

## **A. IMPLEMENTATION OF THE INTERNATIONAL HEALTH REGULATIONS (2005)**

### **Introduction**

1. With the declaration of the 2009 (H1N1) pandemic as a public health emergency of international concern (PHEIC), implementation of the International Health Regulations (2005) (IHR) at the global level was put to the test. This action required concerted efforts on the part of the World Health Organization (WHO) and its Member States toward a common objective. Moreover, it showed the value of having a legal framework that facilitates the coordination of communications and response, as well as the need for continued progress in strengthening the ability to apply the IHR (2005) ever more effectively.

2. The purpose of this report is to give an account of the progress made by the Member States and PAHO toward fulfilling the commitments made in resolution WHA58.3 (2005) of the World Health Assembly. This resolution outlines the IHR (2005) implementation process. This report is divided into the seven areas of work<sup>1</sup> defined by WHO for implementation of the IHR (2005).

### **Promote Regional Partnerships**

3. Through regional integration systems, the Member States have taken on a shared responsibility and play an active role in the implementation of the IHR (2005). In order to promote compliance with this commitment, support continues to be provided to Working Subgroup 11 (SGT-11) of the Southern Common Market (MERCOSUR), the Andean Regional Health Agency-Hipólito Unanue Agreement (ORAS-CONHU), the Special Meeting of the Health Sector of Central America and the Dominican Republic (RESSCAD), and the Caribbean countries through the Caribbean Epidemiology Center (CAREC).

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<sup>1</sup> (i) Promote global partnerships; (ii) Strengthen national disease prevention, surveillance, control, and response systems; (iii) Strengthen public health security in travel and transport; (iv) Strengthen PAHO/WHO global alert and response systems; (v) Strengthen the management of specific risks; (vi) Sustain rights, obligations, and procedures; and (vii) Conduct studies and monitor progress.

4. Technical support for Working Subgroup 11 (SGT-11)<sup>2</sup> of MERCOSUR and ORAS-CONHU has focused on standardizing procedures for the implementation of IHR (2005), harmonizing the list of events considered to be of public health concern, and training rapid response teams. In Central America, implementation of the technical cooperation among countries (TCC) project agreed on by the Member States during HON-XXIV-RESSCAD-3 as a means of assessing basic surveillance and response capacities was completed, and strengthening of these capacities was included in the Agenda and 2010-2015 Health Plan approved by the Council of Central American Health Ministers (COMISCA). Countries and territories in the English- French- and Dutch-speaking Caribbean agreed to continue activities for effective implementation of the IHR (2005), with support from CAREC.

### **Strengthen National Disease Prevention, Surveillance, Control, and Response Systems**

5. During this period, PAHO continued to support its Member States in assessing the capacity of their structures and resources and in developing action plans in line with those already in place in each country and with regional plans already in execution. The information available to date shows that 34 of the 35 Member States have completed the assessment of their surveillance and response capacities at the national level; 28 have prepared nationwide plans for strengthening these capacities; and 18 have assessed their capacities in points of entry.

6. The Member States have begun executing action plans for strengthening their capacities. In order to identify technical cooperation needs in this regard, a meeting of the heads of the national surveillance services of the Latin American countries was held in Lima, Peru. This led to the development of a list of technical support priorities, which were assessed and included in the 2010-2012 Biennial Work Plan for PAHO's project on prevention and control of communicable diseases. Furthermore, for the purpose of preparing a document on the guiding principles to make traditional national surveillance systems compatible with information searches to detect and respond to public health risks, as required in the IHR (2005), a workshop attended by 16 surveillance experts from various institutions<sup>3</sup> was held at PAHO Headquarters in Washington, D.C.

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<sup>2</sup> The Common Market Group (CMG) is divided into 15 Sub-working Groups (SWG) in order to meet the objectives of MERCOSUR. Within these SWGs, number 11 corresponds to the Health Subgroup, which was created by CMG Resolution 151 in 1996. SWGs prepare their negotiating agendas and send them to the CMG, which sets the priorities and prepares a timetable for their fulfillment.

<sup>3</sup> The Public Health Agency of Canada; the U.S. Centers for Disease Control and Prevention; the European Center for Disease Prevention and Control; the heads of the national surveillance services of Chile, Costa Rica, El Salvador, and Mexico; as well as staff members from PAHO, the WHO Regional Office for Europe, and WHO headquarters in Geneva.

7. In order to support the strengthening of IHR National Focal Points (NFPs), and through collaboration with the Ministries of Health of Brazil and Chile, operating guidelines for the work of the NFPs were prepared, and a computerized tool was adapted to improve event-based surveillance. The results of the assessments showed that 14 Member States had been offered support to strengthen their NFP, whose proposals are under review and pending final approval. Finally, and with the same objective, a system for internships was planned, with implementation beginning in March 2010. The IHR internships are for NFP staff who take part in the activities of the Alert and Response Team at PAHO Headquarters in Washington, D.C. At the time of this writing, the first intern from the Dominican Republic had been welcomed.

