



# Securing Global Public Health

## IHR Implementation Course

### II

**Bin-Shenq Ho, MD, MPH**



# OUTLINES

- **BACKGROUND**
- **COURSE INFORMATION**
- **ESSENCE**
- **FACE-TO-FACE SESSION**
- **REFLECTIONS**
- **RECOMMENDATIONS**



# BACKGROUND

- **National Focal Point – EIC**
- **IHR Implementation Course I**  
**Dr. Tsung-Wen Kuo**  
**R&D Conference (Aug 09, 2010)**
- **Points of Entry – VIIth Branch**



# COURSE INFORMATION

## ➤ **Course objectives**

- Strengthen critical human resources engaged to set-up and manage systems for securing global public health under the IHR implementation framework
- Develop communication capacities for efficient international collaboration

## ➤ **World Health Organization**

## ➤ **Collaborating institutions**

- Georgetown University Law Centre, USA
- University of Pretoria, South Africa
- University of Geneva Medical School, Switzerland
- Institute Bioforce Développement, France



# Course Objectives

- **Inform relevant stakeholders on the scope of the IHR**
- **Communicate with WHO as set out in the IHR**
- **Collect, analyze and disseminate critical public health information**
- **Trigger appropriate legislative, regulatory, and organizational reforms**
- **Plan, coordinate, monitor and assess IHR implementation**
- **Assess national vulnerability in health systems for effective IHR implementation**
- **Assess all actions in light of other areas of international law**
- **Train relevant professionals in IHR implementation**
- **Manage an emergency situation effectively**
- **Lead or interact with sectors/staff engaged in the strengthening/ acquisition of core public health capacities**
- **Lead or interact with staff responsible for carrying out risk assessment**









# Course Period

- **Distance learning / tutoring with virtual conferences**  
Sep 27, 2010 ~ Dec 3, 2010
- **Break period for individual projects**  
Dec 06, 2010 ~ Jan 28, 2011
- **Face-to-face regrouping session (Annecy, France)**  
Jan 31, 2011 ~ Feb 11, 2011
- **Distance-learning / tutoring**  
Feb 14, 2011 ~ Feb 18, 2011

# Distance learning / tutoring

## Virtual conferences

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9 Week 10

Type	Topic	Title	Due date	Done
	0.5	Ongoing Self-Assessment (OSA) - Stage 2	05/12/10	<input checked="" type="checkbox"/>
	8.1	Operational and strategic planning for IHR implementation	05/12/10	<input checked="" type="checkbox"/>
	8.1	Readings	05/12/10	<input checked="" type="checkbox"/>
	9.3	Management of Emergencies - 4 case studies (group work)	05/12/10	<input checked="" type="checkbox"/>
	12.1	Planning and delivering training <b>(The presentation of Mr. Rory Downham is now available!)</b>	30/11/10	<input checked="" type="checkbox"/>
	12.1	Readings	05/12/10	<input checked="" type="checkbox"/>



# Face-to-face regrouping session (Annecy, France)

Week	WEEK 19				
Day/hour	Monday 31 January	Tuesday 01 February	Wednesday 02 February	Thursday 03 February	Friday 04 February
8h30-8h45	<b>Wrap-up day 1</b>				
8h45-9h45	Welcome (Director IHR Coordination Dept.) Programme - House keeping (Paula Gomez)	2. UNIGE - Poster session 1 - Health Systems and IHR (related to Ex. 11.3) - 5 posters (Astrid Stuckelberger)	UNIGE - Poster session 2 - Health Systems and IHR (related to Ex. 11.3) - 5 posters (Astrid Stuckelberger)	UNIGE - Poster session 3 - Health Systems and IHR (related to Ex. 11.3) - 5 posters (Philippe Chastanay or Véronique Zésiguer)	7. WHO - Risk communication exercise (Satyajit Sakar)
9h45-10h45	Introductions (Paula Gomez) Warm up (Anouk Berger)	3. GU/WHO - Group discussion of various national legislative frameworks	GW - Time allocated to finalize group reports (PU - Ex. 8.2 Strategic planning)	5. WHO - Case study PoE part 1 (Daniel Menucci)	
<b>Coffee break</b>					
11h00-12h30	1. GU/WHO - Panel discussion with representatives of various NFPs (related to Ex. 3.2) - Facilitators: Kate Stewart, Ailyn Taylor, Max Hardiman	GU/WHO - Group discussion of various national legislative frameworks (related to Ex. 5.2) - Facilitators: Kate Stewart, Ailyn Taylor, Bruce Plotkin, Fernando Gonzalez-Martin	GW - Time allocated to finalize group reports (PU - Ex. 8.2 Strategic planning)	WHO - Case study PoE part 2 (Daniel Menucci)	WHO - Risk communication exercise (Satyajit Sakar) TBC
<b>Lunch</b>					
13h45-14h45	GU/WHO - Panel discussion with representatives of various national NFPs (related to Ex. 3.2) - Facilitators: Kate Stewart, Ailyn Taylor, Max Hardiman	4. GU/WHO - Panel discussion with representatives of international bodies and networks - Panelists: Tony Evans (ICAO), Gretchen Stanton (WTO) - Moderators: Ailyn Taylor, Bruce Plotkin	GW - Time allocated to finalize group reports on 4 case studies (UNIGE - Ex. 9.3 - Management of Emergencies)	WHO - Case study PoE part 3 (Daniel Menucci)	GW - Time allocated to groups to finalize their training session/training plan (IBD - Ex. 12.2 - Planning and implementing training)
14h45-15h45					
<b>Coffee break</b>					
16h00-17h30	PW/GW - Time allocated to finalize posters on Health Systems (UNIGE Ex. 11.3 - Health Systems) / Open session	GU/WHO - Panel discussion with representatives of international bodies and networks - Panelists: Tony Evans (ICAO), Gretchen Stanton (WTO) - Moderators: Ailyn Taylor, Bruce Plotkin	GW - Time allocated to finalize group reports on 4 case studies	WHO - Case study PoE part 4 (Daniel Menucci)	PW/GW - Time allocated to finalize communication kits for a press conference (UNIGE - Ex. 10.3 - Communication)
		<i>17h30-20h00: lift for Annecy</i>			<i>17h30-22h00: lift for Annecy + dinner in Annecy</i>
<b>Dinner</b>	Official welcome (Director IHR Coordination Dept./UNIGE/GU/UP) Welcome party	<b>Dinner (20h00)</b>		<b>Dinner (19h30)</b>	
		<i>Dinner at "Les Pensières Conference Center"</i>		<i>20:30 6. WHO - Video session (mini-clips + discussion on risk communications) Satyajit Sakar</i>	



