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**IMPLEMENTATION OF THE INTERNATIONAL HEALTH REGULATIONS
IN THE AFRICAN REGION: PROGRESS REPORT**

Information Document

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BACKGROUND

1. The International Health Regulations (2005), hereafter referred to as “the IHR” or “Regulations” are legally binding global instruments for WHO and Member States. The states parties to these regulations have agreed to comply with the rules therein to secure international health by ensuring maximum global public health security while minimizing interference with international transport and trade. The IHR were adopted on 23 May 2005 and entered into force on 15 June 2007.
2. The fifty-sixth session of the WHO Regional Committee for Africa called for the implementation of the Regulations in the context of the Integrated Disease Surveillance (IDS) Strategy.¹ Therefore, all Member States are required to fully implement the IHR by June 2012.
3. Resolutions WHA58.3² and WHA61.2³ highlighted the obligations of states parties to the IHR. These included establishing an IHR national focal point (NFP) able to urgently communicate between signatory states and WHO; designating both the authority responsible for the implementation of health measures and the experts for the IHR Roster; developing required minimum core capacities and enacting appropriate legal and administrative instruments; mobilizing resources through collaboration and partnership building. The present document provides a progress report on the implementation of the IHR in Member States as of March 2009.

PROGRESS MADE

On the basis of the reports received from Member States, implementation of the IHR is summarized below and details are given in the **Annex**.

4. **Development of core capacity:** To date, seventeen countries⁴ (33%) have started revising their national guidelines for integrated disease surveillance and response (IDSR) to incorporate the IHR. In addition, seventy-two laboratories in forty-five countries (98%) and thirteen laboratories in twelve countries⁵ (26%) are participating in laboratory external quality assurance schemes for microbiology and influenza respectively.
5. Member States are currently raising awareness on the IHR among the stakeholders; Cameroon and Sierra Leone countries have conducted an in-depth assessment of their core capacities and developed action plans; more consultants are being trained to support Member states in the assessment.
6. **IHR national focal points:** All countries have designated a NFP, provided full contact details and agreed to ensure that they are accessible twenty-four hours a day, seven days a week.⁶ Thirty-five countries (76%) have provided fulltime communication equipment to the NFP. A briefing for NFPs has been conducted.

¹ Resolution AFR/RC48/R2, Integrated epidemiological surveillance of diseases: Regional strategy for communicable diseases. In: *Forty-eighth Session of the WHO Regional Committee for Africa, Harare, Zimbabwe, 31 August–4 September 2005*.

² Resolution WHA58.3, *Fifty-eighth World Health Assembly, Geneva, 16–25 May 2005*.

³ Resolution WHA61, *Sixty-first World Health Assembly, Geneva, 19–24 May 2008*.

⁴ Benin, Burkina Faso, Cape Verde, Republic of Congo, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo.

⁵ Algeria, Cameroon, Central African Republic, Côte d'Ivoire, Kenya, Madagascar, Nigeria, Rwanda, Senegal, South Africa, Tanzania and Uganda.

⁶ The Regional IHR contact person is also available twenty-four hours a day, seven days a week in Brazzaville.

7. Seventeen Member States (37%) have complied with the requirement to notify or otherwise report events to WHO using the IHR mechanism. Twenty-nine countries (63%) are accessing the WHO IHR event information website⁷ and NFPs for thirty countries (65%) have established communication channels with other relevant sectors for IHR operations.

8. **National competent authorities:** Thirty countries (65%) have identified competent authorities responsible for the implementation of health measures under the IHR and seventeen countries (37%) have designated at least one expert for the IHR roster to advise the Director General as prescribed by the Regulations.

9. **Points of entry:** Twenty-six countries (57%) have identified a competent authority responsible for the application of health measures at points of entry and ten (30%) out of the thirty-three countries with sea ports have provided a list of ports authorized to issue ship sanitation certificates and ship control exemption certificates and extensions.

10. **National legislation:** Ten countries (22%) have enacted legislation and issued administrative regulations to facilitate the implementation of the IHR. Thirty-six Member States (83%) submitted IHR annual reports to WHO by February 2009.

11. Member States need to urgently address the following issues and challenges to facilitate implementation of the IHR: delays in revising IDSR technical guidelines and tools to include IHR; delays in assessing IHR core capacities and compliance with IHR requirements; enactment of legislative and regulatory instruments; timely notification of all events constituting a public health emergency of national or international concern. In addition, Member States should address the problem of high NFP turnover and of delays in updating the contact details of NFPs; strengthen collaboration with other sectors in IHR operations and mobilize resources.

