

Working with countries, How WHO EMRO collaborates with member states IHR NFPs on PHI signals

Dr Aura Corpuz
Team lead
Public Health Intelligence
WHO Eastern Mediterranean Region



Outline

- The IHR 2005 overview
- Responsible authorities
- Collaborating PHI signals through verification
- Challenging scenarios and how they are addressed
- Friendly strategy
- Reality check: challenges of the IHR NFPs
- EMRO's way forward

Background

- The IHR 2005 is an instrument of international law that is legally-binding on 196 countries.
- Goal: prevent, control and respond to the international spread of disease with avoidance of unnecessary interference with international traffic and trade*.
- The IHR allows the WHO to take into account information about health events from unofficial reports**. However, before taking any action, WHO must request verification from IHR NFP.



* **Article 2**

** **Article 9**



Responsible authorities (article 4)



- ▶ Notification (art.6)
- ▶ Reports (art. 9)
- ▶ Consultation (art. 8)



Verification (art. 10) ◀



National IHR Focal Point

Means the **national centre**, designated by each State Party, which shall be accessible at all times for communications with WHO IHR Contact Points under these Regulations

WHO IHR Contact Point

Means the **unit within WHO** which shall be accessible at all times for communications with the National IHR Focal Point

Email: emroihr@who.int;

24/7 mobile phone: +201281263903

Collaborating with MS on PHI signals through verification

Reasons for WHO regional IHR contact point to initiate verification

- Strong indications of international public health implications.
- Lack of information/access to additional sources to triangulate the information to assess the public health risk.



Collaborating with MS on PHI signals through verification: sample verification request

Dear Dr, IHR-NFP of country (X),
Greetings from Cairo

Over the past few weeks through our Event-based surveillance, we have been receiving signals from the media related to increase in Acute Watery Diarrhea (AWD) cases, including cholera-like illness in Beta province as highlighted in link and link.
In the same way it was mentioned through informal communications that some cases have been laboratory confirmed for *V.cholera*.

In this regard, in accordance with Article 10 of IHR 2005, we are asking your kind support to confirm this information and clarify more about:

- Number of AWD cases tested for cholera
- Number of cholera cases confirmed, including deaths, if any
- What laboratory test was used for confirmation (PCR, Culture) or other ?
- Actions/measures taken

Thank you very much in advance for your support and Kind regards,

For the IHR Regional Contact Point
Health Emergency Information and Risk Assessment (HIM) Unit,
WHO Health Emergencies (WHE) Programme,
World Health Organization (WHO),
Regional Office for the Eastern Mediterranean (EMRO)

IHR Regional contact point (24/7):

Tel.: +201281263903

Email: emroihr@who.int

P.O. Box 7608 - Postal code: 11371,
Nasr City, Cairo, Egypt.

Collaborating with MS on PHI signals through verification

IHR NFP Response:

- A. Within 24 hours, an initial reply to, or acknowledgement of the request from WHO;
- B. Within the next 24 hours, available public health information on the status of events requested by the WHO.
- C. Information to WHO in the context of an assessment under Article 6, including relevant information



Challenging scenarios and how they are addressed

Scenarios

No response after 48 hours or more

Vague responses

“Please wait” responses



Kind reminder/gentle reminder emails

Phone calls or
whatsApp



WHO country office
involvement or
senior management
involvement

Friendly strategy: offer of support or collaboration

- Laboratory support
- Updated WHO guidelines (clinical management, travel advisories)
- Field investigation, joint mission
- Risk assessment
- Collaboration with another MS
- Any other relevant expertise

Reality check: challenges of the IHR-NFPs

Human
Resource

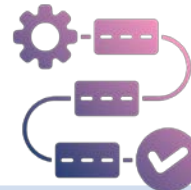


High staff turn-over

Limited human
resource/competing
priorities

Inadequate trainings (from
4-17 years ago)/no training
at sub-national

Workflow



Lack of communication between
IHR-NFP and other sectors

No clear workflow between
surveillance & IHR

Legal
structure/
framework



No legal support

Multi-channel approval

Inadequate access of IHR-NFP to
decision makers

Political changes/division
Political sensitivities/fear of travel
restrictions/national security

No legal consequences for non-
reporting

EMRO's way forward



**High level
advocacy**



Coordination



**Communication
channel and
innovation**



**Trainings
Guidelines
SOP**



Motivation

Thank you