

Project No 1 Strengthening National IHR Capacity

No	Implementations Steps	Implementations Requirements/ Obstacles	Date Starting	Date Ending	Proposed Budget
1.Human Resource	<p>-A responsible unit been identified to assess human resource capacities to meet the country's IHR requirements.</p> <p>-Critical gaps been identified in existing human resources (numbers and competencies) to meet IHR requirements. Training needs assessment been conducted and plan developed to meet IHR requirements.</p> <p>-A plan been developed to meet training needs requirements.</p> <p>-Workforce development plans and funding for the implementation of the IHR been approved by responsible authorities.</p> <p>-Targets being achieved for meeting workforce numbers and skills consistent with</p>	Human resources are available to implement IHR core capacity requirements.	2014	2017	

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	<p>milestones set in training development plan.</p> <p>-A strategy been developed for the country to access field epidemiology training (one year or more) in-country, regionally or internationally. An evidence of a strengthened workforce when tested by urgent public health event or simulation exercise is available.</p> <p>-Specific programs, with allocated budgets, to train workforces for IHR-relevant hazards are available.</p> <p>-A training opportunities or resources being used to train staff from other countries.</p>				
<p>2. Laboratories</p>	<p>-Bio safety guidelines should be accessible to individual laboratories.</p> <p>-Regulations, policies or strategies exist for laboratory bio safety.</p> <p>-A responsible entity been designated for laboratory bio safety and bio security. Bio safety guidelines, manuals or SOPs been disseminated to laboratories. Relevant staff trained on bio safety guidelines.</p>	<p>Coordinating mechanism for laboratory services is established.</p> <p>-Laboratory services are available to test for priority health threats.</p> <p>-Influenza</p>			

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	<p>-National classification of microorganisms by risk group been completed.</p> <p>-An institution or person responsible for inspection, (could include certification of bio safety equipment) of laboratories for compliance with bio safety requirements is available.</p> <p>-Bio safety procedures implemented, and regularly monitored.</p> <p>-A bio risk assessment been conducted in laboratories to guide and update bio safety regulations, procedures and practice, including for decontamination and management of infectious waste.</p> <p>-Diagnostic laboratories designated and authorized or certified BSL 2 or above for relevant levels of the health care system are available.</p> <p>-Country experience and findings related to bio safety been evaluated and reports shared with the global community.</p> <p>-Country experience and findings regarding laboratory surveillance been shared within the</p>	<p>surveillance is established.</p> <p>-System for collection, packaging and transport of clinical specimens is established.</p> <p>-Laboratory biosafety and Laboratory Biosecurity (Biorisk management 10) practices are in place.</p> <p>-Laboratory data management and reporting is established.</p>			
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	country and global community.				
3. Points of Entry	<p>-Review meeting (or other appropriate method) conducted to identify Points of Entry for designation. Competent authority' for each PoE been designated.</p> <p>-Designated ports (as relevant)/airports for development of capacities specified in Annex 1 (as specified in Article 20, no.1) been identified.</p> <p>-List of Ports authorized to offer certificates relating to ship sanitation been sent to WHO (as specified in Article 20, no.3).</p> <p>-Proportion of designated airports has competent authority.</p> <p>-Proportion of designated airports has been assessed. Proportion of designated ports has competent authority.</p> <p>-Proportion of designated ports has been assessed.</p> <p>-Country experiences and findings about the process of meeting PoE general obligations have been shared and documented.</p>	<p>General obligations at PoE are fulfilled.</p> <p>-Coordination 6 in the prevention, detection, and response to public health emergencies at POE is established.</p> <p>-Effective surveillance and other routine capacities is established at PoE.</p> <p>-Effective response at PoE is established</p>	2011	2016	

