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INTERNATIONAL HEALTH REGULATIONS: PROGRESS REPORT

Introduction

1. On its adoption and entry into force in June 2007, the revised International Health Regulations (IHR (2005)) became the essential legal instrument for global health security. The IHR (2005) provides the necessary framework for preventing, detecting, and assessing incidents that constitute a potential public health event of international concern, including those of chemical and nuclear origin, and, if necessary, providing a coordinated response to them.

2. This report details the progress made by the Member States toward compliance with the commitments made in Resolution WHA58.3 of 2005, which defines the process for implementing the Regulations. This instrument states that within two years of the Regulations' entry into force (2007-2009), the States Parties shall assess their national core surveillance and response capacity (Annex I.A.) and core capacity requirements for designated airports, ports, and ground crossings (Annex I.B.), in addition to the progress made in assessing the capacities of alert and response systems for events that constitute a potential international public health emergency, including that of the National IHR Focal Points (2005).

Promotion of Regional Partnerships

3. The theme of World Health Day 2007, celebrated on 7 April of that year, was international health security, whose object was to raise awareness about this issue among technical personnel and policymakers in pertinent sectors in the Member States, such as the ministries of health, foreign affairs, agriculture, foreign trade, transportation, and communications, as well as other entities, among them universities, nongovernmental

organizations, and specialized agencies such as the U.S. Centers for Disease Control and Prevention (CDC), the Public Health Agency of Canada, and the private sector.

4. Given the importance of raising awareness and disseminating information about the IHR (2005), in June 2007, a webpage was added to the PAHO website with useful and relevant information for the Member States on surveillance in public health, alert and response systems, and travelers' health, *inter alia*; it also provided a link to notices of outbreaks of events that could constitute a public health emergency of international concern. It should be noted that some Member States (Brazil, Chile, Mexico, and Venezuela) have initiatives under way to construct websites containing detailed information on the main components of the process for implementing the Regulations in the country.

5. The regional integration systems have engaged in coordinated action and furnished support for the dissemination and implementation of the IHR (2005). This has been reflected in the contributions from: 1) The Andean Health Agency-Hipólito Unanue Agreement (ORAS/CONHU), through Resolution XXVIII/428-2007, which refers to the bases for coordinating surveillance networks in South America for implementation of the International Health Regulations, and Resolution XXVII/407-2006, on epidemiological surveillance and border health, which approves the proposed Andean preparedness plan and pandemic influenza response; 2) Working subgroup 11 (SGT-11) of MERCOSUR, which has made implementation of the IHR (2005) one of the priorities of the Meeting of Ministers of Health and included it among the resolutions of the Southern Common Market, making the IHR (2005) a permanent agenda item; and 3) Central America, through the agreements of the XXII-RESSCAD-GUT-5 on implementation of the International Health Regulations, the designation of National Focal Points, and the drafting of an implementation plan.

Strengthening of National Disease Prevention, Surveillance, Control, and Response Systems

6. PAHO technical cooperation with the regional integration systems has fostered political commitment and technical support in compliance with the mandates established to achieve effective, timely implementation of the IHR (2005). This support includes that of MERCOSUR, through its preparation of the instrument for assessing the necessary capacities for surveillance and response and for points of entry, as well as the development of pilot tests to provide orientation in the use and application of the Decision Instrument in Annex II. Other support includes the ORAS/CONHU initiative, coordinated with MERCOSUR, designed to lay the foundations for coordinating surveillance networks in South America as part of the IHR (2005) implementation process, harmonizing instruments and procedures.

7. As of 25 April 2008, 71% (25/35) of the countries in the Region had responded to the survey to monitor progress in the implementation of the IHR (2005). Some of the respondents (6/25 countries) pointed out the limited access to the IHR website with information on events, which was designed for information sharing between PAHO/WHO and the National Focal Points. National assessment of basic surveillance and response capacity had been conducted in 12 countries, and evaluation of the intermediate levels had begun. In addition, 12 countries had provided WHO with the list of the ports authorized to issue Ship Sanitation Control Certificates. The countries reported that just 12 of them had a national public health emergency response plan, as stipulated in Annex I, A., paragraph 6(g). Finally, 14 countries identified the need to partially amend their national legislation to permit full application of the IHR (2005).

