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ADVANCING TOWARD A REGIONAL POSITION ON THE INTERNATIONAL HEALTH REGULATIONS

1. The purpose of this report is to provide an update on the status of the implementation of the International Health Regulations (IHR; hereafter also referred to as the "Regulations"). It updates the last report presented in 2013 to the 152nd Session of the Executive Committee *(1)* and highlights issues requiring concerted action by States Parties in the Region of the Americas for the future implementation of the Regulations.

2. The Pan American Health Organization (PAHO) serves as the World Health Organization (WHO) IHR Contact Point for the Region of the Americas and facilitates the management of public health events through the established communication channels with the National IHR Focal Points (NFP). In 2013, all 35 States Parties in the Region submitted an annual confirmation or update of the contact details for their NFP. Routine connectivity tests, performed in 2013, between the WHO IHR Contact Point and the NFP in the Region were successful for 33 of the 35 States Parties (94%) by e-mail, and for 32 of the 35 States Parties (91%) by telephone.

3. In the period from 1 January to 31 December 2013, a total of 82 public health events of potential international concern were identified and assessed in the Region. For 54 of the 82 events (66%), national health authorities, including through the NFP on 40 occasions, were the initial source of information. Verification was requested and obtained for 13 events identified through informal or unofficial sources. Of the 82 events considered, 40 (49%), affecting 20 States Parties in the Region, were of substantiated international public health concern. The largest proportion of these 40 events was attributed to infectious hazards (20 events, 50%), and the etiologies most frequently recorded were dengue viruses (3 events) and Chikungunya virus (3 events). The remaining 20 events of substantiated international public health concern were attributed to the following hazards: food safety (7), product-related (5), undetermined origin (4), zoonosis-related (2), chemical (1), and radiation-related (1).

4. Significant public health events that affected, or had public health implications for, States Parties in the Americas in 2014 (1 January-15 July 2014) are highlighted below:

a) Chikungunya virus was detected in December 2013 in the Caribbean subregion. As of 11 July 2014, autochthonous transmission of the virus was documented in 10 States Parties and 12 territories in the Caribbean subregion and 1 State Party in Central America. Imported cases of Chikungunya virus were reported in three States Parties and one territory in the Caribbean subregion, two States Parties in Central America, five States Parties in South America, and two States Parties in North America.

b) The first imported case of Middle East respiratory syndrome coronavirus (MERS-CoV) infection in the Region was detected in the United States in May 2014. In response to the spread of MERS-CoV, which started in 2012 and is still occurring mainly in the Eastern Mediterranean Region, the Director-General of WHO (DG) convened the "IHR Emergency Committee concerning Middle East respiratory syndrome coronavirus" (MERS-CoV IHR EC). Between July 2013 and June 2014, the MERS-CoV IHR EC met six times, and the advice provided did not determine the declaration of a Public Health Emergency of International Concern (PHEIC) by the DG.

c) Three States Parties (Cameroon, Pakistan, and Syria) are exporting wild poliovirus. In addition, seven States Parties (Afghanistan, Equatorial Guinea, Ethiopia, Iraq, Israel, Nigeria, and Somalia) are currently infected with wild poliovirus but not currently exporting. Given the seriousness of the situation, the DG convened the "IHR Emergency Committee concerning the international spread of wild poliovirus" (Polio IHR EC). Following the first meeting of the Polio IHR EC on 28-29 April 2014, the DG determined the international spread of wild poliovirus a PHEIC, and temporary recommendations were formulated accordingly. PAHO advised States Parties in the Americas to continue applying the recommendations by the Technical Advisory Group on Vaccine-preventable Diseases to maintain the Americas free of wild poliovirus. It is worthwhile noticing that, on 18 June 2014, the NFP of Brazil reported the detection of wild poliovirus type 1 (WPV1) in sewage samples collected in March 2014 at the International Airport of Viracopos located in Campinas, Sao Paulo. There has been no reported suspected or confirmed human cases of poliovirus infection in the country.

