

Implementation of International Health Regulations (2005)

Bahrain 5 years strategy

2011-2015

Introduction

1. International Health Regulations (2005)

International Health Regulations (2005) are a set of legally binding regulation for all WHO member states which helps countries working together to prevent, protect against, control and respond to the international spread of disease while avoiding unnecessary interference with international traffic and trade. These regulations are also designed to reduce the risk of disease spread at international airports, ports and ground crossings. These regulations entered into force on 15 June 2007 and are binding on 194 countries across the world, including all World Health Organization (WHO) Member States.

2. All hazard approach taken by the IHR (2005)

While notification to WHO under the IHR (1969) focused only on 3 diseases (cholera, yellow fever and plague), the scope of notification under IHR (2005) is broaden to include a wide range of international public health risks such as biological, chemical, radio-nuclear and food contamination.

3. Assessment of current status of IHR implementation in Bahrain and development of Plan of Action (POA) :

The Ministry of Health, Directorate of Public Health requested a mission to take place from 28th November to 2nd of December 2010 to evaluate the progress in the IHR implementation in Bahrain. Expert from WHO/EMRO conducted this mission with coordination with Bahrain Desk Officer and NFP .Meeting with officials and field visits to relevant sectors to assess the capacities for the implementation of IHR was done. Finally the recommendation and the (POA) is formulated and submitted to NFP for implementation and follow up.

4. Burden of potential hazards mentioned in IHR (2005) in Bahrain

The burden of epidemic borne disease and food related hazards are examined periodically and annually in order to identify the trend of these diseases and to ensure

that control measures in place, however the burden of chemical and radio -nuclear hazards are not addressed adequately.

5. Existing health systems, strategy and existing public health surveillance and response systems.

Health systems: Comprehensive health care is provided to all population. Wide range of preventive, promotive, curative and rehabilitative services are available to all population free of charge to Bahrainis and heavily subsidizes to non-Bahrainis. Primary health care is considered the cornerstone of the public health services. Through a network of twenty three primary health care centers and two clinics scattered throughout the five governorate of the kingdom. Secondary care is represented by the Salmaniya Medical Complex (1000 Beds) offers wide rang of highly advance specialized medical services, the psychiatric hospital (201 beds), geriatric hospital (101 beds) and four maternity hospitals (total of 241). Public health care service is also provided by the Bahrain Defense Force Hospital (BDF) under the umbrella of the Ministry of Defense. Ministry of

Health is responsible for planning, policy making, provision and regulation of health services. All related major functions such public health services, licensing, and drug control are part of the Ministry of Health structure.

Private health care is growing very rapidly, the aspiration is that it will take a major role in the future as the main provider of health services while the role of public sectors will emphasis more regulation and policy making. The relationship and th e interaction of public to private are not well established. Efforts and studies for future reforms are all signifying the importance of such an interaction and emphasizing a partnership approach of public with private.

Surveillance: The Diseases Control section-Communicable Diseases Control Unit (DCS-CDCU) at the Ministry of Health in Bahrain is responsible for planning, implementing and monitoring preventive measures to control communicable diseases incidence and prevalence in Bahrain.

Surveillance is a core activity of CDCU as it bears relevance to communicable diseases prevention and control programs. Ameerii Decree No. 14 of 1977 has specified clearly the procedures that regulate all activities required for the prevention and control of communicable diseases 4n Bahrain. The law also mandated the

notification and investigation of communicable diseases and thus paved the way to the development of the communicable disease surveillance system.

Although surveillance of communicable diseases is well structured, the surveillance for other hazards is not in place.

The planning process:

Strategic planning process in Bahrain started after receiving the assessment report of the mission which was conducted by the WHO Regional Office in the context of the IHR implementation in Bahrain.

Proposal for developing IHR implementation strategic plan to be prepared by NFP and to be submitted to the Ministry of Health authorities, this proposal to clarify the need for implementation of IHR and to explain the approach to be followed in developing such a plan. The scientific approach to strategic planning will be followed. This involved determination of where we want to go (establishing a vision for the future), assessing where we are (situational analysis of major and key issues), and determining how to go to where we want to go (actions and strategies).

