



## **3<sup>RD</sup> CAPSCA MIDDLE EAST SEMINAR/MEETING**

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### **Progress of IHR Implementation at Points of Entry in the EMR**

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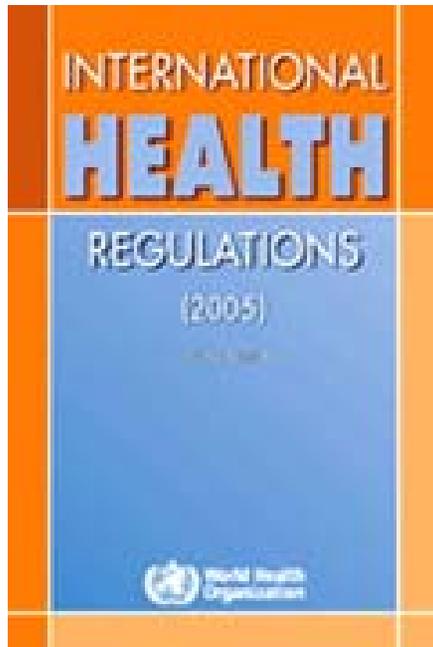
# Outline

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- What is IHR?
- Obligations of State Parties under IHR
- Capacity Requirements for PoE
- Timeline of IHR implementation
- Status of IHR implementation at PoE

# What are the IHR?

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An agreement among 194 countries  
Facilitated by WHO Secretariat

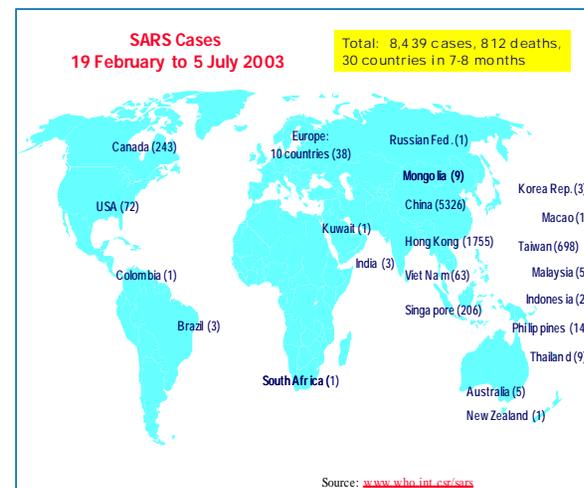
***Came into force on 15 June 2007***

**Ensuring maximum public health security  
while minimizing interference with  
international transport and trade**

**Legally binding** for WHO and the world's countries that have agreed to play by the same rules to secure international health.