5. Pursuant to Articles 5 and 13 of the IHR, and subsequent to the request for extension and the submission of National IHR Extension Action Plans 2012-2014 in June 2012, 29 of the 35 States Parties of the Americas (83%) were granted an extension, until 15 June 2014. This was intended to give countries more time to establish core capacities detailed in Annex 1 of the Regulations. The deadlines related to core capacities stipulated in the IHR should be regarded more as milestones in an ongoing public health

preparedness process and as an incentive for national authorities to secure resources to maintain core capacities. These target dates are, nevertheless, challenging to meet.

6. Therefore, in compliance with the above-mentioned IHR provisions that allow the target date to be further extended to 15 June 2016, and following approval by the WHO Executive Board in its 134th session of the criteria related to the potential request for an additional extension, all 35 States Parties in the Region were invited to formally communicate their position vis-à-vis the potential additional extension no later than 15 April 2014. Through virtual and face-to-face meetings, PAHO accompanied States Parties in their decision-making process related to the potential additional 2014-2016 extension.

7. As of 12 June 2014, 32 of the 35 States Parties in the Region (91%) formally communicated to PAHO and WHO their position vis-à-vis the potential additional 2014-2016 extension. Of these, 22 States Parties requested the extension, and all but two of the 22 submitted National IHR Extension Action Plans 2014-2016; seven States Parties that were granted the 2012-2014 extension have determined that the core capacities were present and could be maintained. Three States Parties, which in 2012 had determined that the core capacities were present, have reiterated their ability to maintain them. PAHO and WHO are conducting an ongoing technical review of the National IHR Extension Action Plans 2014-2016 that have been submitted.

8. The requests for extension and the National IHR Extension Action Plans 2014-2016 submitted will be considered by an IHR Review Committee that will be convened, most likely during the fourth quarter of 2014, to advise the Director-General of WHO on the extension-granting process. A summary of the requests submitted by States Parties for the additional 2014-2016 extension is presented in the table attached as an annex.

9. States Parties Annual Reports submitted to the World Health Assemblies between 2011 and 2014 showed steady improvements at the regional level for most of the core capacities. However, the status of the core capacities across the subregions continues to be heterogeneous, as highlighted in the States Parties Annual Reports submitted. As of 6 May 2014, 33 of 35 States Parties in the Americas (94%) have reported to the Sixty-seventh World Health Assembly.

10. When these recent reports are compared to the States Parties Annual Reports submitted to the Sixty-sixth World Health Assembly, the data show States Parties making progress in a number of core capacities. The most significant areas of progress are, in descending order, legislation, policy, financing (+14%); preparedness (+13%); radiation-related events (+12%); risk communication (+12%); human resources (+11%); coordination and communication with the NFP (+8%); zoonotic events (+8%); and chemicals-related events (+7%). No substantial changes are observed for the remaining five capacities. A summary of the Annual Reports submitted by States Parties in the Americas to the 67th World Health Assembly is provided in the Annex.

11. Despite progress made, the most critical weaknesses observed in the Region—with scores below 60%—are still related to the capacities to prepare for and respond to chemicals-related (55%) and radiation-related events (53%). PAHO continues to intensify joint efforts with other international specialized agencies (e.g., the International Atomic Energy Agency) and partners with relevant expertise in the Region (e.g., the WHO Collaborating Centre for Prevention, Preparedness and Response to Chemical Emergencies at the Companhia Ambiental do Estado de São Paulo, Brazil, and the Public Health Agency of Canada) to support the efforts of States Parties in the Region to attain these capacities.

12. Core capacities at designated points of entry and compliance with other relevant IHR provisions have been strengthened through the partnership with the International Civil Aviation Organization. This has also been supported under the umbrella of the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA). The Fifth CAPSCA Americas Meeting was held in Barbados on 2-6 September 2013. The initial interactions with the Inter-American Committee on Ports of the Organization of American States are also promising in terms of efforts to support national authorities in their efforts to establish an effective intersectoral approach to public health at ports.

13. As of 6 May 2014, 484 authorized ports in 27 States Parties in the Region of the Americas were authorized to issue Ship Sanitation Certificates *(2)*. Through the NFP, States Parties were invited to provide their comments to the procedures proposed by WHO headquarters for the voluntary certification of designated airports and ports.

