

## **D. IMPLEMENTATION OF THE INTERNATIONAL HEALTH REGULATIONS (2005)**

### **Introduction**

45. The purpose of this report is to give an account of the progress made by Member States of the Region of the Americas and the Pan American Health Organization (PAHO) toward fulfilling their obligations and commitments in implementing the International Health Regulations (2005) since the last report to the 50th Directing Council, held in 2010 (Document CD50/INF/6).

### **Promote Regional and Global Partnerships**

46. States Parties are gradually taking ownership and embracing the spirit of the Regulations in terms of transparency, shared responsibility, and mutual support, driven also by existing subregional integration mechanisms and initiatives. Recognizing the benefits of this approach, PAHO continues to promote and collaborate with such mechanisms and initiatives. It also continues to strengthen collaboration with other international organizations and technical institutions identified as key to supporting implementation of the Regulations.

### **Strengthen National Disease Prevention, Surveillance, Control and Response Systems and Public Health Security in Travel and Transport**

47. The National IHR Action Plans (NAP) are the cornerstones of IHR (2005) implementation at the national level. Of the 28 States Parties that developed their NAP, at least 10 have conducted the costing exercise for such plans. Country-specific support provided by PAHO for the implementation of NAPs includes: (a) finalization and adjustment of the NAP; (b) strengthening of the National IHR Focal Point Office through the development of standard operating procedures, training in the use of Annex 2 of the Regulations, study visits to the WHO IHR Contact Point for the Region at PAHO Headquarters, and introduction of the IT platform for event management with support from the Ministries of Health of Brazil and Chile; (c) training of Rapid Response Teams; and (d) the establishment of competencies for field epidemiology.

48. PAHO supported country missions to facilitate the implementation of IHR (2005) provisions at points of entry, in particular those related to the port designation process, promoting intersectoral interactions between public health and point-of-entry authorities, and other ministries (e.g. ministries of transport, defense, among others), stressing the importance of integrating public health functions and a cost-effective approach to the designation of points of entry. With support from the Government of Spain, PAHO facilitated the translation of key documents on IHR implementation at points of entry.

49. The States Parties have committed to establishing core capacities for surveillance and response by June 2012, but it can be anticipated that not every country in the Region will meet the deadline. This deadline should be regarded as a target set to maintain the momentum and a step in the sustainable and ongoing preparedness process where countries adapt lessons learned and evidence-based best practices.

### **Strengthen PAHO/WHO Regional and Global Alert and Response Systems**

50. PAHO continued fulfilling its obligations as the WHO IHR Contact Point for the Region of the Americas, facilitating the public health event management process: risk detection, risk assessment, response, and risk communication. From 1 January to 3 November 2010, a total of 110 public health events of potential international concern were detected and assessed. For 60 out of the 110 events considered, verification was requested and obtained from the national IHR Focal Points.

51. PAHO supported national authorities in their response efforts during a nosocomial outbreak of pulmonary plague in a known plague focus in Peru in August 2010. PAHO also supported Haiti and Dominican Republic following the reintroduction of cholera in Haiti in October 2010. Over 100 experts were deployed to support cholera response efforts, including those mobilized through the Global Outbreak Alert and Response Network (GOARN). Institutions and governments that contributed substantially to the response include the CDC, United States; the Public Health Agency of Canada; the European Centre for Disease Prevention and Control; the Institut de veille sanitaire, France; the Ministries of Health of Brazil, Peru, and Spain, and the Government of Cuba. Cuba deployed an additional 1,500 health workers to strengthen its already substantial, ongoing presence, as well as the Governments of Argentina, Brazil, Ecuador, and Perú also sent personnel.

### **Sustain Rights, Obligations and Procedures and Conduct Studies and Monitor Progress**

52. The review and/or amendment of the national legal framework to ensure its compatibility and consistency with IHR (2005) provisions remains a challenge in Central America and the Caribbean.

53. In 2010, all but five States Parties in the Region submitted the annual confirmation or update of the NFP contact details. As of 31 January 2011, the IHR Roster of Experts includes 75 experts from the Region of the Americas.

54. As of 31 January 2011, 379 ports in 17 States Parties in the Region of the Americas were authorized to issue Ship Sanitation Certificates. The list of authorized ports is regularly updated and posted online<sup>1</sup>.

55. In 2010, eight States Parties from the Region informed WHO about their vaccine requirements for travelers. The information will be included in the 2011 edition of WHO publication *International Travel and Health*.

56. In spite of the fact that the IHR (2005) signal the commitment of States Parties to strengthen *capacity* for surveillance and response while ensuring mutual accountability<sup>2</sup>, to date, there are no legal obligations concerning the format of the annual report to be used by States Parties for reporting to the World Health Assembly. Between 2007 and 2009, several tools to evaluate and measure the progress made in implementing the IHR (2005) were developed worldwide and in the Region. Attempting to reach a Region-wide consensus on the IHR (2005) implementation monitoring approach, the States Parties agreed to continue using monitoring tools that have been developed and validated at the national or subregional level and have already been used at the national level. The low acceptance in the Region of the tool proposed by WHO to report to the Sixty-third WHA is signaled by the lowest regional submission rate recorded over the past three years (57%, 20/35 States Parties).

### **IHR (2005) Review Committee**

57. The IHR (2005) Review Committee<sup>3</sup> was convened pursuant to Resolution WHA61.2 (2008), following the Director-General's proposal to the 126th Executive Board to review the functioning of the IHR during the pandemic (H1N1) 2009. The main findings, recommendations, and conclusions of the Review Committee were presented in the "*Preview Report of the Review Committee on the Functioning of the International Health Regulations (2005) and on Pandemic Influenza A (H1N1) 2009*" <sup>4</sup> (hereafter referred to as Preview Document) and presented at the last meeting of the Review Committee, open to Member States (Geneva, 28-30 March 2011), for comments and discussion.

58. The three overarching conclusions offered by the Review Committee in the Preview Document indicate that: (a) the IHR (2005) helped improving the world's preparedness to cope with public health emergencies, although core capacities called for in Annex 1 of the IHR are not yet fully operational throughout all levels of the public

<sup>1</sup> Available at [http://www.who.int/ihr/ports\\_airports/portslanding/en/index.html](http://www.who.int/ihr/ports_airports/portslanding/en/index.html).

<sup>2</sup> Global Health Security and the International Health Regulations. Andrus JK, Aguilera X, Oliva O, Aldighieri S. BMC Public Health. 2010 Dec 3;10 Suppl 1:S2.

<sup>3</sup> Information about Review Committee is available at:  
[http://www.who.int/ihr/review\\_committee/en/index.html](http://www.who.int/ihr/review_committee/en/index.html).

<sup>4</sup> Available at [http://www.who.int/ihr/preview\\_report\\_review\\_committee\\_mar2011\\_en.pdf](http://www.who.int/ihr/preview_report_review_committee_mar2011_en.pdf).

health system and are not on a path to be timely implemented worldwide; (b) WHO performed well in many ways during the pandemic, confronted systemic difficulties and demonstrated some shortcomings; no evidence of malfeasance was found by the Review Committee; and, (c) the world is ill-prepared to respond to a severe influenza pandemic or to any similar global public health event; in addition to the establishment of core capacities, factors of different nature might help in advancing global preparedness.

59. Inputs and suggestions to the Preview Document will be compiled and consolidated in the final report of the Review Committee and the document will be submitted to the Sixty-fourth World Health Assembly. Should additional related issues emerge during the Sixty-fourth World Health Assembly, this report will be complemented orally during the 148th Session of the Executive Committee.