World Health Organization
REGIONAL OFFICE FOR Africa

AFR/RC56/INF.DOC/2
31 July 2006

REGIONAL COMMITTEE FOR AFRICA **ORIGINAL: FRENCH**

Fifty-sixth session
Addis Ababa, Ethiopia, 28 August–1 September 2006

Provisional agenda item 10.2

INTERNATIONAL HEALTH REGULATIONS (2005)

Information document

EXECUTIVE SUMMARY

1. On 23 May 2005, the Fifty-eighth World Health Assembly by its Resolution WHA58.3 adopted the International Health Regulations (2005). The International Health Regulations (IHRs) in accordance with Article 59 thereof should enter into force on 15 June 2007. Member States of the African Region participated fully in the different meetings for negotiation on the International Health Regulations, thus helping to achieve a broad consensus on public health events of international concern.

2. Following the emergence of the highly pathogenic avian influenza virus H5N1 in several countries of Asia, Europe, Africa and the Middle East and considering the risk of possible emergence of a pandemic virus, the Fifty-ninth World Health Assembly, on 26 May 2006, adopted Resolution WHA59.2 on Application of the International Health Regulations (2005). That resolution urges Member States to comply immediately, on a voluntary basis, with the provisions of the IHRs (2005) considered relevant to the risk posed by avian influenza and pandemic influenza.

3. Immediate and voluntary compliance with the IHRs (2005) has a number of implications for Member States of the African Region including:

(a) systematically using the decision instrument to evaluate and notify WHO of any event constituting a public health emergency of international concern;

(b) acquiring, strengthening and maintaining the capacity to detect, assess, notify and report events, in compliance with the IHRs (2005).

4. Application of the IHRs (2005) in the African Region will proceed in the context of the Integrated Disease Surveillance and Response (IDSR) strategy that the WHO Regional Committee for Africa adopted in 1998 by its resolution AFR/RC48/R2.

5. This document is submitted to the Regional Committee for the purpose of information.

CONTENTS

Paragraphs

INTRODUCTION

1. This document is intended to inform Member countries of the WHO African Region about the adoption of the International Health Regulations (2005) and the recent adoption of Resolution WHA59.2 on Application of the International Health Regulations (2005), on immediate and voluntary basis.

2. The emergence of new communicable diseases and the re-emergence of diseases hitherto controlled underscored the need for revision of the current IHRs. The World Health Assembly therefore passed a series of resolutions (WHA48.7, WHA54.14, WHA56.28) calling on Member States to participate actively in the process of revision of the IHRs. A series of consultations were thus organized in each region of WHO to start the IHRs revision process.

CONTEXT AND BACKGROUND OF THE IHRs REVISION PROCESS

3. In the African Region, the process of revision of the IHRs started with a briefing of senior officials of ministries of health at a meeting held in Johannesburg, South Africa, from 5–6 April 2004 during which the draft revised IHRs was presented. One of the recommendations made by country delegates at the meeting was to organize national consultations bringing together various professionals and experts of the relevant sectors to find a common national position.

4. A second regional consultation was organized in Harare, Zimbabwe, from 1 to 3 June 2004. The objective of that consultative meeting was to adapt the IHRs further to meet the expectations of Member States and come up with a consensus document for the African Region. To that end, delegates from 34 of the 46 countries of the Region reviewed the content of the draft IHRs and considered the comments, suggestions, and recommendations made by each of the Member States during the national consultations. The report of that meeting was submitted as the African Region's contribution to the Intergovernmental Working Group (IGWG) that the WHO Director-General had set up at the request of Member States. The group convened in November 2004 and subsequently in February and May 2005.

5. WHO Member States especially those in the African Region participated fully in the different IHRs negotiation meetings, thereby helping to reach broad consensus on what constitutes a public health event of international concern. Harmonization of positions right from the start of the IHRs revision process enabled Africa to speak with one voice throughout the sessions.

6. The Intergovernmental Working Group prepared a revised IHRs document and submitted it to the Fifty-eighth World Health Assembly. On 23 May 2005, the World Health Assembly by its Resolution WHA58.3 adopted the revised IHRs under the name IHRs (2005). Then on 15 June 2005, the WHO Director-General officially notified WHO Member States of the adoption of the IHRs (2005). In accordance with Article 59, the IHRs should come into force on 15 June 2007 i.e. two years after the Director-General notified Member States of their adoption.

IMMEDIATE APPLICATION, ON A VOLUNTARY BASIS, OF THE PROVISIONS OF THE INTERNATIONAL HEALTH REGULATIONS (2005), CONSIDERED RELEVANT TO THE RISK POSED BY A SERIOUS INFLUENZA PANDEMIC

7. WHO, FAO, OIE and the World Bank jointly organized a meeting on avian influenza and human pandemic influenza in Geneva from 7 to 9 November 2005. The meeting recommended that proposals for immediate, voluntary application of the relevant provisions of the IHRs (2005) be submitted to the Fifty-ninth World Health Assembly. Factors that prompted that decision were the following:

(a) the emergence of the H5N1 strain of the highly pathogenic avian influenza virus in several countries of Asia, Europe, Africa and the Eastern Mediterranean and the high risk posed to human health by the possible emergence of a pandemic virus;

(b) concern of Member States about the persistent outbreaks among poultry and other birds and the related human cases;

(c) the endemic nature of the virus in several countries, spreading as wild birds migrate;

(d) the importance of the WHO global plan for influenza pandemic preparedness and the control measures recommended under that plan.