# Purpose of the revised IHR

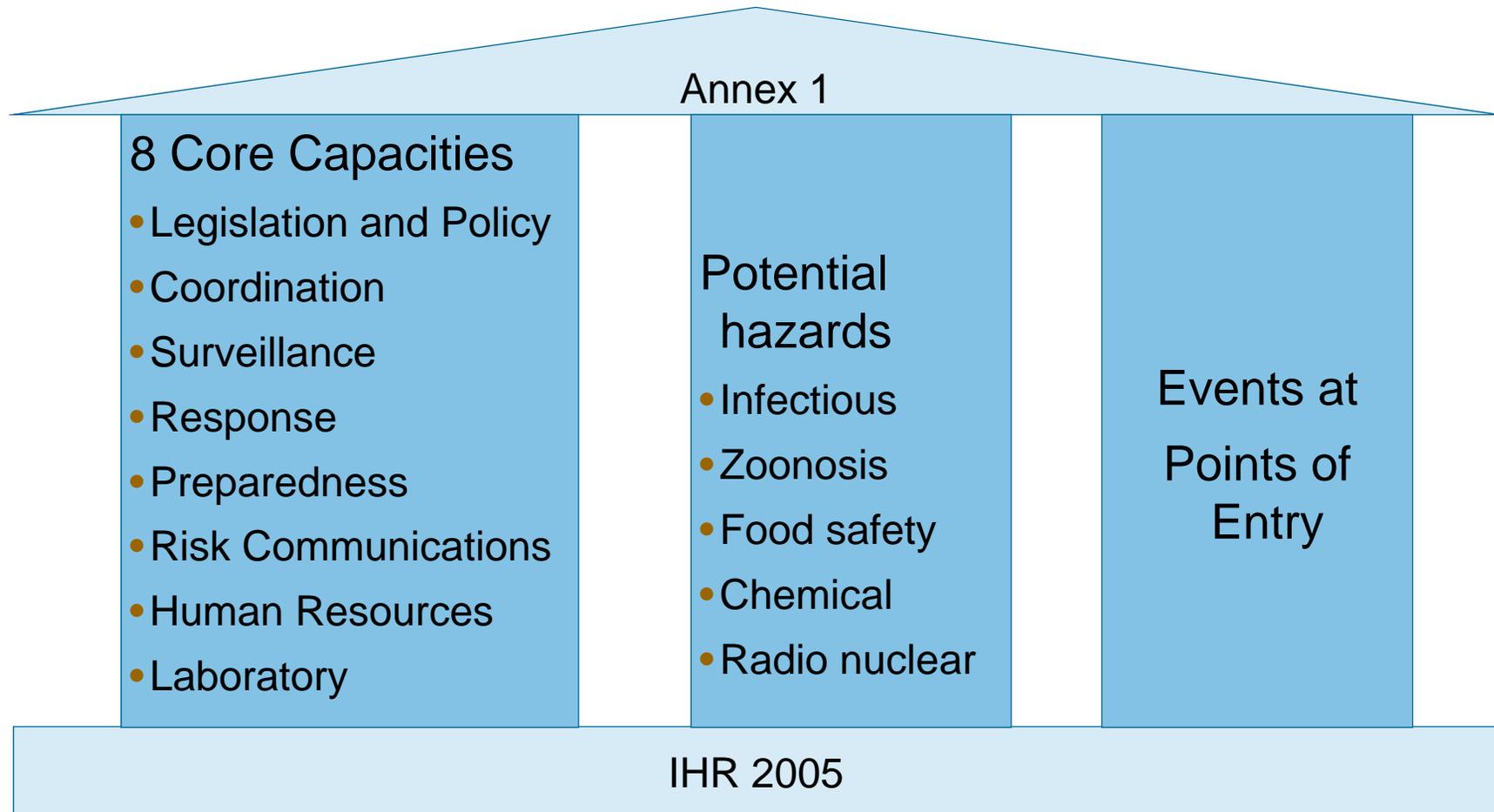
- To *prevent*, protect against, control and provide a public health response to the *international spread of disease*
- in ways that are commensurate with and restricted to public health risks, and
- which avoid unnecessary interference with international traffic and trade” – (Article 2)



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# IHR Capacities



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# General Obligations of State Parties

## ANNEX 1

### A. CORE CAPACITY REQUIREMENTS FOR SURVEILLANCE AND RESPONSE

1. States Parties shall utilize existing national structures and resources to meet their core capacity requirements under these Regulations, including with regard to:
  - (a) their surveillance, reporting, notification, verification, response and collaboration activities; and
  - (b) their activities concerning designated airports, ports and ground crossings.
2. Each State Party shall assess, within two years following the entry into force of these Regulations for that State Party, the ability of existing national structures and resources to meet the minimum requirements described in this Annex. As a result of such assessment, States Parties shall develop and implement plans of action to ensure that these core capacities are present and functioning throughout their territories as set out in paragraph 1 of Article 5 and paragraph 1 of Article 13.
3. States Parties and WHO shall support assessments, planning and implementation processes under this Annex.

