

# **IHR National Focal Point (NFP)**

## **In Bahrain**

**Dr. Muna Al Musawi  
IHR Focal Officer**

**Prepared by  
Dr. Kubra Nasser  
Head, CDS**

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## **IHR National Focal Point (NFP) in Bahrain**

The International Health Regulations (2005) (IHR(2005)) define a National IHR Focal Point as "the national centre, designated by each State Party which shall be accessible at all times for communications with WHO IHR Contact Points under these Regulations"

### **1. Designation of IHR NFP in Kingdom of Bahrain:**

The Minister of Health has designated the Public Health Directorate to act as the NFP for the Kingdom and give it alone the authority to communicate IHR related information with WHO.

### **2. Staff managing the IHR NFP:**

Director of Public Health has the lead responsibility of NFP.

**Technical group** are staff in public health directorate who are assigned by the director of public health to perform the tasks related to IHR implementation .Moreover their names included as focal persons within the designated NFP which was officially sent to WHO .These staff are IHR Focal Officer, chief of Diseases Control Section and head of Communicable Disease Group.

### **3. Communication with NFP:**

#### **E-mail:**

[IHRNFP@health.gov.bh](mailto:IHRNFP@health.gov.bh)

To be automatically forwarded to the personal e-mail accounts of all the staff managing IHR NFP around the clock.

#### **Telephone:**

Proposed to be covered 24/7 by technical group through on call system which is under implementation.

#### **Fax:**

0097317279290

0097317279268

#### **Web site:**

In the process of implementation

#### **4. Function of National IHR focal point:**

##### **Mandatory functions**

- Remaining accessible around the clock for communications with WHO IHR Contact Points through the communication methods mentioned above.
- Sending to WHO IHR Contact Points urgent communications arising from IHR implementation
  - ❖ If this communication initiated by Kingdom of Bahrain when an event detected on its territory or in another member state (reportable events after assessment using Annex 2 under IHR 2005 should be notified within 24 hours of the assessment **flowchart 1**. Or
  - ❖ The communication initiated by WHO for verification and Bahrain obligated to respond within 24 hours of WHO request.
- Receiving information from WHO either through IHR Information Site where all the staff in NFP have access to this site, or expected to be through telephone or e-mail for urgent information to implement the rapid action by NFP.
  - Disseminating information received from WHO contact point according to type of information:
    - ❖ If it is just for knowledge to be disseminated to Assistant under Secretary of Primary Care and Public Health (AUP) and to the concerned parties.
    - ❖ If the information required action to be in place, it will be disseminated to Minister of Health officials as the under Secretary of Ministry of Health is a member of National Disaster committee, AUP and the concerned parties. **flow chart 2**
  - Collecting data and reports of the events that may threaten the public health for assessment and notification (if applicable) from relevant sectors in the Kingdom through the members of National IHR committee as they were explained about the concepts of Public Health Emergencies of International Concern PHEIC and the concept of the “events”.
  - Providing WHO with contact details of the NFP and continuously updating and annually confirming the information.

- Documenting all domestic communication as well as that with WHO electronically as well as hard copies.
- Reporting on progress with assessment, planning and establishment of IHR (2005) capacities by ensuring completing IHR implementation monitoring questionnaire annually. The focal point will send a copy of the part in IHR monitoring questionnaire to the concerned sectors (surveillance, food safety, laboratory, animal welfare, chemical and radio-nuclear) to fill their part which will be compiled and submitted to WHO by NFP.
- Reporting on progress with the biannual assessment established by the National IHR Officer, planning and establishment of IHR (2005) capacities to WHOIHR and the higher authorities as well as the members of the IHR Committee.
- Implantation of all updated WHO IHR recommendation.

