

International Health Regulations

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.



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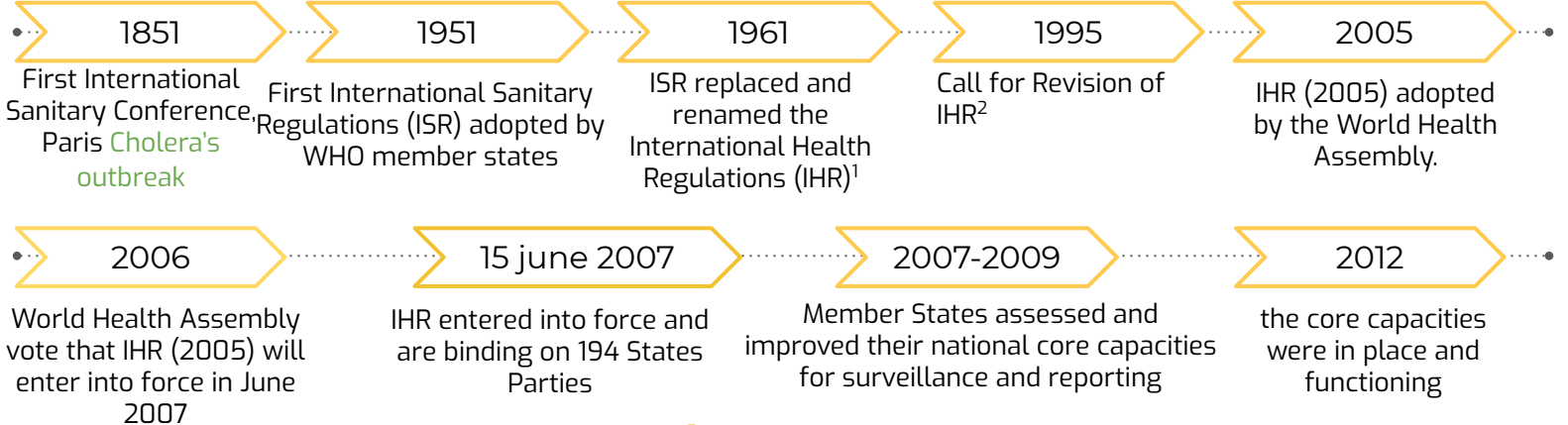
- Main text
- Males slides
- Females slides
- Doctor notes
- Golden notes
- Important
- Extra



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.
- WHO facilitates and coordinates its implementation. WHO are not responsible about what happened in the country they also doesn't work for them ,however they tell the member states about how to do it and what is the good practice

Brief History



Why IHR?

1. Serious and unpreventable disease events are inevitable.
2. Globalization-Problem in one location is everybody's headache.

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)
No details information about dealing with disease or any public health
- 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.
Any public health emergency of international concern
- In a way commensurate with and restricted to public health risks.
All details about dealing with any public health
Which avoid unnecessary interference with international traffic and trade. *Should be notified*

Differences between IHR 1969 and 2005

From control of borders to detection and containment at source

From passive (*no interaction*) to pro-active using real time surveillance/ evidence

From three diseases to all public health events *not diseases*

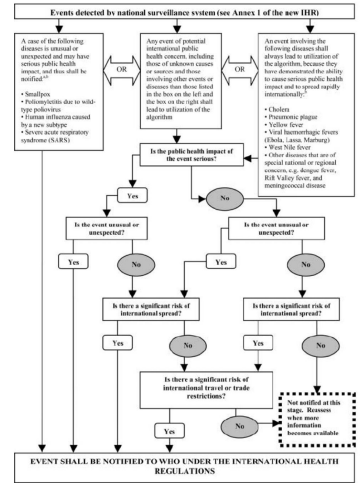
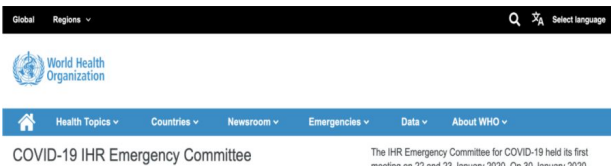
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- 1-Difficult and wasn't aiming towards the objectives
- 1-Concerned about 3 diseases but there were others at that time like Ebola and it couldn't be dealt with because it wasn't written how nor did they have enough information
- 2-some diseases were not mentioned

Assess events and notify potential Public Health Emergency of International Concern

Public Health Emergency of International Concern (PHEIC³)

- 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. **Anything that have potential to go from country to another country and affect the public health for example**
- 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):
 - Unusual or unexpected event
 - Resulting in serious public health impact
 - With significant risk of international spread
 - Significant risk of international travel or trade restriction



³ As per WHO case definitions. ⁴ The disease list shall be used only for purposes of these Regulations

IHR (2005) Document

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Globally adopted strategies to control public health related diseases⁴

Awareness
Technical area
Legal and monitoring framework

| Strategic action | Goal |
|--|--|
| GLOBAL PARTNERSHIP | |
| 1 Foster global partnerships ³ | 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. |

66 articles organized in 10 parts

9 Annexes

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- Who finds them? Hospitals + Community centers
 - A public emergency should be notified to the MOH even if it wasn't from the 4 diseases
 - اي مشكلة تصير في مكان معين قابل للانتشار في مكان اخر و يسبب مشكلة في بلد اخر ويحتاج تدخل واخبار المناطق المجاورة عنه
 - The final decision on whether to consider it a public concern is for the WHO nevertheless it has to be notified
 - 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

Core capacity to detect, report and respond

Comply with routine provision

Designation of a National Focal Point

Assess events and notify potential PHEIC

Legal and administrative framework

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.