### B. CORE CAPACITY REQUIREMENTS FOR DESIGNATED AIRPORTS, PORTS AND GROUND CROSSINGS

1. At all times  
The capacities:
  - (a) to provide access to (i) an appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers, and (ii) adequate staff, equipment and premises;
  - (b) to provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility;
  - (c) to provide trained personnel for the inspection of conveyances;
  - (d) to ensure a safe environment for travellers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk areas, by conducting inspection programmes, as appropriate; and
  - (e) to provide as far as practicable a programme and trained personnel for the control of vectors and reservoirs in and near points of entry.
2. For responding to events that may constitute a public health emergency of international concern

- Must develop, strengthen and maintain the capacity requirements as detailed in Annex 1 of the IHR
- Fulfilment of national core capacity requirements under IHR lies with each individual State Party

# Other Obligations of State Parties

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- **Notification of events:** assessing public health events based on the decision instrument and comprehensive notification of public health event of potential international concern within 24 hours (Articles 6 and 9.2)
- **Consultation:** establishing dialogue with WHO to consult on events occurring in the territory of Member States when available information is not sufficient to use the decision instrument (Article 8)
- **Other reports and verifications:** responding to verification requests coming from WHO on reports received from sources other than notification on public health events of potential international concern (Articles 9.1 and 10)



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# Obligations at Points of Entry

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- Designate airports and ports (may also designate ground crossings) and develop surveillance and response capacities (Articles 20 and 21 and Annex 1B)
- Identify the competent authority for each designated point of entry that will be responsible for implementing public health measures on a daily basis and during any public health emergency of international concern (Article 22)
- Ensure the issuing of ship sanitation certificates (Article 38 and Annex 3)

# IHR Core Capacities at Points of Entry

## Annex 1

- **Coordination and communication**
- **At all times (routine)**
  - Access to medical service
  - Transport of ill travellers
  - Inspection of conveyances (e.g. Ship Sanitation Control Certificate)
  - Control of vectors / reservoirs
- **For responding to public health related events**
  - Emergency contingency plan
  - Arrangement for isolation (human, animal)
  - Space for interview / quarantine
  - Apply specific control measures



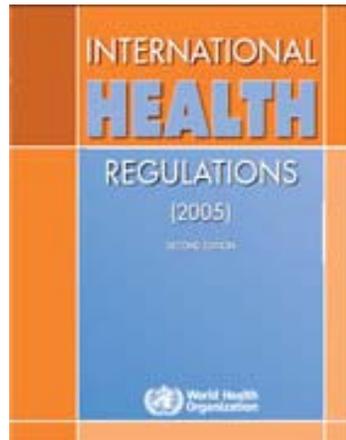
# Expected results with IHR implementation at PoE

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1. Facilities at points of entry are maintained in a sanitary condition, kept free of infection or contamination, including vectors and reservoirs.
2. Routine measures are in place for travellers, conveyances, cargo, goods and postal parcels.
3. A contingency plan for public health emergencies is effectively available and operational at all designated PoE and in all countries.
4. Capacity to rapidly implement international public health recommendations at designated points of entry.
5. Coordination: WHO-IHR NFP, health surveillance, stake holders

# Deadlines for IHR Core Capacity development

**15 June 2007**  
IHR 2005 enters into force. States Parties agree on a five-year time-frame for implementation of core



**15 June 2014**  
Possibility for further two-year extension, however not automatic



**15 June 2012**  
Deadline for implementation of core capacities  
Two-year extension granted upon submission of plan of action