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	<ul style="list-style-type: none">-Priority conditions for surveillance at designated PoE have been identified.-Surveillance information at designated PoE been shared with the surveillance department/unit. -Mechanisms for the exchange of information have between designated PoE and medical facilities in place. -Designated PoE have access to appropriate medical services including diagnostic facilities for the prompt assessment and care of ill travellers, with adequate staff, equipment and premises (Annex 1b, art 1a). -Surveillance of conveyances for presence of vectors and reservoirs at designated PoE was established (Annex 1B art 2e). -Designated PoE has trained personnel for the inspection of conveyances (Annex 1b, art 1c). -Designated PoE has the capacity to safely dispose of potentially contaminated products. -Functioning program for the surveillance and control of vectors and reservoirs in and near Points of Entry (Annex 1A, art 6a Annex 1b,				
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	<p>art 1e) is available.</p> <ul style="list-style-type: none">-Review of surveillance of health threats at PoE been carried out in the last 12 months and results published.-SOPs for response at PoE are available.-Public health emergency contingency response plan at designated PoE been developed and disseminated to key stakeholders.-Public health emergency contingency plans at designated PoE been integrated with other response plans.-Public health emergency contingency plans at designated PoE been tested and updated as needed.-Designated PoE has appropriate space, separate from other travellers, to interview suspect or affected persons (Annex 1B, art 2c).-Designated PoE provides medical assessment or quarantine of suspect travellers, and care for affected travellers or animals (Annex 1B, art 2b and 2d).-Referral and transport system for the safe				
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	<p>transfer of ill travellers to appropriate medical facilities and access to relevant equipment, in place at a designated PoE (Annex 1b, art 1b and 2g).</p> <p>-Recommended public health measures (article 1B art 2e and 2f) be applied at designated PoE (This includes entry or exit controls for arriving and departing travellers, and measures to disinfect, 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).</p> <p>-Results of the evaluation of effectiveness of response to PH events at PoE published.</p>				
<p>4..Zoonotic Events</p>	<ul style="list-style-type: none"> • Coordination mechanism within the responsible government authority (ies) for the detection of and response to zoonotic events is Available. • National policy or strategy in place for the surveillance and response to zoonotic events is available. • Focal points responsible for animal health 	<p>Mechanisms for detecting and responding to zoonosis and potential zoonosis are established.</p>	<p>2010</p>	<p>2018</p>	

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	<p>(including wildlife) been designated for coordination with the MoH and/or IHR NFP ·</p> <ul style="list-style-type: none"> • Functional mechanisms for intersectoral collaborations that include animal and human health surveillance units and laboratories have been established and documented. • List of priority zoonotic diseases with case definitions is available. • Systematic and timely collection and collation of zoonotic disease data is in place. • Systematic information exchange between animal and human health surveillance units about urgent zoonotic events and potential zoonotic risks using is done. • Country have access to laboratory capacity, nationally or internationally (through established procedures) to confirm priority zoonotic events. • Zoonotic disease surveillance implemented with a community component. • Timely and systematic information exchange between animal, human health surveillance units and other relevant sectors regarding urgent zoonotic events and risks is done. 				
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	<ul style="list-style-type: none">• Regular (e.g. monthly) information exchange been established on zoonotic diseases among the laboratories responsible for human diseases and animal diseases.• Regularly updated roster (list) of experts that can respond to zoonotic events is done.• Mechanism has been established for response to outbreaks of zoonotic diseases by human and animal health sectors.• Animal health (domestic and wildlife) authorities/units participate in a national emergency response committee.• Operational, intersectoral public health plans for responding to zoonotic events been tested through occurrence of events or simulation exercises and updated as needed.• Timely (as defined by national standards) response to more than 80% of zoonotic events of potential national and international concern is reached. <p>Share country experiences and findings related</p>				
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	<p>to zoonotic risks and events of potential national and international concern with the global community in the last 12 months.</p>				
<p>5.Food Safety</p>	<ul style="list-style-type: none"> • National or international food safety standards are available. • National food laws or regulations or policy in place to facilitate food safety control are available. • Operational national multisectoral mechanism for food safety events is in place. • Decisions of the food safety multisectoral body implemented and outcomes are documented. • Functioning coordination mechanism been established between the Food Safety Authorities, specifically the INFOSAN Emergency Contact Point (if member) and the IHR NFP. • The country is an active member of the INFOSAN network. • List of priority food safety risks is available. 	<p>Mechanisms are established for detecting and responding to food borne disease and food contamination.</p>	<p>2010</p>	<p>2017</p>	

