



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



# 152nd SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 17-21 June 2013

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*Provisional Agenda Item 7.7*

CE152/INF/7, Rev.1 (Eng.)

17 May 2013

ORIGINAL: ENGLISH

## **H: IMPLEMENTATION OF 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 also highlights issues deserving concerted action by States Parties in the Region 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. In the period from 1 January to 31 December 2012, a total of 122 public health events of potential international concern were identified and assessed. For 63 of the 122 events (52%), national health authorities (through the National IHR Focal Points, NFP) were the initial source of information. Verification was requested for 31 events identified through informal or unofficial sources, and it was obtained from the NFP for all but one event. Of the 122 events considered, 56 (46%) were of substantiated international public health concern, affecting 20 States Parties in the Region. The largest proportion of these events was attributed to infectious hazards (34 events or 61%), and the etiologies most frequently recorded were dengue viruses (8) and influenza viruses (4). The remaining 22 events of substantiated international public health concern were attributed to the following hazards: food safety (11), zoonosis-related (5), product-related (3), undetermined origin (2), and radiation (1). It may be noted that, in 2012, 32 of the 35 States Parties in the Region (91%) submitted an annual confirmation or update of their NFP contact details.

3. Subsequent to the request for extension and the submission of National IHR Extension Action Plan 2012-2014 in June 2012, 29 of the 35 States Parties of the

Americas (83%) were granted an extension until June 2014 to establish core capacities.<sup>1</sup>

4. As of 15 May 2013, 31 of 35 State Parties of the Americas (89%) had submitted a State Party Annual Report to the Sixty-sixth World Health Assembly (WHA). This information is presented in the Report by the Director-General entitled “Implementation of the International Health Regulations (2005)”<sup>2</sup>. The most critical weaknesses observed in the Americas (capacities with a score below 60%) were: human resources (57%), preparedness (55%), management of events related to chemical hazards (48%), and management of events related to radiation hazards (41%).

5. Compared to the States Parties Annual Reports submitted to the Sixty-fifth WHA, the data showed States Parties making progress in a number of core capacities. The most significant progress was in capacity at designated points of entry (+8%), followed by laboratory capacity and the capacities to manage events related to zoonotic and food safety hazards (+6%), surveillance (+5%), the capacity to manage events related to chemical hazards (+4%), human resources and the capacity to manage events related to radiation hazards (+3%), and response capacity (+2%). No substantial changes were reported for the following capacities: legislation and policy (-1%), preparedness (-1%), and coordination (-4%). The most noticeable regression was observed for risk communication capacity (-6%). A summary table on the States Parties Reports of the Region of the Americas to the 66th WHA is provided in the Annex.

6. Thirty-one of the 35 States Parties indicated their designated ports (64 in total); 34 States Parties indicated their designated airports (77 in total), and nine States Parties provided a list of their designated ground crossings (22 in total). In addition, as of 31 March 2013, 457 ports in 23 States Parties in the Region of the Americas were authorized to issue Ship Sanitation Certificates.<sup>3</sup>

7. Together with sub-regional integration mechanisms<sup>4</sup>, international organizations (such as the International Civil Aviation Organization and the International Atomic

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<sup>1</sup> Resolution WHA58.3 (2005). Revision of the International Health Regulations. Available from: <http://www.who.int/csr/ihr/WHA58-en.pdf>

<sup>2</sup> World Health Organization. Implementation of the International Health Regulations (2005) Report by the Director-General [Internet]. 66th World Health Assembly; 2013 May 20-28; Geneva (Switzerland). Geneva: WHO; 2013 [cited 2013 May 2]. Available from: [http://apps.who.int/gb/ebwha/pdf\\_files/WHA66/A66\\_16-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_16-en.pdf)

<sup>3</sup> List of ports authorized to issue Ship Sanitation Certificates available from: [http://www.who.int/ihr/ports\\_airports/ihr\\_authorized\\_ports\\_list.pdf](http://www.who.int/ihr/ports_airports/ihr_authorized_ports_list.pdf) [Consulted 2013 April 4].

