

International Health Regulation

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

اللهمّ أبدل مي داراً خيراً من دارها، وأهلاً خيراً من أهلها، وأدخلها الجنة، وأعدّها من عذاب القبر، ومن عذاب النار اللهمّ إن كانت محسنة فزد من حسناتها، وإن كانت مسيئة فتجاوز عن سيئاتها اللهم عوض شبابها بجنّتك واسكنها الفردوس الأعلى بلا حساب ولا عقاب اللهم وسع قبرها وبشرها بمقعدّها بالجنة يارب العالمين

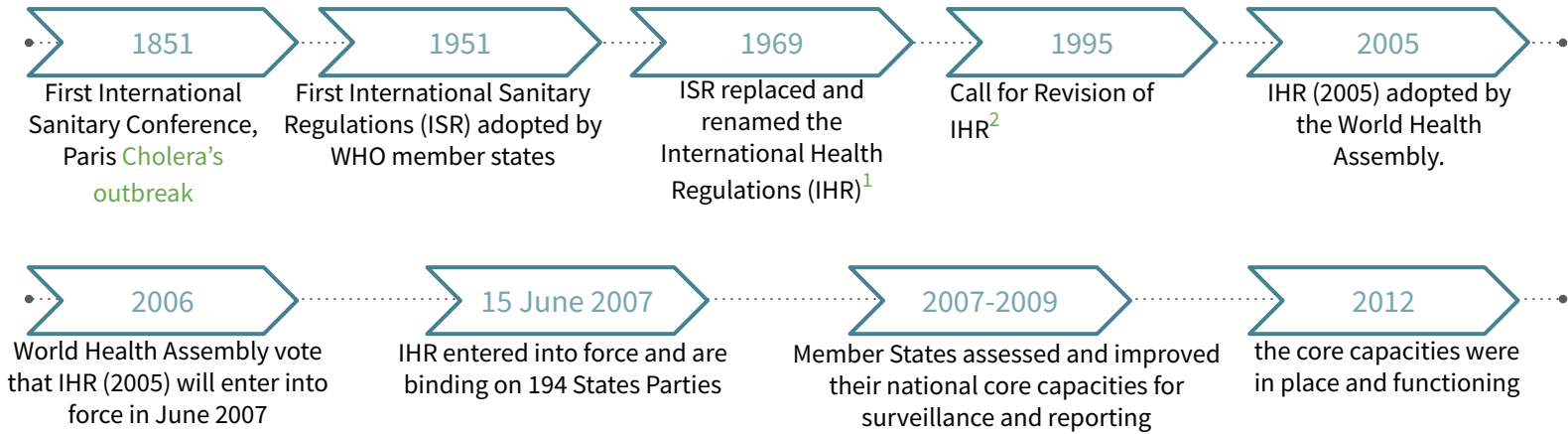
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- Males slides
- Females slides
- Doctor notes
- Important
- Golden notes
- Extra

What is IHR?

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

Brief History



Why were the IHR revised?

1. Cross border travel and trade have increased
2. The challenge of emerging and reemerging infectious diseases
3. **Only 3 diseases (cholera, plague and yellow fever) narrow scope**
4. Dependence on affected country to notify and lack of mechanism for collaboration between WHO and affected countries
5. Lack of a formal internationally coordinated mechanism to contain international disease spread

IHR 2005

Purpose and Scope

- 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.** Should be notified

Differences between IHR 1969 and 2005

- From three diseases to all public health events **not diseases**
- From passive to pro-active using real time surveillance/ evidence
- From control of borders to detection and containment at source

Notifiable diseases under IHR 2005

1 Any case of the following 4 diseases³:

Smallpox, Poliomyelitis, SARS and Cases of human influenza caused by a new subtype.

2 Any event of potential international public health concern, including⁴:

- Those of unknown causes or sources
- Even if not listed in points 1

1: Difficult and wasn't aiming towards the objectives
 1: Concerned about 3 diseases but there were others at that time like Ebola and it couldn't be dealt with because it wasn't written how nor did they have enough information
 2: some diseases were not mentioned
 3: Who finds them? Hospitals + Community centers
 4: A public emergency should be notified to the MOH even if it wasn't from the 4 diseases

Public Health Emergency of International Concern (PHEIC)¹

- 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 **even if it was an unknown 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

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66 articles organized in 10 parts

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Awareness

Technical area

Legal and monitoring framework

Globally adopted strategies to control public health related diseases²

	Strategic action	Goal
GLOBAL PARTNERSHIP		
1	Foster global partnerships³	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.

