

## Project No 2

### Partnership Strengthening

No	Implementation Steps	Implementation Requirement/ Obstacles	Date Starting	Date Ending	Proposed Budget
<p>1.Coordination and National Focal Point (NFP) Communication</p>	<ul style="list-style-type: none"> <li>-To coordinate within relevant ministries on events that may constitute a public health event of national or international concern.</li> <li>-Standard Operating Procedures (SOP) available for coordination between IHR NFP and stakeholders of relevant sectors.</li> <li>-To establish a multispectral, multidisciplinary committee, body or task force in place in order to address IHR requirements on surveillance and response for public health emergencies of national and international concern.</li> <li>-To test the coordination mechanisms through an actual event occurrence or</li> </ul>	<ul style="list-style-type: none"> <li>-To inform, train and actively involve the concerned stakeholders in relevant sectors in implementing the Regulations (short to intermediate)</li> <li>-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)</li> <li>-To establish and be an active member in the regional and global health regulation network. (Long term).</li> </ul>	2010	2016  contin  uous	

	<p><b>through exercises and updated as needed.</b></p> <p><b>-A list of national stakeholders involved in the implementation of IHR.</b></p> <p><b>Define roles and responsibilities of various stakeholders under the IHR.</b></p> <p><b>To develop plans to sensitize all relevant stakeholders to their roles and responsibilities under the IHR.</b></p> <p><b>-To implement plans to sensitize stakeholders to their roles and responsibilities.</b> <b>Establish active IHR website.</b></p> <p><b>Conduct updates on the IHR with relevant stakeholders on at least an annual basis.</b></p> <p><b>-Establish IHR NFP.</b></p> <p><b>-Establish MOH IHR Task force group.</b></p> <p><b>-Establish other sectors IHR tasks force groups.</b></p> <p><b>-Disseminate Information on obligations under the IHR to relevant national authorities and stakeholders.</b></p> <p><b>-IHR NFP provided WHO with updated</b></p>				
--	---	--	--	--	--

	<p><b>contact information as well as annual confirmation of the IHR NFP.</b></p> <p><b>NFP should have strong legal and governmental mandate and authority.</b></p> <p><b>-NFP accessed IHR Event Information Site (EIS) at least monthly in the past 12 months.</b></p> <p><b>-At least a one written NFP-initiated communication with WHO consultation, notification or information sharing on a public health event in the past 12 months.</b></p> <p><b>Documentation of actions taken by the IHR NFP and relevant stakeholders following communications with WHO.</b></p> <p><b>-Country implementation of any roles and responsibilities which are additional to the IHR NFP functions.</b></p> <p><b>-Evaluate and share national experiences in terms of IHR-related laws, regulations, administrative requirements, policies or other government instruments with the global community.</b></p>				
<p><b>2. Risk communication</b></p>		<p><b>-Promoting the risk communication capacity to cope with an unfolding</b></p>			

	<p><b>-Risk communication partners and stakeholders been identified.</b></p> <p><b>-A unit responsible for coordination of public communications during a public health event, with roles and responsibilities of the stakeholders clearly defined</b></p> <p><b>-A risk communication plan including social mobilization of communities been developed.</b></p> <p><b>-Policies, SOPs or guidelines disseminated on the clearance and release of information during a public health event.</b></p> <p><b>-A proportion of public health events of national or potential international concern has the risk communication plan been implemented in the last 12 months.</b></p> <p><b>-Policies, SOPs or guidelines are available to support community-based risk communications interventions during public health emergencies.</b></p> <p><b>-An evaluation of the public health communication been conducted after emergencies, including for timeliness, transparency and appropriateness of communications, and SOPs updated as needed.</b></p>	<p><b>public health emergency.</b></p> <p><b>-Dissemination of information to the public about health risks and events such as outbreaks of diseases.</b></p> <p><b>-Promote the establishment of appropriate prevention and control action through community-based interventions at individual, family and community levels.</b></p> <p><b>-Disseminating the information through the appropriate channels is also important.</b></p>		<p><b>2009</b></p>	
--	---	--	--	--------------------	--

	<ul style="list-style-type: none"><li><b>-SOPs been updated as needed following evaluation of the public health communication.</b></li> <li><b>-Proportion of PH emergencies in the last 12 months were populations and partners informed of a real or potential risk (as applicable) within 24 hours following confirmation of event was estimated.</b></li> <li><b>-Regularly updated information sources accessible to media and the public for information dissemination.</b></li> <li><b>-Accessible and relevant IEC (Information, Education and Communications) materials tailored to the needs of the population.</b></li> <li><b>-Results of evaluations of risk communications efforts during a public health emergency been shared with the global community.</b></li></ul>				
--	--	--	--	--	--