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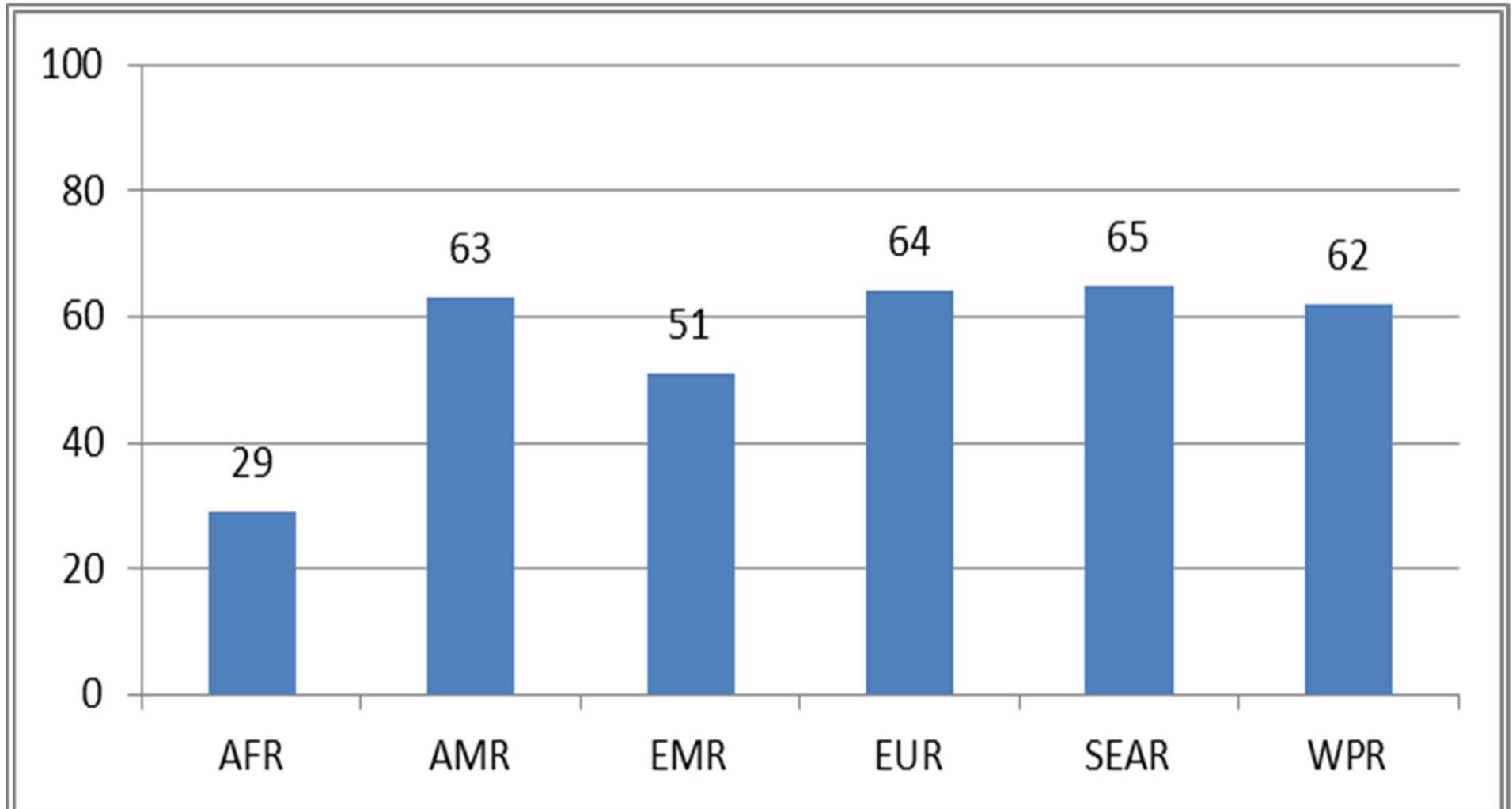
# 2012- 2014 Extension

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To obtain an extension, States Parties had to request one and provide a justification and an implementation plan

- 19 States Parties have requested and obtained extensions
- 1 State Party has indicated that it does not require extensions
- 1 State Party has not indicated either way