<sup>4</sup> The Southern Common Market (MERCOSUR), through the Intergovernmental Commission for the International Health Regulations (CIRSI) of the Working Group on Health (SGT-11); the Andean Community (CAN), through the Andean Network for Epidemiological Surveillance (RAVE) of the Andean Regional Health Agency-Hipólito Unanue Agreement (ORAS-CONHU); the Union of South American Nations (UNASUR), through its Technical Working Group for Surveillance and Response (GTVR); the Central American Integration System (SICA), through the Executive Secretariat of the

Energy Agency), and WHO Collaborating Centers,<sup>5</sup> PAHO continues to support the efforts of States Parties in the Region to attain and maintain their core capacities.

8. Meeting the June 2014 deadline for establishing core capacities poses substantial challenges to the States Parties and to PAHO/WHO. Anticipating that a significant number of States Parties would seek an additional two-year extension until 15 June 2016, the WHO Secretariat proposed that the 132nd Session of the WHO Executive Board adopt criteria to be used when considering future requests for extension.<sup>6</sup> While the Executive Board did not object to the proposed criteria, it determined that the criteria would benefit from further consideration by the Member States at forthcoming meetings of the Regional Committees in 2013. This would allow the final criteria to be provided to the 134th Session of the Executive Board in January 2014.

#### **Action by the Executive Committee**

9. The 152nd Session of the Executive Committee is invited to take note of this report and provide recommendations it may have. The Committee is also invited to approve the inclusion of the IHR as a program policy item on the agenda of the 52nd Directing Council, 65th Session of the Regional Committee of WHO for the Americas in order to consolidate the position of States Parties in the Region regarding criteria to grant the additional two years' extension, as well as procedures and methods to monitor the status of implementation of the Regulations beyond 2016.

#### **Annex**

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Council of Ministers of Health of Central America and the Dominican Republic (SE-COMISCA); and the Caribbean Community (CARICOM).

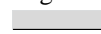
<sup>5</sup> WHO Collaboration Center (CC) for the Implementation of IHR National Surveillance and Response Capacity at the United States Centers for Disease Control and Prevention (CDC), Atlanta, GA: [http://apps.who.int/whocc/Detail.aspx?cc\\_ref=USA-359&cc\\_ref=usa-359&](http://apps.who.int/whocc/Detail.aspx?cc_ref=USA-359&cc_ref=usa-359&); WHO CC on Public Health Law and Human Rights at the Center for Law and the Public's Health, Washington, D.C., United States, WHO CC USA-311: [http://apps.who.int/whocc/Detail.aspx?cc\\_ref=USA-311&cc\\_ref=usa-311&](http://apps.who.int/whocc/Detail.aspx?cc_ref=USA-311&cc_ref=usa-311&); WHO CC for Prevention, Preparedness, and Response to Chemical Emergencies at the Environmental Agency of São Paulo State (Companhia Ambiental do Estado de São Paulo - CETESB), Sao Paulo, Brazil, WHO CC BRA-46: [http://apps.who.int/whocc/Detail.aspx?cc\\_ref=BRA-46&cc\\_ref=bra-46&](http://apps.who.int/whocc/Detail.aspx?cc_ref=BRA-46&cc_ref=bra-46&); WHO CC for Travelers' Health at the CDC, Atlanta, GA, United States, WHO CC USA-387: [http://apps.who.int/whocc/Detail.aspx?cc\\_ref=USA-387&cc\\_ref=usa-387&](http://apps.who.int/whocc/Detail.aspx?cc_ref=USA-387&cc_ref=usa-387&)

<sup>6</sup> World Health Organization. Implementation of the International Health Regulations (2005). Report by the Director-General. [Internet]. 132nd Session of the Executive Board. 2013 January 21-29. Geneva (Switzerland). Geneva: WHO; 2013 [cited 2013 May 9]. Available from: [http://apps.who.int/gb/ebwha/pdf\\_files/EB132/B132\\_15Add1-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_15Add1-en.pdf)

**Summary table: State Party Annual Report to 66th World Health Assembly and National IHR Extension Action Plan,  
Region of the Americas, 2012-2014**

