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.

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.

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

Why were the IHR revised

- Cross border travel and trade have increased

- The challenge of emerging and reemerging infectious diseases

- Only 3 diseases (cholera, plague and yellow fever) narrow scope

- Dependence on affected country to notify and lack of mechanism for collaboration between WHO and affected countries.

- Lack of a formal internationally coordinated mechanism to contain international disease spread

Purpose and scope of 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

Notifiable diseases under IHR 2005

1. ANY case of the following 4 diseases:
a) Small pox,
b) Poliomyelitis ,
c) SARS and
d) Cases of human influenza caused by a new subtype.
2. Any event of potential international public health concern, including
• Those of unknown causes or sources
• Even if not listed in points 1

What is PHEIC?

- 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.

IHR (2005) Document

• 9 Annexes

Events detected by national surveillance system (see Annex 1)

A case of the following diseases is unusual or unexpected and may have serious public health impact, and thus shall be notified[a,b]:
- Smallpox
- Poliomyelitis due to wild-type poliovirus
- Human influenza caused by a new subtype
- Severe acute respiratory syndrome (SARS)

OR

Any event of potential international public health concern, including those of unknown causes or sources and those involving other events or diseases than those listed in the box on the left and the box on the right shall lead to utilization of the algorithm.

OR

An event involving the following diseases shall always lead to utilization of the algorithm, because they have demonstrated the ability to cause serious public health impact and to spread rapidly internationally[b]:
- Cholera
- Pneumonic plague
- Yellow fever
- Viral haemorrhagic fevers (Ebola, Lassa, Marburg)
- West Nile fever
- Other diseases that are of special national or regional concern, e.g. dengue fever, Rift Valley fever, and meningococcal disease

Is the public health impact of the event serious?

Yes / No

Is the event unusual or unexpected?

Yes / No

Is the event unusual or unexpected?

Yes / No

Is there a significant risk of international spread?

Yes / No

Is there a significant risk of international spread?

Yes / No

Is there a significant risk of international travel or trade restrictions?

Yes / No → Not notified at this stage. Reassess when more information becomes available.

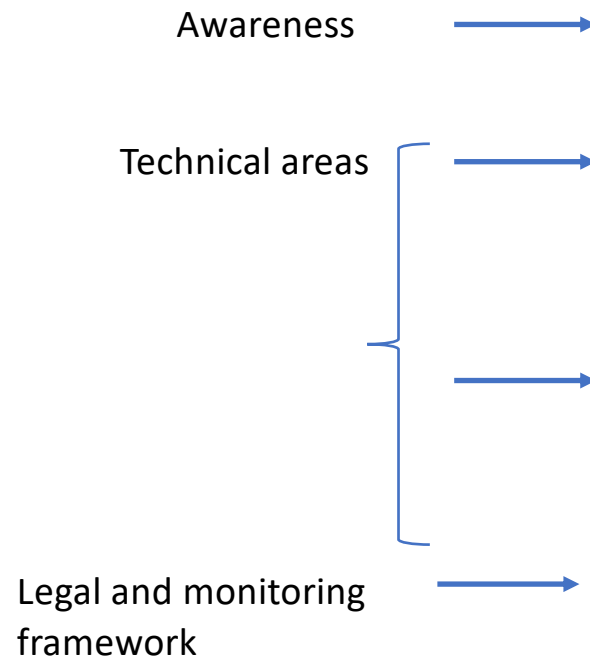EVENT SHALL BE NOTIFIED TO WHO UNDER THE INTERNATIONAL HEALTH REGULATIONS

[a] As per WHO case definitions.
[b] The disease list shall be used only for the purpose of these Regulations.