8. As part of strengthening their response capacities, countries must also strengthen their rapid response teams (RRTs). With this objective, the RRT training program has been updated and expanded. Support has been provided for training activities in Bolivia, Chile, and Costa Rica, training 89 professionals from different disciplines. Furthermore, to foster implementation of the field epidemiology program, support was provided to Paraguay to prepare a proposal for its implementation, which was approved and is currently in the early stages of execution.

### **Strengthen Public Health Security in Travel and Transport**

9. Regarding initiatives related to points of entry, collaboration with the Organization of American States' Technical Advisory Group on Port Security has continued for the purpose of strengthening even further the basic capacities required at designated ports. Furthermore, to facilitate guidance and development of point of entry tools, PAHO has a new Advisor in this area to buttress supervision of and support for IHR implementation.

### **Strengthen PAHO Alert and Response Systems**

10. During 2009, the IHR (2005) Regional Contact Point maintained its routine and emergency response activities, ensuring 24/7 availability. Communication tests with Member States' NFPs were also conducted. Out of 35 NFPs, 25 responded in a timely fashion to the electronic message that was sent, and telephone contact was established with 22.

11. Regarding the detection and assessment of risks: 166 public health events of international concern were reported in 2009, 39 of which were related to the 2009 (H1N1) pandemic. Thirty-four percent of events were reported by NFPs, 14% by other government institutions, and 52% through PAHO's routine surveillance activities. Information was made available to the Member States on the Event Information Site (EIS), providing 539 updates on 49 public health events of international concern.

12. As part of its response to the 2009 (H1N1) pandemic, WHO activated the Global Outbreak Alert and Response Network (GOARN). Between April and November 2009, 17 PAHO Member States<sup>4</sup> benefited from the technical support of experts mobilized by it. A total of 77 experts from 17 institutions and agencies,<sup>5</sup> as well as PAHO/WHO experts, were deployed to work with the national response teams. This process culminated in a meeting in Panama to analyze the response.

### **Strengthen the Management of Specific Risks**

13. In the context of the response to the 2009 (H1N1) pandemic, national influenza surveillance systems have been strengthened with equipment, reagents, training, and the setting up of laboratories. The information produced by these laboratories has been integrated into national surveillance systems and is used in monitoring the pandemic.

14. During the period of this report, 112 bulletins and alerts were issued, 87 of which concerned the 2009 (H1N1) pandemic. Furthermore, in order to improve analysis of the risk of the spread of disease and ensure proper monitoring of events, risk maps for yellow fever and dengue and qualitative indicators of the pandemic were prepared and kept up to date.

15. A lessons-learned exercise on the response to pandemic (H1N1) 2009 in the Americas was carried out for a critical analysis of the countries' experiences and to generate knowledge capable of improving the response.

### **Sustain Rights, Obligations, and Procedures and Conduct Studies and Monitor Progress**

16. The IHR (2005) have still not been completely implemented in all the Member States of the Region. In order to facilitate a review of the legislation in the Member States, a framework for IHR (2005) implementation has been developed and is currently being printed.

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<sup>4</sup> Argentina, Belize, Bolivia, Chile, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Suriname, and Uruguay.

<sup>5</sup> The Public Health Agency of Canada; the U.S. Centers for Disease Control and Prevention; Doctor Ricardo Jorge National Health Institute of Portugal; the Pasteur Institute of French Guiana; the Ministries of Health of Argentina, Brazil, Chile, and Peru; the Ministry of Health and Social Policy of Spain; the Secretariat of Health of Mexico; the Andean Regional Health Agency-Hipólito Unanue Agreement; Program for Appropriate Health Technology (PATH), a nongovernmental organization; the Caribbean Office of the French Institute for Public Health Surveillance; the European Field Epidemiology Training Program; the University of Valparaiso, Chile, and the University of Texas.

17. The Member States have named 72 experts to the IHR (2005) Roster of Experts. The Director-General of WHO has called on experts from this Region to participate in the Emergency and Review Committees. These experts came together for the first time from 12 to 14 April 2010.

18. The Region of the Americas has taken part in WHO studies to evaluate the performance of the decision instrument described in Annex 2 of the IHR (2005)<sup>6</sup>; in the concordance study to examine the reliability of evaluation and notification; in a qualitative study that consisted of an in-depth survey with questions on the use of the decision instrument; and in a survey to assess its use. The results of these studies will be divulged during the course of the year.

19. Finally, the first regional joint meeting of National Focal Points, heads of national surveillance services, and national authorities responsible for points of entry will be held this year.

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<sup>6</sup> A preliminary report on the results of the concordance study conducted by the University of Geneva was made available to the countries on 22 March 2010 through the WHO IHR Contact Point for the Region of the Americas ([ihr@paho.org](mailto:ihr@paho.org)).