Faculty of Medicine

Family and Community Medicine

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International Health Regulations

YEAR

1439-1440 Hajji

2018 - 2019 Gregorian

Objectives
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?
INR in Saudi context.

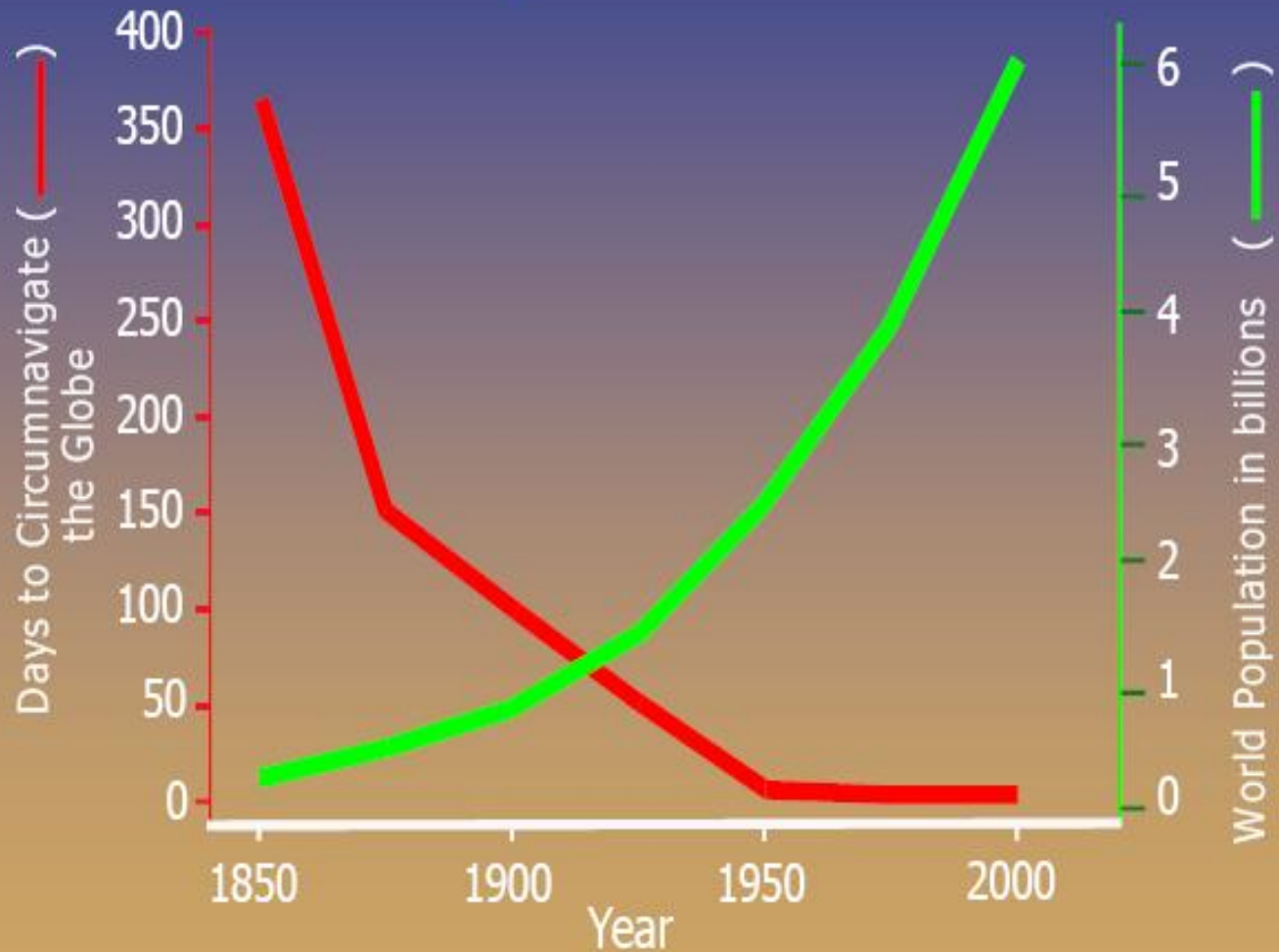# اللوائح الصحية الدولية

الدولية

(٢٠٠٥)

الطبعة الثانية

منظمة الصحة العالمية

Why have IHR?

