



Pandemic Preparedness & Response in the Framework of the International Health Regulations IHR (2005)

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International Health Regulations (2005)

The IHR, as revised in 2005, represent a major step forward and a unique strategic approach in international cooperation and collective action in the fight against the spread of epidemics and pandemics.

Objective

By the end of our meetings, to have a commitment to collaborate and apply the International Health Regulations (2005) in the context of avian/pandemic influenza

- ▶ **History of the IHR**
- ▶ **Elements, influenza pandemic preparedness**
- ▶ **Alignment with MECIDS**



IHR History

- **1951** – IHR: 6 infectious diseases
(cholera, plague, yellow fever, smallpox, relapsing fever, and typhus)
- **1969** – IHR revision: 3 diseases
(cholera, plague, yellow fever)
- **2005** – IHR revision: very broad scope
This revision was recommended by the 1995 World Health Assembly and goes into effect June 2007.

Key reasons for revision

- Limited disease coverage
- Out of date technical / public health requirements
- Compliance concerns
- Excessive responses to some outbreaks
- Need for a global approach

- Advisable to strengthen the role of WHO

5 Key Changes

1. **Broader Scope**... Public Health Emergency of International Concern (PHEIC) Decision Instrument
2. **Operational**... Real time information sharing and coordination
3. **Core Capacities**... national surveillance/response capacities
4. **Flexible Recommended Measures**... adapted to risk assessment
5. **External Advice/Transparency**... Emergency Committee, Review Committee

Past examples which would have been notifiable to WHO according to the new IHR

- Avian influenza A/H7N7 The Netherlands 2003
- West Nile USA 1999
- SARS China 2003

Benefits

- Major step forward in international cooperation
- Increase the speed of outbreak detection
- Rapid application of life-saving interventions
- Rapid alerts to the international community
- Minimize disruption to trade, commerce and business continuity



Early Implementation of IHR (2005)

- 2006 World Health Assembly urged early implementation of parts of the new IHR that relate to avian influenza and the threat of a human influenza pandemic
- They also urged countries to strengthen their capacities in the areas of surveillance and reporting, and pandemic planning.

Relevant provisions of IHR (2005)

1. **Article 4** pertaining to responsible authorities
2. **Articles** in Part II pertaining to surveillance, information-sharing, consultation, verification and public health response
3. **Articles** in Part IV related to airports and ground-crossings
4. **Article 23 and 30-32** in Part V pertaining to general provisions of travelers
5. **Article 45 and 46** in Part VIII pertaining to treatment of personal data, transport and handling of specimens, reagents and diagnostic material

Annex 1. core capacities

Annex 2. decision instrument for notification

What is expected of You?

- Designate a National IHR Focal Point (NFP)
 - be accessible at all times
 - communicate with WHO
 - coordinate with other ministries/sectors
- Respond to WHO's requests for verification of information (including unofficial reports)
- Notify WHO of all events that may constitute a PH Emergency of International Concern (PHEIC) within 24 hours

Notification under the IHR (2005): All Events that may be Public Health Emergencies of International Concern (PHEIC)

- Must notify all cases: Smallpox, SARS, Poliomyelitis due to wild-type poliovirus, **Human influenza caused by new subtype**
- For certain diseases/events, must apply algorithm below to see if notified: Cholera, Pneumonic Plague, YF, VH Fevers, West Nile Fever, diseases of national/regional concern (e.g. Dengue, Meningitis)

Public Health Event of International Concern (PHEIC)

- Four criteria for assessment and notification
 - Is the PH impact of the event serious?
 - Is the event unusual or unexpected?
 - Is there a significant risk of international spread?
 - Is there a significant risk of restrictions on international travel or trade?

**A WHO decision to change the phase of pandemic alert is made separately **

Why the algorithm?

- The algorithm facilitates the decision on which specific events and cases of ID need to be reported to WHO
- The WHO may then respond by dispatching field teams of the, or sending experts from organizations
- IHR still needs a lot of practical translation in order to make it implementable in different settings (discussion tomorrow)

What is expected of you?

- Strengthen core capacities for effective prevention and control
- Conduct surveillance and monitor signals that may indicate that a novel influenza virus has begun to spread from person to person**
 - Potential signals include identification of a virus with certain genetic features, detection of epidemiologic patterns, combination of lab and epi findings
- Mobilize local resources

What is expected of you?

- Strengthening communication
- Strengthen rumor or outbreak detection, verification, investigation and response
- Improve sharing of information through prompt notifications and regular feedback
- Strengthen laboratory networks (biosafety and biosecurity)
- Improve data management, data validity and utilization

What is expected of WHO?

- Designate IHR contact points
- The Director General G formally determines that the event is a “PHEIC”
- **Virtual consultation** with reporting country and relevant external experts and with Pandemic Influenza Task Force

What is expected of WHO?

- **Provide immediate recommendations**
 - Refrain from initiating rapid containment measures
 - Urgently continue investigations, perhaps with international assistance, to collect more information needed to adequately assess the situation
 - *Begin containment procedures without delay as evidence is sufficient to conclude that a pandemic virus has emerged,
 - *Take actions other than containment measure because the pandemic activity has begun and is already too extensive to contain.
- * WHO becomes the coordinating body for all international support

The Global Outbreak Alert and Response Network (GOARN)



- GOARN In the field (2000-2005)
 - More than 40 Countries
 - More than 50 international outbreak responses
 - 70 GOARN partner institutions mobilized
 - More than 500 experts deployed for outbreak response

What is expected of WHO?

- Work with partners to mobilize resources and implement actions using pre-trained staff, implement protocols, dedicated stockpile of antivirals



Challenges to Compliance?

- Governments may be hesitant to provide complete information - concerns about impact of the disclosure on the economy, aversion to scrutiny, ethical issues, stigmatization, true belief that the issue is within their jurisdiction.
- Recall that WHO has authority to conduct surveillance and to utilize non-governmental sources of information.

Challenges to Compliance?

- IHR may be a challenge for federations due to division of powers (US, Russia and India)
 - Example, meeting requirement to notify WHO within 24 hours of assessment of all events that may be a PHEIC (compliance, unfunded mandates, public health powers and human rights) **not new in implementing international agreements (WTO/Kyoto Protocol on Climate Change)**
- IHR do not affect the rights and obligations derived from other international agreements

Impressively.....

MECIDS activities are in alignment with
the new IHR (2005)

**“Avian and Pandemic Influenza Sub-
Regional Common Plan of Action”**

to speed outbreak detection, allow more
rapid application of life-saving methods
and more rapid alerting to the
international community about an
evolving situation

MECIDS perspective

- Collaborating and sharing of information is important and IHR 2005 can be used as a legal framework for stimulating feedback to the different stakeholders
- Over the next few days we will see how the MECIDS business plan, World Bank grant, foodborne disease projects, the Common Plan of Action, and the IBM project all support our efforts



Thank you !