# Face-to-face regrouping session (Annecy, France)

Week	WEEK 20				
Day	Monday 07 February	Tuesday 08 February	Wednesday 09 February	Thursday 10 February*	Friday 11 February
8h30-8h45	<b>Wrap-up day 5</b>	<b>Wrap-up day 6</b>	<b>Wrap-up day 7</b>	<b>Wrap-up day 8</b>	<b>Wrap-up day 9</b>
8h45-10h45	8. UNIGE/PU/WHO - Presentation/debriefing on case study A - Management of Emergencies (related to Ex. 9.3) - Facilitators: Astrid Stuckelberger, Khin San Tint, Andrea Ellis, Thomas Hofmann, Ninglan Wang	UNIGE/PU/WHO - Presentation/debriefing on case study C - Management of Emergencies (related to Ex. 9.3) - Facilitators: Astrid Stuckelberger, Khin San Tint, Kersten Gutschmidt, Thomas Hofmann, Ninglan Wang	UNIGE - Poster session 4 - Health Systems and IHR (related to Ex. 11.3) - 5 posters (Astrid Stuckelberger)  13. WHO - Presentation on the laboratory component under IHR (Mohammad Youssef)	17. IBD - Presentation/debriefing on training design group work (Ex. 12.2) - G1 (Rory Downham)  18. UNIGE/WHO - Press conference simulation exercise - G 2 (Astrid Stuckelberger, Kristen Kelher + Gaya Gamhewage)	UNIGE - Poster session 5 - Health Systems and IHR (related to Ex. 11.3) - 5 posters (Astrid Stuckelberger)  19. UNIGE/WHO - Health Systems as they relate to the IHR - Wrap-up (Astrid Stuckelberger, Paolo Piva)
<b>Coffee break</b>					
11h00-12h30	9. WHO - Presentation on foodborne diseases under IHR (Andrea Ellis)	11. WHO - Presentation on chemical events under IHR (Kersten Gutschmidt)	14. PU/WHO - Presentation/debriefing on strategic planning exercise (Ex. 8.2) Facilitators: Khin San Tint, Philipp Lambach	18. UNIGE/WHO - Press conference simulation exercise - G 2 (Astrid Stuckelberger, Kristen Kelher + Gaya Gamhewage)	UNIGE - Poster Award (Astrid Stuckelberger/Philippe Chastonay)  WHO - Evaluation of the course (DL and face-to-face) - (Paula Gomez, Sylvio Menna, Anouk Berger)
<b>Lunch</b>					
13h45-15h45	UNIGE/PU/WHO - Presentation/debriefing on case study B - Management of Emergencies (related to Ex. 9.3) - Facilitators: Astrid Stuckelberger, Khin San Tint, Pierre Formanty, Thomas Hofmann, Ninglan Wang	UNIGE/PU/WHO - Presentation/debriefing on case study D - Management of Emergencies (related to Ex. 9.3) - Facilitators: Astrid Stuckelberger, Khin San Tint, Nick Gent, Thomas Hofmann, Ninglan Wang	PU/WHO - Presentation/debriefing on strategic planning exercise (Ex. 8.2) Facilitators: Khin San Tint, Philipp Lambach	18. UNIGE/WHO - Press conference simulation exercise - G 2 (Astrid Stuckelberger, Kristen Kelher + Gaya Gamhewage)	PW - Time allocated to participants to work on their Portfolios
<b>Coffee break</b>					
16h00-17h30	10. WHO - Additional input on infectious diseases under IHR (Pierre Formanty)	12. WHO - Presentation on radionuclear events under IHR (Nick Gent)	15. WHO - IHR monitoring and evaluation - Strategy and tools (Philipp Lambach)	18. UNIGE/WHO - Press conference simulation exercise - G 2 (Astrid Stuckelberger, Kristen Kelher + Gaya Gamhewage)	PW - Time allocated to participants to work on their Portfolios
	18h-19h30: <b>Cookery course</b>	17h30-20h00: <b>lift for Annecy</b>			
Dinner	Dinner (20h00)	Dinner (20h00)	Dinner + film (19h30)		Dinner (20h00)
			16. UNIGE/GU/PU - "Outbreak" (film + debate) - Astrid Stuckelberger - Katie Stewart - Khin San Tint	Farewell party	



# Course Participants

- **Application → Acceptance → Registration**  
**30 representatives from 25 countries**
- **Face-to-face regrouping session**  
**22 representatives from 19 countries**

Afghanistan (2), Antigua and Barbuda, Bahrain, Bangladesh, Bhutan, Cook Islands, Cuba, Dominica, Egypt, Federated States of Micronesia, France, Ghana, Indonesia, Iran, Philippines (2), Republic of China (Taiwan), Suriname (2), Uganda, United States of America