- Serious and unusual disease events are inevitable

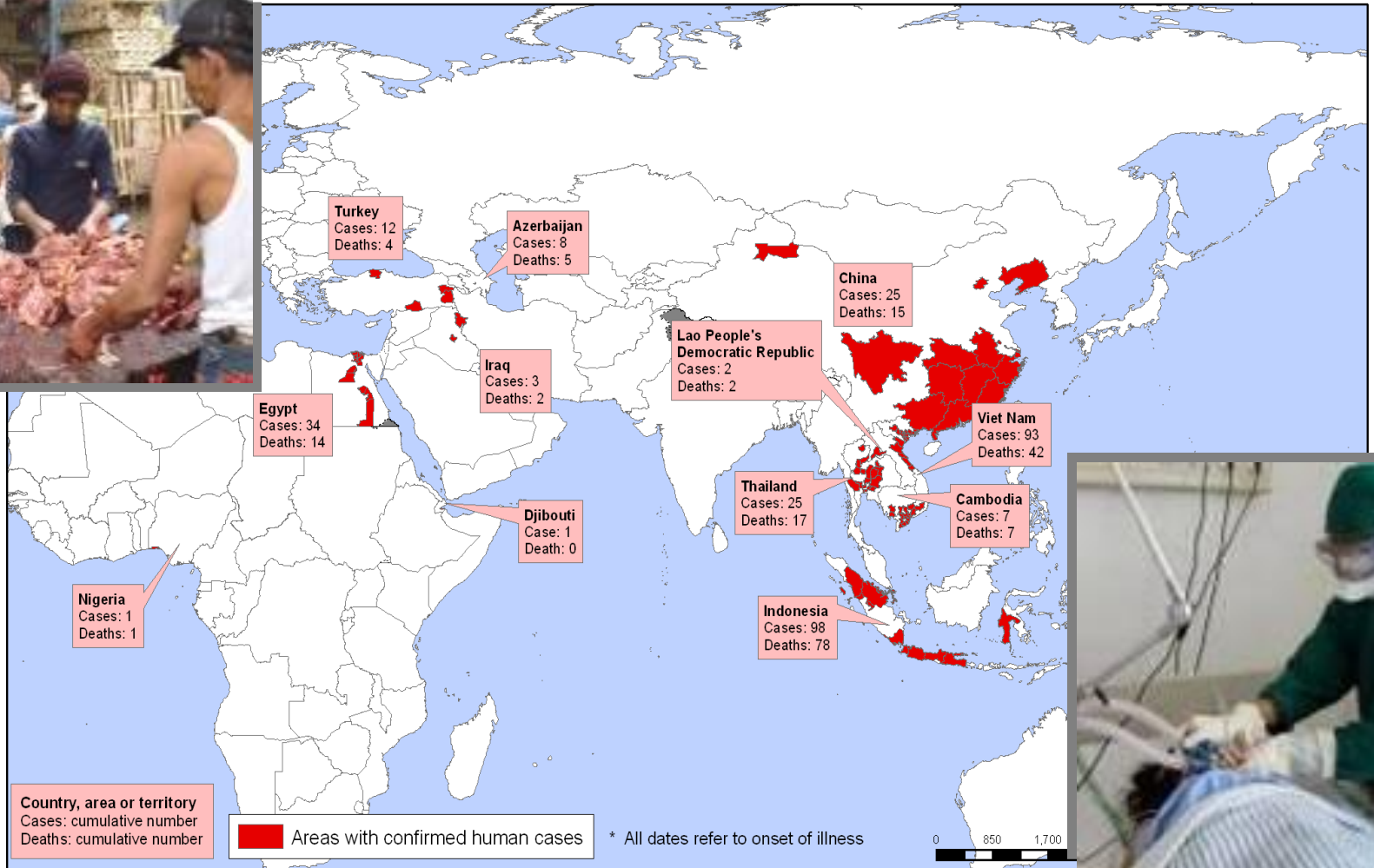- Globalisation - problem in one location is everybody's headache