8. Three subregional workshops for the heads of the National Focal Points were held with the object of reviewing issues related to its functions, assessing the basic capacities necessary for surveillance and response, and establishing of Emergency Operations Centers. The participants by region and site were: Central America and the Latin Caribbean (Mexico), South America (Brazil) and, finally, the English-speaking Caribbean and North America (Canada).

9. As part of the training and preparedness activities for a potential influenza pandemic, some 60 national health officials and 15 PAHO professionals were trained to better enable them to lead rapid response teams; the topics addressed were coordination, management, communication, logistics, mobilization of society, and biosafety. This activity was carried out in collaboration with the Communicable Diseases Unit and the Emergency Preparedness and Disaster Relief Area, first for a regional team from PAHO and then, for national experts in three subregional workshops in Central America (Guatemala), the English-speaking Caribbean (Trinidad and Tobago), and South America (Peru).

Transportation and Travelers' Health Security

10. In compliance with Title IV, Articles 19 and 20 of the IHR (2005), 63% of the Member States that reported proceeded to designate the points of entry, and 100% have designated the authorities responsible for implementing the IHR (2005) at these points of entry. In this regard, it is very important for the countries to complete their assessment of the necessary basic capacities in the designated airports, ports, and ground crossings (Annex IB); this will enable PAHO to gear its technical cooperation to the development of deficient areas. Furthermore, only 40% of the Member States have sent in their official list of ports authorized to issue Ship Sanitation Control and Ship Sanitation Control Exemption certificates, pursuant to Article 20, sections 2 and 3 of the IHR (2005), for inclusion on the WHO website. The absence this list may lead to obstacles to the international movement of vessels, with the consequent impact on international trade.

11. The initiatives related to points of entry have included coordination and collaboration with the International Civil Aviation Organization (ICAO), the International Air Transport Association (IATA), and the Inter-American Committee on Ports. By preparing airport contingency plans, this coordinated action has made it possible to address the issue of necessary basic capacities in designated airports, ports, and ground crossings; consider the IHR (2005) in the review and harmonization of port regulations, and implement pilot studies in border areas to validate the instrument for assessing the necessary basic capacities at points of entry.

12. The Member States' are significantly increasing their efforts to comply with the mandate in Article 38 of the IHR (2005), Health Part of the Aircraft General Declaration, given the importance and implications of the timely detection and management of events that can constitute a public health emergency of international concern.

13. The extensive outbreak of jungle yellow fever in South America between 2007 and 2008 (Argentina, Brazil, and Paraguay) has spurred the countries of the Region to review their yellow fever vaccination requirements; not all the Member States have followed the Regulations' provisions on exhaustive evaluations of risk determinants and epidemiological behavior in each State to ensure technical support, official recognition of the information, and communication from the National IHR Focal Point (2005) to the Regional Contact Point justifying the country's position when it adopts prevention and travelers' health measures. This situation can not only lead to litigation and reciprocal measures but can affect the tourism industry as well.

14. Finally, the subregional meeting in Mexico City on implementation of the IHR (2005) in designated airports, ports, and ground crossings helped coordinate aspects relevant for the implementation of the IHR (2005) among the countries and also the other actors involved. Important matters considered were: 1) The identification of needs regarding the appointment of those responsible for the designated points of entry; 2) Linkage among epidemiological surveillance systems, points of entry, and service networks to address potential public health events of international concern; and 3) The formation of strategic partnerships with the other actors working to safeguard international health security, among them ICAO, IATA, and the Inter-American Committee on Ports, with action to coordinate the preparation of contingency plans, pursuant to Annex I, B. of the IHR (2005). This activity, in which 16 countries of the Andean Area, Southern Cone, and Central America participated, also made it possible to evaluate progress in the application of sanitary surveillance to ocean-going vessels through the Ship Sanitation Control Certificate and the Ship Sanitation Control Exemption Certificate, respectively. A similar activity was held in 2008 for the English-speaking Caribbean countries.

