International Health Regulations (IHR)

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Learning Objectives

By the end of this session you will be able to answer the following questions:

- What are International health regulations?
- Why are they needed?
- What strategies are globally adopted to control public health related diseases?
- What are the challenges faced by different countries while implementing IHR?
- IHR in Saudi context

Why have IHR?

- Globalisation - problem in one location is everybody's headache
- Serious and unusual disease events are inevitable


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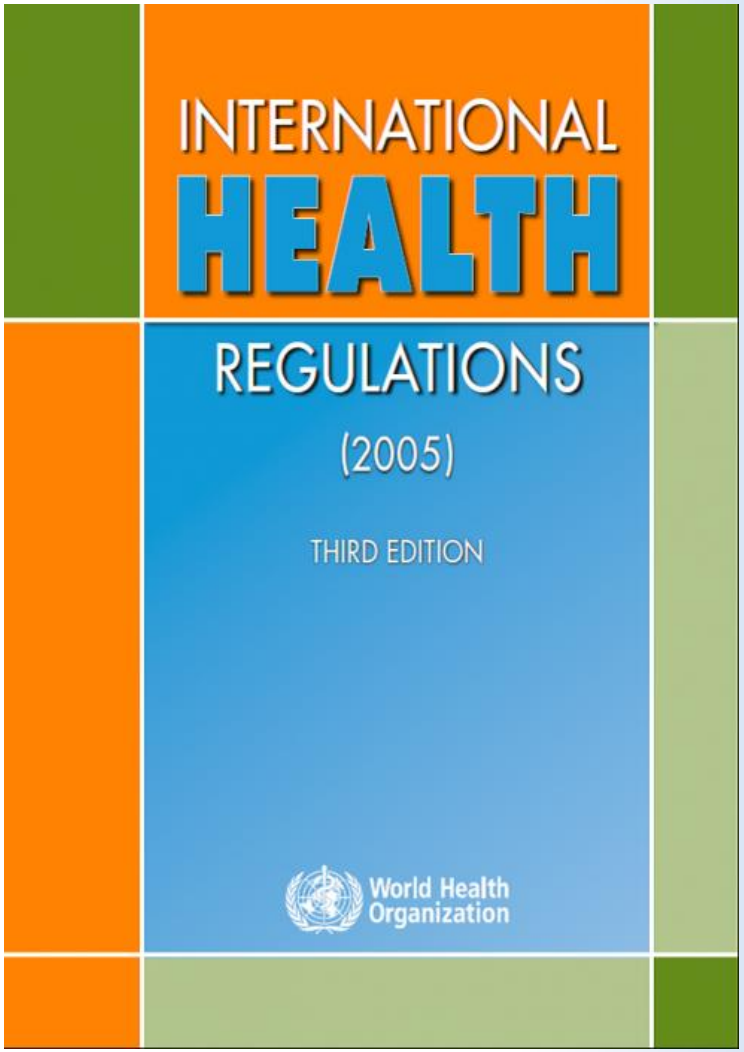
INTERNATIONAL
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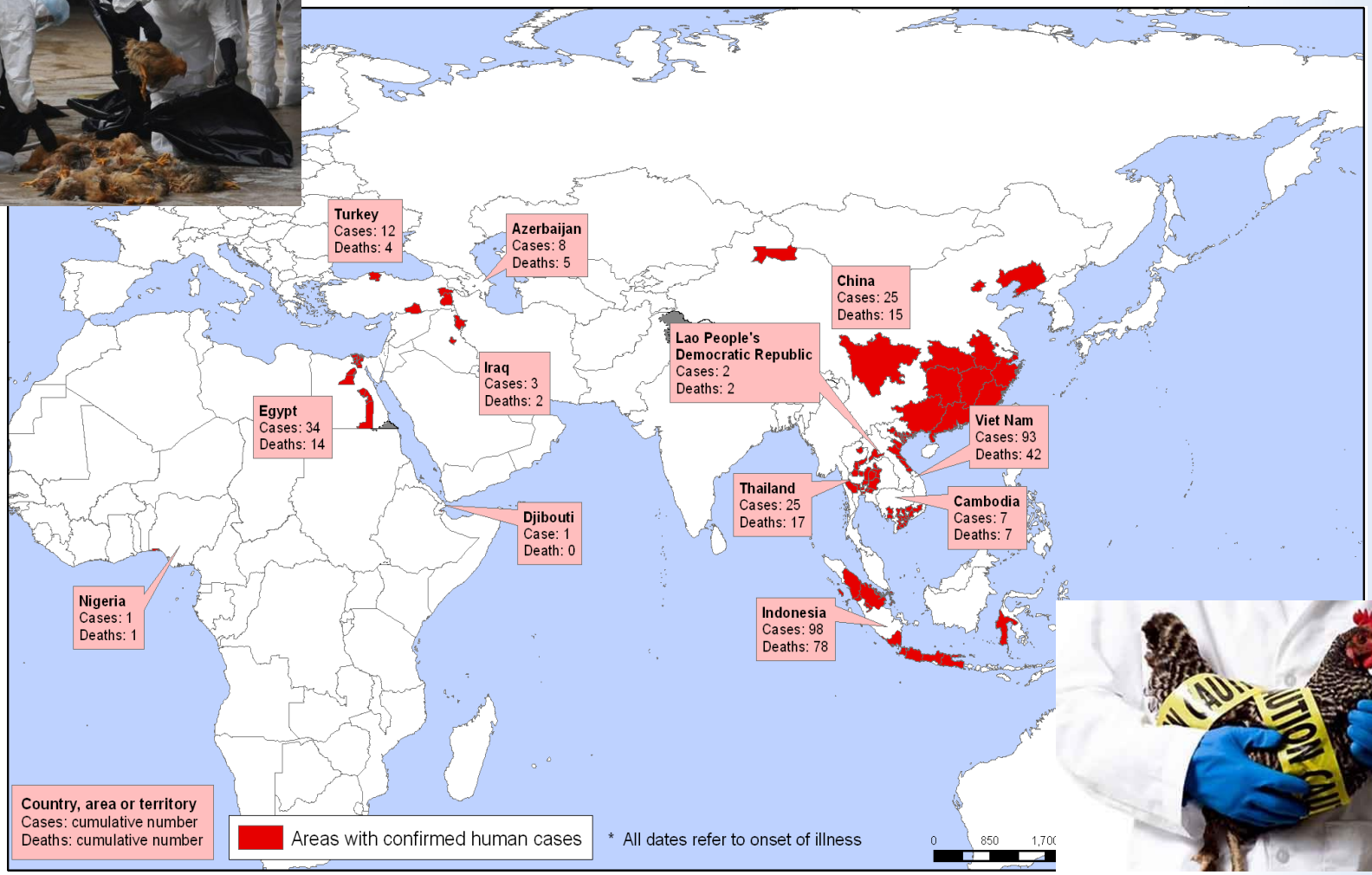
(2005)
THIRD EDITION
World Health
Organization