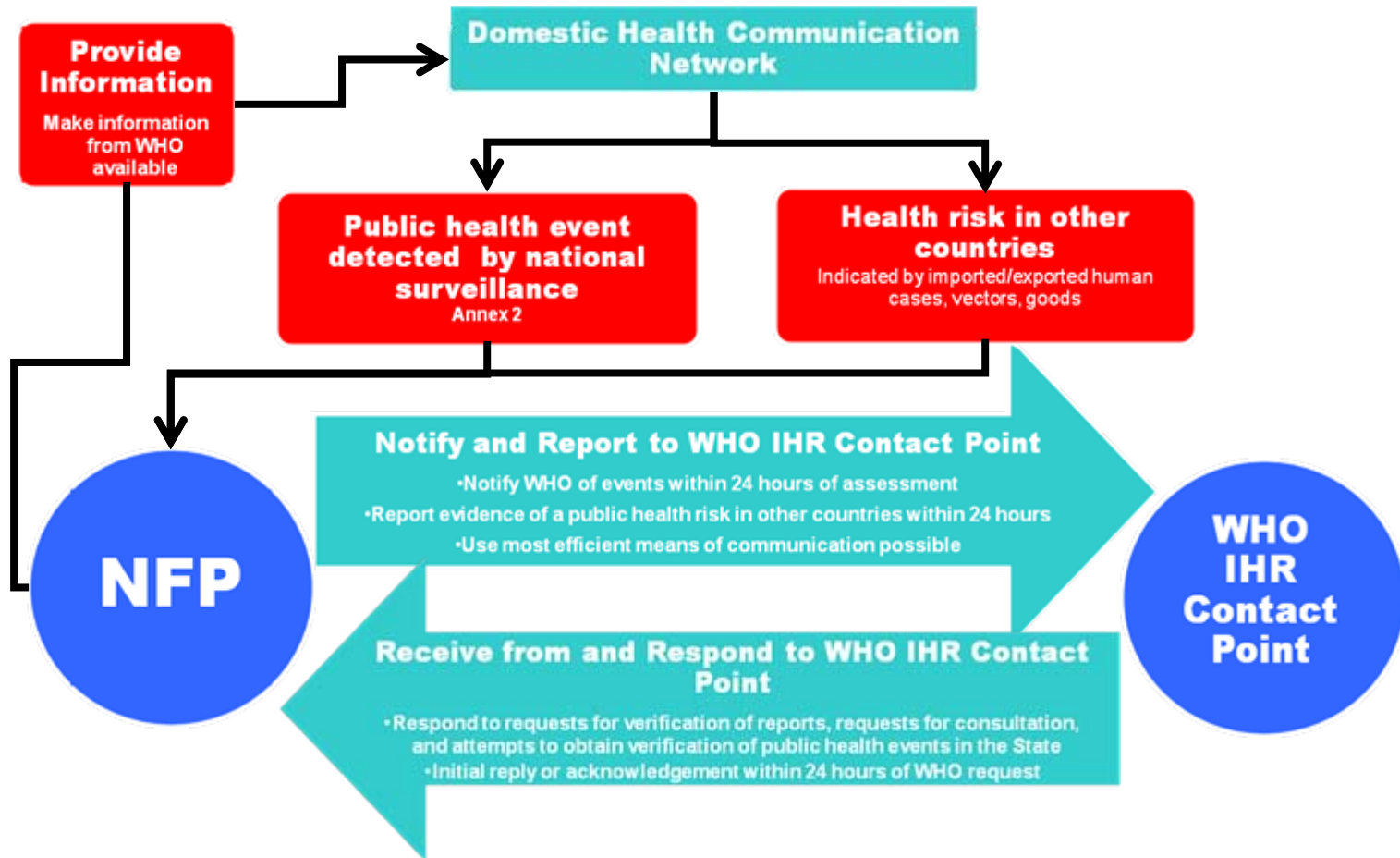
# ESSENCE

# IHR (2005)

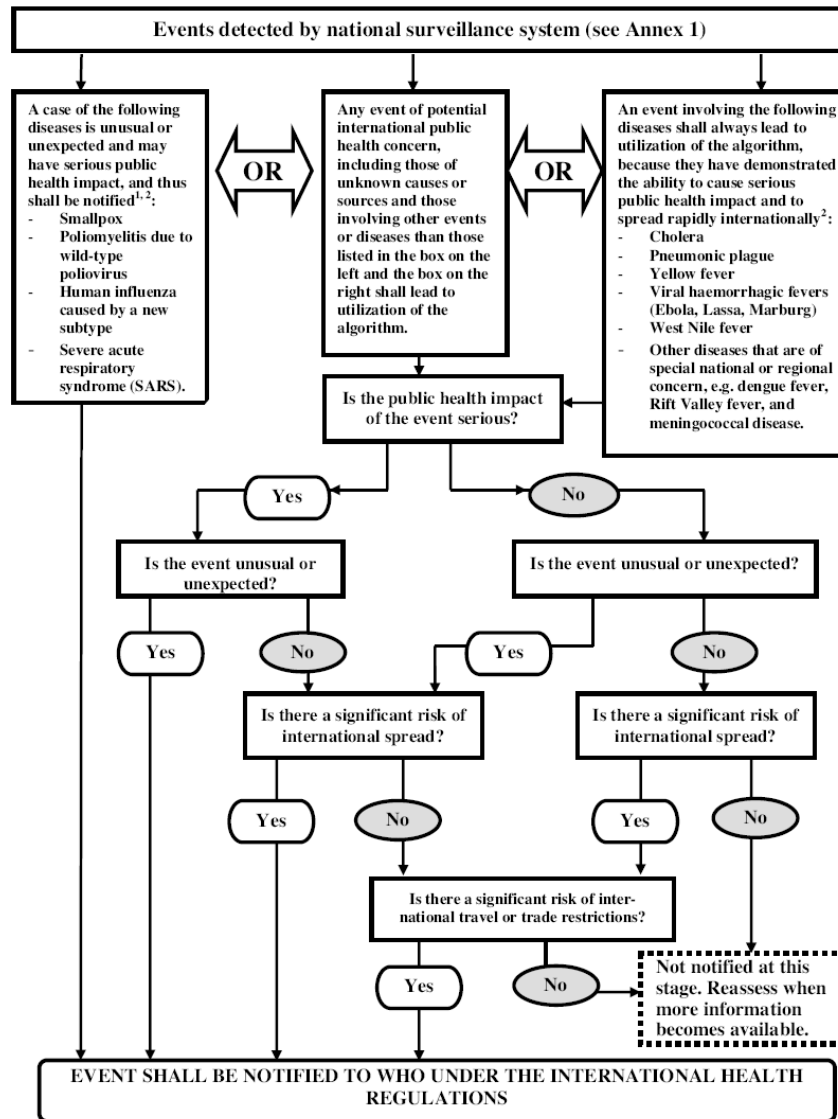
- **66 Articles**
- **9 Annexes**
- **2 Appendices**



# National Focal Point



ANNEX 2  
 DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION  
 OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY  
 OF INTERNATIONAL CONCERN





# Public Health Emergency of International Concern Decision Instrument

- Criteria for potentially notifiable events
  - 1. Is the public health impact of the event serious?**
  - 2. Is the event unusual or unexpected?**
  - 3. Is there a significant risk of international spread?**
  - 4. Is there a significant risk of international travel or trade restrictions?**
- If the answer is "yes" to any **2** of these questions, States Parties are required to notify the event within 24 hours to WHO
- WHO makes the final determination if a PHEIC exists



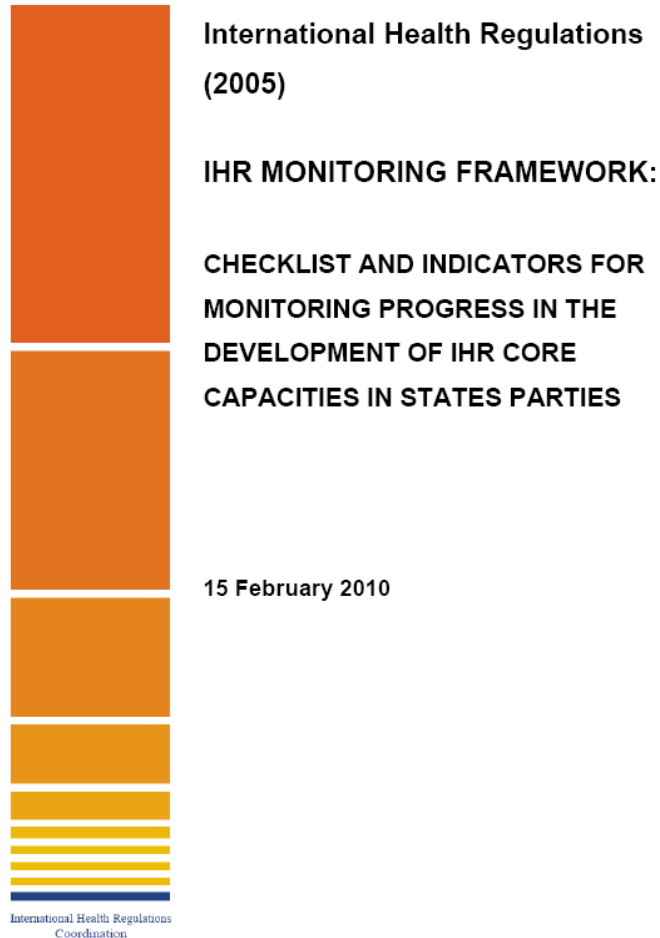
# Public Health Emergency of International Concern