The following stakeholders were identified to participate in the strategic plan development based on IHR implementation requirements. Representatives from public health directorate (surveillance, food control section, environmental section) (MOH), from Primary Health Care (MOH), from Health Promotion Section (MOH), from Drug Control Section (MOH), from National Sea Port Authority, from Civil Aviation Affairs, from animal welfare section in Ministry of Agriculture and Animal Welfare, from private sector, from Ministry of Interior (Customs), from the media., from Legal affairs office in Ministry of Health, from Ministry of Environment., from Ministry of Foreign affairs Ministry of Industry and Commerce

Summary of major problems (current situation analysis)

Area	Strength	Weaknesses	Opportunity
Legislation and policy	<ul style="list-style-type: none"> <input type="checkbox"/> National IHR focal point for coordination of IHR related activities was designated. <input type="checkbox"/> Revision of national laws in context of IHR is started and almost not limiting IHR implementation. <input type="checkbox"/> List of notifiable diseases which require mandatory notification of infectious and zoonotic diseases <input type="checkbox"/> Political support for implementation of IHR2005 	<ul style="list-style-type: none"> <input type="checkbox"/> Lack of approved SOPs for the function of NFP <input type="checkbox"/> Lack of mandatory notification of chemical and radio-nuclear events to NFP. 	<ul style="list-style-type: none"> <input type="checkbox"/> Updating the public health law now <input type="checkbox"/> The availability of National disaster committee covering all health hazards with authorization from prime minister

<p>Surveillance</p>	<p>Detection:</p> <ul style="list-style-type: none"> <input type="checkbox"/> All diseases listed in Annex (2) of IHR (2005) are included in the notification forms except for small pox. <input type="checkbox"/> Notifiable disease list includes "unusual events" <input type="checkbox"/> Utilize the hospital discharge records as data source. <input type="checkbox"/> Active surveillance in place for AFP and measles. <input type="checkbox"/> Daily media scanning by public relation section <p>Reporting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Via well structured daily and weekly notification forms. <input type="checkbox"/> Urgent Notification by telephone. Data management <input type="checkbox"/> At central level data management done using Epi Info to generate monthly and annual reports. <p>Feedback</p> <ul style="list-style-type: none"> <input type="checkbox"/> Quarterly communicable disease bulletin for reporting sites <input type="checkbox"/> Quarterly Feedback on the reporting. 	<ul style="list-style-type: none"> <input type="checkbox"/> Updated communicable disease with case definition and management still not in place <input type="checkbox"/> Lack of peripheral sites data management at least in term of time, place and person. <input type="checkbox"/> Lack of documented threshold values for epidemic prone diseases 	<ul style="list-style-type: none"> <input type="checkbox"/> Utilize IT facility in MOH to invent electronic reporting system.
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Preparedness	<input type="checkbox"/> The availability of disease specific national preparedness plan (Influenza H5N1, H1N1). <input type="checkbox"/> The assessment for emergency need of drugs and vaccines	<input type="checkbox"/> Lack of a national Comprehensive plan that includes all health hazards.	<input type="checkbox"/> IHR (2005) implementation <input type="checkbox"/> Pandemic H1N1
Risk communication	<input type="checkbox"/> The availability of Public relation section which is responsible for communication all the time and during emergencies(trained staff) <input type="checkbox"/> The availability of hot lines and website for public communication during emergencies.	<input type="checkbox"/> Lack of social mobilization approach during emergencies <input type="checkbox"/> Lack of evaluation of risk communication process	<input type="checkbox"/> Pandemic H1N1 <input type="checkbox"/> Transparency in the country in all aspect including health issues.
Human resources	<input type="checkbox"/> Training program is available in MOH and certain budget is allocated for Public health directorate training	<input type="checkbox"/> No training need assessment in the context of IHR 2005 is performed.	<input type="checkbox"/> IHR (2005) implementation