State Party	Requested and obtained 2012-2014 extension	Submitted State Party Annual Report to 66th WHA	Legislation Policy	Coordination	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	100	66	95	70	60	43	100	66	77	89	80	62	29
Argentina <sup>1</sup>	Yes	Yes	50	73	80	83	100	86	100	73	NA <sup>2</sup>	67	60	69	86
Bahamas	Yes	No													
Barbados	Yes	Yes	50	40	95	66	40	86	80	96	97	100	93	54	0
Belize	Yes	Yes	25	36	85	76	10	71	40	77	58	78	67	8	0
Bolivia (Plurinational State of)	Yes	Yes	50	56	75	83	60	43	0	86	51	78	60	31	71
Brazil	No	No													
Canada	No	Yes	100	83	100	100	100	100	100	100	94	100	100	100	100
Chile	No	Yes	50	46	85	94	70	57	20	67	87	89	93	23	79
Colombia	No	Yes	100	73	70	65	50	86	80	90	97	33	80	62	21
Costa Rica	No	Yes	100	100	95	94	60	86	100	80	91	100	100	38	21
Cuba	Yes	Yes	100	100	100	100	100	100	100	96	97	100	100	100	93
Dominica	Yes	Yes	75	100	85	65	50	29	0	71	87	78	73	31	0
Dominican Republic	Yes	Yes	75	90	80	48	70	86	40	39	21	44	27	23	57
Ecuador	Yes	Yes	0	56	35	47	20	43	20	35	45	56	60	38	71
El Salvador	Yes	Yes	75	90	100	100	50	71	100	100	97	67	73	46	86
Grenada	Yes	Yes	50	83	90	52	0	57	0	41	64	100	67	23	0
Guatemala	Yes	Yes	75	66	85	76	20	86	100	91	38	89	47	62	29
Guyana	Yes	Yes	100	83	80	94	90	71	80	100	50	100	67	62	7
Haiti	Yes	No													
Honduras	Yes	Yes	50	26	90	71	20	29	60	91	22	100	67	0	7
Jamaica	Yes	Yes	50	73	100	100	90	86	100	90	91	100	93	54	0
Mexico	Yes	Yes	100	53	80	89	60	43	80	96	54	89	87	69	86
Nicaragua	Yes	Yes	25	100	95	87	80	100	20	81	62	100	80	92	71
Panama	Yes	Yes	100	73	90	89	50	43	100	96	77	100	93	54	43
Paraguay	Yes	Yes	50	80	55	82	10	100	60	96	37	33	60	46	71
Peru	Yes	Yes	100	50	100	87	50	57	80	77	27	78	93	8	0
Saint Kitts and Nevis	Yes	Yes	100	66	60	52	40	29	20	59	97	78	93	31	14
Saint Lucia	Yes	Yes	0	73	80	65	50	29	20	43	12	67	40	15	0
Saint Vincent and the Grenadines	Yes	Yes	0	46	75	60	10	0	0	81	41	100	40	0	0
Suriname	Yes	Yes	50	66	35	66	50	43	0	90	51	56	67	54	0
Trinidad and Tobago	Yes	Yes	50	56	80	76	50	71	0	77	74	89	87	46	57
United States of America	No	Yes	100	100	100	100	100	100	100	60	100	100	100	100	93
Uruguay	Yes	No													
Venezuela (Bolivarian Republic of)	Yes	Yes	25	73	80	94	80	86	80	90	50	100	87	85	86
Core capacity score (%) - Regional average			64	70	82	78	55	65	57	79	65	83	75	48	41
States Parties that identified need for action to attain core capacity in IHR Extension Action Plans 2012-2014			26	26	25	27	21	20	25	24	25	16	16	21	21

**Legend:**

: Actions to be taken to attain the core capacity indicated in the National IHR Extension Action Plan 2012-2014.

: Actions needed in order to attain the core capacity, but not considered a priority for the National IHR Extension Action Plan 2012-2014.

<sup>1</sup> Argentina submitted the report using the MERCOSUR tool and subsequently migrated data from the relevant sections to the format proposed by WHO, pursuant to agreement with UNASUR-GTVR.

<sup>2</sup> Information related to points of entry from Argentina was submitted in a format that could not be converted into the WHO format.