Table 1. Simplified form of IHR 2005 decision instruments (*Quoted from IHR 2005 Annex 2*)

Event detected by National Surveillance System	Criteria	Action proposed	
* Small Pox * Poliomyelitis due to wild type of polio virus * Severe Acute Respiratory Syndrome * Human influenza caused by new subtype.		Notifiable under IHR 2005	
* Any event of potential public health concern including those of unknown cause and source * Cholera * Pneumonic plague * Yellow fever * Viral Haemorrhagic fever (Ebola, Lassa, Marburg) * West Nile Fever * Other diseases of special and regional concern e.g. dengue fever, rift valley fever, Meningococcal disease.	* Is the public health impact of event serious ? * Is the event unusual or unexpected? * Is there significant spread of international spread? * Is there significant risk of international travel and trade restriction?	Yes to any two criteria	Notifiable under IHR 2005

Globally adopted strategies to control public health related diseases

Awareness →

Technical areas →

Legal and monitoring framework →

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

Core capacities to detect, report and respond

Legal & administrative framework

Major Obligations

Assess events & notify potential PHEIC

Comply with routine provisions

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
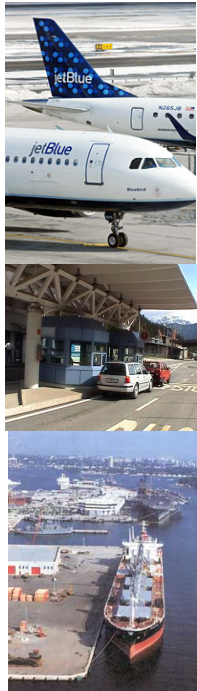
المنافئ Ports
المطارات Airports
• Ground crossings
المنافذ البرية

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

الجمارك و الجوازات والأمن •

	STRENGTHEN NATIONAL CAPACITY	
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Core capacity to detect, report and respond

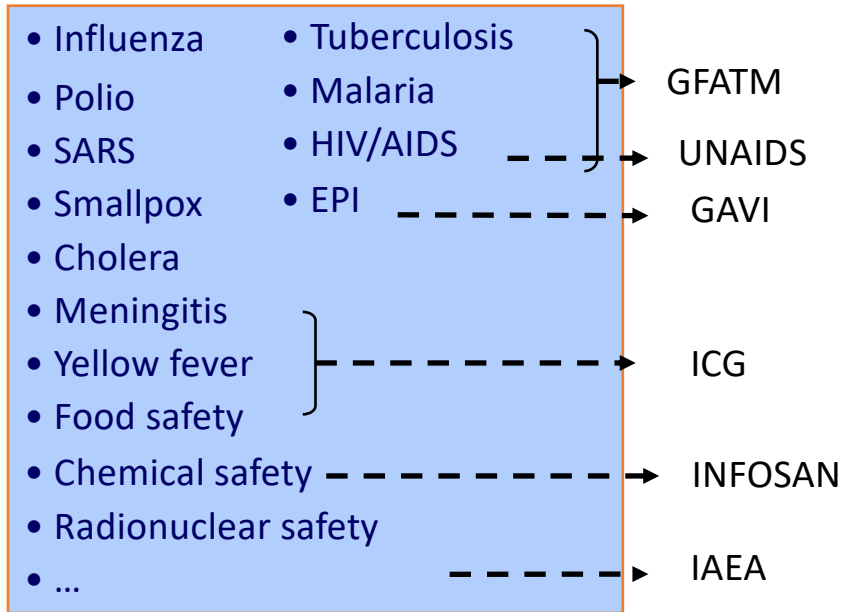|	PREVENT AND RESPOND TO INTERNATIONAL PUBLIC HEALTH EMERGENCIES	
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"Event-based"   surveillance and response at global level

الترصد الوبائي والاستجابة والتبليغ على المستوى الدولي عند وجود خطر
صحي

- Intelligence البحث والتقصي

- Verification التحقق من وجود خطر صحي

- Risk assessment تقييم الخطر

- Response (GOARN) الاستجابة

- Logistics الدعم اللوجستي

- …

Core capacity to detect, report and respond

	PREVENT AND RESPOND TO INTERNATIONAL PUBLIC HEALTH EMERGENCIES	
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- Influenza
- Polio
- SARS
- Smallpox
- Cholera
- Meningitis
- Yellow fever
- Food safety
- Chemical safety
- Radionuclear safety
- …

