International Health Regulations (IHR)
Surveillance and next steps

Roberta Andraghetti, PAHO/HSD/IR/IHR

11th Meeting of Caribbean National Epidemiologists and Laboratory Directors

Port of Spain, Trinidad & Tobago, 12 May 2011

Pan American Health Organization

International Health Regulations

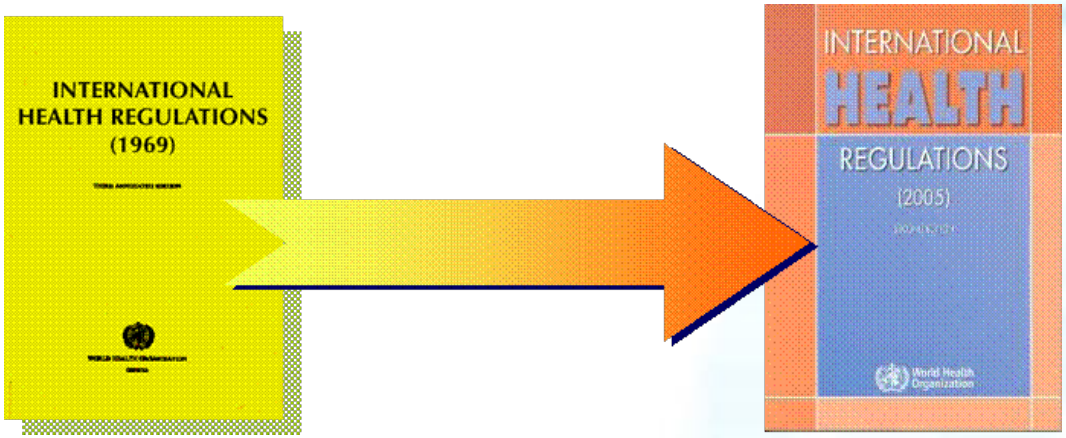
- WHO Member States recognized need to collectively respond to public health emergencies of international concern (1994, 1995, 2003)
- An Intergovernmental Working Group tasked with the revision of the IHR(1969)
- WHO Member States adopted the current IHR during the 58th World Health Assembly in 2005
- Current IHR entered into force in June 2007
- A legal tool: describes procedures, rights and legal obligations for States Parties and WHO

International Health Regulations

- Legal framework requested, negotiated, and developed by WHO Member States
- Recognition of a collective responsibility towards international public health, based on dialogue, transparency and trust - nothing new at technical level (Annex 1 – existing)
- Tool that serves public health according to good, evidence-based, practices and to the context
- Opportunity to establish / maintain a public health system robust enough to ensure the flexibility needed to institutionalize lessons learned from real life in a continuous and dynamic manner

Purpose and scope of the IHR

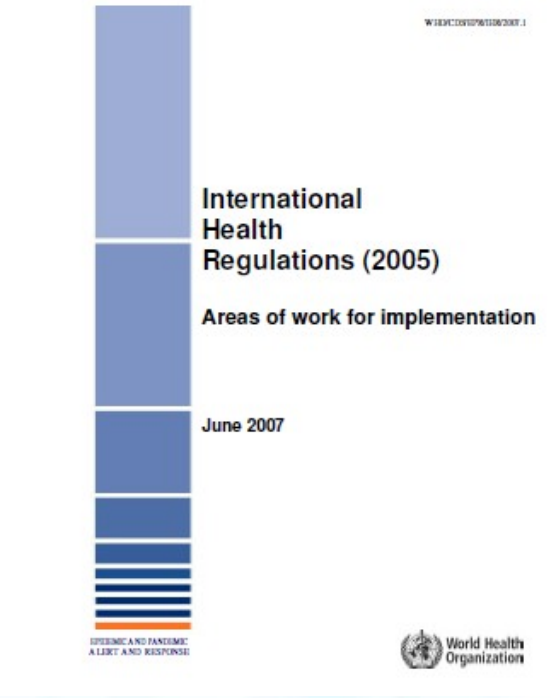
"to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade" (Article 2)

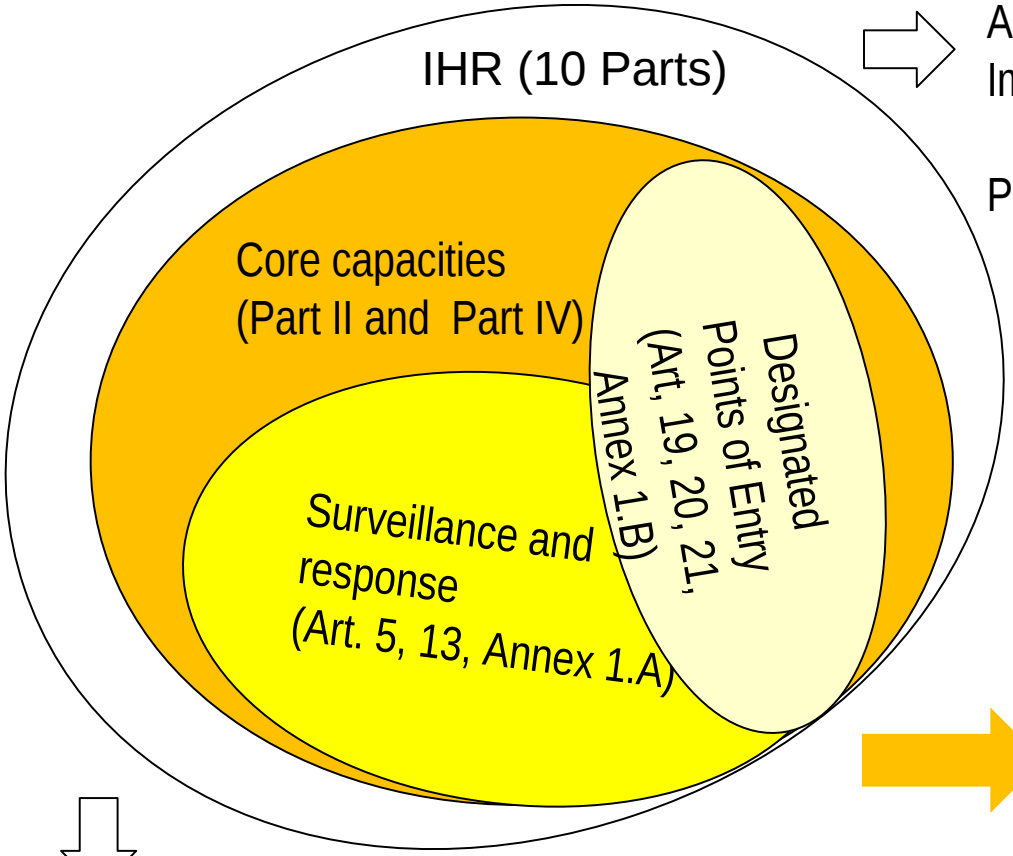


- From three diseases to all public health hazards, irrespective of origin or source
- From preset measures to adapted response
- From control of borders to, also, containment at source