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

- Health system النظم 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.

- 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 الجوازات والأمن security

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.

"Event-based" surveillance and response at global level

- Intelligence البحث والتقصي
- Verification التحقق من وجود خطر صحي
- Risk assessment تقييم الخطر
- Response (GORAN) for any emergency Response (GORAN) for any emergency
- unusual event , disease
- 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.

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

- 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

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1-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. |
|----------|---|--|

National Legislation should allow Compliance with IHR

القوانين المحلية يجب أن تسمح بتطبيق اللوائح الصحية الدولية

- 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. |
|----------|---|--|

At 3 levels: Community/Peripheral, Intermediate and National

تقييم القدرات الأساسية في كل القطاعات المعنية بتنفيذ اللوائح

8 Core capacities:

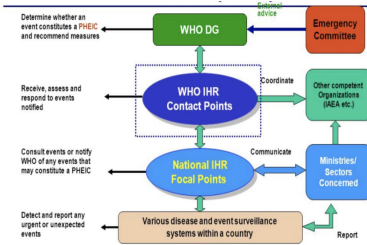
1. Legislation and Policy
2. Coordination
3. Surveillance
4. Response
5. Preparedness
6. Risk Communications
7. Human Resources
8. Laboratory

3

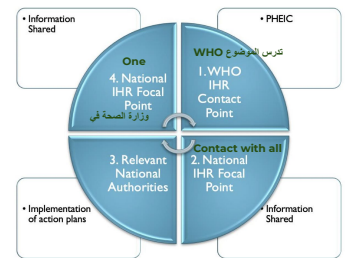
Designation of a National Focal Point

- "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**¹, 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 so increase the chance of spread the disease
- 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 المنظمة نفسها

IHR in Saudi Arabia: Case Study

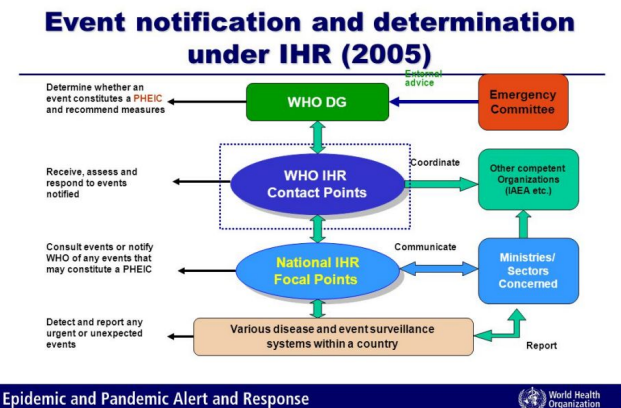
During Hajj Season of 2014, the country was subjected to the risk of Ebola Virus Disease outbreak during the Hajj season.

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.
- 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)



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

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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

Practice Questions

Q1: Which of the following criteria is not considered as PHIEC:

- | | | | |
|----------------------|--|--|---|
| A. An expected event | B. Resulting in serious public health impact | C. significant risk of international travel or trade restriction | D. significant risk of international spread |
|----------------------|--|--|---|

Q2: 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. A+C |
|-----------------------------|--------------------------------|----------------------------------|--------|

Q3: 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 |
|----------------------------------|---------------------------------------|--|--|

Q4: 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 |
|--------------------|----------------------|-----------------------------|----------------------------------|

Q5:How many carteria should be present to consider as PHIEC?

- | | | | |
|--------|----------------|------------------|---------|
| A. One | B. Two or more | C. Three or more | D. Four |
|--------|----------------|------------------|---------|

Q6: Which of the following was the new addition to the IHR

- | | | | |
|-----------------------|-----------------------------|---------------------------------|---|
| A. Control of borders | B. Response to yellow fever | C. Focus on infectious diseases | D. Expanded to all public health threats worldwide. |
|-----------------------|-----------------------------|---------------------------------|---|

Answer key:

1 (A) , 2 (C) , 3 (D) , 4 (D) , 5 (B) , 6 (D)

Team leaders

Alaa Alsulmi

Abdulaziz Alghuligah

Khaled Alsubaie

Members



Saud Alhasani



Khalid Alkublan

Organizer



Mais Alajmi

Note taker



Fatimah Alhelal



اعكف على الكتب وادرس
تحز فخار النبوة
فاله قال ليحيى : "خذ
الكتاب بقوة"