Speed of Global Travel in Relation to World Population Growth

From: Murphy and Nathanson Sems. Virol. 5, 87, 1994
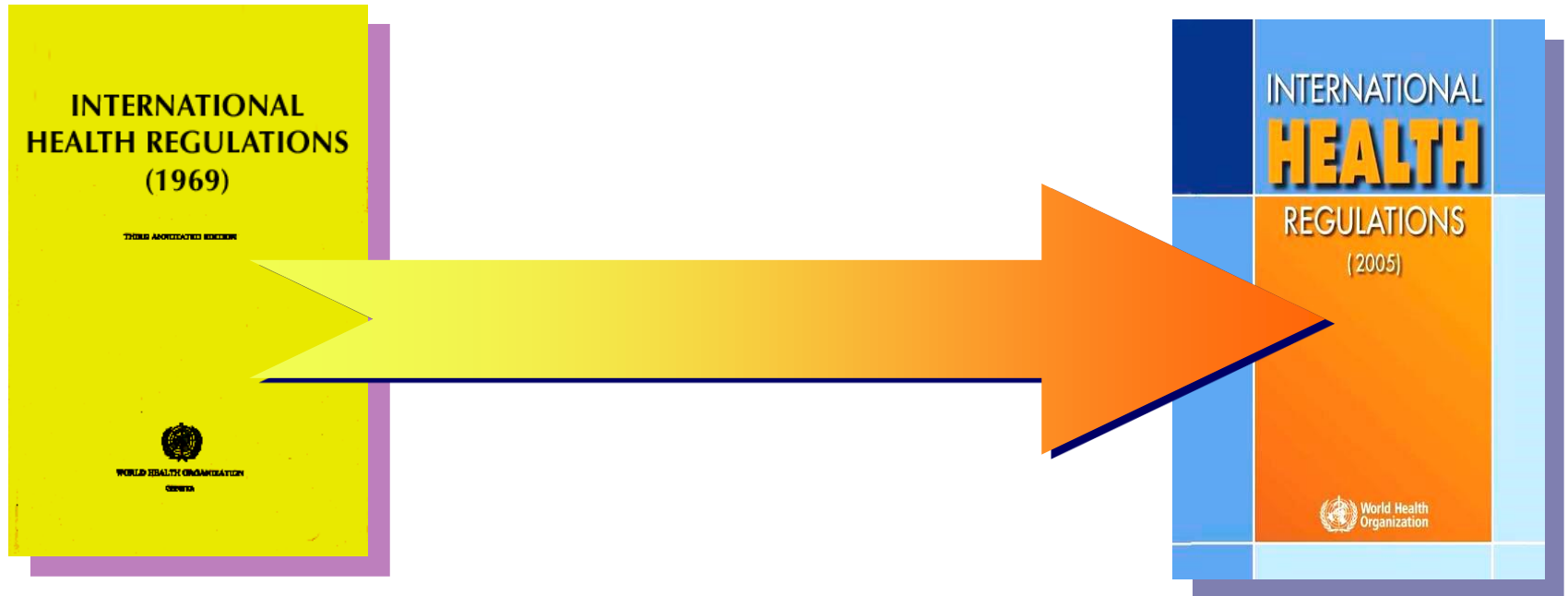
H5N1: Avian influenza, a pandemic threat

Turkey
Cases: 12
Deaths: 4

Azerbaijan
Cases: 8
Deaths: 5

China
Cases: 25
Deaths: 15

Lao People's
Democratic Republic
Cases: 2
Deaths: 2

Iraq
Cases: 3
Deaths: 2

Egypt
Cases: 34
Deaths: 14

Viet Nam
Cases: 93
Deaths: 42

Thailand
Cases: 25
Deaths: 17

Cambodia
Cases: 7
Deaths: 7

Djibouti
Case: 1
Death: 0

Nigeria
Cases: 1
Deaths: 1

Indonesia
Cases: 98
Deaths: 78

Country, area or territory
Cases: cumulative number
Deaths: cumulative number

Areas with confirmed human cases

* All dates refer to onset of illness

0   850   1,700

What is IHR?

- This legally-binding agreement.
- It significantly contributes to global public health security.
- providing a new framework for the coordination of the management of events that may constitute a public health emergency of international concern.
- improve the capacity of all countries to detect, assess, notify and respond to public health threats.

