is on it?

- Members selected by DG from IHR Expert Roster (& other expert advisory panels when appropriate)
- Selected on basis of:
 - expertise / experience for particular session/event
 - due regard for equitable geographical representation
- At least one member should be nominated by SP where event arises
- Meetings: Urgent, expedited, potentially electronic

Review Committee: Who is on it?

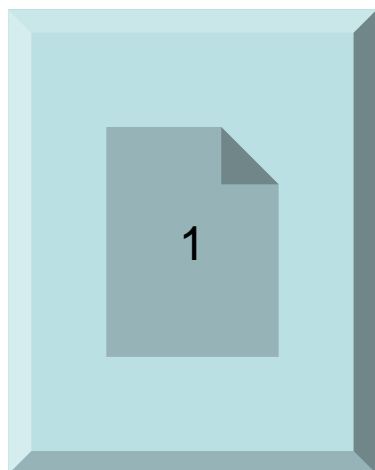
- Members selected by DG from IHR Expert Roster (& other expert advisory panels when appropriate)
- Selected on basis of principles of:
 - equitable geographical representation; gender balance; balance of developing and developed country experts; representation of diversity of scientific opinion, approaches, and practical experience in world; interdisciplinary balance
- Meetings: More procedures, less urgent than EC

The image shows the flag of the World Health Organization, which is light blue with a white caduceus (a staff with two snakes) in the center. The flag is waving, and the text is overlaid on it.

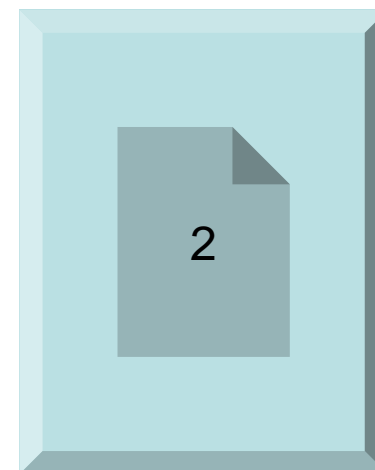
Thank you...

World Health Organization

Additional material



International focus



Domestic focus