



Community Medicine

International health regulation

● Objectives:

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

● Resources :

Slides.

[Colors index : **Important** | **Notes** | Slides | Extra]

Doctor's notes.

[Editing file | Share note]

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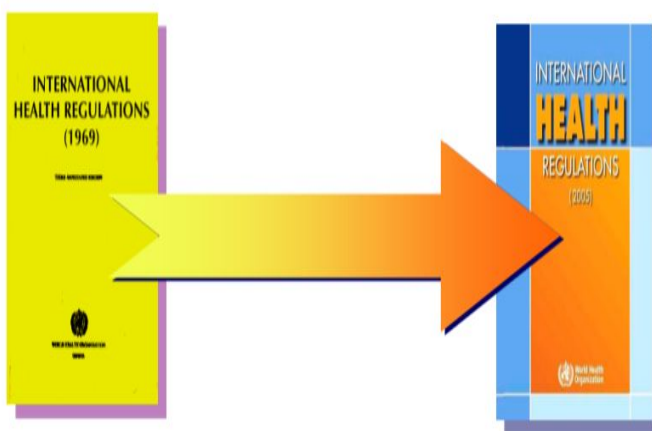
Brief History

- **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.



- **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's new?



- From three diseases to **all public health threats**.
- From passive to **pro-active using real time surveillance/ evidence**.
- From control of borders to **detection and containment at source**.

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 diseases.

In a way commensurate with and restricted to public health risks.

Which avoid unnecessary interference with international traffic and trade.

What is IHR?

A legally-binding agreement.
In book format.

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. I.e influenza and polio.

improves the capacity of all countries to detect, assess, notify and respond to public health threats.

PHIEC 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. Assess events and notify potential Public Health Emergency of International Concern.

- 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.

يحتوي على اشياء عامه عشان ما تنتشر ال

Infectious diseases

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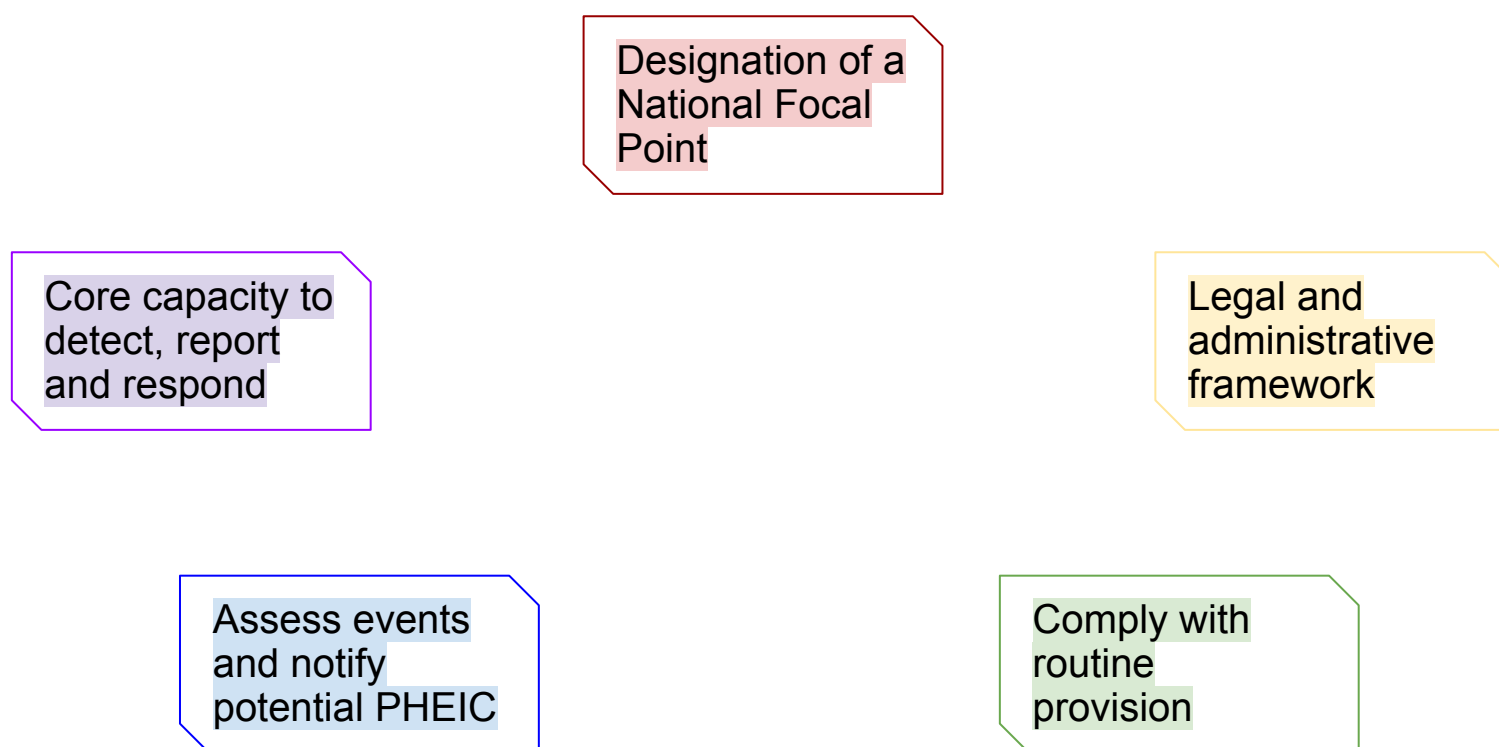
Globally adopted strategies to control public health related diseases

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

	Strategic action	Goal
	GLOBAL PARTNERSHIP	
Awareness	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	
Technical areas	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	
Legal and monitoring framework	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.

