The impact of the International Health Regulations (IHR) on global health security

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9th International Congress of Internal Medicine
Athens, 9 – 11 March 2017
Historical origins of IHR (1)

549 – laws to isolate travellers from plague-infested regions
600s – plague quarantines in China
1796 – the first recorded smallpox vaccination
1851 – first international sanitary conference (until 1938 – 14 conferences in total)
1892 – First International Sanitary Convention (adopted in Venice)
1946 – creation of WHO
1947 – WHO epidemiological information service
Historical origins of IHR (2)

1951 – International Sanitary Regulations (standardized quarantine provisions)
1969 – International Health Regulations (cholera, plague, yellow fever, smallpox)
1979 – eradication of smallpox
2005 – WHA adopts new International Health Regulations
2007 – International Health Regulations (2005) enter into force
Global air traffic hubs

Imports / exports:
• “incubating” travellers / people seeking health care / migrants
• food / animal and animal products / plants / insect vectors
• drugs / vaccines / diagnostic tests / medical devices
• chemicals / radio-nuclear materials / … global trade
10 years after IHR entered into force

Entry into force: 15 June 2007

- Core capacity assessment completed: 15 June 2009
- Core capacities implemented: 15 June 2012
- Possible extension of 2 + 2 years: 15 June 2014
- Draft Global Implementation Plan, Revised M&E framework: 15 June 2016

Monitoring IHR Implementation

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The network for information sharing:
National IHR Focal Points – a key success

- Notification
- Reports
- Consultation
- Verification

National IHR Focal Point
(1 per State Party)

WHO IHR Contact Point
(1 per WHO Region)

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Increasing Importance of National IHR Focal Points


- Laboratory
- News Media
- NFP and National Governments
- Other
- WHO and other UN Organisations
WHO Regional Offices

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Communications under IHR

National IHR Focal Point

- Notification; Article 6
- Response to verification; Article 10 para 2
- Consultation; Article 8

WHO IHR Contact Point

- Verification request; Article 10 para 1
- Other reports; Article 9 para 1

Public health alerts + notifiable events

Events – potential events

PHEIC assessment

Events discarded in verification

Screen – filter – initial assessment

Signals

NOISE

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What should be communicated to WHO? - Annex 2

4 diseases that shall always be notified: polio (wild-type polio virus), smallpox, human influenza new subtype, SARS

Disease that shall always lead to utilization of the algorithm: cholera, pneumonic plague, yellow fever, VHF (Ebola, Lassa, Marburg), WNF, other...

Q1: is public health impact serious?
Q2: is the event unusual or unexpected?
Q3: is there risk of international spread?
Q4: is there risk of travel/trade restriction?

Insufficient information: reassess
Response Timeline

Depend on both National and Global Efforts

Event Onset

Median 15 days

Event detection

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Median 7 days

WHO Alert

Verification

12-24 hrs

Mobilisation within 24-72 hrs

Risk assessment

Intervention

The Impact of the IHR on Global Health Security
Communication and information sharing – the core of the IHR

Improving routine practice is one of most effective means to prepare for emergencies
Moni
toring and Evaluation

1) IHR application
2) IHR implementation
3) IHR compliance
Capacities at all levels: Annex 1 of the IHR

Local community level and/or primary public health response level

• (a) to detect events …
• (b) to report all available essential information…
• (c) to implement preliminary control measures immediately.

Intermediate public health response level

• (a) to confirm the status of reported events…
• (b) to assess reported events…and…to report …to the national level…

National level

• (a) to assess all reports of urgent events within 48 hours…
• (b) to notify WHO immediately through the National IHR Focal Point when the assessment indicates the event is notifiable…
The impact of the IHR on global health security

8 areas of work
- Legislation and Policy
- Coordination
- Surveillance
- Response
- Preparedness
- Risk Communications
- Human Resources
- Laboratories

Potential hazards
- Infections
- Zoonotic
- Food safety
- Chemical
- Radio nuclear

Events at the Points of Entry
- Ports
- Airports
- Ground crossings
Revised IHR Monitoring and Evaluation Framework

- **External evaluations**
- **State Party annual reporting (obligatory)**
- **After-action reviews**
- **Simulation exercises**

**Pool of External Experts**

**Revised IHR M&E Framework**
### Situation in the WHO European region

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The IHR as WHO Convention

- **55 States Parties** (includes Holy See and Lichtenstein which are not WHO Member States)
- Entered into force on **15 June 2007**

- Legally binding
- No reservation

**States Parties having Joined after 15 June 2007:**
- Montenegro, 05 Feb. 2008
Purpose and scope of the IHR

Aim: to prevent, protect against, control and respond to an international spread of disease, while avoiding unnecessary interference with international traffic and trade.

Covered events or risks can be:

- Biological/infectious, chemical, radio-nuclear
- Zoonoses/food safety related
- Known or unknown, emerging or re-emerging
- Transmitted through vectors, persons, goods/food/water/animals, environment

- Addressed in collaboration by a variety of stakeholders across sectors (many different ministries, agencies & operations)
Verified public health events by hazard and year

INTERNATIONAL HEALTH REGULATIONS (IHR) – from policy to people’s health security

5 reasons why the IHR matter

1. HEALTH THREATS HAVE NO BORDERS
   The IHR strengthen countries’ abilities to control diseases that cross borders at ports, airports and ground crossings.

2. TRAVEL AND TRADE ARE MADE SAFER
   The IHR promote trade and tourism in countries and prevent economic damage.

3. GLOBAL HEALTH SECURITY IS ENHANCED
   The IHR establish an early warning system not only for diseases but for anything that threatens human health and livelihoods.

4. DAILY THREATS ARE KEPT UNDER CONTROL
   The IHR guide countries to detect, assess and respond to threats and inform other countries quickly.

5. ALL SECTORS BENEFIT
   The IHR prepare all sectors for potential emergencies through coordination and information sharing.

Until all sectors are on board with the IHR, no country is ready.

WHO support for multi-sectoral coordination.
Compliance

- Timelines and responsiveness for reporting and information sharing has improved
- Use of Art. 8 IHR (Consultation) has increased
- 23 States Parties globally did not provide a justification for measures going beyond WHO’s Temporary Recommendations during the EDV outbreak
The purpose and scope of these Regulations is to prevent, protect against, control, and provide public health responses to the international spread of disease in ways commensurate with and restricted to public health risks, while avoiding unnecessary interference with international traffic and trade. (Article 2)
Mechanisms to implement WHO Temporary Recommendations on the national level

WHO Director General (DG) convenes Emergency Committee (Art. 49)

Advise DG

1. General view
2. **Possibly**: Temporary recommendations (Art. 15)
3. **Possibly**: Public Health Emergency of International Concern (PHEIC) (Art. 12)
Nature of WHO Temporary Recommendations

• As binding as the IHR: “temporary recommendations may include measures to be implemented…” (Art. 15 IHR)

• Objective:
  1. To prevent or reduce the international spread of disease
  2. To avoid unnecessary interference with international traffic

• Duration
  – Max. 3 months
  – Extension by periods of 3 months
  – No longer than the 2\textsuperscript{nd} World Health Assembly after the Emergency Committee has been convened and presented its view
Art.44  Collaboration and assistance

• 44.1 States Parties shall undertake to collaborate with each other, to the extent possible, in:

(a) the detection and assessment of, and response to, events as provided under these Regulations;

(b) the provision or facilitation of technical cooperation and logistical support, particularly in the development, strengthening and maintenance of the public health capacities required under these Regulations; and

(c)…
Thank you

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