14. Twenty-nine of the 35 States Parties in the Region provided contributions to the 2014 update of the WHO publication "International Travel and Health" *(3)* in a broadly participatory process. Several virtual meetings between PAHO and national authorities of selected countries were held in order to discuss the mapping of the risk for yellow fever transmission as well as yellow fever vaccination requirements and recommendations for travelers.

15. The WHO Strategic Advisory Group of Experts on Immunization recommended in 2013 that a single dose of yellow fever vaccine is sufficient to confer sustained immunity and lifelong protection against yellow fever disease and that a booster dose of the vaccine is not needed. This recommendation was endorsed by the Sixty-seventh World Health Assembly and led to the approval of Resolution WHA67.13, "Implementation of the International Health Regulations (2005)," on the amendment of Annex 7 of the IHR *(4)*.

16. As of 6 May 2014, the IHR Roster of Experts included 407 experts, 111 of whom are from the Region of the Americas, including eight designated by the respective State Party.

17. An important IHR-related recent achievement in the Region was the unanimous approval of Decision CD52(D5), "Implementation of the International Health

Regulations," by the 52nd Directing Council of PAHO, 65th Session of the WHO Regional Committee for the Americas *(5)*. This signaled substantially increased ownership, commitment, and leadership by States Parties in the Region, which should be nurtured to maintain the IHR as a relevant framework for global health security beyond 2016.

18. In compliance with the request by States Parties through Decision CD52(D5), PAHO organized the "Regional Meeting in the Americas on the Implementation of the International Health Regulations (IHR)," in Buenos Aires, Argentina, on 29-30 April 2014. The meeting focused on the monitoring and reporting of IHR implementation status after 2016. The meeting led to the agreement, in principle, on a road map for the Americas for reviewing the IHR implementation monitoring mechanisms at global level through the PAHO and WHO Governing Bodies.

19. A significant challenge for the implementation of the IHR in the foreseeable future is related to the lack of satisfactory metrics to demonstrate the actual benefits from their implementation as well as progress made toward their sustainable implementation.

Action by the Directing Council

20. The Directing Council is invited to take note of this report and to provide any recommendations and/or proposal it may have, in particular with respect to the following topics:

a) the institutional roadmap for the revision of the global IHR implementation monitoring scheme, beyond June 2016;

b) the Region-wide approach for the determination of the areas at risk of yellow fever transmission;

c) the process for the voluntary certification of designated airport and ports.

Annex

References

1. Pan American Health Organization. Implementation of the International Health Regulations [Internet]. 152nd Session of the Executive Committee of PAHO; 2013 Jun 17-21; Washington (DC), US. Washington (DC): PAHO; 2013 (Document CE152/INF/7-H, Rev.1) [cited 2014 May 6]. Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=21610&Itemid=270&lang=en

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Annex

Summary Table: States Parties Annual Reports to the 67th World Health Assembly and Status of Requests for an Additional Extension (2014-2016) for Establishing IHR Core Capacities