Always Notifiable Events	Potentially Notifiable Events
<p><b>WHO must be immediately notified of these, <u>irrespective of the context in which they occur.</u></b></p> <p><b>A single case of:</b></p> <ul style="list-style-type: none"><li>● Smallpox;</li><li>● Poliomyelitis (via wild type poliovirus);</li><li>● Human influenza caused by a new subtype;</li><li>● Severe acute respiratory syndrome (SARS).</li></ul>	<p><b>Assess these events using the <u>Annex 2 decision algorithm</u> to determine whether to notify WHO.</b></p> <p><b>Events including:</b></p> <ul style="list-style-type: none"><li>● Cholera;</li><li>● Pneumonic plague;</li><li>● Yellow fever;</li><li>● Viral hemorrhagic fevers;</li><li>● Other epidemic-prone diseases of special national or regional concern;</li><li>● Other biological, radiological or chemical events <u>when the events</u> “have demonstrated the ability to cause serious public health impact and to spread rapidly internationally.”</li></ul>





# Core Capacities Assessment



# 8 core capacities

- Core capacity 1: **National legislation / policy / financing**
- Core capacity 2: **Coordination and NFP Communications**
- Core capacity 3: **Surveillance**
- Core capacity 4: **Response**
- Core capacity 5: **Preparedness**
- Core capacity 6: **Risk communication**
- Core capacity 7: **Human resources**
- Core capacity 8: **Laboratory**

Core capacity 1: national <sup>14</sup> legislation, policy & financing					
Component	Country level indicator	Status of development of IHR core capacities by capability level			
		<1 Prerequisites	1 Inputs and processes	2 Outputs and outcomes	3 Additional achievements
National legislation and policy	Laws, regulations, administrative requirements <sup>15</sup> , policies or other government instruments in place are sufficient <sup>16</sup> for implementation of obligations under the IHR.	Not Applicable <sup>17</sup>	Assessment <sup>18</sup> of relevant legislation, regulations, administrative requirements and other government instruments for IHR (2005) implementation has been carried out, with a report available.	Documentation that the country recommendations following assessment of relevant legislation, regulations, administrative requirements and other government instruments are implemented is available.	A compilation of national IHR-related legislation, is published <sup>19</sup> .
			Review of national policies to facilitate the implementation of IHR NFP functions and technical core capacities <sup>20</sup> .	Documentation that policies to facilitate IHR NFP core and expanded <sup>21</sup> functions and	

# Points of Entry



Home

- [About PAGNet](#)
  - [PAGNet Forum](#)
  - [Conferences and Meetings](#)
  - [Current Discussion Topics](#)
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  - [Guidance and Tools](#)
  - [Moderator](#)
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- Member menu
- [My Groups](#)
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## Unread posts in my groups

- My Recent
- My Unread**
- Recent posts

Type	Title	Author	Replies	Groups	Last post
Discussion	Testing for H1N1 infection at Ground Crossings and Airports	PAGAdmin	1	Vancouver Airport (YVR), Peace Arch (US to CAN)	Nov 5 2009 - 12:58am
Discussion	Testing for H1N1 infection at Ground Crossings and Airports	PAGAdmin	1	Vancouver Airport (YVR), Peace Arch (US to CAN)	Nov 5 2009 - 12:58am
Event	Meeting Oct 30 2009	JKRowling		Vancouver Airport (YVR)	Oct 31 2009 - 12:56am
Discussion	First order of business	CDickens		Vancouver Airport (YVR)	Oct 30 2009 - 8:48pm