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	<ul style="list-style-type: none">• Guidelines or manuals on the surveillance, assessment and management of priority food safety risks are available.• Epidemiological data related to food contamination been systematically collected and analysed.• Food safety authorities report systematically on food safety events of national or international concern to the surveillance unit.• Risk-based food inspection services are in place.• Country has access to laboratory capacity to confirm priority food safety events of national or international concern including molecular techniques.• Roster of food safety expert is available for the assessment and response to food safety events.• Operational plans for responding to food safety events has been tested and updated as needed.• Food safety events investigated by teams that include food safety experts is available.				
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	<ul style="list-style-type: none"> • Mechanisms have been established for tracing, recall and disposal of contaminated products. • Communication mechanisms and materials are in place to deliver information, education and advice to stakeholders across the farm-to-fork continuum. • Food safety control management systems (including for imported food) has been implemented. • Information from food borne outbreaks and food contamination has been used to strengthen food management systems, safety standards and regulations. • Analysis of food safety events, food borne illness trends and outbreaks which integrates data from across the food chain been published 				
6.Chemical	<ul style="list-style-type: none"> • Have experts been identified for public health assessment and response to chemical incidents. 	Mechanisms are			

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Events		established for the detection, alert and response to chemical emergencies	2012	2018	
	<ul style="list-style-type: none"> • Are national policies or plans in place for chemical event surveillance, alert and response? • Do national authorities responsible for chemical events, have a designated focal point for coordination and communication with the ministry of health and/or the IHR National Focal Point. • Do functional coordination mechanisms with relevant sectors exist for surveillance and timely response to chemical events? • Is surveillance in place for chemical events, intoxication or poisonings? • Has a list of priority chemical events/syndromes that may constitute a potential public health event of national and international concern been identified? • Is there an inventory of major hazard sites and facilities that could be a source of chemical public health emergencies? 				

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	<ul style="list-style-type: none">• Are manuals and SOPs for rapid assessment, case management and control of chemical events available and disseminated? • Is there timely and systematic information exchange between appropriate chemical units¹⁰⁸, surveillance units and other relevant sectors about urgent chemical events and potential chemical risks? • Is there an emergency response plan that defines the roles and responsibilities of relevant agencies in place for chemical emergencies? • Has laboratory capacity or access to laboratory capacity been established to confirm priority chemical events? • Has a chemical event response plan been tested through occurrence of real event or through a simulation exercise and updated as needed? • Is there (are there) an adequately resourced				
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	<p>Poison Centre(s) in place.</p> <ul style="list-style-type: none"> • Have country experiences and findings regarding chemical events and risks of national and international concern been shared with the global community. 				
<p>7.Radiological Events</p>	<ul style="list-style-type: none"> • Experts have been identified for public health assessment and response to radiological and nuclear events. • National policy or plan for the detection, assessment and response to radiation emergencies is in place. • National policy or plan for national and international transport of radioactive material and samples and waste management, including from hospitals and medical services is available. • Coordination and communication mechanism for risk assessments, risk communications, planning, exercising and monitoring among relevant National Competent Authorities (NCAs) responsible for nuclear regulatory control/safety, national public health authorities, the Ministry of Health, the IHR NFP and other relevant sectors is established. 	<p>Mechanisms are established for detecting and responding to radiological and nuclear emergencies</p>	<p>2013</p>	<p>2018</p>	

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	<ul style="list-style-type: none">• Inventory of hazard sites and facilities using/handling radioactive sources which may be the source of a public health emergency of international concern is available.• Monitoring is in place for radiation emergencies.• Mapping of the radiological risks that may be a source of a potential public health emergency of international concern (sources of exposure, populations at risk, etc.) is done.• Systematic information exchange between radiological competent authorities and human health surveillance units about urgent radiological events and potential risks that may constitute a public health emergency of international concern is done.• Scenarios, technical guidelines and SOPs for risk assessment, reporting, event verification and notification, investigation and management of radiation emergencies are available.• Agencies responsible for radiation emergencies participate in a national emergency response committee and in coordinated responses to radiation emergencies in place.				
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	<ul style="list-style-type: none">• Radiation emergency response plan is available.• Radiation emergency response drills have been carried out regularly at national level, including requesting international assistance (as needed) and international notification.• Mechanism is in place for access to hospitals or health-care facilities with capacity to manage patients from radiation emergencies (in or out of the country).• Strategy for public communication in case of a radiological or nuclear event is present.• Strategy for public communication in case of a radiological or nuclear event is present.• Country has basic laboratory capacity and instruments to detect and confirm presence of radiation and identify its type (alpha, beta, or gamma) for potential radiation hazards.• Regularly updated collaborative mechanisms in place for access to specialized laboratories that are able to perform bioassays biological dosimetry by cytogenetic analysis and ESR,• Country experiences relating to the detection				
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	and response to radiological risks and events documented and shared with the global community.				
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