

PARTICIPANT'S RESPECTIVE NATIONAL IHR FOCAL POINT

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1.1 Identify your country's NFP

Taiwan Centers for Disease Control (TCDC) is the National IHR Focal Point designated through a legitimate process in 2006. To comply with the International Health Regulations (2005) (IHR(2005)), the National Focal Point (NFP) has been running and kept accessible at all times for communications with WHO IHR Contact Point based at the Headquarters and for real-time management of information and efficient communications.

1.2 Discuss the particular functions (both mandatory and optional) assumed by your country's NFP. To the extent that optional functions are not assumed by your country's NFP, consider how these functions will be otherwise carried out

On behalf of the Republic of China (Taiwan), TCDC sends to WHO IHR Contact Point urgent communications arising from IHR implementation, in particular under Articles 6-12 of IHR (2005) covering the communications for notification, information-sharing during unexpected or unusual public health events, consultation, reports otherwise indicated, verification, provision of information by WHO, and determination of a public health emergency of international concern. Onwards from the basis of communications with WHO, TCDC disseminates information to relevant sectors, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals and other government departments, so that due performance of the functions under IHR

(2005) can be ensured. On the other hand, TCDC consolidates input from relevant sectors, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals and other government departments, so as to come up with information necessary for the analysis of national public health events and risks.

To summarize, in pursuit of IHR(2005) implementation with annual confirmation with WHO, on behalf of the Republic of China (Taiwan), TCDC assumes the mandatory functions as follow:

- 1) Remaining accessible at all times for communications with WHO IHR Contact Point;
- 2) Sending to WHO IHR Contact Point urgent communications arising from IHR implementation, in particular under Articles 6-12 of IHR(2005), including notification, information-sharing during unexpected or unusual public health events, consultation, other reporting, verification, provision of information by WHO, and determination of a public health emergency of international concern;
- 3) Disseminating information to relevant sectors of the administration, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals and other government departments;
- 4) Consolidating input from relevant sectors of the administration, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals and other government departments.

Furthermore, the following optional functions are also included within NFP terms of reference:

- 1) Engaging in collaborative risk assessment with WHO regarding public health events, risks and public health emergencies of international concern;
- 2) Disseminating information to relevant government sectors;
- 3) Liaising with relevant authorities on points of entry;

- 4) Coordinating analysis of national public health events and risks;
- 5) Coordinating closely with the national emergency response systems;
- 6) Providing advice to senior health and other government officials on notifications to WHO;
- 7) Providing advice to senior health and other government officials on the implementation of WHO recommendations to prevent international disease spread;
- 8) Ensuring the assessment of existing surveillance and response capacity and identification of improvement/development needs, including training needs at the national level;
- 9) Cooperating with WHO to provide support to intervention programs that prevent or respond to epidemics and other public health emergencies;
- 10) Reporting on progress with assessment, planning and establishment of IHR (2005) capacities;
- 11) Coordinating the provision of public messages by WHO and national Authorities;
- 12) Coordinating inter-country or regional activities and information exchange.

To assume the mandatory functions stated above, TCDC has been reinforcing the legitimate infrastructure and streamlining efficient and functional channels of communication since the designation. Through the practices in the real situations and simulation exercises with related contingency plans, not only the mandatory functions but also the optional ones are addressed. TCDC tries the best to engage in collaborative risk assessment with WHO regarding public health events, risks and public health emergencies of international concern, disseminates information to relevant government sectors as indicated, and liaises with other relevant authorities on points of entry. For a biological/infectious event, TCDC assumes the role of coordinating analysis of national public health events and risks and operation of the national emergency response systems. For a chemical, nuclear, or food-borne event, TCDC plays the pertinent roles to collaborate with the competent authorities. The details will be contained in section 1.3 below.

1. 3 Describe the relationships/networks between your country's NFP and all sectors relevant to the NFP's functions

Relevant to the NFP's mandatory and optional functions stated above, besides the regular channels and processes for communication, coordination, and adoption of measures, TCDC plays the due roles in one of the four platforms/networks as further described below. First, for the events related to biological/infectious nature, the Communicable Disease Control Act defines the Ministry of Health as the competent authority with TCDC as the general staff and relevant administrations/sectors as the collaborating authorities/partners. The infrastructures and mechanisms required are established according to the Act. When indicated, the Ministry of Health shall activate the Central Epidemic Command Center with the Premier or a designated equivalent as the Commander General to chair the Center.

Similar platforms/networks with related legislations, infrastructures, and mechanisms are ready for the events of the natures other than biological/infectious ones. Thereof, the second platform/network is for events of chemical nature and is defined under the Disaster Prevention and Protection Act. The competent authority is the Environmental Protection Administration and shall activate the Central Disaster Prevention and Protection Council when indicated. The third platform/network is for events of the nuclear nature. The Atomic Energy Council is defined as the competent authority under the Nuclear Emergency Response Act. Likewise, according to the degree of possible impact of the nuclear accident, the competent authority shall activate the National Nuclear Emergency Response Center and the Radiation Monitoring and Dose Assessment Center. For these two platforms, the Ministry of Health serves as a collaborating authority and TCDC as a member staff of the Ministry of Health.