H5N1: Avian influenza, a pandemic threat



Session Overview

- International health regulations
- Aims of IHR
- Strategies globally adopted to control public health related diseases
- IHR challenges
- IHR in Saudi context

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What is IHR?

- An international legal instrument that is binding on 196 countries across the globe, including all the Member States of WHO.
- Require countries to **report certain disease outbreaks** and public health events to WHO.

What is IHR?

- This legally-binding agreement.
- Significantly contributes to global public health security.
- Through IHR, countries have agreed to build their capacities to detect, assess and report public health events.
- WHO plays the coordinating role in IHR and, together with its partners, helps countries to build capacities.

What is IHR?

- IHR also includes specific measures at ports, airports and ground crossings
  - to limit the spread of health risks to neighboring countries,
  - to prevent unwarranted travel and trade restrictions so that traffic and trade disruption is kept to a minimum.

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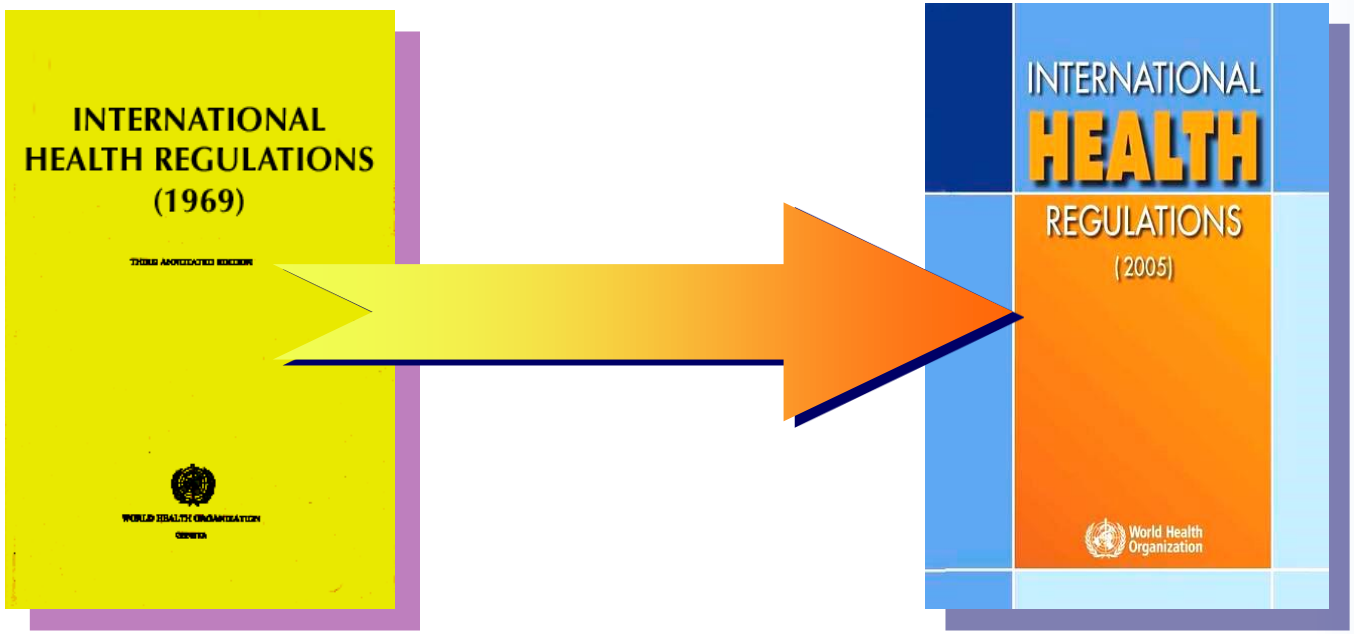
Why IHR is needed?

- To prevent, protect against, control and provide a public health response to the international spread of diseases

- Restricted to public health risks, and which avoid unnecessary interference with international traffic and trade

What's new?



- From three diseases to all public health threats
- From preset measures to adapted response
- From control of borders to, also, containment at source

All public health threats

- IHR recognize that international disease threats have increased
- Scope has been **expanded** from cholera, plague and yellow fever to all public health emergencies of international concern
- They include those caused by infectious diseases, chemical agents, radioactive materials and contaminated food

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What do the IHR call for?

- Strengthened national capacity for surveillance and control, including in travel and transport
- Prevention, alert and response to international public health emergencies
- Global partnership and international collaboration
- Rights, obligations and procedures, and progress monitoring

Acute public health threats are collectively managed

- The IHR define a risk management process where States Parties work together, coordinated by WHO, to collectively manage acute public health risks.
- The key functions of this global system, for States and WHO, are to:
  - detect
  - verify
  - assess
  - inform
  - assist

IHR Actions

- Timely and enhanced epidemic intelligence
- Real-time exchange of situational reports and other data for decision-making
- Enhanced information management and risk communications
- Joint risk analysis and decision support
- Action planning and coordination of response activities
- Technical partnerships to support international health security.

Containment at source

- **Rapid response at the source is:**
  - The most effective way to secure maximum protection against international spread of diseases
  - Key to limiting unnecessary health-based restrictions on trade and travel

Importance of national capacity

- The best way to prevent international spread of diseases is to detect public health events early and implement effective response actions when the problem is small
- Early detection of unusual disease events by effective national surveillance (both disease and event based)
- Systems to ensure response (investigation, control measures) at all levels (local, regional, and national)
- Routine measures and emergency response at ports, airports and ground crossings.