WHO strategic framework
IHR Areas of work, 2007

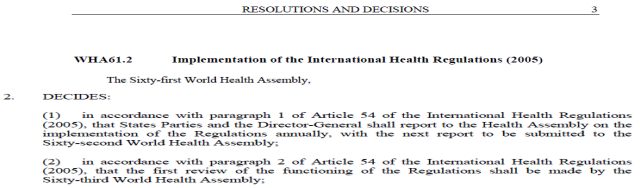
1. Foster global partnerships
2. Strengthen national disease prevention, surveillance, control and response systems
3. Strengthen public health security in travel and transport
4. Strengthen WHO global alert and response systems
5. Strengthen the management of specific risks
6. Sustain rights, obligations and procedures
7. Conduct studies and monitor progress





Annual Report to the WHA on the Implementation of the IHR (Art.54, WHA61.2)

Procedural and technical options



RESOLUTIONS AND DECISIONS 3

WHA61.2 Implementation of the International Health Regulations (2005)

The Sixty-first World Health Assembly,

2. DECIDES:

(1) in accordance with paragraph 1 of Article 54 of the International Health Regulations (2005), that States Parties and the Director-General shall report to the Health Assembly on the implementation of the Regulations annually, with the next report to be submitted to the Sixty-second World Health Assembly;

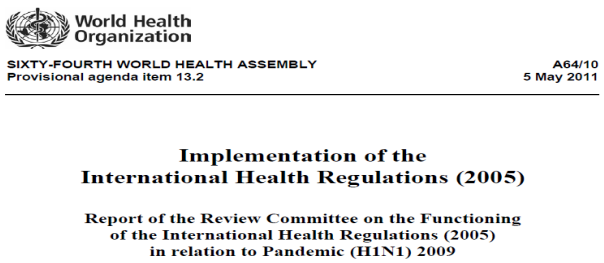
(2) in accordance with paragraph 2 of Article 54 of the International Health Regulations (2005), that the first review of the functioning of the Regulations shall be made by the Sixty-third World Health Assembly;

National IHR Action Plan (/ individual Action Plans for designated Points of Entry)

Procedural and technical options

Review of the Functioning of the Regulations (Art.54, DG proposal at 126th EB)

Report of the IHR Review Committee (A64.10)



World Health Organization

SIXTY-FOURTH WORLD HEALTH ASSEMBLY A64/10
Provisional agenda item 13.2 5 May 2011

Implementation of the International Health Regulations (2005)

Report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009

Decision making process to request the extension of the 2012 deadline to 2014

Procedural and technical options

IHR Review Committee

Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009

Summary Conclusions

1. The IHR helped make the world better prepared to cope with public-health emergencies…but core capacities are not yet fully operational and not on a path to timely implementation worldwide

2. WHO performed well in many ways during the pandemic, confronted systemic difficulties and demonstrated some shortcomings. The Committee found no evidence of malfeasance

3. The world is ill-prepared to respond to a severe influenza pandemic or to any similarly global, sustained and threatening public-health emergency

Summary conclusion 1

better prepared to cope with public-health emergencies… but core capacities not operational

- R1: Accelerate implementation of core capacities required by the IHR
- R2: Enhance the WHO Event Information Site
- R3: Reinforce evidence-based decisions on international travel and trade
- R4: Ensure necessary authority and resources for all National IHR Focal Points

Summary conclusion 2

WHO performed well in many ways but systemic difficulties and shortcomings…no evidence of malfeasance

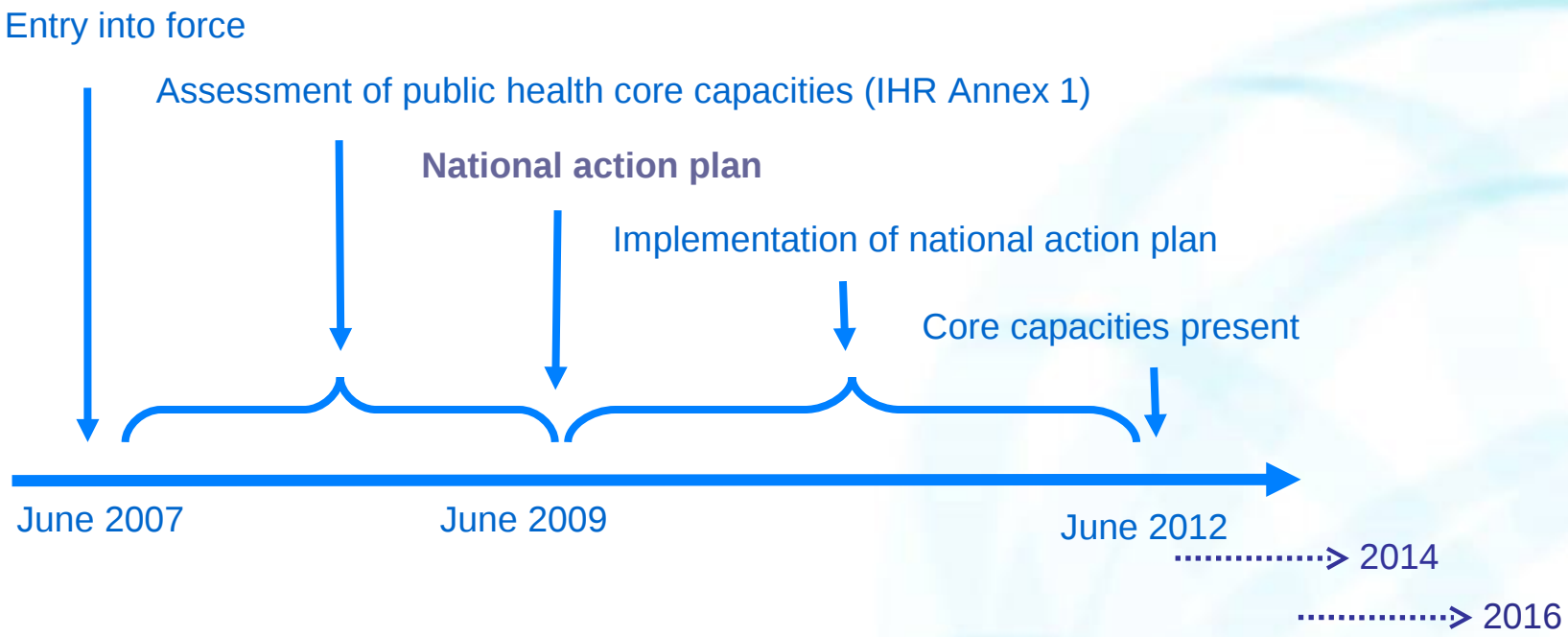
- R5: Strengthen WHO's internal capacity for sustained response
- R6: Improve practices for appointment of an Emergency Committee
- R7: Revise pandemic preparedness guidance
- R8: Develop and apply measures to assess severity
- R9: Streamline management of guidance documents
- R10: Develop and implement a strategic, organization-wide communications policy
- R11: Encourage advance agreements for vaccine distribution and delivery