NEXT STEPS

12. Considering the above-mentioned challenges and noting that the deadline of 2012 is near, it is proposed that Member States in collaboration with WHO and partners:

- (a) revise their national IDSR technical guidelines and tools to include the IHR;
- (b) assess IHR core capacities and develop plans of action;
- (c) comply with IHR requirements, including enacting legislative and regulatory instruments;
- (d) notify on time to WHO events of public health importance using IHR mechanisms;
- (e) update NFP details as necessary and equip the NFPs with appropriate tools for full time communication with WHO contact points and other sectors for IHR operations;
- (f) intensify resource mobilization with international and local partners to ensure that the national core capacity for surveillance and response, including at points of entry, are assessed then developed, strengthened or maintained as appropriate;
- (g) enhance collaboration and strengthen partnership between human health and other sectors dealing with animals and radio-nuclear, biological and chemical matters.

⁷ The Event Information Site was developed by WHO for secure communication with IHR national focal points and to provide state parties to the IHR with timely updates on acute public health events of international importance.

ANNEX: IHR Implementation in the African Region, March 2009

Country	NFP designated	NFP Communication 24 hours a day 7 days a week	Notification to WHO using IHR mechanisms	NFP Access to WHO IHR event Information Website	Set up of NFP Communication with other sectors for IHR operations	Identification of competent authority responsible for implementation of Health measures under IHR	Designation of at least one person for the IHR roster of experts	Identification of competent responsible authority at Points of Entry	Provision of list of ports authorized to issue ship sanitation certificates (only 33 countries have sea ports)	Adoption of legislative and regulatory instruments to implement the IHR	Submitted annual report to WHO
Algeria	X	-	X	X	X	-	-	-	X	X	
Angola	X	X	X	X	X	-	-	X	X	X	
Benin	X	X	X	X	X	X	-	X	X	X	
Botswana	X	X	-	X	X	X	X	-	N/A	X	
Burkina Faso	X	X	-	X	X	X	X	X	N/A	X	
Burundi	X	X	X	X	X	X	X	-	-	X	
Cameroon	X	X	-	X	-	-	X	-	-	X	
Cape Verde	X	-	-	X	-	X	-	X	X	X	
Central African Republic	X	X	-	-	X	X	-	-	N/A	X	
Chad	X	-	-	-	-	-	-	-	N/A	-	
Comoros	X	X	X	X	-	X	-	X	-	X	
Congo	X	X	X	X	X	X	-	X	-	X	
Cote d'Ivoire	X	X	-	X	X	X	X	X	X	X	
DRC	X	X	-	-	X	X	X	X	-	X	
Equatorial Guinea	X	-	-	-	-	X	X	X	-	X	
Eritrea	X	X	-	X	X	X	-	X	X	X	
Ethiopia	X	X	-	-	X	X	-	X	N/A	X	
Gabon	X	X	-	X	-	X	-	-	-	X	
Gambia	X	X	-	X	X	X	-	X	-	X	
Ghana	X	-	-	-	-	-	X	-	-	-	
Guinea	X	X	X	X	X	X	-	X	-	X	
Guinea Bissau	X	-	-	X	X	X	-	X	-	X	
Kenya	X	X	X	-	X	X	-	X	-	X	
Lesotho	X	X	X	X	X	X	-	-	N/A	X	
Liberia	X	X	X	-	-	-	-	-	X	X	
Madagascar	X	X	-	-	-	X	X	X	-	X	
Malawi	X	X	X	-	X	X	-	X	N/A	X	
Mali	X	X	X	X	X	X	X	X	N/A	X	
Mauritania	X	X	-	X	X	-	-	-	-	X	
Mauritius	X	X	-	X	X	X	X	X	-	X	
Mozambique	X	X	-	X	X	X	X	X	-	X	
Namibia	X	-	-	-	-	-	-	-	-	-	
Niger	X	X	-	-	-	-	-	X	X	X	
Nigeria	X	-	-	-	-	-	X	-	-	-	
Rwanda	X	X	X	X	X	X	-	-	N/A	X	
Sao Tome et Principe	X	X	-	X	-	-	-	-	X	X	
Senegal	X	-	-	-	-	-	X	-	-	-	
Seychelles	X	X	-	-	X	-	-	X	-	X	
Sierra Leone	X	-	-	-	-	-	-	-	-	-	
South Africa	X	X	X	X	X	X	X	X	-	X	
Swaziland	X	X	-	X	X	X	-	-	N/A	X	
Tanzania	X	X	X	X	X	X	X	X	X	X	
Togo	X	X	-	X	X	X	-	X	-	X	
Uganda	X	X	X	X	X	X	X	-	-	X	
Zambia	X	X	X	X	X	X	-	X	N/A	X	
Zimbabwe	X	-	-	-	-	-	-	-	N/A	-	
Total / 46 Member States	46	35	17	29	30	31	17	26	10	13	39
%	100%	76%	37%	63%	65%	67%	37%	57%	30%	28%	85%

Legend

NFP : National

Focal Point

N/A : Not

Applicable

X : Action

Taken

- : No Action

taken