IHR: Responsibilities and Status of Implementation in CAREC member Countries

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Outline

- What is IHR
- IHR implementation timeline
- Public health emergency of international concern
- Country responsibilities for IHR
- Status of implementation in CAREC Member Countries
What are the IHR?

- Legal instrument
- Agreed by WHO member states
- Agreed code of conduct
- Aims for global health security
- Latest revision in 2005
IHR(2005) Implementation Timeline

- June 15, 2007 - IHR (2005) came into force
- June 2009 – Member States to assess ability & develop plan to meet core surveillance requirements
- June 2012 – Member States to have developed core surveillance capacities
- States can apply for additional 2 year extension
Public health emergencies of international concern (PHEIC)

- Constitute a public health risk to other States through international spread of diseases and

- Potentially require a coordinated international response

- Includes PH threats caused by infectious diseases, chemical agents, radioactive materials and contaminated food
Public health emergencies of international concern (PHEIC)

Assessments criteria in the decision instrument:

- Seriousness of public health impact of the event
- Unusual or unexpected nature of the event
- Potential for the event to spread internationally
- Risk that restrictions to travel or trade may result because of the event
PHEIC reporting timeframes

- National level assessments to be conducted within 48 hours
- Notification to WHO within 24 hours:
  - of identifying PHEIC in State
  - of potential PHEIC in another State
- Response to WHO within 24 hours for verification of health related events
IHR requires

- Strengthened national capacity in: surveillance, prevention, response and control; and public health security in travel and transport public

- Prevention, alert and response to PHEICs

- Global partnership & international collaboration

- Legal issues and monitoring: Rights, obligations and procedures; and progress monitoring
Key obligations for States

- Designate National IHR Focal Point
- Assess events and notify WHO of PHEICs
- Respond to requests for verification of information on PHEICs
- Respond to public health risks which may spread internationally
Key obligations for States (cont’d)

- Develop, strengthen and maintain capacity to detect, report and respond to public health events (at local, intermediate and national levels)
- Provide routine inspection and control activities at international airports, ports and ground crossings
- Provide public health rationale and scientific justification for additional measures which significantly interfere with international traffic
Status of implementation of IHR
Evaluations of CD surveillance systems

- Completed in 17 countries:
  - ANG, ANT, BAH, BDS, BEL, BER, BVI, DOM, GRE, GUY, JAM, MONT, SKN, STL, SVG, SUR, TNT
- 2 completed short UK assessment: CAY, TCI
- Not completed in 4 countries: ARU, CUR, STM, BES
Plans of action

- Countries have plans of action
- In various stages of implementation
Pandemic H1N1 reinforced the need for efficient communicable disease surveillance systems able to:

- rapidly identify changes in disease trends
- produce timely data
IHR National Focal Points

All countries have named IHR Focal Points

But

Often a person, not an office
PHEICs

- Countries assessing events and notifying PAHO IHR Focal Point
- Countries responding to requests for verification of information on PHEICs
- Countries did well with reporting during pandemic
- Simulations conducted
Next steps

- Communicable disease surveillance systems evaluations may be completed in some countries
- On-going monitoring and technical assistance with implementation of plans of action
- Development of minimum standard benchmarks for model countries of different populations with respect to surveillance
Thank you for your kind attention