Summary conclusion 3

world is ill-prepared to respond to a severe influenza pandemic or to any similarly global, sustained and threatening public-health emergency

- Recommendation 12: Establish a more extensive global, public-health reserve workforce
- Recommendation 13: Create a contingency fund for public-health emergencies
- Recommendation 14: Reach agreement on sharing of viruses and access to vaccines and other benefits
- Recommendation 15: Pursue a comprehensive influenza research and evaluation programme

National IHR core capacities

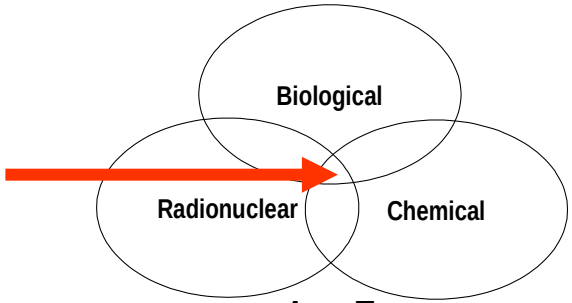


ANNEX 1

Community/
primary level

Art. 5
Art. 13

1.A
Public Health Surveillance and Response



Art. 7

Intermediate level

National level

Art. 19
Art. 20
Art. 21

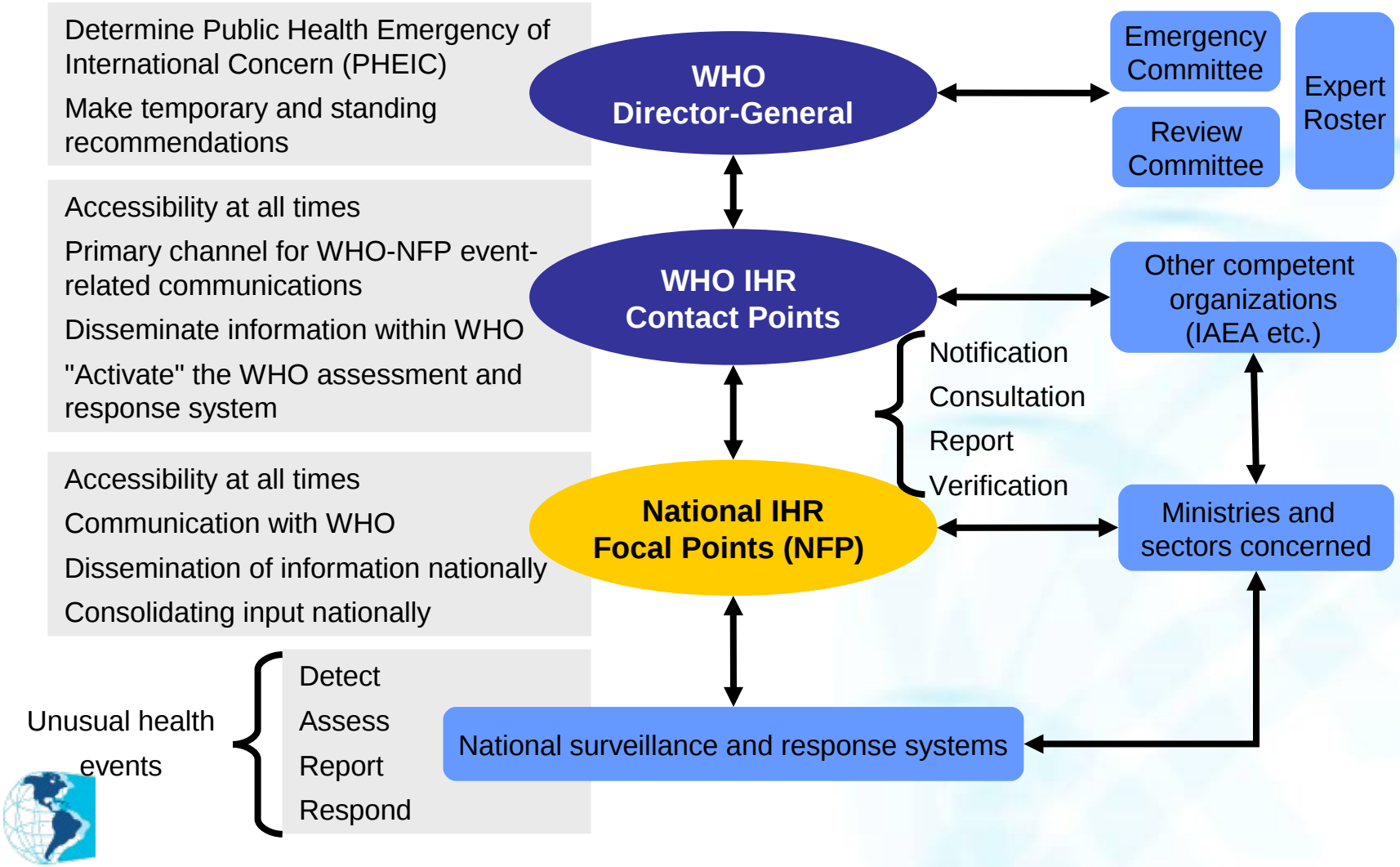
1.B
Points of Entry

At all times

Potential PHEIC

Art. 4
National IHR Focal Point (NFP)

