

International Health Regulations (IHR)

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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?
- IHR in Saudi context.

Brief History

- **1851:** First International Sanitary Conference, Paris
- **1951:** First International Sanitary Regulations (ISR) adopted by WHO member states
- **1969:** ISR replaced and renamed the International Health Regulations (IHR)
- **1995:** Call for Revision of IHR
- **2005:** IHR (2005) adopted by the World Health Assembly



Brief History

- **2006:** World Health Assembly vote that IHR (2005) will enter into force in June 2007
- **15 June 2007:** IHR entered into force and are binding on 194 States Parties
- **2007-2009:** Member States assessed and improved their national core capacities for surveillance and reporting
- **2012:** the core capacities were in place and functioning



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

- IHR (1969):
 - To provide maximum security against international spread of diseases with minimum interference with world traffic
 - Only 3 diseases (cholera, plague and yellow fever)
 - Dependence on affected country to notify and lack of mechanism for collaboration between WHO and affected countries.
- IHR (2005):
 - To prevent, protect against, control and provide a public health response to the international spread of disease.
 - In a way commensurate with and restricted to public health risks.
 - Which avoid unnecessary interference with international traffic and trade



From three diseases to all public health events

From passive to pro-active using real time surveillance/evidence

From control at borders to detection and containment at source

Assess events and notify potential Public Health Emergency of International Concern

- What is PHIEC?
- An extraordinary public health event which constitute a public health risk to other countries through international spread of disease and potentially requires a coordinated international response.
- They include those caused by infectious diseases, chemical agents, radioactive materials and contaminated food.

Any event irrespective of origin and source meeting **2 or more** of the following criteria is considered as **PHEIC** and should be notified to WHO according to IHR (2005):

1. Unusual or unexpected event
2. Resulting in serious public health impact
3. With significant risk of international spread
4. Significant risk of international travel or trade restriction.

IHR (2005) Document

- 66 articles organized in 10 parts.



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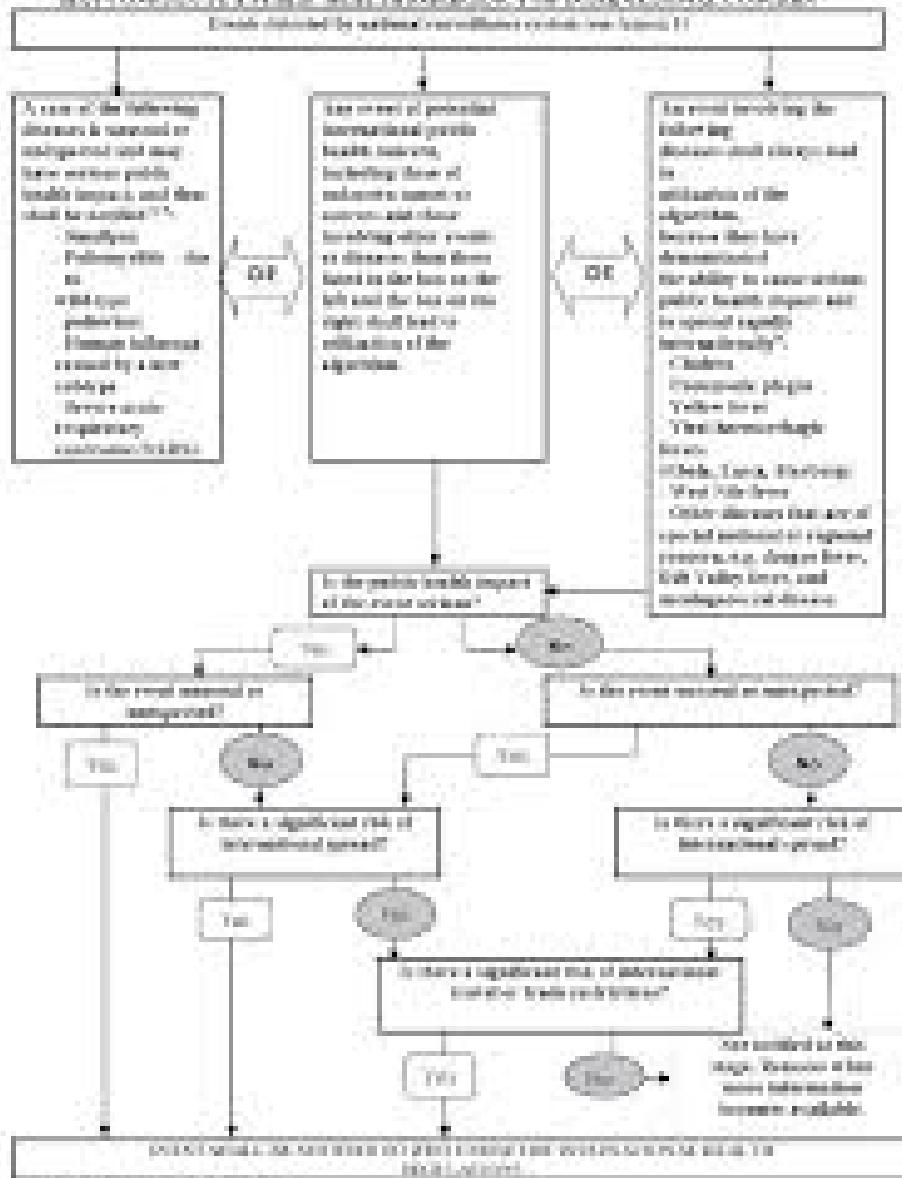
IHR (2005) Document