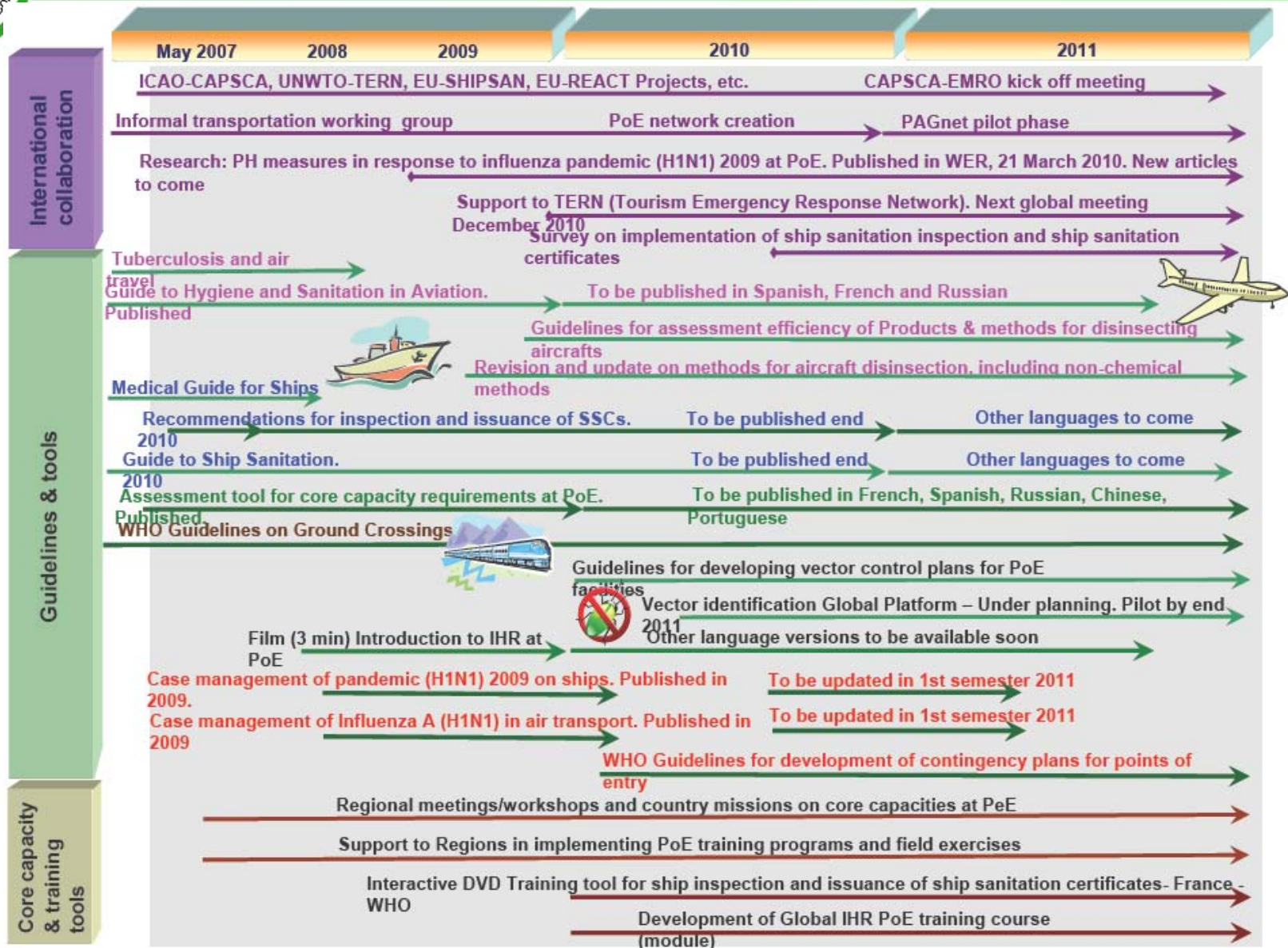


### Helpful Links

- Join the PAGNet Partnership
- Join our Mailing List
- IHR
- FAQs on Travel and Transport
- FAQs on PAGNet
- International Travel and Health
- International Organizations
- Points of entry database



**Partners**





# All-Hazard-Approach

- **Biological / infectious disease**
- **Chemical event**
- **Radio-nuclear event**
- **Zoonotic event**
- **Food safety event**
- **Nature of unknown**



# NATIONAL COUNTRY HEALTH SYSTEM @ IHR

**BIN-SHENQ HO**

Medical Officer / Commander of Global Outbreak Assistance Corps of Taiwan  
Taiwan Centers for Disease Control, Republic of China (Taiwan)

## COLLABORATING AUTHORITIES

Council of Agriculture  
Ministry of Transportation and Communications  
Coast Guard Administration  
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  
Mainland Affairs Council  
Ministry of Foreign Affairs  
Ministry of Finance  
Directorate-General of Budget Accounting  
Financial Supervisory Commission

Leadership / Governance  
Human Resources  
Financing

Information / Communication System  
Medicines / Vaccines / Technologies Supplies  
Service Delivery

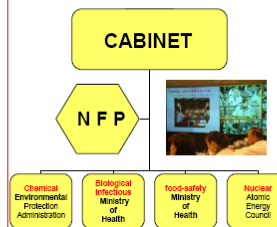
## CHARACTERISTICS (2009)

Population 23119772  
Age 65 and above 10.60%  
Life expectancy F/M 82.34/76.03 year  
Crude birth rate 8.29/1000  
Crude death rate 6.22/1000  
Neonatal mortality 2.4/1000  
Infant mortality rate 4.1/1000  
Maternal mortality rate 8.4/10000  
NHE/GDP 6.87% with financial resource  
Households 52.33%  
Governmental sector 24.11%  
Enterprise/Institution 19.07%  
Others 4.49%  
National health insurance 100% coverage  
with pay-per-view/global budget/DRG  
Medical facility Hospital/Clinic 514/19792  
HCW M/P/L/N 54469/14398/15660/87361

## NATIONAL LEGISLATIONS

Communicable Disease Control Act  
Food Sanitation Governing Act  
Disaster Prevention and Protection Act  
Nuclear Emergency Response Act

## IHR PLATFORMS / NETWORKS COMPETENT AUTHORITIES



## RISK COMMUNICATION

## PREPAREDNESS

## RESPONSE

Communicable Disease Control  
Medical Network with 6 sub-networks

## NATIONAL HEALTH SYSTEM



## ALL-HAZARD-APPROACH

Biological / Infectious Nature  
Food-Safety Nature  
Chemical Nature  
Radio-nuclear Nature  
Zoonotic Nature  
Unknown Nature

## POINTS OF ENTRY



Quality  
Access  
Equity / Solidarity  
Efficiency

## SURVEILLANCE

National Notifiable Communicable Diseases Surveillance System  
Syndromic Surveillance System  
Laboratory Surveillance System  
Sentinel Surveillance System  
School Surveillance System  
Nosocomial Infection and Antibiotic Susceptibility Surveillance System  
Populous Institution Surveillance System  
Real-time Outbreak and Disease Surveillance System  
Communicable Disease Consultation 24 / 7 Hotline  
Mass Media Surveillance System  
Toxic Chemical Hazard Notification System  
Nuclear Emergency  
Radiation Monitoring and Dose Assessment Center  
Nuclear Emergency  
Environment Radiation Monitoring and Assessment  
Notifiable Infectious Animal Disease Reporting System  
Foodborne Disease Outbreak Reporting System