Purpose and scope of IHR 2005

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

- Restricted to public health risks, and 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**
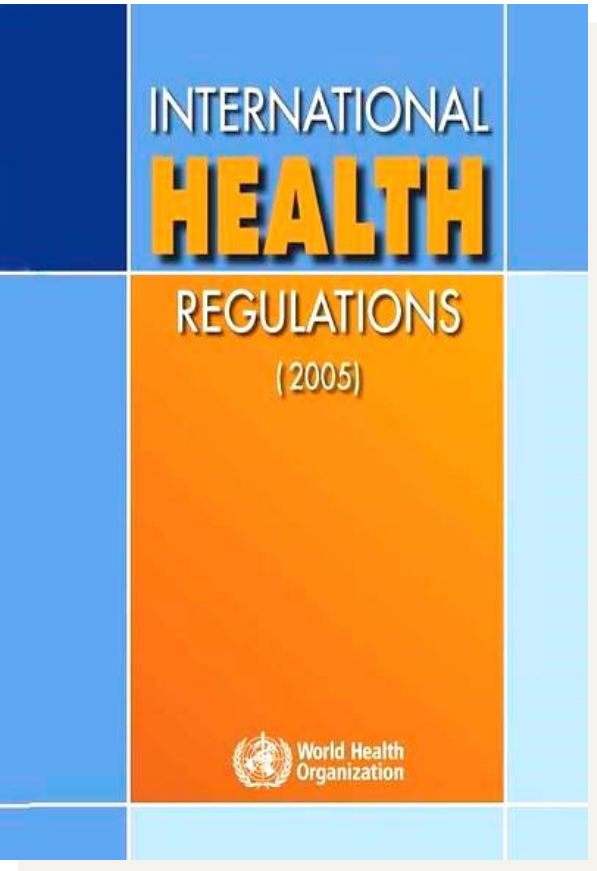- From **control of borders** to, also, **containment at source**

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 (PHEIC)**

- They include those caused by infectious diseases, chemical agents, radioactive materials and contaminated food.

What do the IHR call for?

- **Strengthened national capacity** for <u>surveillance</u> 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

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 <u>surveillance</u> (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)

- **DESIGNATION OF POINTS OF ENTRY**
  - States Parties **shall designate Airports and Ports** for developing capacities .
  - States Parties where justified for PH reasons, **may designate ground crossings** for developing capacities
  - States Parties **sharing common borders** should consider:
    - **Bilateral** and **multilateral** agreements
    - Joint designation of adjacent ground crossing for capacities

(a) **Assessment** and Medical care, staff & equipment

(b) **Equipment** & personnel for transport ill travellers

(c) **Trained** personnel for inspection of conveyances

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

(e) **Trained** staff and programme for vector control

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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

g

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

Ground Crossings

f

To apply entry/exit control for departing & arriving passengers

e

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

Some principle approaches

✓ Continuous risks

✓ **Routine measures in place**

- ✓ **"sanitary conditions" at points of entry and conveyances**
- ✓ **travellers, goods etc.**

✓ **Specific measures for certain known risks in place**

- ✓ **Vector control, vaccination**
- ✓ **Standing recommendations**

• Sudden increase in risk

✓ **Detection**

- ✓ **information & verification**
- ✓ **notification**
- ✓ **risk assessment**

✓ **Response**

- ✓ **Support to investigation and control**
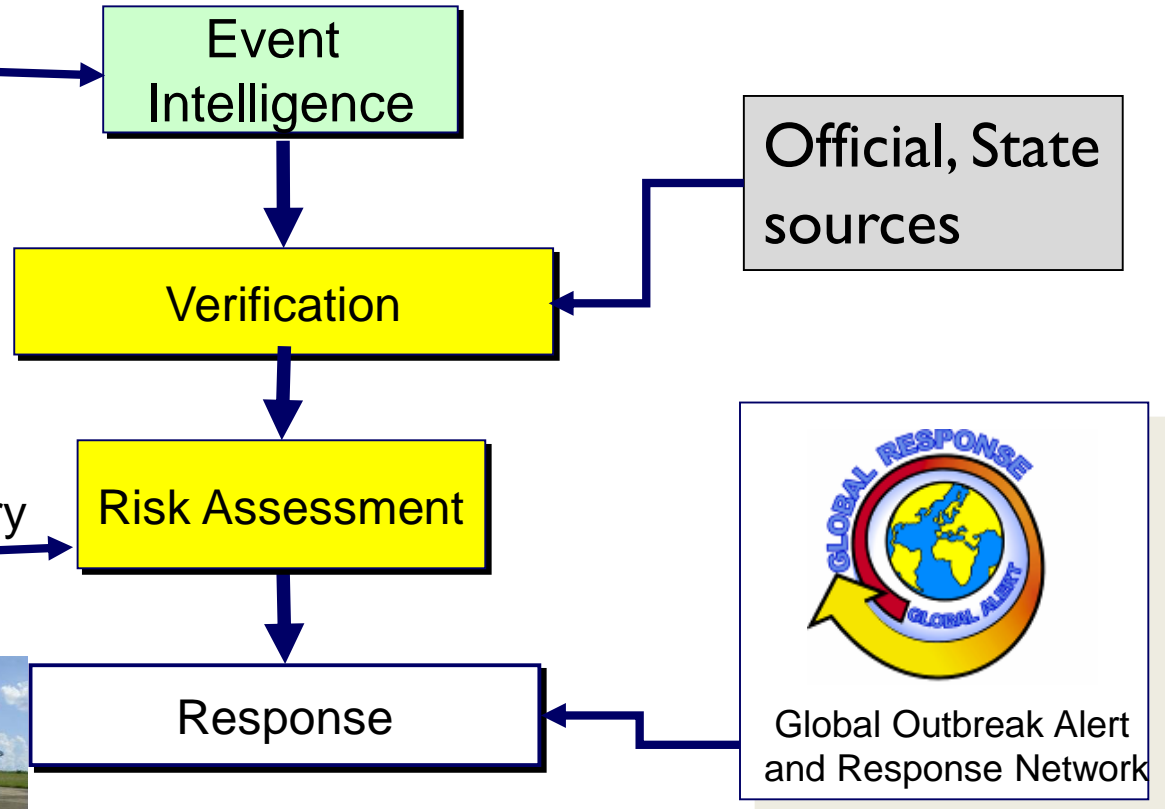- ✓ **Information and recommendations**