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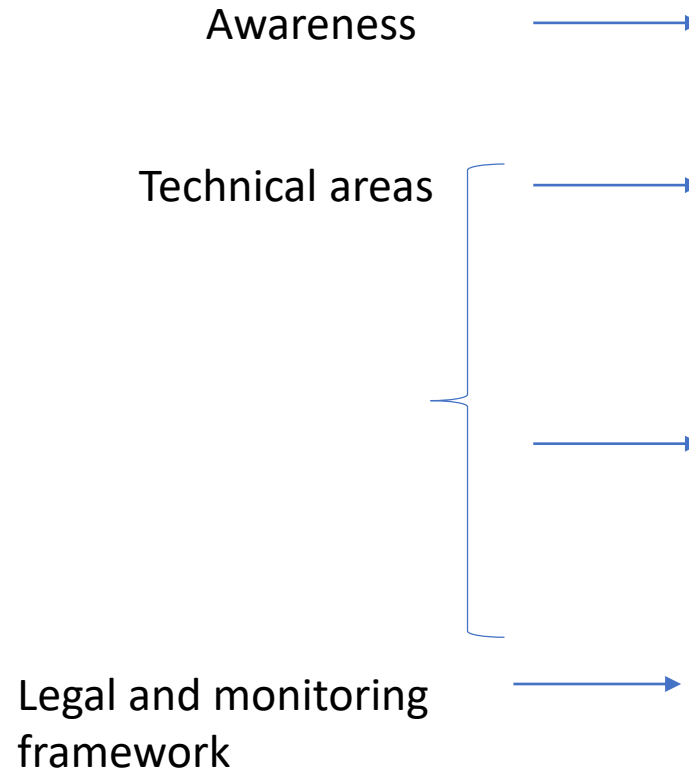
DECISION PROCESS FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN



* As per WHO case definitions

** The disease list shall be used only for the purposes of these Regulations

Globally adopted strategies to control public health related diseases



Seven strategic actions to guide IHR (2005) implementation^a

	Strategic action	Goal
	GLOBAL PARTNERSHIP	
1	Foster global partnerships	WHO, all countries and all relevant sectors (e.g. health, agriculture, travel, trade, education, defence) are aware of the new rules and collaborate to provide the best available technical support and, where needed, mobilize the necessary resources for effective implementation of IHR (2005).
	STRENGTHEN NATIONAL CAPACITY	
2	Strengthen national disease surveillance, prevention, control and response systems	Each country assesses its national resources in disease surveillance and response and develops national action plans to implement and meet IHR (2005) requirements, thus permitting rapid detection and response to the risk of international disease spread.
3	Strengthen public health security in travel and transport	The risk of international spread of disease is minimized through effective permanent public health measures and response capacity at designated airports, ports and ground crossings in all countries.
	PREVENT AND RESPOND TO INTERNATIONAL PUBLIC HEALTH EMERGENCIES	
4	Strengthen WHO global alert and response systems	Timely and effective coordinated response to international public health risks and public health emergencies of international concern.
5	Strengthen the management of specific risks	Systematic international and national management of the risks known to threaten international health security, such as influenza, meningitis, yellow fever, SARS, poliomyelitis, food contamination, chemical and radioactive substances.
	LEGAL ISSUES AND MONITORING	
6	Sustain rights, obligations and procedures	New legal mechanisms as set out in the Regulations are fully developed and upheld; all professionals involved in implementing IHR (2005) have a clear understanding of, and sustain, the new rights, obligations and procedures laid out in the Regulations.
7	Conduct studies and monitor progress	Indicators are identified and collected regularly to monitor and evaluate IHR (2005) implementation at national and international levels. WHO Secretariat reports on progress to the World Health Assembly. Specific studies are proposed to facilitate and improve implementation of the Regulations.

^a Strategic actions 2–5 are key because they call for significantly strengthened national and global efforts.



Designation of a National Focal Point

- “the national center, designated by each State Party which shall be accessible at all times for communication with WHO Contact Points”
- WHO shall designate IHR Contact Points, which shall be accessible at all times for communications with National IHR Focal Points.
- Responsible for notification to WHO but not necessarily responsible for carrying out the assessment.