Laboratory	Confirmation: Public health lab(PHL) has the capacity to diagnose many disease Reference lab (RL): Bahrain has collaboration with regional RL in Oman for	<input type="checkbox"/> Lack of diagnostic facilities for hemorrhagic	<input type="checkbox"/> IHR (2005) implementation
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	<p>polio and measles</p> <p>External quality assessment in collaboration with UK NEQAS for microbiology and WHO for tuberculosis drug resistance and measles panels.</p> <p>Specimen collection and transport: program for all health facilities to collect and transport specimen to PHL.</p>	<p>fever and lack of availability list of collaborating center in this regard.</p> <p><input type="checkbox"/> Lack of biosafety guidelines for transport of the specimens.</p>		
<p>Port of entry</p> <p><input type="checkbox"/> Bahrain International Airport</p> <p><input type="checkbox"/> Khalifa Sea Port</p> <p><input type="checkbox"/> King Fahd</p>	<p><input type="checkbox"/> The accessibility to medical service(with adequate staff and equipment) for care of ill traveler</p> <p><input type="checkbox"/> The accessibility to facilities to transfer the ill traveler to appropriate medical facility</p> <p><input type="checkbox"/> Availability of good services</p>	<p><input type="checkbox"/> No designation of ports for IHR implementation.</p> <p><input type="checkbox"/> No application of IHR documents(yellow fever vaccine certificate,</p>	<p><input type="checkbox"/> IHR (2005) implementation</p>	<p>Financial limitation</p>

Strategic direction (vision, goals, objectives and targets) Vision:

Kingdom of Bahrain prepared for prevention and response to public health emergencies of international concerns in order to reduce the health, economic and social impacts of these emergencies on the local and international communities.

Strategic Goals 1: Partnership strengthening

Resource mobilization through intra -sectoral and inter- sectoral collaboration between various ministries and organization within the kingdom of Bahrain. This is supported by active engagement of higher authorities and concerned stakeholders in relevant sectors. Additionally, benefiting from the best available technical support for effective implementation of IHR (2005) by establishing regional and global health regulation network.

Objective:

- To inform, train and actively involve the concerned stakeholders in relevant sectors in implementing the Regulations
(Short to intermediate)
- To ensure that higher authorities in the country understand the public health and economic benefits of implementing the revised Regulations and engage in resource mobilization activities to support their full implementation.(short term)
- To establish and be an active member in the regional and global health regulation network.(long term)

Strategic Goals 2: Strengthen National Capacity

Analysis of available capacities in order to identify the gaps and plan for improvement. Core capacity building should be strengthened in the field of national disease prevention, surveillance, control and response. Moreover, public health measures and response capacity building at designated ports of entry is required , as it has a recognized role in rapid detection and response to the risk of international disease spread.

Objective:

- To conduct assessment of the alert and response capacity in the country. (short term)

- To perform gap analysis of the alert and response capacity and develop and implement national action plans to prevent, detect, and respond to public health threats(short term)

- To request WHO's technical support for national capacity building (short term)

- To train the concerned staff in the field of disease prevention, surveillance, risk assessment, control and response. (Intermediate)

- To ensure that PoE are kept free of infection or contamination, including vectors and reservoirs
- To ensure that routine measures, in compliance with IHR (2005), are in place for travelers, conveyances, cargo, goods and postal parcels
- To implement the public health contingency plan for public health emergencies at all designated PoE
- To ensure that designated points of entry have the capacity to rapidly implement international public health recommendations

Strategic Goals 3: Prevent and Respond To International Public Health

Emergencies

Strengthen the early warning system to ensure rapid response. This could be achieved through producing, implementing, exercising and harmonizing national public health action to rapidly detecting and managing risks and public health emergencies of international concern.

Objectives:

- To develop plans for surveillance and early warning for specific risks at national level (infectious, food, chemical and radio-nuclear)
- To identify and implement risk reduction strategies
- Preparedness and readiness for response and containment of the threats identified in IHR (2005) including involvement of local level.
- To implemented international mechanisms for stockpiling critical supplies (vaccines, drugs, personal protective equipment (PPE) for priority threats critical supplies

Strategic Goals 4: Legal Issues and Monitoring

Establishment of the legal and regulatory frameworks that specify the roles of participating partners and stakeholders ensure justification of Assessment of measures and facilitate quick and timely response. Furthermore, regularly monitoring the progress indicators for the implementation of IHR 2005 is necessary for improvement.

Objective:

- To assess national public health legislation and to adapt it in line with the IHR (2005) Regulations.
- To designate the National IHR Focal Points (NFP)
- To monitor implementation of eight core capacities through a checklist of indicators, capacity development at PoE and capacity development for the four IHR-related hazards (zoonotic and food safety (biological), radiological and nuclear, and chemical).