Core capacity requirements for designated points of entry (PoE)

- PoE Core capacity requirements at all times (routine)
- PoE Capacity requirements for responding to potential PHEIC (emergency)

PoE Core capacity requirements at all times (routine)

(a) Assessment and Medical care, staff & equipment

(b) Equipment & personnel for transport ill travellers

(c) Trained personnel for inspection of conveyances

(e) Trained staff and programme for vector control

(d) ensure save environment: water, food, waste, wash rooms & other potential risk areas - inspection programmes

PoE Capacity requirements for responding to potential PHEIC (emergency)

a Public Health Emergency Contingency plan: coordinator, contact points for relevant PoE, PH & other agencies

b Provide assessment & care for affected travellers, animals: arrangements with medical, veterinary facilities for isolation, treatment & other services

c Provide space, separate from other travellers to interview suspect or affected persons

d Provide for assessment, quarantine of suspect or affected travellers

e To apply recommended measures, disinsect, disinfect, decontaminate, baggage, cargo, containers, conveyances, goods, postal parcels etc

f To apply entry/exit control for departing & arriving passengers

g Provide access to required equipment, personnel with protection gear for transfer of travellers with infection/ contamination

Some principle approaches

Continuous risks

- Routine measures in place
  - "sanitary conditions" at points of entry and conveyances
  - travelers, goods etc.
- Specific measures for certain known risks in place
  - Vector control, vaccination
  - Standing recommendation

Sudden increase in risk

- Detection
  - information & verification
  - notification
  - risk assessment
- Response
  - Support to investigation and control
  - Information and recommendations

WHO system of Global Outbreak Alert and Response Network GOARN Operations

Event Intelligence

Official, State sources

Verification

Risk Assessment

WHO HQ, Regional & Country Offices, Collaborators and experts

Response

Global Outbreak Alert and Response Network

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Countries' challenges for IHR implementation

- Mobilize resources and develop national action plans
- Strengthen national capacities in alert and response
- Strengthen capacity at ports, airports, and ground crossings
- Maintaining strong threat-specific readiness for known diseases/risks
- Rapidly notify WHO of acute public health risks
- Sustain international and intersectoral collaboration
- Monitor progress of IHR implementation

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IHR in Saudi Arabia: Case Study

- During Hajj Season of 2014, the country was subjected to the risk of Ebola Virus Disease outbreak

- What was the action plan conducted under the IHR?

IHR in Saudi Arabia: Case Study

- Firstly: the disease was announced to be endemic in west African countries:

- Guinea, Liberia and Sierra Leone in West Africa. Additionally, a localised spread of the virus was announced in certain areas of Nigeria

IHR in Saudi Arabia: Case Study

- This announcement indicated a Public Health Event of International Concern (PHEIC).
- Saudi Arabia, as a member state was informed about this PHEIC through the National IHR Focal Point.
- The National IHR Focal Point in Saudi Arabia was a representative of the Saudi Ministry of Health.

How does The National IHR Focal Point in Saudi Arabia receive information from the WHO?

- Through the WHO IHR Contact Points (EMRO IHR contact point.)

Circle of Communication

IHR in Saudi Arabia: Case Study

A) The Information components:

1.surveillance, notification, consultation, verification, and information sharing at the endemic countries with EVD.

2.Announcement of the PHEIC with state parties.

3.Sharing of relevant public health knowledge about EVD with state parties.

IHR in Saudi Arabia: Case Study

B) Action plan at endemic countries:

1.application of prevention and control measures in endemic countries.

2.Application of exit screening measures at Points of Entry.

3.information sharing with state parties.

IHR in Saudi Arabia: Case Study

C) Action plan at Saudi Arabia:

1. Restriction of entry of citizens of affected countries.
2. Application of entry screening measures.
3. information sharing with relevant local authorities.
4. Assessment of the established capacity:
5. Transportation system adherence to the IHR guidelines.
6. Maintenance of core capacities at designated Points of Entry in Saudi Arabia: Jeddah airport, Madenah Airport, and Islamic seaport. In Jeddah.

IHR in Saudi Arabia: Case Study

C) Action plan at Saudi Arabia:

- Development of Public health Emergency Contingency Plans at Points of Entry.
- Plan trials, monitoring and evaluation.


Thank You