

# Challenges for IHR implementation

Group 3

# Experience from Different Countries

- Greece
- Israel
- Cyprus
- Malta
- Romania
- Bulgaria
- Kosovo
- Turkey

# Country Specific WHO notifications

- Israel- Measles , Avian Flu
- Greece- Measles
- Kosovo- Tularemia, CCHF, HFRS
- Turkey- Avian Flu, CCHF

# Common Problems

# National Focal Points

- Localized in the MoH and not in public health (intra-ministry communication problems)
- 24/7/365
- Inter-ministries communication problems
- Malta- FP located in port health

# Legislation

- No major changes had been done by the participating countries

# Assesment of Core Capacities

- Done

# National Response Plan

- Examples
  - Avian influenza
  - Pandemic Influenza
  - Bioterrorism threats (Anthrax, Smallpox etc)
  - SARS
- Some countries tested this plan on different levels



# Early Warning Enhancement

- All countries enhanced their EWS
- Not IHR related
- Examples of enhancements: addition of alternative data sources (syndromic surveillance, agricultural/veterinary services, internet, media ect)

# Surveillance and Response

- Timeliness
- Under-reporting
- Surveillance of non-infectious diseases

Detection	Verification	Risk Assessment	Reporting
Under-reporting	Laboratory capacities	WHO annex 2 is clear	Depends on the national focal point
Timeliness	Excess work on clinician		
Laboratory capacities	Experts		
Excess work on clinician			

# Regional / Bilateral Arrangements

- Arrangements had been done
- Not specifically for IHR
- Same person in charge for border / entry points as surveillance (except Malta)

# Points of entry

- Training of personnel in points of entry is needed
- Problems with immigrants
- Specific preparations done in several countries (Greece, Bulgaria, Israel, Cyprus)

# Summary- Main difficulties

- Coordination
- Legislation
- Implementation
- Points of entry
- Use of alternative sources & surveillance
- Personnel resources
- Lab capacity
- Budget