Core capacity to detect, report and respond

- Strengthen national capacity at 3 levels: community, intermediate and national.

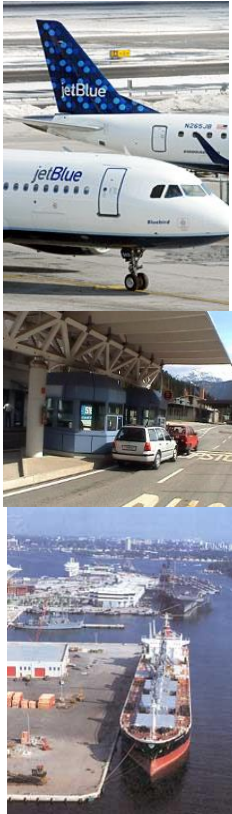


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- Health system النظام الصحي بشكل عام
- Epidemiology وحدات الوبائيات
- Laboratory المختبرات
- Preparedness الجاهزية في جميع القطاعات
- Case management توفر الخدمات العلاجية
- Infection control مكافحة العدوى
- Disaster management إدارة الأزمات
- Communication التواصل السريع
- ...



Core capacity to detect, report and respond



- Ports الموانئ
- Airports المطارات
- Ground crossings

المنافذ البرية

- Intersectoral collaboration
- تقوية القدرات الأساسية من خلال التعاون مع
- Aviation sector الطيران المدني
- Shipping هيئة الموانئ
- Railways هيئة السكة الحديد
- Customs & Immigration security

• الجمارك و الجوازات والأمن

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Core capacity to detect, report and respond

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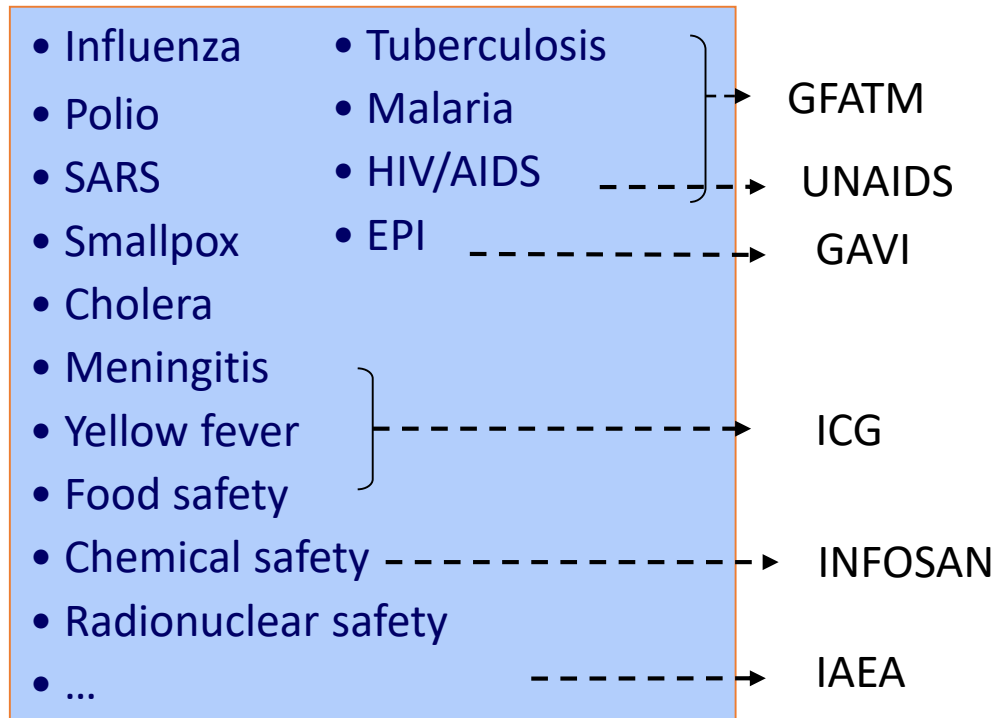
"Event-based" surveillance and response at global level

الترصد الوبائي والاستجابة والتبليغ على المستوى الدولي عند وجود خطر صحي

- Intelligence والبحث والتقصي
- Verification التحقق من وجود خطر صحي
- Risk assessment تقييم الخطر
- Response (GOARN) الاستجابة
- Logistics الدعم اللوجستي
- ...