### **Optional functions**

- Preparation of Quarantine plan for implementation of IHR with core capacity building at points of entry and contacting the authority at the point of entry according to article 20,21 of IHR(2005).
- Participating in collaborative risk assessment with WHO regarding public health events, risks and Public Health Emergencies of International Concern PHEIC.
- Communicating and sharing information with relevant authorities at points of entry including the designation of ports of entry for IHR implementation capacity buildings.
- Assessing the national public health events and risks that are reported to it. This assessment according to IHR 2005 annex by a team composed of the staff in NFP.
- Coordinating closely with the national emergency response systems which is the National Disaster committee as the Director of Public Health and the Under Secretary of Ministry of Health will exchange information at the time of disasters.
- Providing advice to senior health and other government officials on notifications to WHO and on the implementation of WHO recommendations to prevent international disease spread (through advocacy sessions and communications).
- Ensuring the assessment of existing surveillance and response capacity through monitoring check lists and audits and identification of improvement and development needs, including training needs at the national level.

- Cooperating with WHO to provide support to intervention programs that prevent or respond to epidemics and other public health emergencies.
- Recommending MOH task force committee for IHR implementation.
- Recommending the National IHR committee members and calling for regular meetings for IHR implementation.
- Coordinating the provision of public messages by WHO and national authorities.
- Coordinating inter-country or regional activities and information exchange and cross-borders agreements. (e.g. Gulf regional workshops and exchanging experiences in IHR implementation)
- Assessment and monitoring the implementation of IHR within the country at points of entry and contact higher authority if necessary .
- Preparing the financial Plans for training and monitoring IHR implementation
- Requesting the technical advice from WHO in the context of IHR implementation.
- Training need assessment for implementation of IHR and implementation of training programs and monitoring.
- Building a surveillance network for emerging and re-emerging disease in line with IHR 2005.
- Recommend upgrading of public health laboratory and build core capacity to IHR 2005.
- Preparing disaster plan for emerging and re-emerging disease according to IHR2005.
- Issuing reports, guidelines and recommendation for IHR implementation in country and follow up the implementation.
- Logistic support for implementation of IHR annexes.

## **5. Relationships/networks between Bahrain NFP and all sectors relevant to the NFP's functions.**

### **Domestic Communication Network:**

Ministerial order (which is signed by the Under Secretary of Ministry of Health was issued in 2010 for formation of National IHR committee .This committee is headed by IHR Focal Officer, other members represent communicable disease group, Animal welfare group (zoonotic diseases), environmental department, food safety, radiation safety department, points of entry,

laboratories, legal affairs office in MOH, governmental and private clinics and hospitals, civil aviation and media. The communication between members is through meetings, telephone, emails, letters and faxes. The members are responsible for event detection, notification to NFP, and follow the received information from NFP.

Another committee was created by the Ministry of Health and the Assistant under Secretary for Primary Care and Public Health in the Ministry of Health assign it in 2010. This committee is headed by IHR Focal Officer; other members represent communicable disease group, Ministry of Health environmental department, food Control and safety, radiation safety department, PHD laboratory, legal advisor in MOH, governmental primary Health Care, pharmacy and Health Promotion. The communication between members is through meetings, telephone, emails, letters and faxes. The members are responsible for event detection at the Ministry of Health, notification to NFP, and follow the received information from NFP.