IHR operational framework



WHO Event Management Process

Information and Public Health Response

States Parties

WHO

Others sources

Formal reports

Verification

Disseminate information

Initial screening

Event's Risk assessment

Assist Respond

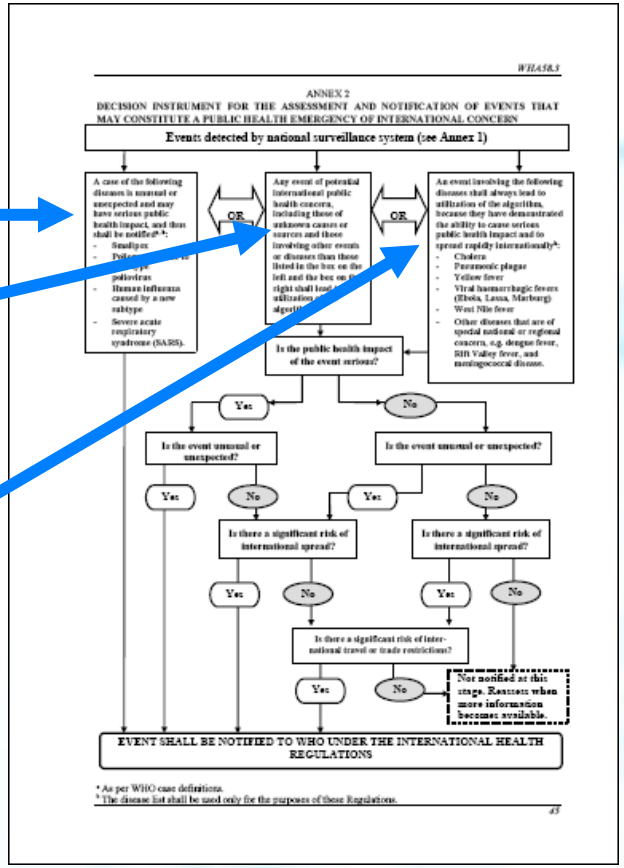
Informal/ Unofficial information

Decision instrument (Annex 2)

Notifiable diseases:
- Poliomyelitis, wild-type virus
- Human influenza, new subtype
- SARS
- Smallpox

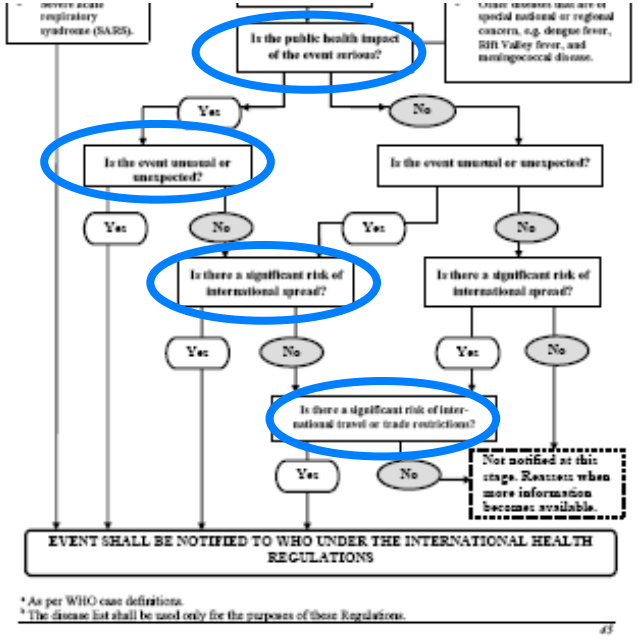
Any event of potential international public health concern

Diseases that shall always lead to utilization of the algorithm:
Cholera, pneumonic plague, yellow fever, viral haemorrhagic fevers (Ebola, Lassa, Marburg), West Nile fever, other diseases of special national or regional concern (e.g. dengue fever, Rift Valley fever and meningococcal disease)



Decision instrument (Annex 2)
Two of the following criteria…but

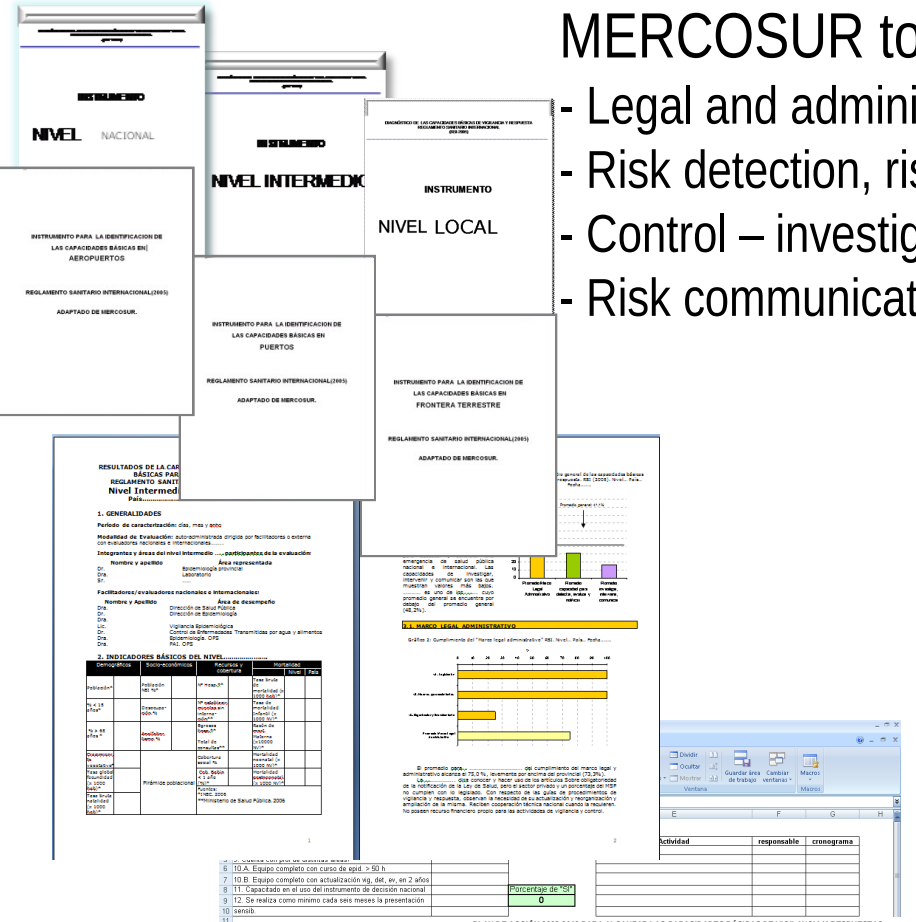
- Is the public health impact of the event serious?
- Is the event unusual or unexpected?
- Is there a significant risk of international spread?
- Is there a significant risk of international travel or trade restrictions?