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

Event detected by National Surveillance System	Criteria	Action proposed
<ul style="list-style-type: none"> Small Pox Poliomyelitis due to wild type of poliovirus Severe Acute Respiratory Syndrome Hansen influenza caused by new subtype 		Notifiable under IHR 2005
<ul style="list-style-type: none"> * 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, Metapneumovirus disease) 	<ul style="list-style-type: none"> * In 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

Major Obligations

Designation of a National Focal Point

Core capacity to detect, report and respond

Comply with routine provision

Assess events and notify potential PHEIC

Legal and administrative framework

More details in the next few slides:

- 1: The final decision on whether to consider it a public concern is for the WHO nevertheless it has to be notified
- 2: to be able to implement it
- 3: Must be aware of what's in the IHR from all aspects in order to know what to take notice of and what not

Major Obligations Cont...

1 Core 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.
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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

STRENGTHEN NATIONAL CAPACITY

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.
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- Ports الموانئ
- Airports المطارات
- Ground crossings المنافذ البرية

Intersectoral collaboration:

- Aviation sector الطيران المدني
- Shipping هيئة الموانئ
- Railways هيئة السكة الحديد
- Customs & Immigration security الجوازات والأمن

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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"Event-based" surveillance and response at global level¹

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

PREVENT AND RESPOND TO INTERNATIONAL PUBLIC HEALTH EMERGENCIES

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.
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Collaboration with International organizations:

- Influenza, Polio, SARS, Smallpox, Chemical Safety and EPI
- Cholera → GAVI
Global Alliance for Vaccines and Immunization
- Cholera, Meningitis and Yellow fever → ICG
International Coordinating Group on Vaccine Provision
- Food Safety → INFOSAN
International Food Safety Authorities Network
- Radionuclear Safety → IAEA
International Atomic Energy Agency
- TB, Malaria, HIV/AIDS → GFATM
Global Fund to Fight AIDS, Tuberculosis and Malaria
- HIV/AIDS → UNAIDS
Joint United Nations Programme on HIV/AIDS

¹1-countries have to be prepared, aware, alert to detect it
1: Every Country must have regulations that align with the IHR regulations

Major Obligations Cont...

2

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

- NFP Designation and Operations
- Detection, reporting, verification and control of events
- Implementation of IHR Documents
- Definition of implementing structures, organization, roles and responsibility

LEGAL ISSUES AND MONITORING

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.
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At 3 levels: Community/Peripheral, Intermediate and National

تقييم القدرات الأساسية في كل القطاعات المعنية بتنفيذ اللوائح

8 Core capacities:

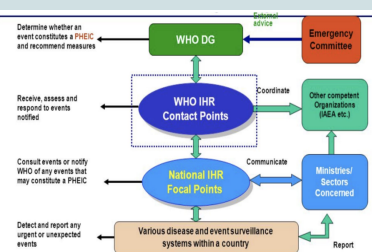
1. Legislation and Policy
2. Coordination
3. Surveillance
4. Response
5. Preparedness
6. Risk Communications
7. Human Resources
8. Laboratory

3

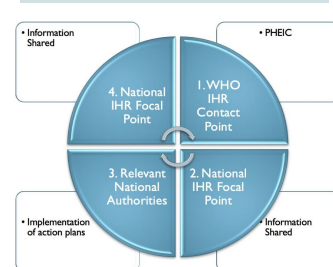
Designation of a National Focal Point

- “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.

Event notification and determination



Circle of Communications:



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

1-anything happens goes to the ministry of health and then to the national focal point which is assigned by each nation to the WHO contact point which eventually notified by the WHO

1: National IHR focal point —> تعينهم الدولة

WHO IHR Contact points —> تعينهم المنظمه نفسها

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.¹
- 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

A. The Information components:

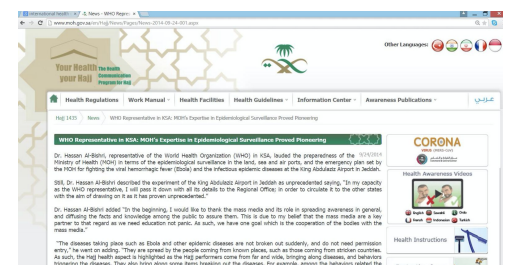
1. Surveillance, notification, consultation, verification, and information sharing at the endemic countries with ED
2. Announcement of the PHEIC with state parties
3. Sharing of relevant public health knowledge about ED with state parties

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



¹-Saudi Arabia during the outbreak didn't allow entry from these countries and no in or out from the the countries with the endemic, Saudi Arabia was prepared for any case with isolation rooms and physicians since they have allowed visitors from slightly affected countries like Nigeria

Quiz

MCQ

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

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

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

3-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 collaboration.

4- How many carteria should be present to consider as PHIEC?

- A- zero B-Only one. C-one or more. D-two or more.

5- Which one of the following is responsible for the implantation of action plan according to IHR guidelines?

- A. IHR focal point B. WHO contact point C-National IHR Focal point . D-Relevant National Authorities

Answers

Q1	Q2	Q3	Q4	Q5
A	C	D	D	D

Thank You and
Good Luck



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