State Party	Requested and obtained 2012-2014 extension	Formally communicated position vis-à-vis 2014-2016 extension	Requested 2014-2016 extension	Submitted the State Party Annual Report to 67th WHA	Legislation, policy, financing	Coordination and communication NFP	Surveillance	Response	Preparedness	Risk Communication	Human Resources	Laboratory	Points of Entry	Zoonotic Events	Food Safety Events	Chemical Events	Radiation Emergencies
Antigua and Barbuda	Yes	Yes	Yes	Yes	100	66	95	65	50	57	100	45	86	100	80	85	23
Argentina	Yes	Yes	No	Yes	50	73	80	83	100	86	100	90	27	100	60	69	62
Bahamas	Yes	Yes	Yes	No	-	-	-	-	-	-	-	-	-	-	-	-	-
Barbados	Yes	Yes	Yes	Yes	100	53	100	89	90	86	60	96	100	100	73	54	15
Belize	Yes	Yes	Yes	Yes	25	56	85	82	26	57	40	73	12	67	27	15	0
Bolivia (Plurinational State of)	Yes	Yes	Yes	Yes	100	87	85	65	41	71	40	96	21	89	53	15	69
Brazil	No	No	-	Yes	100	90	90	100	90	100	80	96	80	89	93	62	92
Canada	No	Yes	No	Yes	100	83	100	100	100	100	100	100	100	100	100	100	100
Chile	No	No	-	Yes	75	100	90	89	100	43	20	86	46	89	93	31	92
Colombia	No	Yes	No	Yes	100	63	50	76	33	100	80	76	83	89	67	77	69
Costa Rica	No	Yes	No	Yes	100	100	95	100	71	100	80	76	97	100	100	77	62
Cuba	Yes	Yes	No	Yes	100	100	95	100	100	100	100	100	100	100	100	92	100
Dominica	Yes	Yes	Yes	Yes	75	100	72	83	62	100	25	37	75	100	86	46	31
Dominican Republic	Yes	Yes	Yes	Yes	75	90	75	76	81	100	100	90	64	56	27	31	69
Ecuador	Yes	Yes	Yes	Yes	25	56	60	23	18	14	40	41	59	78	53	15	92
El Salvador	Yes	Yes	No	Yes	100	100	100	100	90	100	100	100	90	100	67	54	69
Grenada	Yes	Yes	Yes	Yes	75	83	85	64	16	57	60	45	50	100	67	46	0
Guatemala	Yes	Yes	No	Yes	50	100	100	94	100	100	100	75	54	100	100	100	67
Guyana	Yes	Yes	Yes	Yes	100	83	80	100	90	86	100	100	38	100	67	62	0
Haiti	Yes	Yes	Yes	Yes	25	46	95	76	20	100	60	60	21	67	20	0	0
Honduras	Yes	Yes	Yes	Yes	75	56	90	64	43	0	75	66	9	100	40	31	23
Jamaica	Yes	Yes	Yes	Yes	100	66	70	87	71	57	20	47	62	67	67	62	23
Mexico	Yes	Yes	No	Yes	100	70	95	89	90	71	100	100	89	100	93	69	92
Nicaragua	Yes	Yes	No	Yes	100	83	100	82	90	100	60	86	68	100	80	92	100
Panama	Yes	Yes	Yes	Yes	75	83	95	83	70	71	40	96	71	89	87	23	38
Paraguay	Yes	Yes	Yes	Yes	100	90	70	83	53	100	60	100	34	67	73	69	77
Peru	Yes	Yes	Yes	Yes	100	56	95	88	65	100	80	87	21	100	87	31	69
Saint Kitts and Nevis	Yes	Yes	Yes	Yes	50	83	80	89	36	57	60	81	45	100	67	8	0
Saint Lucia	Yes	Yes	Yes	No	-	-	-	-	-	-	-	-	-	-	-	-	-
Saint Vincent and the Grenadines	Yes	Yes	Yes	Yes	50	83	80	89	36	57	60	81	45	100	67	8	0
Suriname	Yes	Yes	Yes	Yes	50	83	85	89	48	43	0	100	84	67	87	62	0
Trinidad and Tobago	Yes	Yes	Yes	Yes	50	40	95	76	71	71	20	81	77	89	87	54	77
United States of America	No	No	-	Yes	100	100	100	94	100	100	100	50	100	100	100	100	100
Uruguay	Yes	Yes	No	Yes	100	83	100	94	81	100	100	71	91	100	100	69	62
Venezuela (Bolivarian Republic of)	Yes	Yes	Yes	Yes	50	90	90	94	80	71	100	86	59	100	87	92	92
Caribbean (n=13)*					69	75	77	74	56	74	71	67	57	84	61	49	45
Central America (n=7)**					71	67	79	75	64	65	49	78	51	76	63	40	53
South America (n=10)***					65	71	80	80	57	70	58	74	56	82	76	49	48
North America (n=3)****					92	79	97	85	83	81	67	94	76	96	87	61	77
Region of the Americas (n=33)					73	74	82	79	62	73	62	75	59	85	70	50	51

*Caribbean: Antigua and Barbuda, Bahamas, Barbados, Belize, Cuba, Dominica, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago

**Central America: Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Panama

***South America: Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay, Venezuela

****North America: Canada, Mexico, United States

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