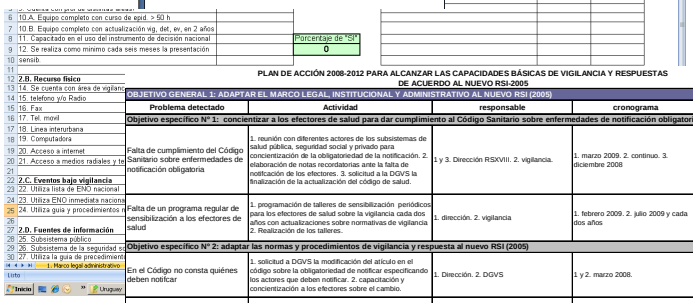


- Not a risk assessment framework per se
- Guidance to inform the decision to communicate with WHO
- When in doubt
- Potential benefits
- Anything that you would want to know from others

MERCOSUR toolkit

- Legal and administrative framework
- Risk detection, risk assessment, and reporting
- Control – investigation, intervention;
- Risk communication

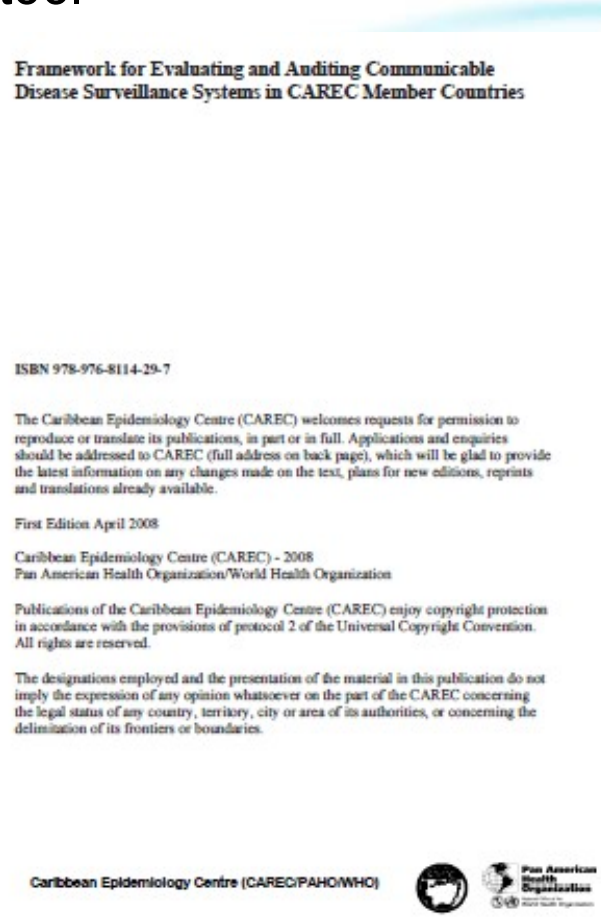




PLAN DE ACCIÓN 2008-2012 PARA ALCANZAR LAS CAPACIDADES BÁSICAS DE VIGILANCIA Y RESPUESTAS DE ACUERDO AL NUEVO RSI-2005

OBJETIVO GENERAL 1: ADAPTAR EL MARCO LEGAL, INSTITUCIONAL Y ADMINISTRATIVO AL NUEVO RSI (2005)					
Problema detectado	**Actividad**	**responsable**	**cronograma**	**Recursos**	**Fuente**
Objetivo específico N° 1: concientizar a los efectores de salud para dar cumplimiento al Código Sanitario sobre enfermedades de notificación obligatoria					
Falta de cumplimiento del Código Sanitario sobre enfermedades de notificación obligatoria	1. reunión con diferentes actores de los subsistemas de salud pública, seguridad social y privado para concientización de la obligatoriedad de la notificación. 2. elaboración de notas recordatorias ante la falta de notifcación de los efectores. 3. solicitud a la DGVS la finalización de la actualización del código de salud.	1 y 3. Dirección RSXVIII. 2. vigilancia.	1. marzo 2009. 2. continuo. 3. diciembre 2008		
Falta de un programa regular de sensibilización a los efectores de salud	1. programación de talleres de sensibilización periódicos para los efectores de salud sobre la vigilancia cada dos años con actualizaciones sobre normativas de vigilancia 2. Realización de los talleres.	1. dirección. 2. vigilancia	1. febrero 2009. 2. julio 2009 y cada dos años		
Objetivo específico N° 2: adaptar las normas y procedimientos de vigilancia y respuesta al nuevo RSI (2005)					
En el Código no consta quiénes deben notifcar	1. solicitud a DGVS la modificación del artículo en el código sobre la obligatoriedad de notificar especificando los actores que deben notificar. 2. capacitación y concientización a los efectores sobre el cambio.	1. Dirección. 2. DGVS	1 y 2. marzo 2008.		
Normas de procedimientos de vigilancia y respuesta sin actualizar	1. solicitud del manual nacional de vigilancia donde consten todos los eventos y los componentes de vigilancia, investigación con sus fichas correspondientes y las medidas de prevención y control ambiental y de enfermos y expuestos. 2. solicitud de culminación de la revisión del manual. 3. adquisición del manual.	1 y 2. vigilancia. 3. DGVS	1 y 2. diciembre 2008. 3. marzo 2010		
No se cuenta con todas los formatos de notificación	1. solicitud a DGVS la actualización de las fichas de las ENO. 2. actualización de las fichas. 3. socializar las fichas entre los efectores de salud y los futuros referentes de vigilancia de los establecimientos.	1 y 3. Dirección. 2. DGVS	1 y 2. diciembre 2008. 3. marzo 2010		
Objetivo específico N° 3: fortalecer el sistema con presupuesto propio					
Falta de presupuesto anual para vigilancia	1. solicitud a DGVS para que gestione la incorporación de las actividades de vigilancia dentro de los formatos de POAs regionales. 2. solicitud al director para participar de la elaboración del POA 2010. 3. incorporación de las actividades de vigilancia dentro del POA regional para 2010. 4. asignación el presupuesto para 2010. 5. solicitud de reprogramación del POA 2009.	1. director. 2 y 5. vigilancia. 3 y 4. administración.	1. 2. y 5. diciembre 2008. 3. julio 2009. 4. a partir de enero 2010.		

