

Current major events

Self-assessment checklists developed for IHR Core Capacity Assessment

Between 14 to 16 January 2008, the Eastern Mediterranean Regional Office of WHO organized a consultative meeting in Cairo to develop a set of checklists for assessing the core capacities for surveillance and response in State Parties in accordance with Annex 1A of International Health Regulation (2005). The consultative meeting, organized by the CSR unit, was attended by the staff from the IHR secretariat of WHO/HQ, US-NAMRU-3 and participants from selected Member States.

A set of questionnaire were developed following this consultative meeting in order to assess twelve core components of surveillance and response system in member states. It is envisaged that the member states can, now, use these checklists for self-assessment of IHR core capacities for event detection, notification and verification. The tools will soon be ready for use by the member states of WHO-EMRO.

Editorial note

With the coming into force of the revised International Health Regulations on 15th June 2007, the Member states are required to assess core alert and response capacities, develop a plan of action for implementation of the revised IHR, and to monitor and evaluate progress towards achieving these capacities. WHO is mandated to provide the appropriate tools, guidance and technical support to the Member states to achieve these goals. As a pre-requisite for developing a plan of action for implementation of IHR, the member states are required to assess its core capacities using a standardized protocol.

The purpose and scope of the new IHR are to prevent, protect against, control and provide a public health response to the international spread of disease, in ways that are commensurate with, and

Checklist for Self Assessment of Core Capacities for Surveillance and Response in State Parties in Accordance with Annex 1A

The checklists cover assessment for twelve core capacities of surveillance and response :

1. National Legislation and Policy (Revision for allowing compliance with IHR)
2. Coordination and Advocacy (Harmonization of coordination structure and awareness building for IHR implementation)
3. Surveillance capacity (Structure for managing events, monitoring health risks, and verifying alerts and response),
4. Response (Structure for rapid response and containment operations)
5. Preparedness (Risk mapping, resource mobilization plan including emergency stockpiling)
6. Laboratory (Functional laboratory network for alert and response)
7. Zoonotic Identification and Containment (Inter-sectoral public health emergency plan for dealing with zoonosis)
8. Food safety (National public health plan for food safety and control measures)
9. Chemical Events Identification and Containment (National chemical event surveillance system and incident response plan)
10. Radio-nuclear event identification and Containment (Radio-nuclear monitoring system in place)
11. Points of Entry (Multisectoral public health emergency plan that includes potential PHEICs occurring at points of entry)
12. Human capacity for surveillance and response (Skilled staff by discipline)

Objectives of Self-Assessment:

- To determine the current status of core surveillance and response capacities, and other requirements to accommodate the implementation of IHR;
- To obtain baseline information that will allow the measurement of progress towards planning and monitoring of IHR implementation;
- To develop a plan of action that would address the gaps identified, and address all potential PHEICs including chemical, food safety, nuclear and radiological events, and meet the requirements of the IHR as outlined in Annex1A of IHR document.

restricted to public health risks, and which avoid unnecessary interference with international traffic and trade. State Parties are required to develop certain minimum core public health capacities, and to notify WHO of all events which may constitute a public health emergency of international concern (PHEIC). PHEICs are not restricted to diseases with epidemic or pandemic potential but may include emergencies due to contamination with toxins, chemicals or radioactive material due to industrial leaks or intentional release.

With the tools, now available, the state parties can strengthen their core surveillance and response capacities at all levels in order to meet with the challenges posed by public health events of international concern.

Update on outbreaks in the Eastern Mediterranean

Cholera: reported from South Sudan; **AWD:** in Somalia; **VOD:** No new update from Afghanistan.

Current public health events of international concern

[cumulative N° of cases (deaths), CFR %]

Avian influenza

Egypt	[50 (22), 44%]
Indonesia	[133 (108), 81.2%]

Cholera

Kenya	[1243 (67), 5.4%]
Sudan	[23 (2), 8.7%]

VOD: (Pyrrolizidine Poisoning)

Afghanistan	[175 (13), 7.4%]
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Hand Mouth & Foot Disease

China	[6545(22), 0.3%]
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Yellow fever

C.A.R.	[8(0), 0%]
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Dengue fever

Brazil	[121586 (103), 0.1%]
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(* = Unofficial figures)
CFR = Case-Fatality Rate