Major Obligations



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(**international**), which shall be accessible at all times for communications with National IHR Focal Points(**national**).
- Responsible for notification to WHO but not necessarily responsible for carrying out the assessment.

Major Obligations Cont.

Core(local) capacity to detect, report and respond

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.

- Ports الموانئ
- Airports المطارات
- Ground crossings المنافذ البرية



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

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

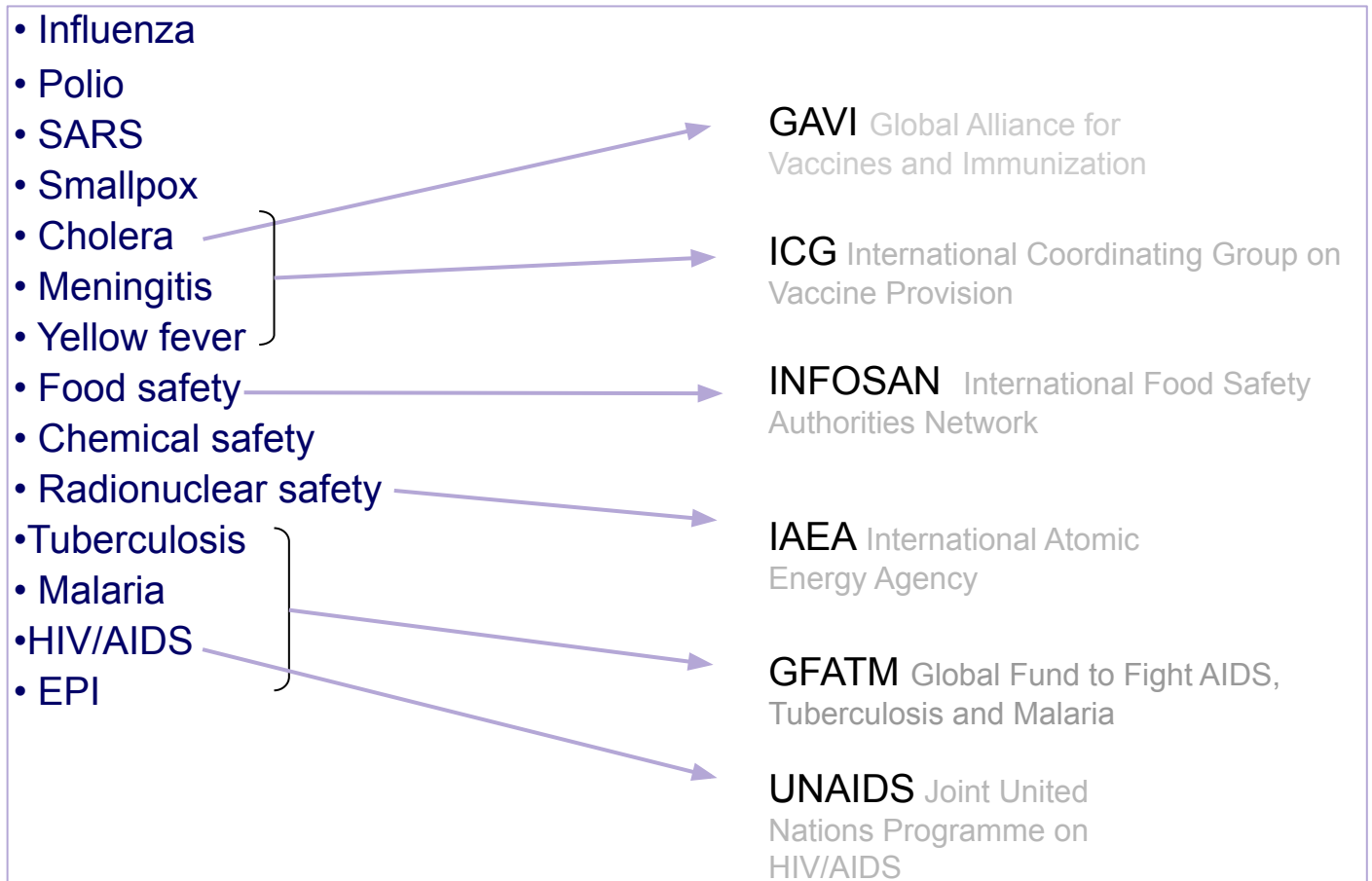
- Health system النظام الصحي بشكل عام
- Epidemiology وحدات الوبائيات
- Laboratory المختبرات
- Preparedness الجاهزية في جميع القطاعات
- Case management توفر الخدمات العلاجية
- Infection control مكافحة العدوى
- Disaster management إدارة الأزمات
- Communication التواصل السريع

When they ask if you've had a fever recently, if yes then screen to make sure it's not infectious before you travel.