- Tuberculosis
- Malaria
- HIV/AIDS
- EPI

GFATM

UNAIDS

GAVI

ICG

INFOSAN

IAEA

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

Comply with routine provision

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

- 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

Comply with routine provision

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At 3 levels:
1. Community/Peripheral
2. Intermediate
3. National

تقييم القدرات الأساسية في كل القطاعات
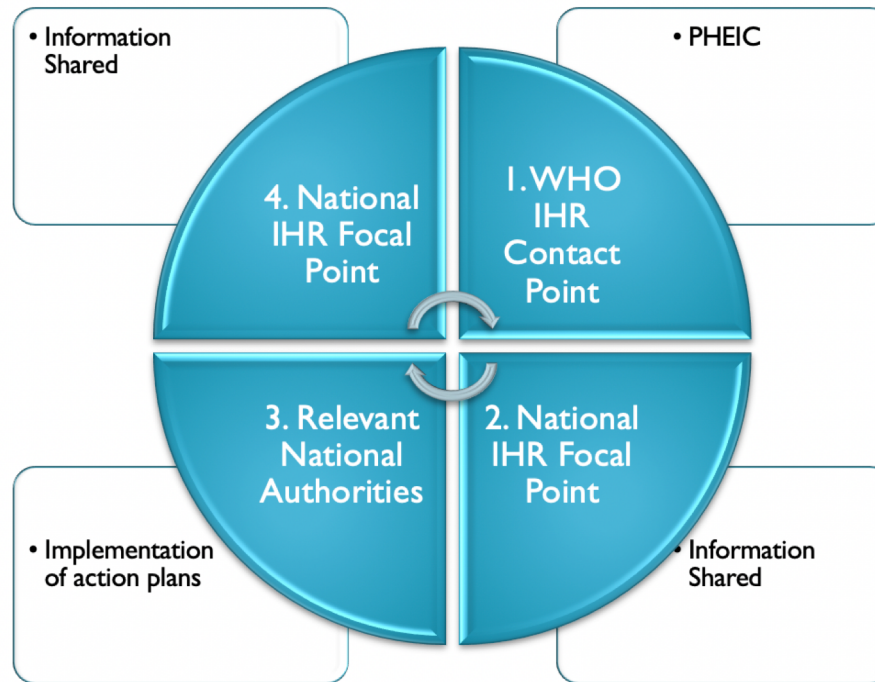المعنية بتنفيذ اللوائح

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

Designation of a National Focal Point

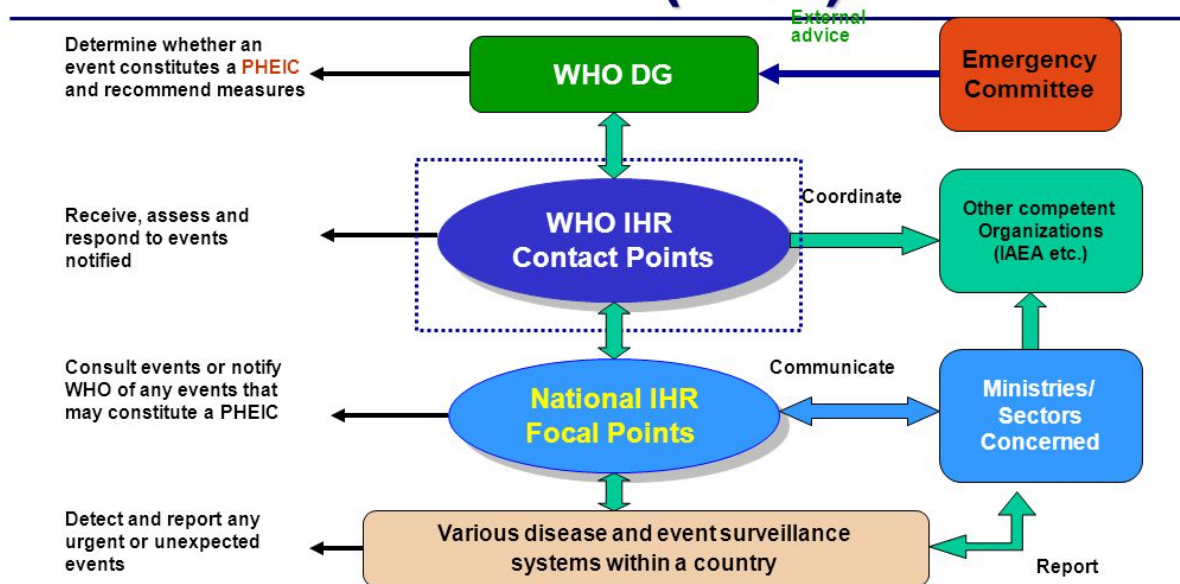- "the national center, designated by each State Party which shall be accessible at all times for communication with WHO Contact Points"