# FACE-TO-FACE SESSION

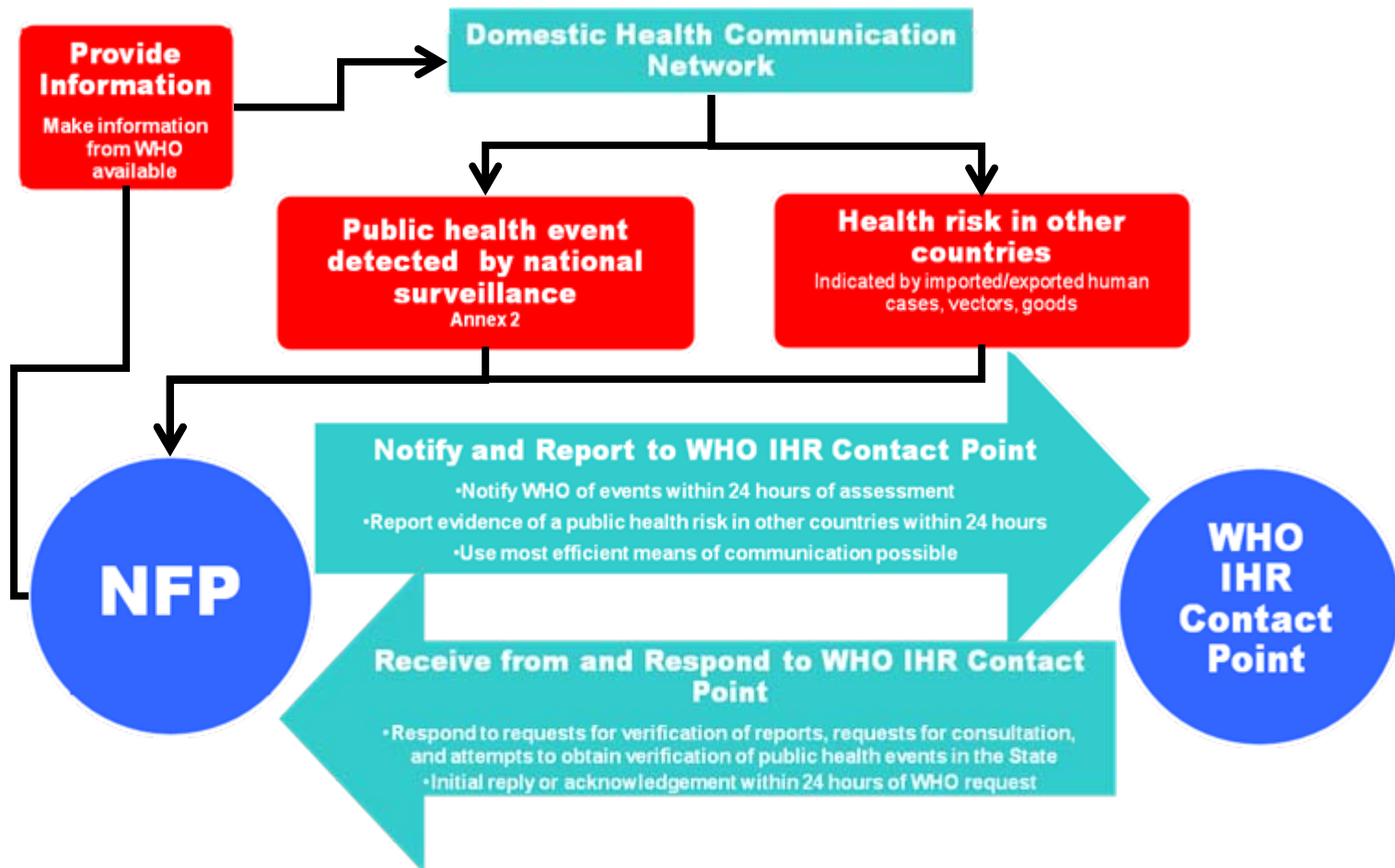


# National Focal Point

- Panel discussion with representatives of NFPs
- Facilitators: Kate Stewart, Allyn Taylor  
Max Hardiman
- To identify and understand the role and core functions of the National IHR Focal Point (NFP)
- Definition: national centre, designated by each State Party, which shall be accessible at all times for communications with WHO IHR Contact Points



# National Focal Point



# Poster Session Health Systems @ IHR





## NATIONAL COUNTRY HEALTH SYSTEM @ IHR

**BIN-SHENQ HO**

Medical Officer / Commander of Global Outbreak Assistance Corps of Taiwan  
Taiwan Centers for Disease Control, Republic of China (Taiwan)

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Government Information Office  
National Communications Commission  
Ministry of Education  
Central Personnel Administration  
Council of Labor Affairs  
Veterans Affairs Commission  
Ministry of National Defense  
Mainland Affairs Council  
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Ministry of Finance  
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Leadership / Governance  
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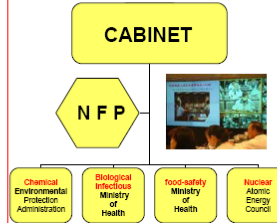
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### NATIONAL HEALTH SYSTEM



### ALL-HAZARD-APPROACH

Biological / Infectious Nature  
Food-Safety Nature  
Chemical Nature  
Radio-nuclear Nature  
Zoonotic Nature  
Unknown Nature

### POINTS OF ENTRY



Quality  
Access  
Equity / Solidarity  
Efficiency

### SURVEILLANCE

National Notifiable Communicable Diseases  
Surveillance System  
Syndromic Surveillance System  
Laboratory Surveillance System  
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Nosocomial Infection and Antibiotic Susceptibility  
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Real-time Outbreak and Disease Surveillance System  
Communicable Disease Consultation 24 / 7 Hotline  
Mass Media Surveillance System  
Toxic Chemical Hazard Notification System  
Nuclear Emergency  
Radiation Monitoring and Dose Assessment Center  
Nuclear Emergency  
Environment Radiation Monitoring and Assessment  
Notifiable Infectious Animal Disease  
Reporting System  
Foodborne Disease Outbreak Reporting System



# National Legislation

- Group discussion of national legislative frameworks
- Facilitators: Kate Stewart, Allyn Taylor  
Bruce Plotkin, Fernando Gonzalez-Martin
- To identify the structure and process of implementing the IHR in national legislation, regulations and other instruments



# Current Platforms

- Communicable Disease Control Act (DOH)
- Disaster Prevention and Protection Act (EPA)
- Nuclear Emergency Response Act (AEC)
- Statute for Prevention and Control of Infectious Animal Disease (COA)
- Food Sanitation Governing Act (DOH)
- PoE Platform (DOH)



# International Bodies and Networks

- Panel discussion with representatives of international bodies and networks
- Panelists: Tony Evans (ICAO)  
Gretchen Stanton (WTO)
- Moderators : Allyn Taylor, Bruce Plotkin
- Importance of global cooperation and collaboration in building public health capacity
- Relationship between IHR and areas of global health security and governance (e.g. biological / chemical / radio-nuclear / zoonotic security, food safety, air and sea transport, trade)
- Structure and role of international organizations relevant to implementation of IHR
- Structure and role of international networks relevant to IHR implementation (e.g., GOARN, INFOSAN, REMPAN, ChemiNet)



# International Bodies and Networks

World Health Organization (WHO)

World Trade Organization (WTO)

International Air Transport Association (IATA)

International Civil Aviation Organization (ICAO)

International Maritime Organization (IMO)

International Shipping Federation (ISF)

World Organization for Animal Health (OIE)

Food and Agriculture Organization (FAO)

International Atomic Energy Agency (IAEA)

Global Outbreak Alert and Response Network (GOARN)

International Food Safety Authorities Network (INFOSAN)

Radiation Emergency Medical Preparedness and Assistance Network (REMPAN)

Chemical Incident Alert and Response System (ChemiNet)



# Points of Entry

- Case study with scenario of A/H1N1 influenza in 2009
- Facilitator: Daniel Menucci
- 1. Staff at PoEs and crews need to be trained in order to be able to take decisions.
- 2. The more information for travellers the better.
- 3. Good preparations and clearly defined responsibilities and communication channels are crucial.
- 4. Surveillance systems need to be related to PoE.
- 5. Health care workers at PoE need to be involved in national processes.