Core capacity to detect, report and respond

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Collaboration with

International organizations

التعاون مع بعض المنظمات الدولية

للتعامل مع الأحداث الصحية المحددة

Comply with routine provision

LEGAL ISSUES AND MONITORING		
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National Legislation should allow Compliance with IHR
القوانين المحلية يجب أن تسمح بتطبيق اللوائح الصحية الدولية

- NFP Designation and Operations مهامها ومهامها
- Detection, reporting, verification and control of events أعمال الترصد الوبائي والمكافحة
- Implementation of IHR Documents استخدام وثائق اللوائح الصحية
- Definition of implementing structures, organization, roles and responsibility تعريف الجهات المسؤولة وتحديد أدوارها

Comply with routine provision

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At 3 levels:

1. Community/Peripheral
2. Intermediate
3. National

تقييم القدرات الأساسية في كل القطاعات
المعنية بتنفيذ اللوائح

8 Core capacities:

1. Legislation and Policy التشريعات
2. Coordination التنسيق بين القطاعات المعنية
3. Surveillance الترصد الوبائي
4. Response الاستجابة
5. Preparedness الجاهزية
6. Risk Communications إدارة المخاطر
7. Human Resources الموارد البشرية
8. Laboratory المختبرات

Challenges faced by different countries while implementing IHR

- 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?

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

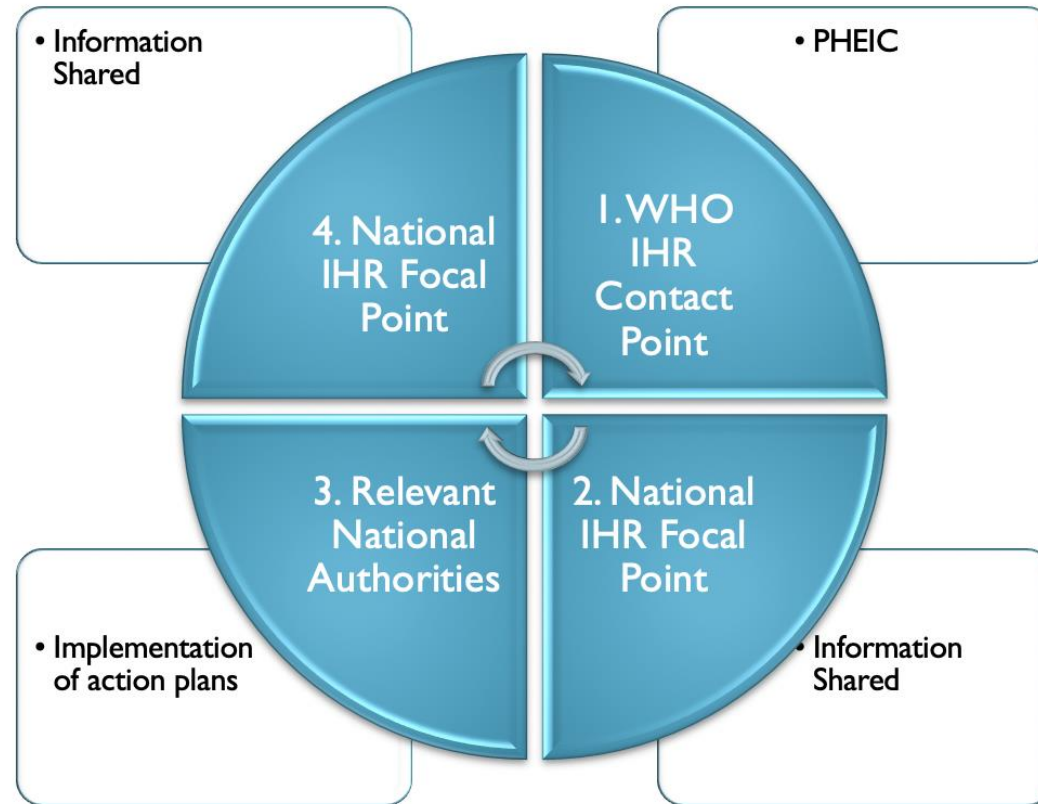
IHR in Saudi Arabia: Case Study

- This announcement indicated a Public Health 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



IHR in Saudi Arabia: Case Study

- A) The Information components:
 - 1. Surveillance, notification, consultation, verification, and information sharing at the endemic countries with ED.
 - 2. Announcement of the PHEIC with state parties.
 - 3. Sharing of relevant public health knowledge about ED 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

IHR in Saudi Arabia: Case Study

- 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, Madinah Airport, and Islamic seaports in Jeddah.

IHR in Saudi Arabia: Case Study

- C) Action plan at Saudi Arabia:
- 5. Development of Public health Emergency Contingency Plans at Points of Entry.
- 6. Plan trials, monitoring and evaluation.

Your Health
your Hajj

The Health
Communication
Program for Hajj



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 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. 9/24/2014

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 haircutting 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
French | Indonesian | Turkish

Health Instructions



Protection from



References

- <http://www.who.int/ihr/en/>
- <http://www.moh.gov.sa/en/Hajj/News/Pages/News-2014-09-24-001.aspx>
- <http://www.who.int/ihr/publications/9789241596664/en/>

Thank you