

IHR Challenge
Implementation in
EpiSouth Area

Work Group 4

PARTICIPANTS: Bosnia and Herzegovina, Serbia,
Slovenia, Kosovo, Italy, Bulgaria, Cyprus and
Malta

MODERATOR : PILAR

RAPPORTEURS: LAURA and FATIMA

1. Functionality of the National Focal Point

- Most of the countries have an established link to WHO be it or not because of the introduction of IHR.
- On the other hand some countries did not know who the National Focal Point is!
- On principle the group agreed that the ideal NFP should be coming from the technical side of matters. However some countries commented on the confusion internal political issues and bureaucracy may bring with them and that the political elements unfortunately may arise.
- Only a few of the countries had knowledge on the actual setup of the IHR team and plans/procedures. It seemed very clear that even if meetings were being held little or no feedback was being distributed.
- The word "procedure" brought around little or no response from the group. One country offered an amount of certainty that the right communication channels are in place and are working.

1. Functionality of the National Focal Point

- On being asked by the moderator if the countries had a procedure on food borne illness for example:
 1. MT replied that there are procedures for dealing with such cases, as a Rapid Alert system with on call EHO's 24/7. There is also a designated officer for EWRS matters.
 2. KOSOVO added that they provide a weekly report to WHO and a daily report on chemical/syndromic events to MOH and WHO. There is also communication with Veterinary Services and food surveillance.
 3. B & H commented that they have procedures for zoonoses. There are levels of communication but the extent and type is not known.
 4. It is also one of the EpiSouth's objectives (WP8) to work on the harmonisation between human and animal zoonotic cases.

2. Legislation

- This was one of the major stumbling blocks for the group.
- The group agreed in principle that their respective national legislation had to be inevitably revised in view of IHR.
- Most countries HOPE that their respective ministries have allocated funds for the implementation of IHR. After all IHR will be ensuring and safeguarding Public Health for both the country itself and for its neighbours, aka the rest of the world.
- One country's response was an outright NO!!!!!!

3. Surveillance and response

- In general the countries felt confident enough that their surveillance systems would be able to accommodate any IHR data/metadata requirements.
- One country is still developing their surveillance system and would obviously incorporate IHR related diseases and public health events.
- Another country would need to assess and implement changes were necessary.
- It is clear that IT personnel should be involved in the planning and implementation of IHR. The onus for change and an overall better surveillance system also lies on them together with the other PH professionals.
- The words NATIONAL EMERGENCY RESPONSE PLAN brought around little response from the participating countries with only two countries giving a positive answer to the question.
- Two countries have a 24/7 IHR surveillance setup (telephone manned by a technical officer)

4. Early Warning

- The participants were not aware whether their respective countries early warning system had improved or not over the past year.
- Many of the alternative sources are being used by the countries. Any source that can provide data should be used.
- When asked about the main problems encountered at any level with regards to PH emergencies of international concern:

1. The overall problems are assessment, communication and organisation. Information should be provided to all stakeholders in the surveillance system. Their collaboration is essential!

2. Countries did feel that at present their countries surveillance systems were working at a local/regional/national level even though at times communication lines and organisation did effect the

5. Regional/bilateral agreements

- Again the group was hesitant to answer this question.
- In fact the group was so hesitant that no one did answer this question!

6. Points of entry

- Most of the countries have different authorities for surveillance and for applying health measures at points of entry. The group feels that this is the best way to tackle both surveillance and points of entry.
- There was a limited response to when the involvement question was raised.
- Although some countries did confirm that their institutions were involved they were not very sure on the extent of assessment that had been carried out vis-à-vis designated points of entry.
- The same goes for the plans of implementation.

7. Conclusions

1. Some of the participants read about IHR for the first time on the plane as they were coming here.
2. One participant received an sms during the workshop with the name of the NFP.
3. The group felt very restricted throughout the workshop. It is very evident that dissemination of information within the respective ministries/institutions is not taking place and people who will eventually need to work on IHR are not being informed or consulted.
4. Some participants wondered whether their ministry was really giving IHR the importance it really needed.
5. One participant, that is me, asked if fines would be introduced if a country failed to stick to deadlines. And what about the country's reputation?
6. Probably we were not the right people to answer these type of questions but we are certainly the right people to help make IHR happen!

THANK YOU

GRAZZI

GRACIAS