



Ref: PHD/IHR/3/2012

Date: 22 Jan 2012

To: **Dr. Khairiya Moosa**  
*Director of Public Health Directorate*

**Subject: Annual Report for International Health Regulations**  
**(IHR) – 2011**

In reference to the above subject, I would like to forward to you the Annual Report for International Health Regulations (IHR) – 2011.

Best regard.

  
**Dr. Muna Al Mousawi**  
*Consultant Family Physician*  
*Public Health Consultant for IHR*  
*National IHR Focal Officer*  
*Kingdom of Bahrain*

Cc: AUP



**Annual Report for  
International Health  
Regulations  
(IHR)-2011  
Bahrain**

**Dr.Muna AlMusawi**

**Public Health Consultant for International  
Health Regulation**

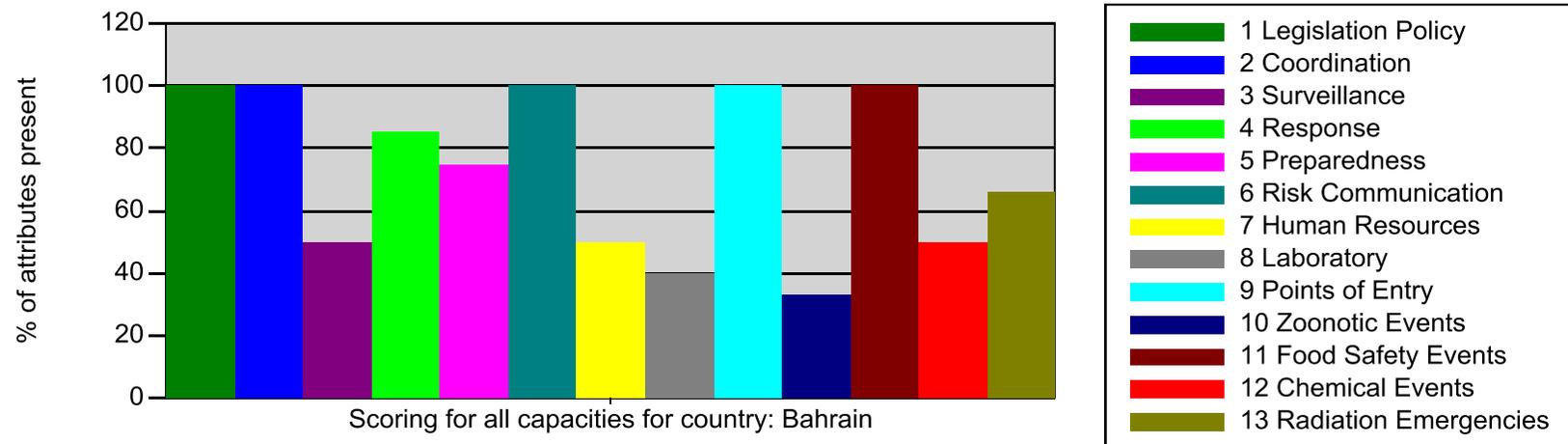
## Comparizon of Bahrain IHR Indicators Scores with the EMRO and global Scores for2011

No	IHR Indicators	CEMRO Region score	Bahraini Score	Bahrain Standard Level
1	Legislation Police	78	100	above
2	Coordination	79	100	above
3	Surveillance	80	50	below
4	Response	74	85	above
5	Preparedness	61	75	above
6	Risk Communicabtion	67	100	above
7	Human Resourse	56	50	below
8	Laboratory	72	40	below
9	Points of Entry	59	100	above
10	Zoonotic Events	75	33	below
11	Food Safty Events	68	100	above
12	Chemical Events	45	50	above
13	Radiation Emergencies	57	66	below
Avarage		66	73	above
Avarage for all Regions		63	73	above

## 2011 Capacity Scoring

All Country Specific Data is CONFIDENTIAL and must not be shared.

Capacity Scores are defined as the proportion of attributes present expressed as a percentage



Capacity: Score as %	1	2	3	4	5	6	7	8	9	10	11	12	13
<a href="#">Bahrain</a>	100	100	50	85	75	100	50	40	100	33	100	50	66

