



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## **27th PAN AMERICAN SANITARY CONFERENCE** **59th SESSION OF THE REGIONAL COMMITTEE**

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### **INTERNATIONAL HEALTH SECURITY**

#### **Implementing the International Health Regulations (IHR (2005))**

#### **FINAL REPORT**

##### **IHR Implementation in the Americas**

1. The Pan American Health Organization and its Member States initiated work on activities related to the implementation of the International Health Regulations (IHR) well before their entry into force. Concurrently with the implementation of the pandemic influenza preparedness plans, Member States have designated IHR National Focal Points (NFP). By 15 June 2009, States Parties must have assessed the ability of their existing national public health infrastructure, including human and financial resources, to meet core surveillance and response capacity requirements described in Annex a of the IHR (2005). Following these assessments, States Parties are required to develop national action plans to ensure that these core capacities will be in place by 15 June 2012.
2. Almost all Member States have successfully participated in simulation tests of the communication with PAHO. The structure and organization of NFP vary considerably among the Member States, resulting in wide differences in the levels of national capacity to fulfill the requirements stated in the WHO National IHR Focal Point's guide. Still, the system of exchange of information related to events of potential international importance between countries and PAHO has been successful during the first semester of 2007.
3. Several Member States in the Southern Cone and Central America are already conducting assessments of their national capacity for surveillance and response by using tools and methodologies developed by the Region's subregional networks of their respective economic integration systems—e.g., Red Centroamericana de Enfermedades Emergentes y Reemergentes [RECACER/RESCAD] and the Subregional Network for

the Surveillance of Emerging Infectious Diseases in the Southern Cone [MERCOSUR.] Efforts carried out by these subregional networks and economic integration systems are offering Member States valuable guidance and support, while also contributing towards harmonizing the implementation of the IHR in the Region. Some surveillance functions can be performed more efficiently on a subregional level. Such is the case of laboratory services required by small island states.

4. The Pan American Health Organization has supported Member States by providing guidance and tools for IHR implementation and by raising awareness of the key elements of the IHR at subregional meetings. The alert and response operations at PAHO/HQ have allowed for the timely detection, risk assessment and response to 17 events identified as potential public health emergencies of international concern, between June 15 and September 30. A duty officer system provides 24/7 coverage for the PAHO IHR Regional Contact Point for ready notification and consultation by Member States.

#### **Member States' Discussion**

5. Member States welcomed the roundtable discussion covering critical aspects of the IHR implementation at country level, stating that the IHR were providing a valuable opportunity for dialogue at that level on their readiness to comply with the 2009 deadline. Member States also commented of the importance of meetings organized at the national, subregional and regional level, which were providing countries with useful guidance and best practices to begin their internal work of assessing national core capacities.

6. Member States recognized the imperative for each State Party to develop, strengthen and maintain core national public health capacities not only at the national level, but also at the intermediate and primary levels. In fact, the development of local capacities was seen by the Member States as key for effective early detection, risk assessment, notification and reporting of events, and to ensure a timely response to public health risks and emergencies. Notwithstanding, they considered the latter the most challenging issue facing countries, particularly the least developed ones and the smaller island states. Crucial in this regard would be the updating of domestic legislation to bring it up to speed with the IHR (2005) requirements.

7. There was an exchange of experiences and expectations of possible ways to strengthen national capacities at the three levels of public health systems—primary, intermediate and national. In order to increase the pool of trained human resources, Member States recommended developing training modules on topics related to IHR—surveillance, epidemiological intelligence, field epidemiology, response, IHR procedures, and risk communication. The need for cross-sectoral training with authorities in charge of

tourism, immigration, and customs was emphasized, particularly for the smaller island states.

8. A recommendation was presented to create a technical working group to develop common tools for reporting and exchange of information between Members States and with PAHO.

9. Member States recognized that a functioning National IHR Focal Point will play a key role in the successful implementation of the IHR (2005). In this regard they noted that most had already designated and provided contact information for an IHR NFP to the WHO. However, they stressed that the level of readiness to fully comply with the IHR (2005) requirements would vary significantly from country to country due to unequal levels of development. The implications of the latter issue needed to be addressed by countries individually, as well as collectively.

10. Discussion also centered on the different characteristics of a National IHR Focal Point, especially the requirement that NFPs be available on a 24/7 basis. The advantages of establishing and/or strengthening existing Emergency Operating Centers (EOC) were noted, to ensure that activities required by the IHR – during non-emergency and crisis periods - are carried out.

11. Member States noted the need for countries to gain more experience on how to effectively use the IHR (2005) Annex 2's decision instrument on event notification to help guide decision making surrounding events that constitute a public health emergency of international concern. Lessons learned from real situations would inform future action in this regard.

12. Another key area highlighted by Member States was the effective management of a multisectoral response, in support of the implementation of the IHR. While a challenge in practice, delegates approached it as an opportunity to strengthen coordination among sectors of government and other key stakeholders. Member States reiterated that the implementation and functioning of IHR called for shared accountability by the Ministry of Health, as well as by the agriculture, education, defense, environment, interior, and transportation sectors. Streamlining the process of collection, consolidation and dissemination of information to/from all these relevant actors would be instrumental in ensuring an effective regional response.

13. The successful experience of collective action shown by the subregional integration systems during the revision of the IHR, and now during the implementation phase, were seen as a promising mechanism for ongoing collaboration among countries. In effect, South American Heads of State passed a resolution in May 2007 to establish a South American Public Health Surveillance and Response Network.

14. Recognizing the need for specific capacities to implement health measures at international ports, airports, and certain ground crossings designated by States Parties, Member States voiced their concern with the current capacity at these points of entry. Technical cooperation and financial resources would be required to ensure that they met the requirements of the IHR (2005).

15. Also regarding financial issues, Member States discussed the possibility of earmarked budgets to support and advocate for IHR implementation, as well as the need for a concerted plan to mobilize resources at the national level.

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