- 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.

Circle of communication

Event notification and determination under IHR (2005)

External advice

Determine whether an event constitutes a PHEIC and recommend measures ← **WHO DG** ← **Emergency Committee**

Receive, assess and respond to events notified ← **WHO IHR Contact Points** → Coordinate → **Other competent Organizations (IAEA etc.)**

Consult events or notify WHO of any events that may constitute a PHEIC ← **National IHR Focal Points** ← Communicate → **Ministries/ Sectors Concerned**

Detect and report any urgent or unexpected events ← **Various disease and event surveillance systems within a country** ← Report

World Health Organization

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
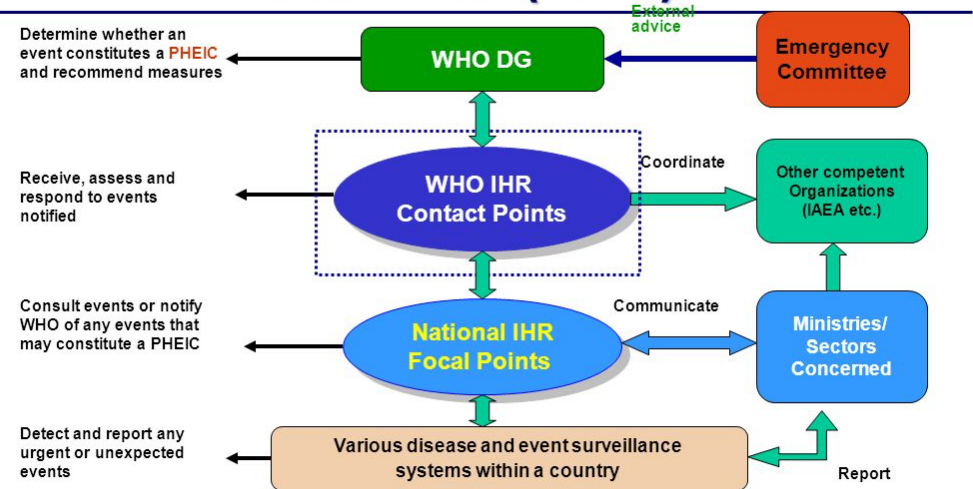
IHR in Saudi Arabia: Case Study

- 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.)

Event notification and determination under IHR (2005)

Epidemic and Pandemic Alert and Response
World Health Organization

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

IHR in Saudi Arabia: Case Study

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

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

6. Plan trials, monitoring and evaluation.

Other Languages:

Your Health your Hajj The Health 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

9/24/2014

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.

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
🇫🇷 Frensh 🇮🇩 Indonesian 🇹🇷 Turkish

Health Instructions

Protection from

References

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- http://www.moh.gov.sa/en/Hajj/News/Pages/News-2014-09-24-001.aspx
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Thank you