What does WHO do under the IHR?

- **Designate** WHO **IHR contact points**

- **Support States Parties** in assessing their public health risks, through the <u>notification</u>, <u>consultation</u>, and <u>verification</u> processes

- **Inform State Parties** of relevant international public health risks

- **Recommend** public health measures

- **Assist States Parties** in their efforts to investigate outbreaks and meet the IHR national core capacities requirements for surveillance and response and points of entry

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

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

IHR in Saudi Arabia: Case Study

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

- What was the action plan conducted under the IHR?

- 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
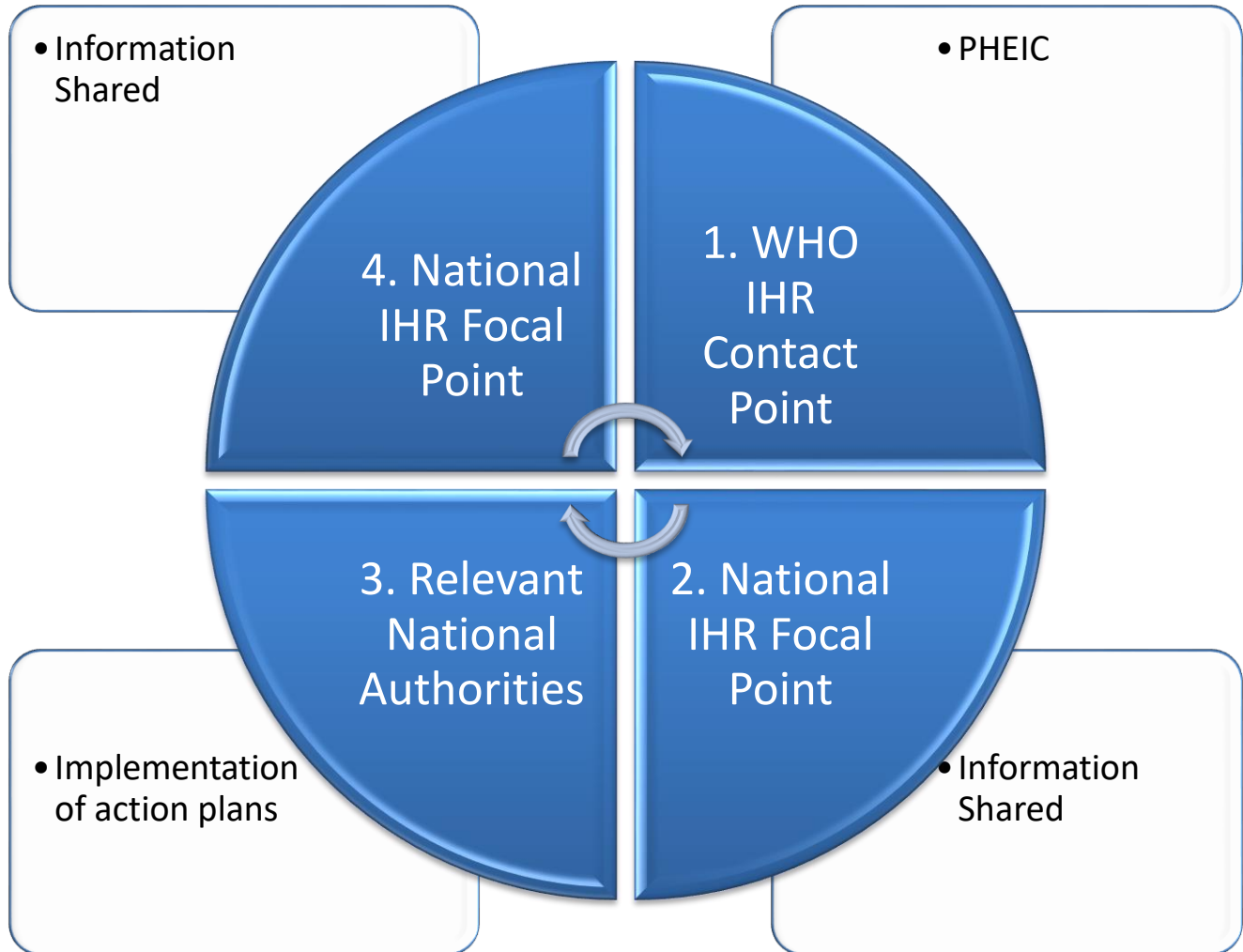
- This announcement indicated a Public Health Emergency of International Concern (PHEIC).