#### **WHO communication:**

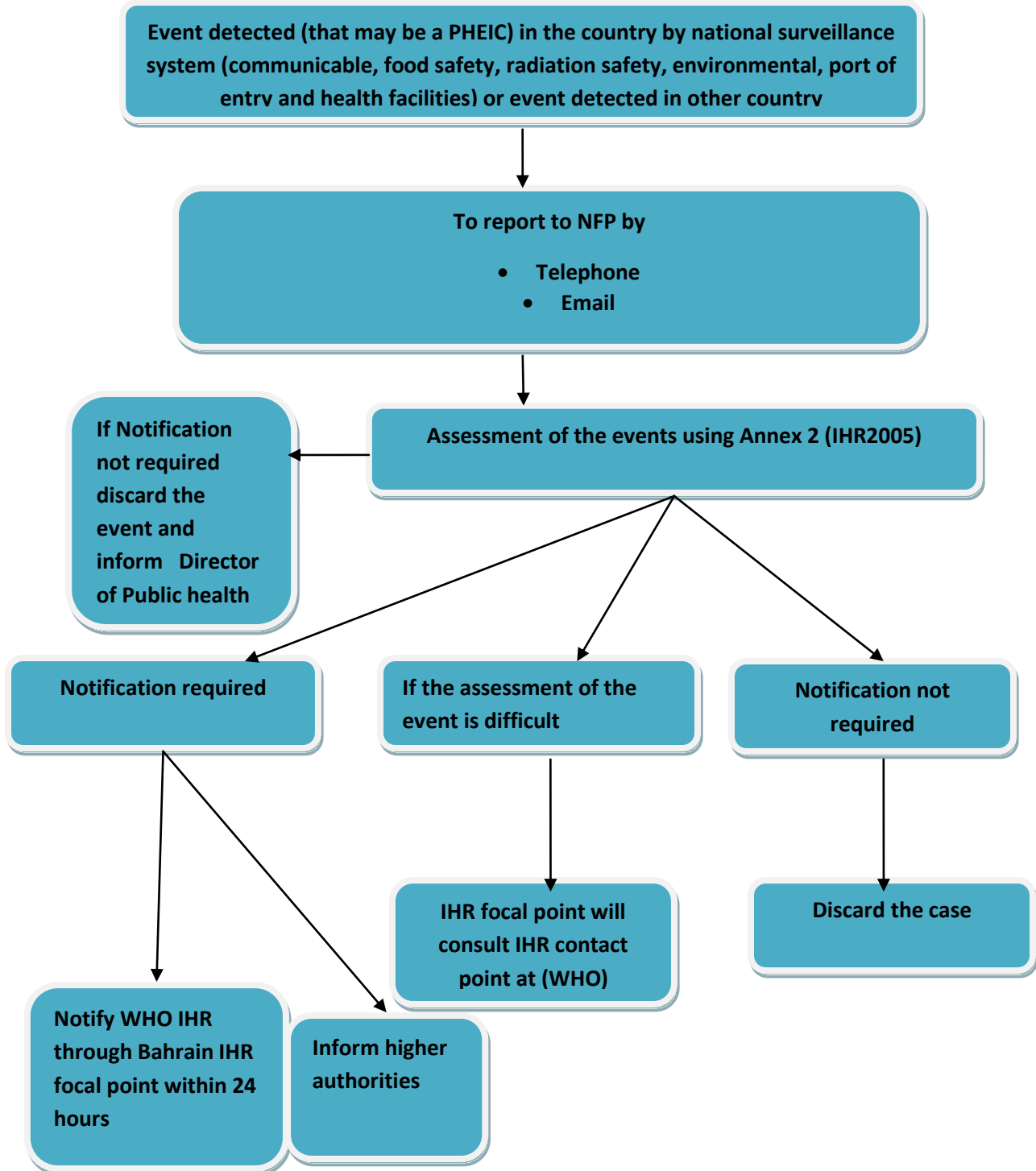
Sending and receiving information including that in article 6-12 through telephone, emails, official letters and faxes.

#### **6. Analysis of the process by which Bahrain's NFP was designated, its delegated authority, and its decision-making processes**

- The Minister of health designates **Public Health Directorate** as the National IHR focal point and sends a written communication to **WHO** containing its designation for NFP with all contact details and the responsible persons with in it .
- Operation of the NFP is still limited as there is no legal document released with the proposed function.
- The proposed decision-making processes is shown in (flowchart 1)

## Algorithm for

# Bahrain-Decision Making processes assessment and Reporting of Events to WHO in the Context of IHR



**Algorithm for  
Dissemination of information received from WHO IHR**