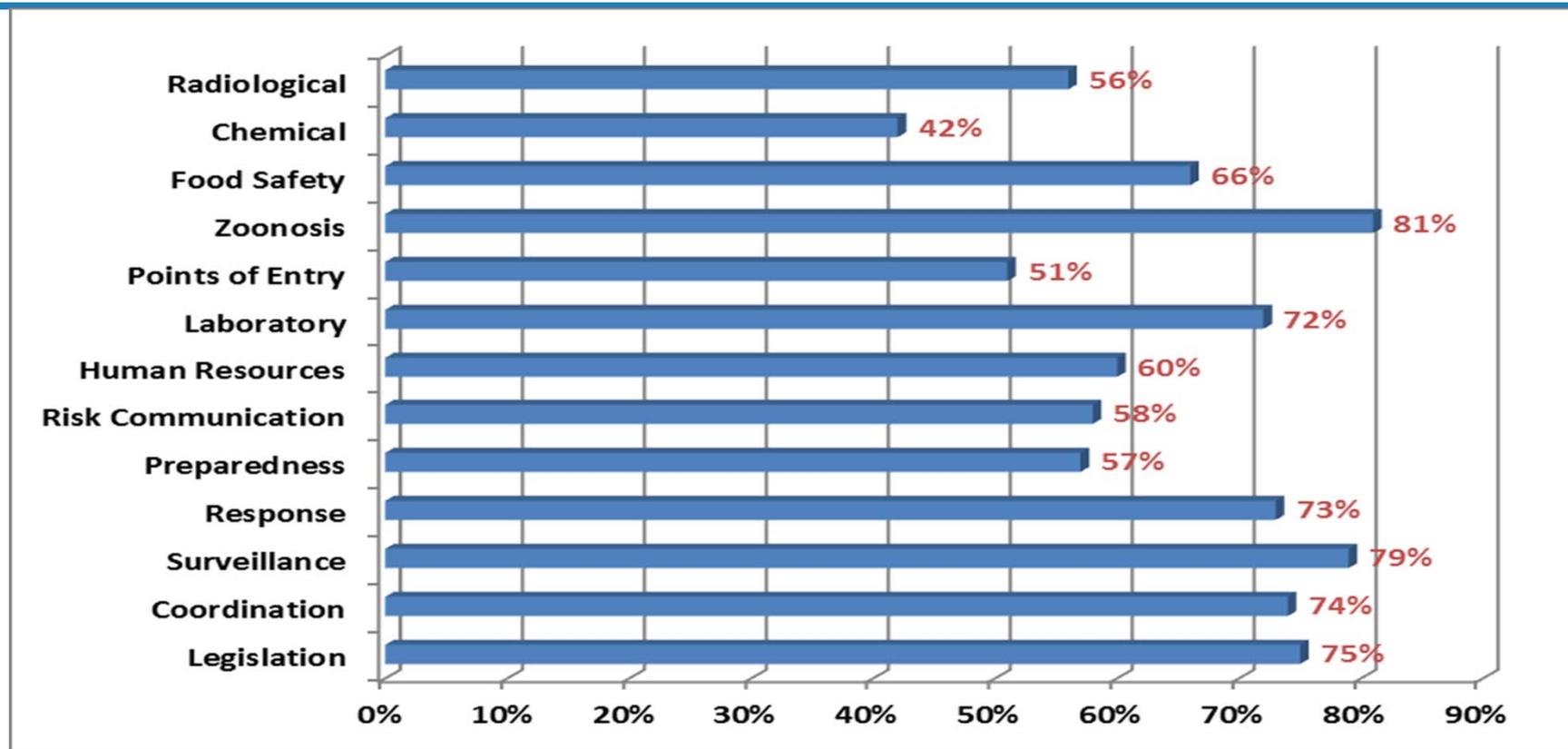
# Achievement of capacity requirements at PoE 2012 per Region