- 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.

i.e. (EMRO IHR contact point.)

Circle of Communication

- Information Shared

- PHEIC

4. National IHR Focal Point

1. WHO IHR Contact Point

3. Relevant National Authorities

2. National IHR Focal Point

- Implementation of action plans

- Information Shared

- A) The Information components
- B) Action plan at endemic countries
- C) Action plan at Saudi Arabia

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.

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.

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.

C) Action plan at Saudi Arabia:

4. Assessment of the established capacity:

Transportation system adherence to the IHR guidelines.

Maintenance of core capacities at designated Points of Entry in Saudi Arabia: Jeddah airport, Madenah Airport, and Islamic seaports in Jeddah.

C) Action plan at Saudi Arabia:

5. Development of Public health Emergency Contingency Plans at Points of Entry.

6. Plan trials, monitoring and evaluation.

Other Languages:

Your Health The Health
your Hajj Communication
Program for Hajj

Health Regulations   **Work Manual** ˅   **Health Facilities**   **Health Guidelines** ˅   **Information Center** ˅   **Awareness Publications** ˅   عربي

Hajj 1435 〉 News 〉 WHO Representative in KSA: MOH's Expertise in Epidemiological Surveillance Proved Pioneering

WHO Representative in KSA: MOH's Expertise in Epidemiological Surveillance Proved Pioneering

Dr. Hassan Al-Bishri, representative of the World Health Organization (WHO) in KSA, lauded the preparedness of the   9/24/2014 Ministry of Health (MOH) in terms of the epidemiological surveillance in the land, sea and air ports, and the emergency plan set by the MOH for fighting the viral hemorrhagic fever (Ebola) and the infectious epidemic diseases at the King Abdulaziz Airport in Jeddah.

Still, Dr. Hassan Al-Bishri described the experiment of the King Abdulaziz Airport in Jeddah as unprecedented saying, "In my capacity as the WHO representative, I will pass it down with all its details to the Regional Office; in order to circulate it to the other states with the aim of drawing on it as it has proven unprecedented."

Dr. Hassan Al-Bishri added "In the beginning, I would like to thank the mass media and its role in spreading awareness in general, and diffusing the facts and knowledge among the public to assure them. This is due to my belief that the mass media are a key partner to that regard as we need education not panic. As such, we have one goal which is the cooperation of the bodies with the mass media."

"The diseases taking place such as Ebola and other epidemic diseases are not broken out suddenly, and do not need permission entry," he went on adding. "They are spread by the people coming from known places, such as those coming from stricken countries. As such, the Hajj health aspect is highlighted as the Hajj performers come from far and wide, bringing along diseases, and behaviors triggering the diseases. They also bring along some items breaking out the diseases. For example, among the behaviors related the Hajj rituals are hair-cutting and bringing of food items. Similarly, some help transmit the diseases among the Hajj performers from

CORONA
VIRUS (MERS-CoV)

Health Awareness Videos

English   Sawahli   Ordo
Fransh   Indonesian   Turkish

Health Instructions

Protection from

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References

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- http://www.who.int/ihr/publications/9789241596664/en/