

Current major events

IHR (2005) Implementation Plan rolled out for EMR

After developing the IHR Core Capacity Assessment Tools including the self-assessment checklists and field testing these tools in Afghanistan and Oman, EMRO has now rolled out a plan for full implementation of International Health Regulations (2005) in the Member States (MS) of Eastern Mediterranean Region (EMR).

As part of this plan, EMRO will assist the MS in assessing their core capacity for surveillance and response in accordance with Annex-1A of IHR (2005). All the MS in the EMR will benefit from this process. Technical support will also be extended to the MS for developing Plans of Action for full implementation of IHR (2005) before June 2009. These POA will be based on the findings of the national IHR core capacity assessments of the member states

Editorial note

A fundamental innovation in the IHR (2005) is the requirement that each country must develop, strengthen and maintain core public health capacities for surveillance and response by using existing national resources. Key sanitary and health services and facilities are also required to be developed by the MS at international airports, ports and ground crossings designated for this purpose by the State Parties.

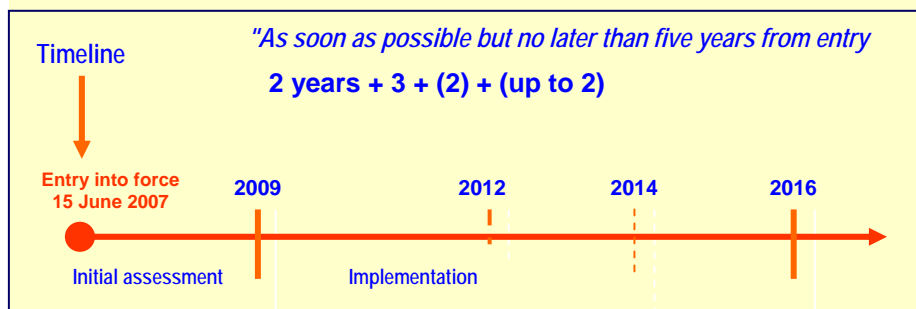
As part of this requirement, all MS in the EMR need to assess their national core alert and response capacities and develop a plan of action for implementation of the revised IHR within two years of entry into force of IHR (2005), e.g., latest by June 2009. WHO is mandated to provide the appropriate tools, guidance and technical support to the Member states to achieve these goals (*see the box*)

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

Meeting National IHR Core Capacity Requirement

The greatest assurance of public health security will come when all countries have in place, the capacities for effective surveillance and response for:

- Infectious diseases;
- Radiological-related diseases
- Chemical-related diseases
- Food-related diseases



WHO's responsibilities for IHR

- Coordinating global surveillance and assessment of significant public health risks;
- Supporting State Parties to assess their existing national public health structures and resources;
- Building State Parties' core public health capacities for surveillance and response at designated points of entry;
- Determining whether particular events constitute a PHEIC;
- Developing and recommending measure for use by MS during a PHEIC;
- Providing technical assistance to MS in their response to PHEIC;
- Monitoring and evaluation of IHR (2005) implementation;

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.

It is expected that by June 2009 all the MS of EMR would have completed their assessment of existing public health systems for detection, reporting, verification and response to public health risks and PHEIC in order to meet the minimum core capacity requirements under IHR (2005).

Update on outbreaks

in the Eastern Mediterranean Region

CCHF: in Afghanistan, **Dengue:** in Saudi Arabia. **Cholera:** in Sudan (Aweil). **Hepatitis –E:** in Red sea state of Sudan

Current public health events of international concern

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

Avian influenza

Egypt	[50 (22), 44%]
Indonesia	[135 (110), 81.4%]

AWD/Cholera

Sudan (South)	[8703 (57), 0.65%]*
Uganda	[528 (31), 5.8%]

Dengue fever

Saudi Arabia	[533 (?), ?%]
Yemen	[1001 (?), ?%]

Hepatitis E

Uganda	[6530 (104), 1.6%]
Sudan	[224(23), 10.2%]*

Lassa fever

Liberia	[44 (5), 11.4%]
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Crimean Congo H. Fever

Afghanistan	[1(0), 0%]
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(* = Unofficial figures)
CFR = Case-Fatality Rate