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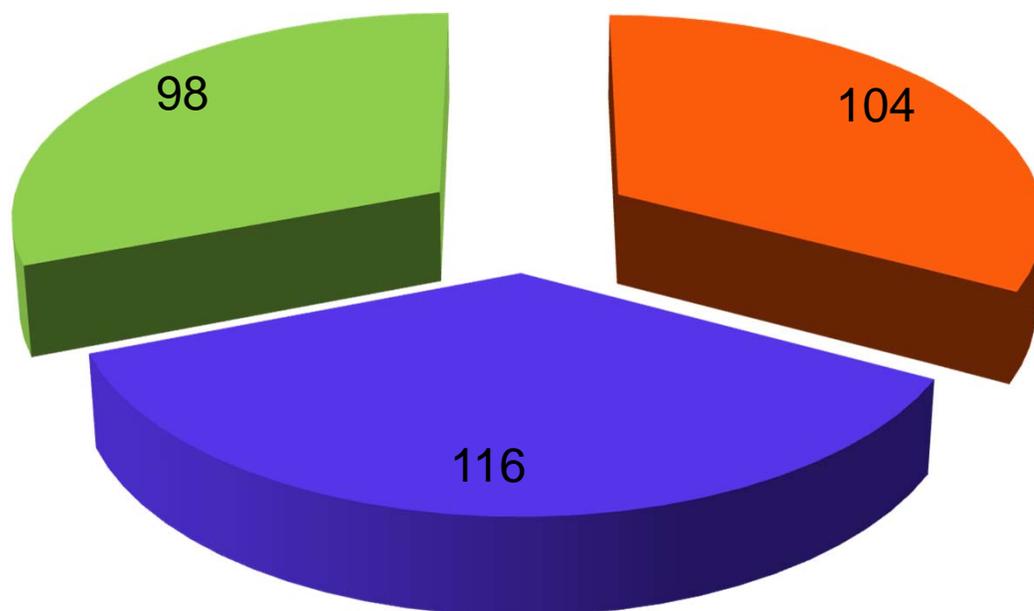
# IHR Implementation level per capacity in the EMR



Capacity Requirements	General Obligations	Effective Surveillance	Effective response
Level of Implementation	67%	55%	33%

# Designated PoE in the EMR

## Number of Designated PoE



- Airport
- Ports
- Ground Crossings

Egypt, Iran, Morocco  
and UAE

	Ports	Airports	G Cross.
All	116	104	98
4 MS	65	56	45
(%)	56	54	64

# Status of Competent authority and contingency plans

Designated PoE	No of Designated PoE with identified competent authority
Ports	97/116
Airports	92/104
Ground Crossings	83/98
Total	272/318

Designated PoE	No of Designated PoE with established contingency plans
Ports	68/116
Airports	68/104
Ground Crossings	51/98
Total	187/318