8. Responding to this specific request, the World Health Assembly on 26 May 2006 adopted Resolution WHA59.2 on Application of the International Health Regulations (2005) urging Member States to comply immediately, on a voluntary basis, with the provisions of the IHRs deemed relevant due to the risk of avian influenza and pandemic influenza.

IMPLICATIONS OF THE IMMEDIATE AND VOLUNTARY APPLICATION OF THE IHRs (2005) FOR MEMBER STATES OF THE WHO AFRICAN REGION

9. Immediate and voluntary application of IHRs (2005) will have a number of implications for Member States of the African Region, especially as regards:

(a) the use of the decision instrument[1] in order to assess and notify WHO of events that may constitute a public health emergency of international concern, including human influenza caused by a new subtype of virus;

(b) the designation or establishment of a national IHR focal point and definition of their functions and responsibilities (Article 4);

(c) acquisition, strengthening and maintenance of the capacity to detect, assess, notify and report events, in compliance with the IHRs (2005), in particular the articles under Part II thereof;

(d) application of the general provisions concerning public health measures applicable to travellers on arrival or departure, and special provisions applicable to travellers (Articles 23 and 30–32);

(e) the treatment of personal data, transport and handling of biological substances, reagents and materials for diagnostic purposes (Part VII, Articles 45 and 46).

[1] Annex 2 of the IHRs (2005)

THE AFRICAN REGION'S CAPACITY TO IMPLEMENT THE IHRs (2005)

10. IHRs (2005) implementation in the African Region will take place within the context of the Integrated Disease Surveillance and Response (IDSR) strategy that Member States of the WHO African Region adopted in 1998 by resolution AFR/RC48/R2. Indeed, there are commonalities and synergies between IHRs (2005) and the IDSR. They both aim to improve events detection, notification, verification and public health actions. Since its adoption, IDSR implementation has progressed in countries of the Region and can catalyze the implemetation of the IHRs (2005).

11. IHRs (2005) implementation process in the Region will benefit from IDSR achievements. Similarly, the legal and policy backing for the IHRs (2005) and the additional resources that can be mobilized for capacity building will help to consolidate the work the countries started while implementing the IDSR strategy.

12. In 43 of the 46 WHO country offices, a disease prevention and control officer (DPC) is acting as focal person to support the ministry of health for IDSR implementation.

13. At the subregional level, intercountry teams composed of epidemiologists, laboratory specialists, data managers and entomologists are posted in the epidemiological blocs to provide technical support to Member States for implementing the IDSR. This ensures that timely support is provided to Member States confronted with major epidemics.

14. At the regional level, a team of professionals is providing guidance and support in the area of integrated disease surveillance, epidemic preparedness and response, laboratory strengthening, data management, training and research. A network of consultants on specific areas related to IDSR is also in place to provide additional support when needed.

15. Regional bacteriology and virology laboratory networks for confirmation of epidemic-prone diseases are in place and 69 laboratories are currently participating in this programme. Regional and subregional public health bacteriology reference laboratories have been accredited to provide support to national public health laboratories. Currently, there is a network of 17 regional polio laboratories operational.

16. Furthermore, the application of the IHRs (2005) will strengthen the laboratories of Member States, mobilize support for them and improve their capacity to carry out timely detection, investigation and response in cases of public health emergency of international concern.

17. The main strategic thrusts of the application of the IHRs (2005) in Member States may be summed up as follows:

(a) adaptation, production and dissemination of technical guidelines and standard operating procedures of the IHRs (2005);

(b) advocacy and sensitization of national experts and partners involved in the implementation of the IHRs (2005);

(c) assessment of the surveillance capacity of Member States (detection, assessment, notification and reporting of events);

(d) capacity building for early detection and timely investigation, notification and response in cases of public health emergency of international concern including capacity building for national laboratories;

(e) adaptation of the national integrated disease surveillance and response technical guidelines, and revision of the IDSR strategic plan and action plan to include elements of the IHRs (2005);

(f) production, dissemination and use of the IDSR revised technical guidelines and tools by Member States;

(g) mobilization of resources for implementation of the IHRs (2005).

CONCLUSION

18. The purpose and scope of the International Health Regulations (2005) are to prevent international spread of diseases, bring them under control and organize response through appropriate public health actions commensurate with the risk the disease poses to public health, while avoiding needless impediments to international traffic and trade.[2]

19. Immediate and voluntary application of the relevant provisions of the IHRs (2005) will no doubt boost influenza pandemic preparedness and response. Member States are therefore encouraged to implement the related resolution and strengthen their capacity to carry out timely detection, notification and response in every epidemic or public health event of international concern.

[2] Article 2, International Health Regulations (2005), Resolution WHA58.3