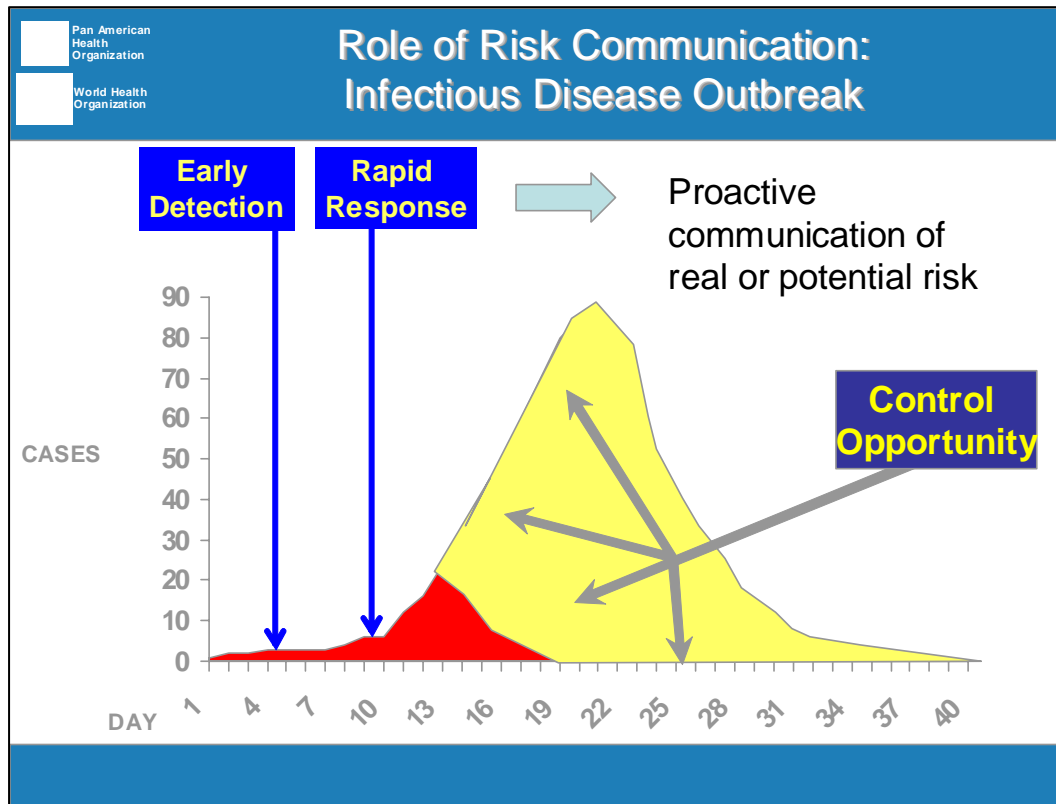


# Risk Communication

- Case study with scenario of A/H5N1 avian influenza in Egypt, 2006
- Facilitator: Dr. Satyajit Sarkar
- Transparency and first announcement of a real or potential risk
- Public communication coordination
- Information dissemination including media relations
- Listening through dialogue