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

Collaboration with International organizations التعاون مع بعض المنظمات الدولية للتعامل مع الأحداث الصحية المحددة



"Event-based" surveillance and response at global level الترصد الوبائي والاستجابة والتبليغ على المستوى الدولي عند وجود خطر صحي

Major Obligations Cont.

Comply with routine provision

- NFP Designation and Operations تحديد نقاط الاتصال 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

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

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.
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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

At 3 levels:

1. Community/Peripheral
 2. Intermediate
 3. National
- تقييم القدرات الأساسية في كل القطاعات المعنية بتنفيذ اللوائح

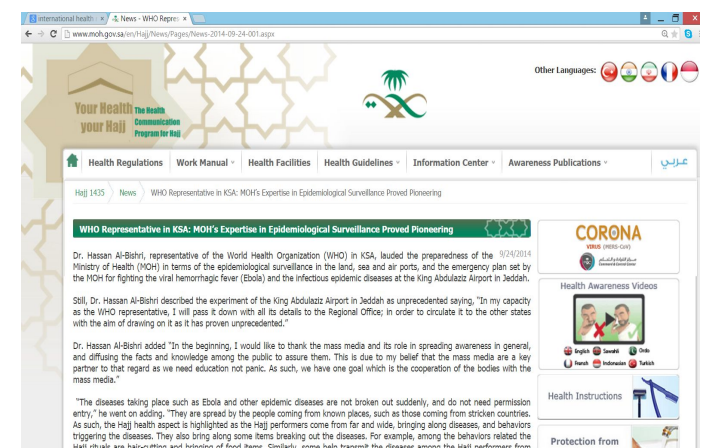
Challenges faced by different countries while implementing IHR

- Mobilize resources and developing national action plans.
- Strengthen national capacities in alert and response. **Each country needs to be capable of doing this.**
- 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.

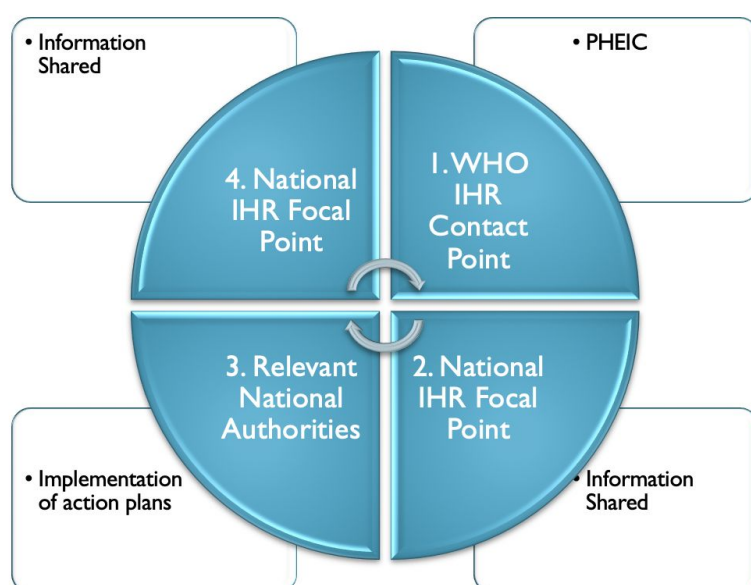
- The Information components:
 - Surveillance, notification, consultation, verification, and information sharing at the endemic countries with ED.
 - Announcement of the PHEIC with state parties.
 - Sharing of relevant public health knowledge about ED with state parties.
- Action plan at endemic countries:
 - Application of prevention and control measures in endemic countries.
 - Application of exit screening measures at Points of Entry.
 - Information sharing with state parties.
- Action plan at Saudi Arabia:
 - Restriction of entry of citizens of affected countries.
 - Application of entry screening measures.
 - Information sharing with relevant local authorities
 - 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.
 - Development of Public health Emergency Contingency Plans at Points of Entry.
 - Plan trials, monitoring and evaluation.



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



1. local detection.
2. they report to Focal point.
3. Focal reports to Contact points.
4. Contact reports to WHO to make the correct response .

Its a CIRCLE so we can also go from 4-1

Summary

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● 2. Resulting in serious public health impact.

● 3. With significant risk of international spread.

● 4. Significant risk of international travel or trade restriction.

MCQs

1-which of the following criteria is consider as PHIEC?

- A- unusual or unexpected event
- B-with no significant international spread
- C- not resulting in serious public health impact
- D- none of the above

Ans: A

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

- A- National IHR focal piont
- B- relevant national authority
- C- Through the WHO contact point
- D- none of the above

Ans:c

Which of the following challenging WHO face when implanting IHR?

- A- comply with routine provision
- B-legal and administrative framework
- C-core capacity to detect report and response
- D-sustain international and intersectoral collabrtrion

Ans: D

How many carteria should be presnt to consider as PHIEC?

- A-0
- B-Only 1
- C-1 or more
- D-2 or more

Ans: D