CAREC tool



Framework for Evaluating and Auditing Communicable Disease Surveillance Systems in CAREC Member Countries

ISBN 978-976-8114-29-7

First Edition April 2008

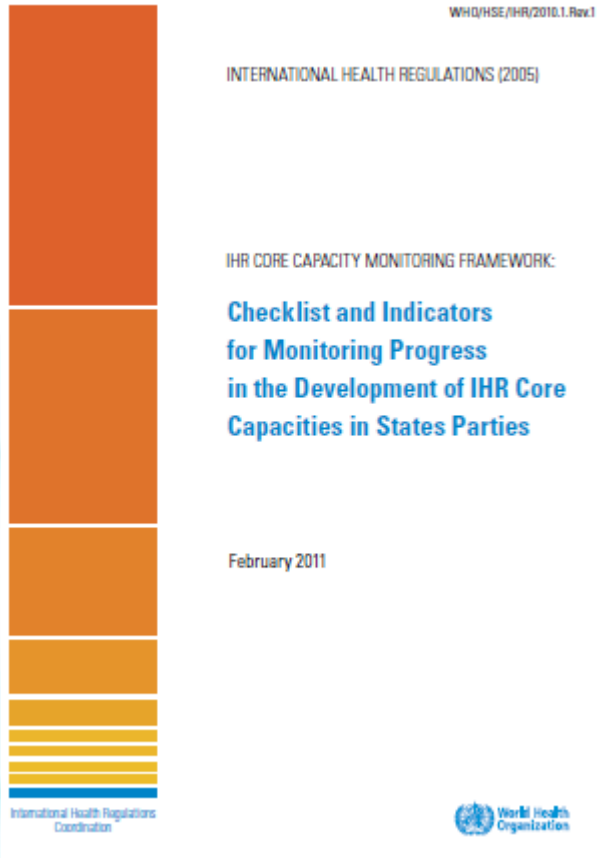
Caribbean Epidemiology Centre (CAREC) - 2008
Pan American Health Organization/World Health Organization

Caribbean Epidemiology Centre (CAREC/PAHO/WHO)

WHO global tool for monitoring core capacities v. 2011

1. National legislation, policy and financing
2. Coordination and NFP communications
3. **Surveillance**
4. **Response**
5. Preparedness
6. Risk communication
7. Human resource capacity
8. Laboratory

- Points of Entry
- IHR Potential hazards 1: zoonotic events
- IHR Potential hazards 2: food safety
- IHR Potential hazards 3: chemical event
- IHR Potential hazards 4: radiation emergencies



Early warning function of the public health surveillance system
100% coverage, 100% sensitivity, 100% flexibility

Complementary

Indicator-based surveillance (discrete variables)

- Case based (aggregated, individual)
- Laboratory results
- Environmental measurements
- Drug sales
- Absenteeism
- Etc.

Core Capacity	3	Surveillance[2]
Component	3.1	Indicator based[2] surveillance[2] (also referred to as structured surveillance, surveillance or surveillance for defined conditions)
Indicator	3.1.1	"Indicator-based surveillance includes an early warning[2] function for the early detection of a public health event

Event-based surveillance (unstructured information)

- Media reports
- Hotlines (community, professionals, etc.)
- NGOs
- Diplomatic channels
- Military channels
- Etc.

Core Capacity	3	Surveillance[2]
Component	3.2	Event-Based Surveillance[2]
Indicator	3.2.1	"Event-Based Surveillance is established