Actions:

Activities	Target	Responsible	Resources
Assessment of national public health legislations	Revised Public health law in place by the end of 2011	<input type="checkbox"/> NFP <input type="checkbox"/> legal adviser of MOH	<input type="checkbox"/> Political commitment
Get approval of the designated NFP function	Approved NFP function within 6 months	<input type="checkbox"/> NFP <input type="checkbox"/> MOH authorities	<input type="checkbox"/> Political commitment
Develop guideline for rapid detection, prompt risk assessment, notification, and response to communicable disease for all sites including PoE.	guideline development within 12 months	<input type="checkbox"/> Disease Control Section, surveillance group	<input type="checkbox"/> Experts <input type="checkbox"/> Funds
Develop guideline for rapid detection, prompt risk assessment, notification, and response to food related hazards for all sites including PoE.	guideline development within 12 months	<input type="checkbox"/> NFP <input type="checkbox"/> Food Control Section	<input type="checkbox"/> Experts <input type="checkbox"/> Funds <input type="checkbox"/> Human resources

<p>Develop guideline for rapid detection, prompt risk assessment, notification, and response to chemical hazards and radio-nuclear hazards for all sites including PoE</p>	<p>guideline development within 12 years</p>	<p><input type="checkbox"/> WHO <input type="checkbox"/> NFP <input type="checkbox"/> Environmental Department <input type="checkbox"/> Radiation protection consultant.</p>	<p><input type="checkbox"/> Experts <input type="checkbox"/> Funds <input type="checkbox"/> Human resources</p>
<p>Develop communications plan to coordinate and manage outbreak operations and other public health events;</p>	<p>communications plan development within 6 month</p>	<p><input type="checkbox"/> WHO <input type="checkbox"/> NFP <input type="checkbox"/> IHR committee members</p>	<p><input type="checkbox"/> Experts <input type="checkbox"/> Funds <input type="checkbox"/> Human resources</p>
<p>Develop preparedness, including national, local community/primary response level public health emergency response plans for all public health threats and relevant IHR hazards</p>	<p>Preparedness plan for biological and food hazard within 12 months. Preparedness plan for chemical and radio-nuclear hazards within 3years</p>	<p><input type="checkbox"/> WHO <input type="checkbox"/> NFP <input type="checkbox"/> IHR committee members</p>	<p><input type="checkbox"/> Experts <input type="checkbox"/> Funds <input type="checkbox"/> Human resources</p>

Develop risk communication plan	Risk communication plan within 2 years	<input type="checkbox"/> WHO <input type="checkbox"/> NFP <input type="checkbox"/> Health promotion section <input type="checkbox"/> Media <input type="checkbox"/> Community leaders <input type="checkbox"/> schools	<input type="checkbox"/> Political commitment <input type="checkbox"/> Experts <input type="checkbox"/> Funds <input type="checkbox"/> Human resources
prepare need assessment for training of public health personnel (including laboratory personal) to get appropriate knowledge, skills and competencies that are critical for effective implementation of the IHR;	<input type="checkbox"/> Need assessment to be finalize within 6 months <input type="checkbox"/> Implementation of the training over 5-10 years	<input type="checkbox"/> NFP	<input type="checkbox"/> Funds
develop a laboratory plan for identification of infectious agents and other hazards likely to cause public health emergencies of national and international concern and to including laboratories regional ,international networks.	Plan developed within 6 month	<input type="checkbox"/> NFP <input type="checkbox"/> Public Health Lab <input type="checkbox"/> Environmental laboratory	<input type="checkbox"/> Political commitment <input type="checkbox"/> Experts <input type="checkbox"/> Funds <input type="checkbox"/> Human resources
Monitor IHR2005 implementation in Bahrain using WHO monitoring tool.	Yearly with monitoring report to be ready be the end of December.	<input type="checkbox"/> NFP	<input type="checkbox"/> Funds <input type="checkbox"/> Human resources

Indicators for performance measures

The indicators in WHO (IHR2005) implementation monitoring tool will be used.

Conclusion

Dengue does not respect international boundaries. Effective dengue control is not possible if control efforts are limited to one country or a few. It requires the adoption of a regional approach through collaboration between countries and sustained partnerships to enable countries to implement evidence-based interventions and the use of best practices. Bahrain's IHR implementation Strategic Plan would play a major role to enhance capacity building for preparedness to detect, and contain health hazards identified by IHR (2005). Moreover this will minimize the health, economic and social impacts of public health hazards