### Scoring Capacity Number Legend:

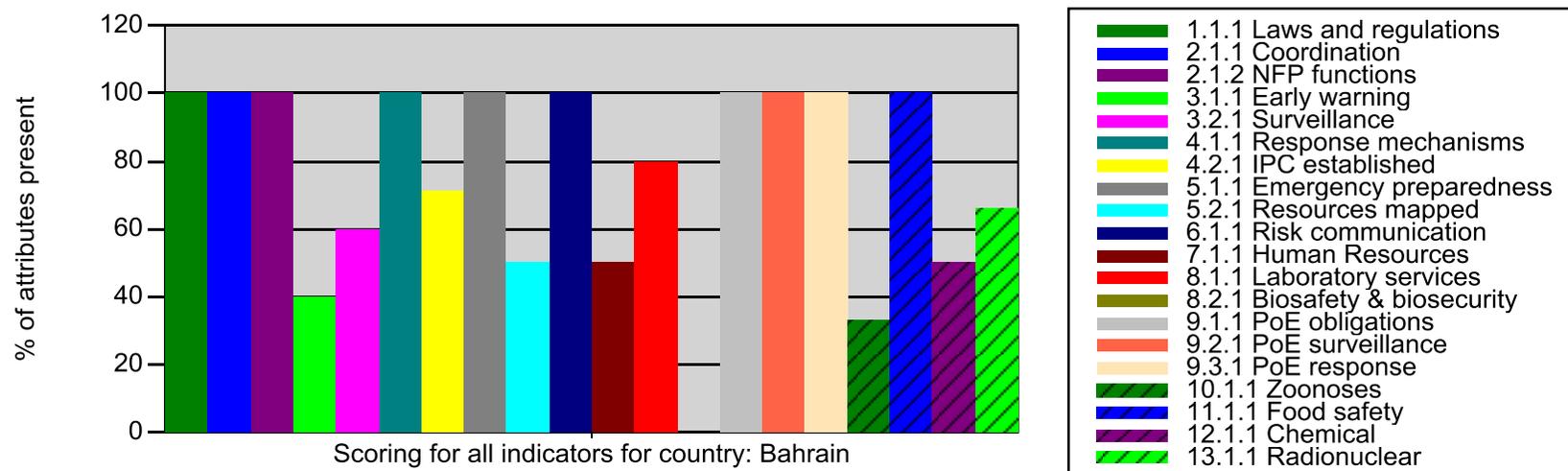
**1** Legislation Policy    **2** Coordination    **3** Surveillance    **4** Response    **5** Preparedness    **6** Risk Communication    **7** HR Ca  
**8** Laboratory    **9** Points of Entry    **10** Zoonotic Events    **11** Food Safety Events    **12** Chemical Events    **13** Radiation Emergenci

## 2011 Indicator Scoring

[Click here to view Indicator Numbers and their full descriptions](#)

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Indicator Scores are defined as the proportion of attributes present expressed as a percentage



Click on an Indicator Number below to see questions and answers for the selected Indicator.

Indicator: Score as %	<a href="#">1.1.1</a>	<a href="#">2.1.1</a>	<a href="#">2.1.2</a>	<a href="#">3.1.1</a>	<a href="#">3.2.1</a>	<a href="#">4.1.1</a>	<a href="#">4.2.1</a>	<a href="#">5.1.1</a>	<a href="#">5.2.1</a>	<a href="#">6.1.1</a>	<a href="#">7.1.1</a>	<a href="#">8.1.1</a>	<a href="#">8.2.1</a>	<a href="#">9.1.1</a>	<a href="#">9.2.1</a>	<a href="#">9.3.1</a>	<a href="#">10.1.1</a>	<a href="#">11.1.1</a>	<a href="#">12.1.1</a>	<a href="#">13.1.1</a>
Bahrain	100	100	100	40	60	100	71	100	50	100	50	80	0	100	100	100	33	100	50	66

[1 Legislation Policy](#)  
 [2 Coordination](#)  
 [3 Surveillance](#)  
 [4 Response](#)  
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[13 Radiation Emergenci](#)

## 2010 Indicator Texts

1.1.1 Laws, regulations, administrative requirements , policies or other government instruments in place are sufficient for implementation of obligations under the IHR.

\* 1.1.2 Funding is available and accessible for implementing IHR and developing IHR core capacities

2.1.1 A mechanism is established for the coordination of relevant sectors in the implementation of IHR.

2.1.2 IHR NFP functions and operations are in place as defined by the IHR (2005).

3.1.1 Indicator based (Routine) Surveillance has early warning function for early detection of Public Health events

3.2.1 Event Based Surveillance established

\* 3.3.1 A coordinated mechanism is in place for collecting and integrating information from sectors relevant to the IHR.

4.1.1 Public health emergency response mechanisms are established.

4.2.1 Infection prevention and control (IPC) is established at national and hospital levels.

\* 4.3.1 Infection prevention and control (IPC) is established at national and hospital levels.

\* 4.4.1 A programme for disinfection, decontamination and vector [69] control is established.

5.1.1 Multi-hazard National Public Health Emergency Preparedness and Response Plan is developed.

5.2.1 Public health risks and resources are mapped.

6.1.1 Mechanisms for effective risk communication during a public health emergency are established.

7.1.1 Human resources are available to implement IHR core capacity requirements.

8.1.1 Laboratory services are available and accessible to test for priority health threats.

\* 8.1.2 Influenza surveillance is established [95].

8.2.1 Laboratory biosafety and Biosecurity practices are in place.

\* 8.3.1 System for collection, packaging and transport of clinical specimens

\* 8.4.1 Laboratory data management and reporting is established.

9.1.1 General obligations at PoE are fulfilled.

9.2.1 Effective surveillance is established at PoE.

9.3.1 Effective response at PoE established

\* 9.4.1 Compliance with the IHR (2005) for PoE and for Health and technical Documents

\* 9.5.1 Coordination in the prevention, detection, and response to public health events at POE is established.

10.1.1 Mechanisms for detecting and responding to zoonoses and potential zoonoses are established.

12.1.1 Mechanisms are established for the detection, alert and response to chemical emergencies.

13.1.1 Mechanisms are established for detecting and responding to radiological and nuclear emergencies.