



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



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PREPARATIONS FOR THE INTERNATIONAL HEALTH SECURITY ROUNDTABLE

at the 27th Pan American Sanitary Conference

Background

1. Health security is defined as guaranteeing minimum protection from disease and unhealthy lifestyles, along with food, environmental, economic, community and political security.
2. Health security serves as one of the Pan American Health Organization's priorities as public health systems are repeatedly challenged by emerging and re-emerging diseases, environmental changes, natural disasters, and accidental or intentional release of different agents which may constitute public health emergencies. The aim now is to strengthen our commitment to reduce threats to human lives and health inequities and to guarantee the right to live with dignity.
3. Adopted in 2005 and scheduled to enter into force on 15 June 2007, the revised International Health Regulations (IHR 2005) represent the framework for international measures to prevent the transnational spread of diseases or public health risks (including chemical and radionuclear). In 2006, countries agreed upon early, voluntary compliance with the IHR 2005 taking into consideration the risk to public health presented by avian influenza. The implementation process covers a 2-year period for assessment of the national core capacities for surveillance of and response to public health emergencies of international concern (PHEIC) as well as at the points of entry and allows up to a 5-year period to meet the recommended requirements under IHR 2005.

Objective

To raise awareness of the implementation schedule and obligations for IHR 2005 among high-level delegations of Member States to the 27th Pan American Sanitary Conference.

Activity

Roundtable/Panel - lunchtime session.

Presentations

- (a) *Events Surveillance and Response under IHR 2005: Country Perspective (to be determined)*

Because an outbreak anywhere in the world poses a threat to health security everywhere, countries experience in surveillance of infectious diseases is a valuable start point for the implementation of the IHR-related national core capacities. Most of the countries in the Region have national surveillance systems that need to be assessed for compliance with the recommended requirements. These systems usually have limited early warning mechanisms that provide for timely detection and response. One of the major challenges will be strengthening the national surveillance and response capacity at the local level where events emerge and should be contained before a local epidemic becomes a global pandemic. That is why the aim of this lecture is to present a case study with regards to investment in core capacity for surveillance and response of events that may constitute PHEIC.

- (b) *Subregional Cooperation: Key Component of IHR Implementation (to be determined)*

The aim of this presentation is to highlight the key role of subregional surveillance networks linked to regional economic integration organizations for IHR 2005 implementation. Collaboration among State Parties (IHR 2005 Art. 44.1) in detection, assessment of and response to events, in providing technical cooperation and logistical support and in mobilization of financial resources to facilitate implementation of IHR 2005 requirements should be enhanced to the extent possible. Information sharing among neighboring countries (IHR 2005 Arts. 7 and 9.2) will have a positive impact on existing successful cooperation at the subregional level.

(c) *PAHO/WHO Support to Countries for IHR 2005 Implementation (HDM)*

PAHO/WHO has been preparing itself to meet countries' expectations for cooperation in implementing IHR 2005, as well as its own capacity for event alert and response. This presentation will illustrate these preparations and will outline the support available from PAHO/WHO on different aspects of IHR 2005 implementation.

Action by the Executive Committee

4. This document is presented to the Executive Committee for its information.

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