Signal

Unusual health event

Triangulation des sources

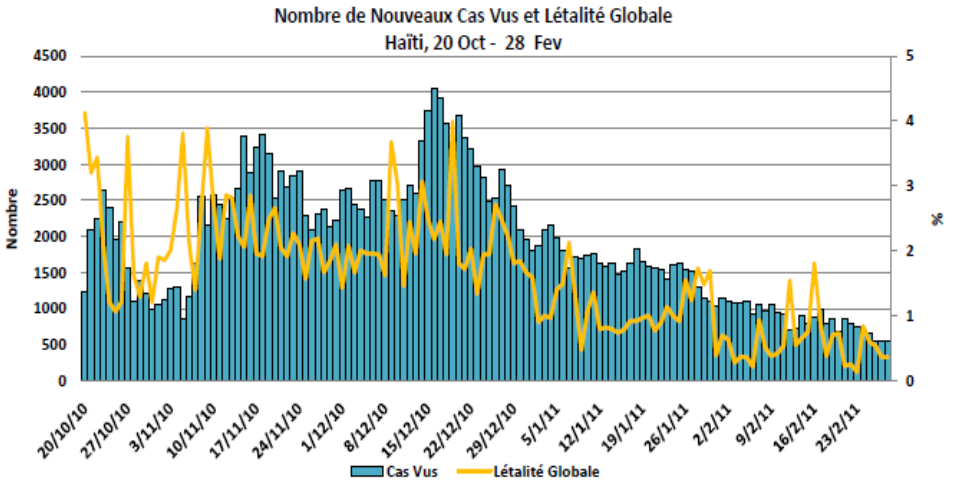
Verification

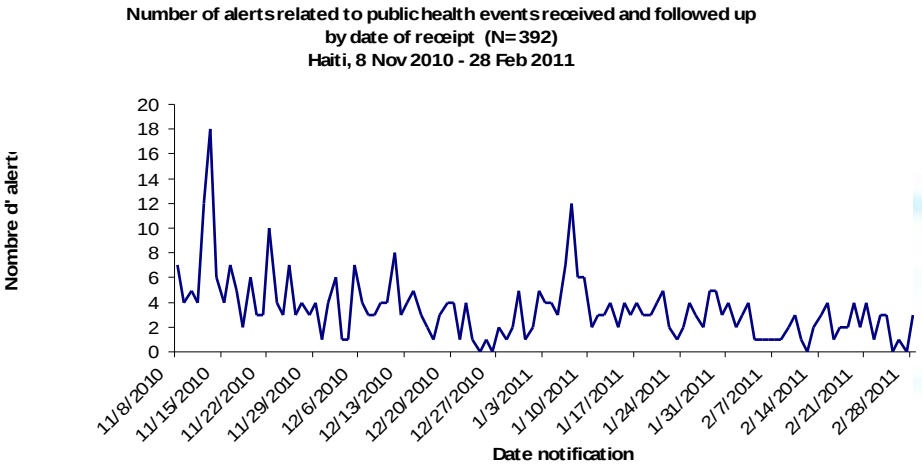
↓

Response

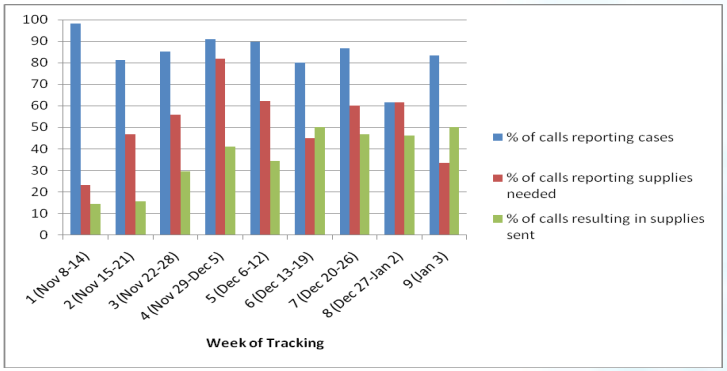
Core Capacity	4	Response
Component	4.1	Rapid Response Capacity
Indicator	4.1.1	"Public health emergency[2] response mechanisms are established

Cholera outbreak Haiti, 2010-2011
Surveillance





10 – 12 days delay
Lack of granularity
Action?



Real time
Granular
Immediate action

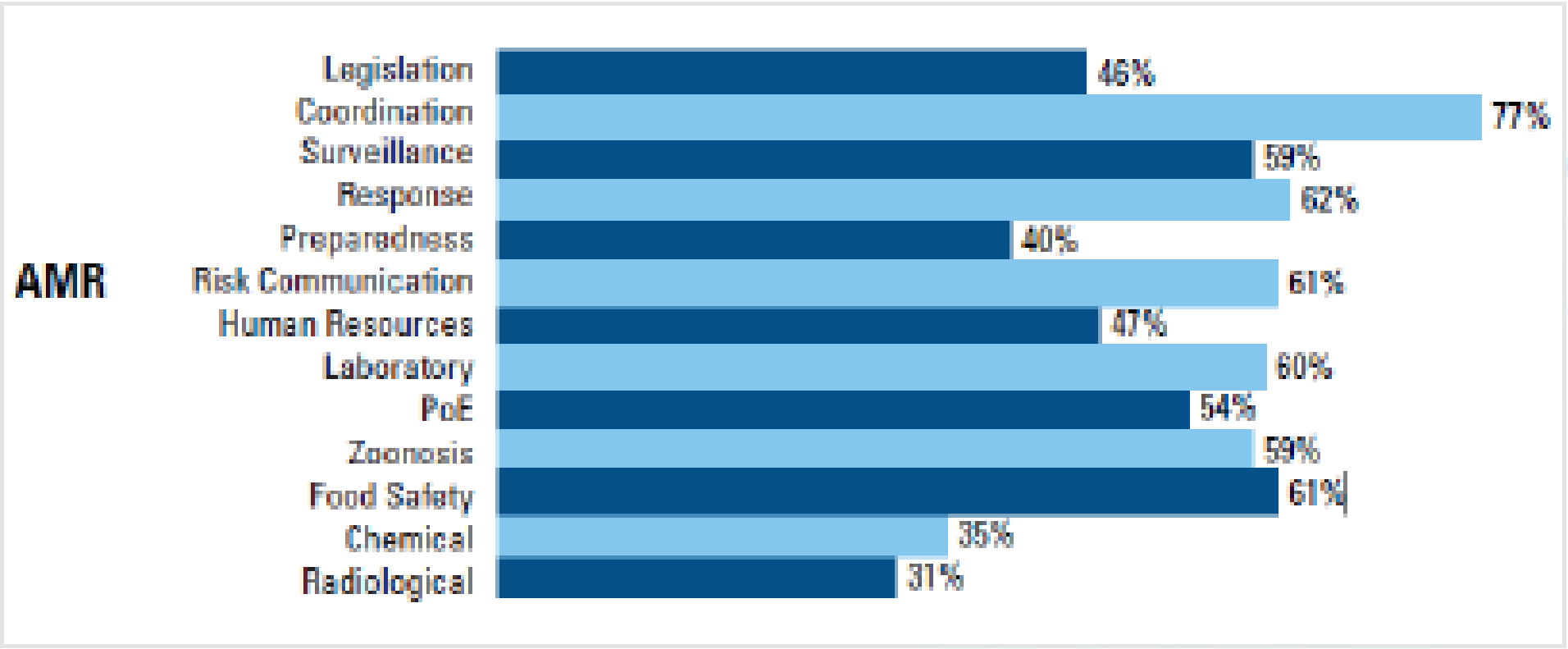
Detection of non cholera related events

States Parties reports on IHR implementation Feb – Oct 2010

Globally: 63% (123/194; 120/123 SP used WHO/HQ format)

- AFRO 50%
- **AMRO 54%** (1 SP using MERCOSUR tool)
  89% en 2008 y 66% en 2009
- EMRO 82%
- EURO 60% (2 SP using other format)
- SEARO 100% (1 SP other format)
- WPRO 74%

Capacidades basicas
Regional Average Attribute Scores



The scores, ranging from 0 to 100%, are automatically calculated using data analysis software embedded in the internet-based tool. For the sake of simplicity, all attributes are given the same weight. In calculating the attribute score, the numerator is the total number of attributes achieved in levels 1 and 2 combined, and the denominator is the sum of Level 1 and 2 attributes.

