

International Health Regulations (IHR)

Summary Report

28/8/2013

IHR programs

1. National IHR legislations, policies and financial
2. Coordination and National Focal Point (NFP) Communication
3. IHR Surveillance
4. IHR Response capacity
5. IHR Preparedness
6. IHR Risk communication
7. IHR Human Resource
8. IHR Laboratories
9. IHR at the Points of Entry
10. IHR Zoonotic Events
11. IHR Food Safety
12. IHR Chemical Events
13. IHR Radiological Events
14. IHR points of Entry Monitoring Program
15. IHR Website update program

Number of Staff at the IHR Focal Center

One (National Focal Point)

WHO assigned Responsibilities and Functions of the IHR National Focal Center

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 for implementation

-If this communication initiated by Kingdom of Bahrain when an event detected on its territory or in another member state (reportable events 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 were 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.

Optional functions

- 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.
- Coordinating the provision of public messages by WHO and national authorities.

- Coordinating inter-country or regional activities and information exchange and cross-border agreements. (e.g. Gulf regional workshops and exchanging experiences in IHR implementation)
- Monitoring the implementation of IHR within the country.
- Preparing the financial Plans for training and monitoring IHR implementation
- Requesting the technical advice from WHO in the context of IHR implementation.

Governmental and Nongovernmental Sectors responsible for IHR implementation

1. Ministry of Health

- National Focal Point
- Food Control Section
- Diseases Control Section
- National Health Regulatory Authority (NHRA)
- Environmental Health Section.
- Health Promotion Directorate
- Primary Health Care Points of Entry Health Clinic
- Directorate of Material Management
- Public Health Laboratory
- Radiation Protection Inspection and Quality Assessment of X-Ray Modalities

2. Ministry of Transportation, Ports and Maritime.

3. Safety and Occupational Health, Bahrain Airport Company

4. Ministry of Municipalities Affairs and Urban Planning, Agriculture and Marine Resources Affairs

A-Animal Wealth Directorate

B-Plant Wealth Directorate

5. Supreme Council for Environment

- A) Radiation Monitoring
- B) Chemical Monitoring

6. Ministry of Interior, Points of Entry

7. Ministry of Foreign Affairs

8. Ministry of Industry and Commerce

9. Gulf Air Medical Services at GF Head Quarters

Requirements for strengthening of the core capacities for IHR implementation

A. For surveillance and response

Bahrain shall utilize existing national structures and resources to meet their core capacity requirements under these Regulations, including with regard to their surveillance, reporting, notification, verification, response and collaboration activities; and their activities concerning designated airports, ports and ground crossings.

The capacities at the local community level and/or primary public health response level are to detect and report events involving disease or death above expected levels for the particular time and place in all areas within the territory of the State Party, and to implement preliminary control measures immediately.

The capacities at the intermediate public health response levels are to confirm the status of reported events and to support or implement additional control measures; and to assess reported events immediately and, if found urgent, to report all essential information to the national level.

The capacities at the national level are to assess all reports of urgent events within 48 hours; and to notify WHO immediately through the National IHR Focal Point when the assessment indicates the event is notifiable pursuant to paragraph 1 of Article 6 and Annex 2 and to inform WHO as required pursuant to Article 7 and paragraph 2 of Article 9.

The capacities to ensure timely and appropriate national public health response to PHEIC including

-the capacities to determine rapidly the control measures required to prevent domestic and international spread;

- to establish, operate and maintain a national public health emergency response plan, including the creation of multidisciplinary/multi-sectorial teams to respond to events that may constitute a public health emergency of international concern; and

-to provide the foregoing on a 24-hour basis.

B. designated airports, ports and ground crossings.

1-At all times, countries should have capacities:

a. to provide access to

(i) an appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travelers, and

(ii) adequate staff, equipment and premises;

b- To provide access to equipment and personnel for the transport of ill travelers to an appropriate medical facility;

c- To provide trained personnel for the inspection of conveyances;

d- To ensure a safe environment for travelers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk areas, by conducting inspection program,, as appropriate; and

e- To provide as far as practicable a program and trained personnel for the control of vectors and reservoirs in and near points of entry.

2. for responding to events that may constitute a public health emergency of international concern, countries should have the capacities:

a) to provide appropriate public health emergency response by establishing and maintaining a public health emergency contingency plan, including the nomination of a coordinator and contact points for relevant point of entry , public health and other agencies and services;

b) to provide assessment of and care for affected travelers or animals by establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required;

- c) To provide appropriate space, separate from other travelers, to interview suspect or affected persons;
- d) To provide for the assessment and, if required, quarantine of suspect travelers, preferably in facilities away from the point of entry;
- e) to apply recommended measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specially designated and equipped for this purpose;
- f) To apply entry or exit controls for arriving and departing travelers; and
- g) To provide access to specially designated equipment, and to trained personnel with appropriate personal protection, for the transfer of travelers who may carry infection or contamination.

Urgent Needs of the NFP

- 1- To increase the man pour for regular monitoring, follow up the implementation and response as well as data collection, data entry and analysis (minimum three as start ,2 for monitoring and one for data collection ,data entry and data analysis as per **attached the monthly visiting schedule**
- 2- Completing the stage 2 of the IHR website by adding a forum for communication.
- 3- Strengthening the internal assessment of all concerned parties for IHR implementation .
- 4- Strengthening the training and education programs for all the concerned parties for IHR implementation

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National IHR Focal Point