Strengthening of the PAHO Alert and Response Systems

15. A Regional IHR Contact Point has been designated (2005), which has been provided with adequate equipment and communication and information systems to fulfill the obligations that appertain to this level. The designated Regional Contact Point is the PAHO Communicable Diseases Unit, staffed by the professionals from the Organization's alert and response team. Furthermore, to assist with verification, risk assessment, and coordination of the response, advisers from other units and areas of PAHO are also involved, both at Headquarters (Immunization, Emergency Preparedness and Disaster Relief; Technology and Health Services Delivery, and Health Research, among others) and in the decentralized entities and PAHO Representative Offices in the countries. The regional contact point operates with epidemiology personnel working in shifts and is accessible 24 hours a day, 7 days a week. It can be contacted by e-mail, ihr@paho.org; telephone (202) 368-8929; and fax (202) 351-0548.

16. PAHO uses the Event Management System (EMS) developed by WHO/Geneva to manage information on events and outbreaks through the systematic recording of information, risk assessment, decisions adopted by the Organization, and interventions implemented. A secure connection permits real-time coordination between the PAHO Regional Office and WHO Headquarters.

17. During the period October 2007 to February 2008, online training sessions were held in the Region for the PWRs and teams of advisers in the Representative Offices to guarantee their knowledge of their functions and responsibilities under the mandates of the IHR (2005).

18. As part of the professional development of the staff in the PAHO Representative Offices, as part of the training activities for the application, designation, and operation of the National Focal Point, the assessment of basic capacities, and the preparation of regional plans, a technical meeting was held in El Salvador on matters addressed in the IHR (2005). The meeting resulted in preliminary instruments for assessing basic capacities, facilitating their initial validation.

19. Following the IHR's entry into force (2005), a pilot study was conducted in designated National Focal Points to evaluate communications systems through the response to e-mail, telephone, and fax messages. The results showed a response to messages sent through at least one communications medium, revealing problems in connection with coverage 24 hours a day, 7 days a week, turnover of the staff in charge, and restrictions on international calls, among other things.

20. In 2007, 72 public health events of potential international concern were reported, 64 of which (89%) had risk assessments completed; three of which (4%) were being

monitored; and five of which (7%) were reported only as information and did not require an evaluation.

21. Concerning regional information sources, there was a significant improvement in coverage, quality, and risk assessment, and a proactive attitude on the part of the National Focal Points in reporting information on events occurring in their territory. Fully 100% of the reported events that could potentially constitute a public health emergency of international concern were confirmed by Epidemic Alert and Response Team at PAHO/WHO Headquarters, in close coordination with the Representative Offices, technical units, and National Focal Points.

Monitoring and Legal Matters

22. Concerning the amendment of the legal framework in the Member States to permit full compliance with the IHR (2005), technical meetings were held between the individuals responsible for the Public Policies, Regulation, and Health Financing Area at PAHO and IHR coordination (2005) at WHO Headquarters, with the object of reviewing the legal implications of national health legislation for the implementation of the IHR (2005).

23. In 2007 the XIV PAHO/WHO-CIESS (Inter-American Center for Social Security Studies) Course-Workshop on Regulation in the Context of Global Health Security was held in Mexico City. The purpose of the workshop was to update knowledge about the contribution of health regulations, including the IHR (2005), to global health security in terms of actors, scenarios, and rights; to create an opportunity for a comparative analysis of the laws governing global health security, and to conduct a comparative analysis of regulatory scenarios in terms of the competitiveness of actors and levels. The event was geared to senior staff of the Social Security Institutions and the ministries/secretariats of health, ministries of foreign affairs and foreign trade, oversight agencies, regulatory agencies, national health councils, and integration agencies, as well as the legal advisers of the ministries of health and social security institutions and professionals from academic institutions devoted to the study of international regulation in health and social security, members of the Inter-American Network on Health Legislation, experts, and human rights advocates.

24. The subregional workshops in Latin America and the English-speaking Caribbean mentioned in paragraph 8 reviewed aspects of the national regulatory frameworks related to the IHR (2005) and examined legal and operational implications in the implementation of the Regulations, with special emphasis on the international movement of goods and travelers.

Action by the Executive Committee

26. The Executive Committee is invited to review the information provided on the progress made to date and to continue supporting the PASB in the implementation of activities to promote compliance with the International Health Regulations.

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