Compliance with other obligations

- In 2010, 30/35 States Parties in the Region submitted the annual confirmation or update of the NFP contact details
- As of 31 January 2011, the IHR Roster of Experts includes 75 experts from the Americas (eight proposed by respective State Party)
- As of 31 January 2011, 379 ports in 17 States Parties in the Region of the Americas were authorized to issue Ship Sanitation Certificates
- In 2010, eight States Parties from the Region informed WHO about their vaccine requirements for travelers (*International Travel and Health)*

Report to 65th WHA, 2012

From: Andraghetti, Dr. Roberta (WDC) Sent: Thu 3/24/2011 8:40 AM
To:
Cc: Aldighieri, Dr. Sylvain (WDC); Espinal, Dr. Marcos (WDC)
Subject: IHR implementation monitoring / Monitoreo implementacion RSI
Attachments: IHR monitoring_letter_EN.pdf(83KB) IHR monitoring_letter_SP.pdf(84KB) IHR Monitoring Tool_EN.pdf(474KB) IHR Monitoring Tool_FR.pdf(435KB) IHR Monitoring Tool_SP.pdf(407KB)

Dear National IHR Focal Points - Region of the Americas, and PAHO/WHO Colleagues,

Please find enclosed communication, in English and Spanish, related to IHR implementation monitoring and reporting to the World Health Assembly, including WHO monitoring tools in English, French, and Spanish.

Kindest regards

Estimados Puntos Focales Nacionales del RSI - Región de las Américas, y Colegas de la OPS/OMS,

Por favor sírvase encontrar adjunto la comunicación, en español y en inglés, sobre el monitoreo de la implementación del RSI y los informes para la Asamblea Mundial de la Salud. También adjuntas las herramientas de monitoreo de la OMS en español, francés, inglés.

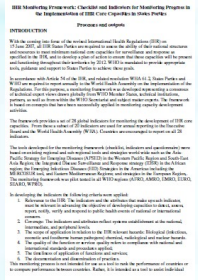
Saludos cordiales

The WHO Secretariat recognises that IHR implementation monitoring activities should serve three purposes:

- To assist States Parties in monitoring progress made in implementation the National IHR Action Plans to establish core capacities by 14 June 2012
- To facilitate States Parties in reporting to the World Health Assembly by extension, to each other
- To inform WHO technical cooperation strategy with its Member States (Art. 44)

The use by States Parties of either of tools proposed is entirely voluntary.

- MERCOSUR, CAREC
- WHO global tool, v.2 011



Procedure for request of extension 2012 deadline core capacities deadline

- The IHR put the responsibility for initiating and fulfilling the procedure clearly on the State Party.
- WHO is not mandated to make any determinations regarding which States require an extension.
- While the initial extension is somewhat automatic if basic requirements are fulfilled, the second option is not so.

Article 5 Surveillance
Article 13 Public health response

2. Following the assessment referred to in paragraph 2, Part A of Annex 1, a State Party may **report** to WHO on the basis of a **justified** need and an **implementation plan** and, in so doing, obtain an extension of two years in which to fulfil the obligation in paragraph 1 of this Article. In exceptional circumstances and supported by a new implementation plan, the State Party may request a **further extension** not exceeding two years from the Director-General, who shall make the decision, taking into account the technical advice of the **Review Committee**

Pan American Health Organization

Proposed procedure for extension to 2014

a) Secretariat contacts in writing all States Parties:
   - Suggest tools that they may wish to use to inform their decision (e.g. global, regional, sub-regional tools, National IHR Action Plans) (!)
   - Remind them that if they wish for an extension the requirement is for them to report and provide a justification and an implementation plan (National IHR Action Plan)
     - provide SP with a reporting template
     - provide SP with other tools / options (!)
   - Indicate that reporting should be through the NFP to the Regional CP by the deadline
   - Indicate the need for complete (i.e. all States needing an extension) and timely reporting (i.e. by 15 June) in order to avoid any period being out of IHR compliance.

b) Post these procedures in an announcement on the EIS (upon finalisation) – soon to provide notice to all MS

c) From 15 July 2012 (i.e. 1 month after reports are due), post a listing of States Parties that have reported and fulfilled the requirements to receive an extension (on the EIS)

d) Include the annual reports on EIS (???)

Initial Issues – and suggestions

- When to send globally reminder(s) of need to submit report for extension?
  - Suggested: 1 year in advance (15 June 2011), 6 months (15 January 2012), 1 month (15 May 2012) - and additionally as deemed appropriate informally or formally by CPs.

- How long to keep accepting reports (i.e. after 15 June 2012)?
  - *clear however that the 2 year extension runs from 15 June 2012, regardless of when the report is received.*

- What is done with incomplete reports (i.e. reports without a statement of justified need or without an implementation plan)

- What to do about countries that do not report but WHO think they should?

World Health Organization

SIXTY-FOURTH WORLD HEALTH ASSEMBLY
Provisional agenda item 13.2

A64/9
17 March 2011

64ª AMS, 201

Implementation of the International Health Regulations (2005)

Report by the Director-General

World Health Organization

SIXTY-FOURTH WORLD HEALTH ASSEMBLY
Provisional agenda item 13.2

A64/10
5 May 2011

Implementation of the International Health Regulations (2005)

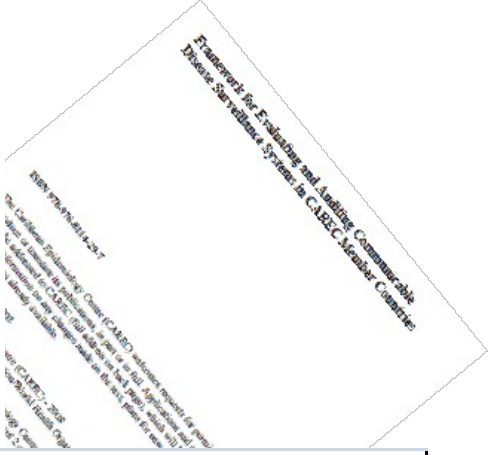
Report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009

IMPLEMENTATION PROGRESS

States Parties have made progress in implementing the IHR…However, the implementation of the Regulations in countries continues to present serious challenges and a number of countries may not meet the core capacity requirements for surveillance and response described in Annex 1A

Recommendation 1 of the IHR Review Committee: Accelerate implementation of core capacities required by the IHR

CAREC, Apr 2008



Country	Assessment	CAREC tool
Antigua and Barbuda	yes	yes
Belize	yes	no
Guyana	yes	no
Jamaica	yes	yes
Surinam	yes	no
Bahamas	yes	no
Barbados	yes	yes
Dominica	yes	yes
Grenada	yes	yes
Saint Lucia	yes	yes
St Kitts and Nevis	yes	yes
St Vincent and the Grenadines	yes	yes
Trinidad and Tobago	yes	yes

Thank you

Roberta Andraghetti

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E-mail: andragro@paho.org