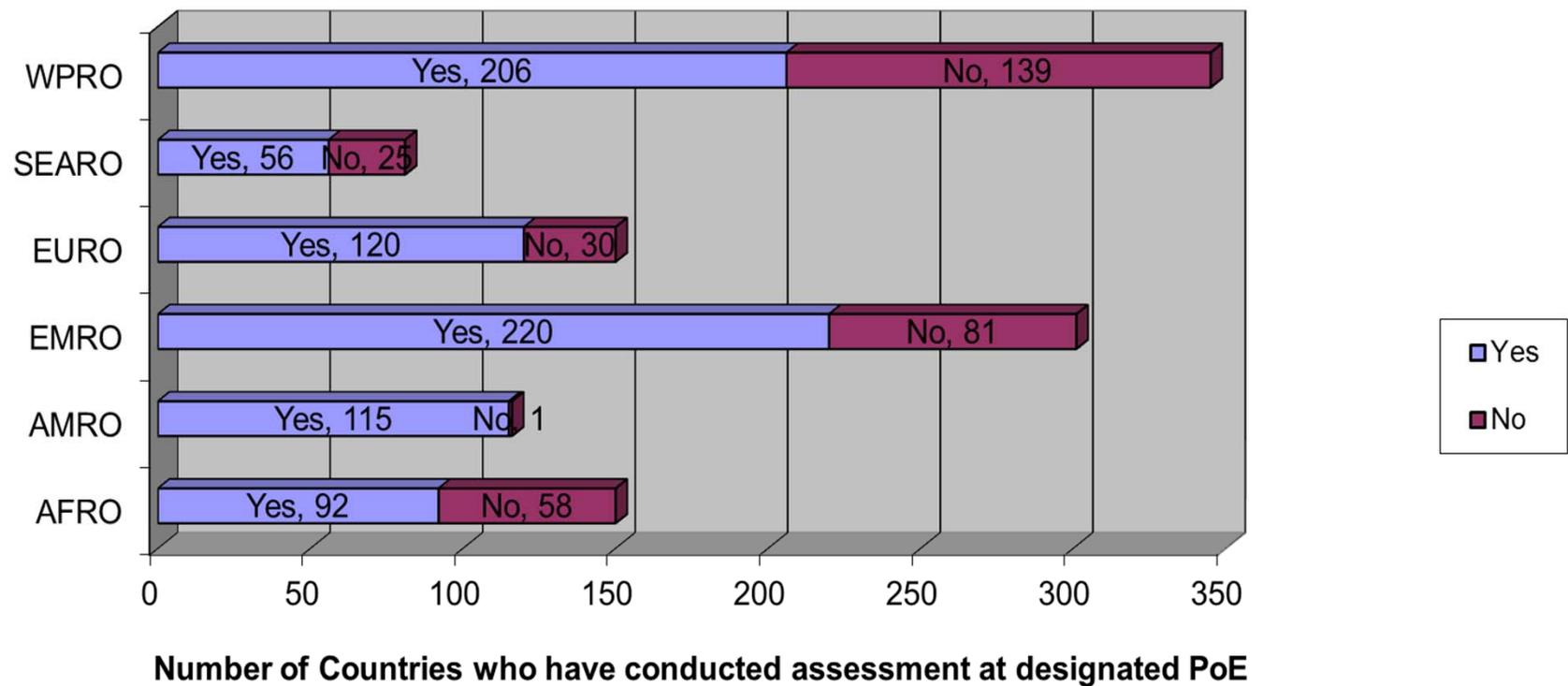
Assessment has been carried out in 12 MS.

- National assessment
- Supported by WHO RO

List of Authorized ports has been identified and in 11 MS.

- Shared with WHO

# How many countries have conducted assessment on designated PoE (till 21 Apr, 2013)



# IHR (2005) – Authorized Ports- Summary Data

	Nr. Of State Parties	SSCEC	SSCC	Extensions
<b>AFRO</b>	<b>6</b>	<b>18</b>	<b>14</b>	<b>17</b>
<b>AMRO-PAHO</b>	<b>23</b>	<b>445</b>	<b>438</b>	<b>444</b>
<b>EMRO</b>	<b>11</b>	<b>86</b>	<b>69</b>	<b>64</b>
<b>EURO</b>	<b>32</b>	<b>642</b>	<b>580</b>	<b>704</b>
<b>SEARO</b>	<b>4</b>	<b>73</b>	<b>73</b>	<b>80</b>
<b>WPRO</b>	<b>15</b>	<b>480</b>	<b>437</b>	<b>388</b>
<b>Total</b>	<b>91</b>	<b>1744</b>	<b>1611</b>	<b>1697</b>



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# IHR Partners- Intergovernmental organizations or international bodies

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- United Nations
- International Labor Organization
- Food and Agriculture Organization
- International Atomic Energy Agency
- International Civil Aviation Organization
- International Maritime Organization
- International Committee of the Red Cross
- International Federation of Red Cross and Red Crescent Societies
- International Air Transport Association
- International Shipping Federation
- International Organization for Epizootics

# Challenges for implementing Capacity requirements at PoE -1

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- Designation of ports, airports and ground crossings to develop, maintain and strength core capacities
- Designation of authorized ports to issue SSC
- Assessment of core capacities for designated points of entry
- WHO Certification for IHR core capacities requirements for ports and airports

# Challenges for implementing Capacity requirements at PoE - 2

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- Integration of points of entry activities to surveillance system
- Development of Inter-sectoral approach of Public Health concerns (e.g. international travel and trade, facilitation, security, safety)
- Development of integrated emergency contingency plans
- National and international communication and cooperation for response to events involving points of entry, travel and transport



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# Thank you