The fourth platform/network is for events of food-borne nature. It is defined under

the Food Sanitation Governing Act and the competent authority is the Ministry of Health. The Food and Drug Administration assumes the general staff and TCDC serves as a collaborating staff. When indicated, the National Health Command Center shall be activated.

For events otherwise specified and diseases of unknown etiologies, according to the legislation(s) concerned and the surveillance system(s) involved, relevant platforms/networks shall be activated accordingly.

TCDC, designated as the NFP, serving as the general staff, a member staff, or a collaborating staff in the platforms/networks described above, shall assume the mandatory and optional functions of NFP.

To further cope with the prospective paradigm of the all-hazard-approach, Council of Agriculture, at present serving as a collaborating authority on the four platforms/networks, could be recruited as a competent authority to construct a platform/network responsible for hazards concerned with those of the zoonotic nature.

Though TCDC serves as the coordination center for points of entry (PoE) at the present stage, Ministry of Transportation and Communications, at present also serving as the collaborating authority on the four platforms/networks, could be a more legitimate candidate recruited as the competent authority of PoE with a platform/network reoriented.

From the all-hazard-approach viewpoint, the composition of the National IHR Focal Point deserves a broader consideration. Ministry of Health, Environmental Protection Administration, Atomic Energy Council, Council of Agriculture, and possibly Ministry of Transportation and Communications should be the core force to tackle an unfolding public health emergency.

Under the four legislations mentioned in the preceding paragraphs, the stakeholders relevant to IHR(2005) implementation at the national level further include Council of Agriculture, Ministry of Transportation and Communications, Ministry of the Interior, Ministry of Economic Affairs, Fair Trade Commission, Council for Economic Planning and Development, Ministry of Justice, Government Information Office, National Communications Commission, Ministry of Education, Central Personnel Administration, Council of Labor Affairs, Veterans Affairs Commission, Ministry of National Defense, Coast Guard Administration, Mainland Affairs Council, Ministry of Foreign Affairs, Ministry of Finance, Directorate-General of Budget, Accounting and Statistics, and Financial Supervisory Commission. Simulation exercises with contingency plans have been practiced for H5N1 novel influenza, H1N1 pandemic influenza, anthrax bioterrorism, chemical hazards, nuclear accident, etc., in a variety of settings with the pertinent competent authority and collaborating stakeholders engaged.

As to decision making process in each platform/network, taking the events related to biological/infectious nature as an example, the system comprises the surveillance arm, the decision platform, and the action arm. The surveillance arm routinely collects data on health topics related to communicable diseases through ten major surveillance systems in place and running accordingly. As the TCDC daily routine, all kinds of information generated from the surveillance systems are integrated. It covers the overall domestic epidemic situation, the important or seasonal domestic epidemics, clusters of communicable diseases, the unusual or unexpected event, border health security, international epidemics, etc. Time-place-person analysis is presented with preliminary interpretation and trend analysis provided. Once an event with potential public health risks constituting the basic notion of a PHEIC happens with risks of international spread and international travel or trade restrictions being taken into consideration, the decision platform works as defined with the internal process finalized on the 24-7 basis, and a potential PHEIC shall be reported to WHO with the action arm being activated, all in a timely manner.

1.4 Analyze the process by which your country's NFP was designated or established, its delegated authority, and its decision-making processes

On May 13, 2006, TCDC, after a national authorized designation process of the Cabinet, on behalf of the Republic of China (Taiwan), declared to WHO the readiness to implement IHR (2005). With the full scale presentation of the mandatory and optional functions stated above, it was the authorized designation process and thereupon the linking intended to function within or using the operational structures of the authorized body that made TCDC legitimate and empowered to carry out these functions, which include the surveillance arm, the decision-making platform, and the response arm. The legal and governmental mandates were thus established. On May 2, 2007, the Republic of China (Taiwan), through the Ministry of Health in coordination with the Ministry of Foreign Affairs, once again sent a written communication to the Director-General of WHO and restated the implementation of IHR (2005) with TCDC designated as the NFP. Parts of the decision-making processes for the designation are the experience from SARS in 2003 and the capacity building thereafter. Any changes or updates to the designated NFP were reported accordingly. As to the annual confirmation with WHO of the contact details of the designated NFP, TCDC did try it as required.

Major References

International Health Regulations (2005), Second Edition. World Health Organization, 2008.

National IHR Focal Point Guide.

International Health Regulations (2005). Toolkit for implementation in national legislation. The National IHR Focal Point. World Health Organization, 2009.