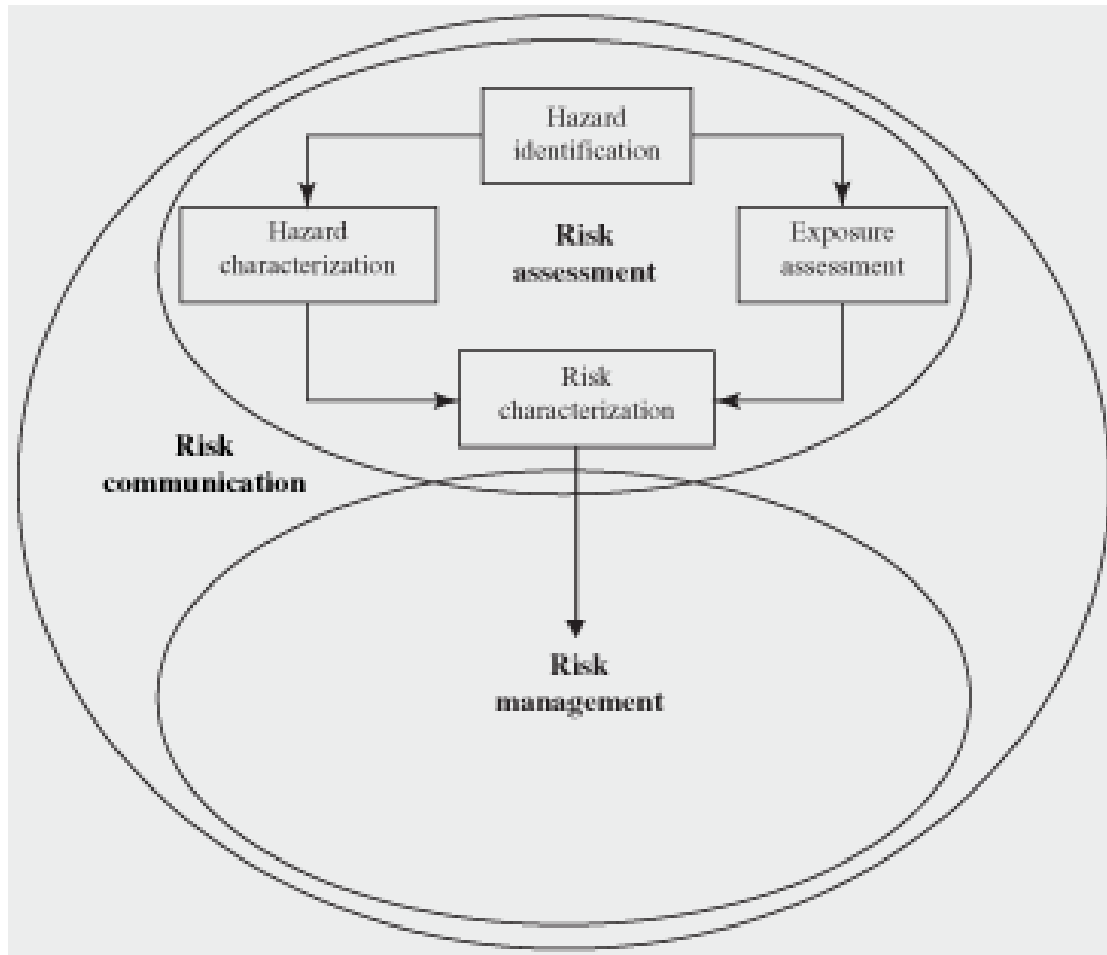
# Risk Communication

- challenge of communication in a timeline -



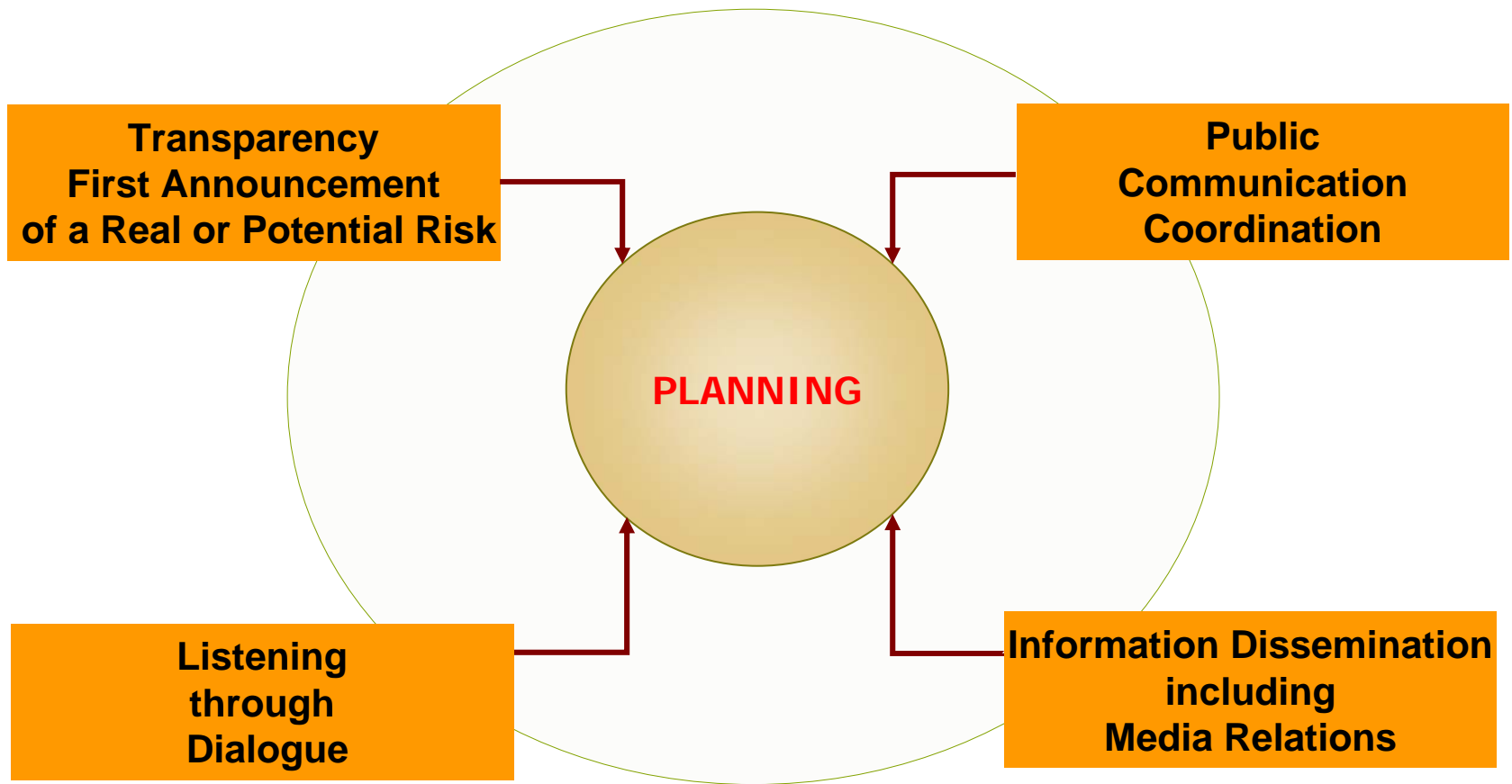
# Risk Communication

- more than assessment and management -



# Risk Communication

## - core capacity components -



# Case study Risk communication

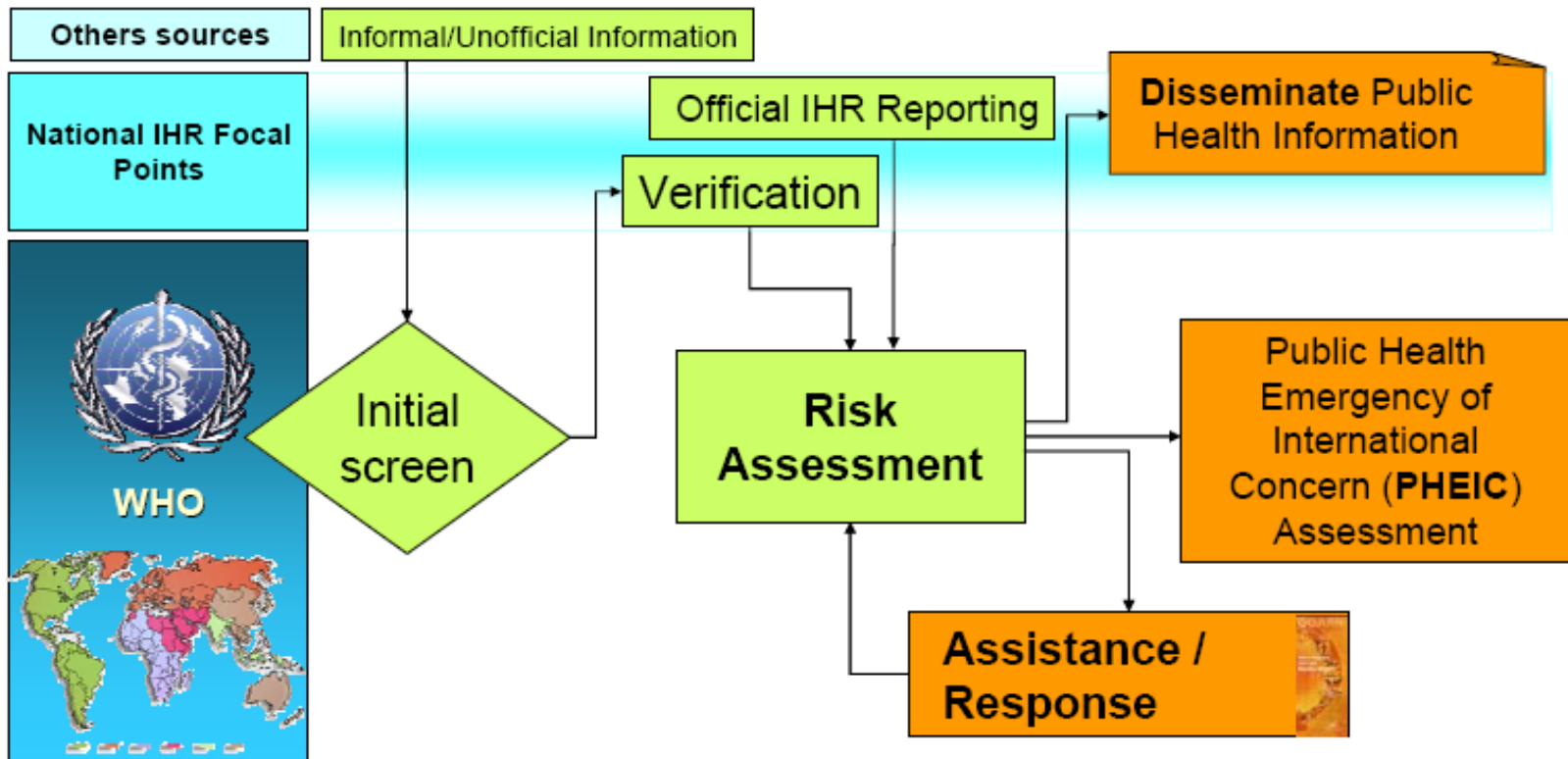




# Management of Emergency

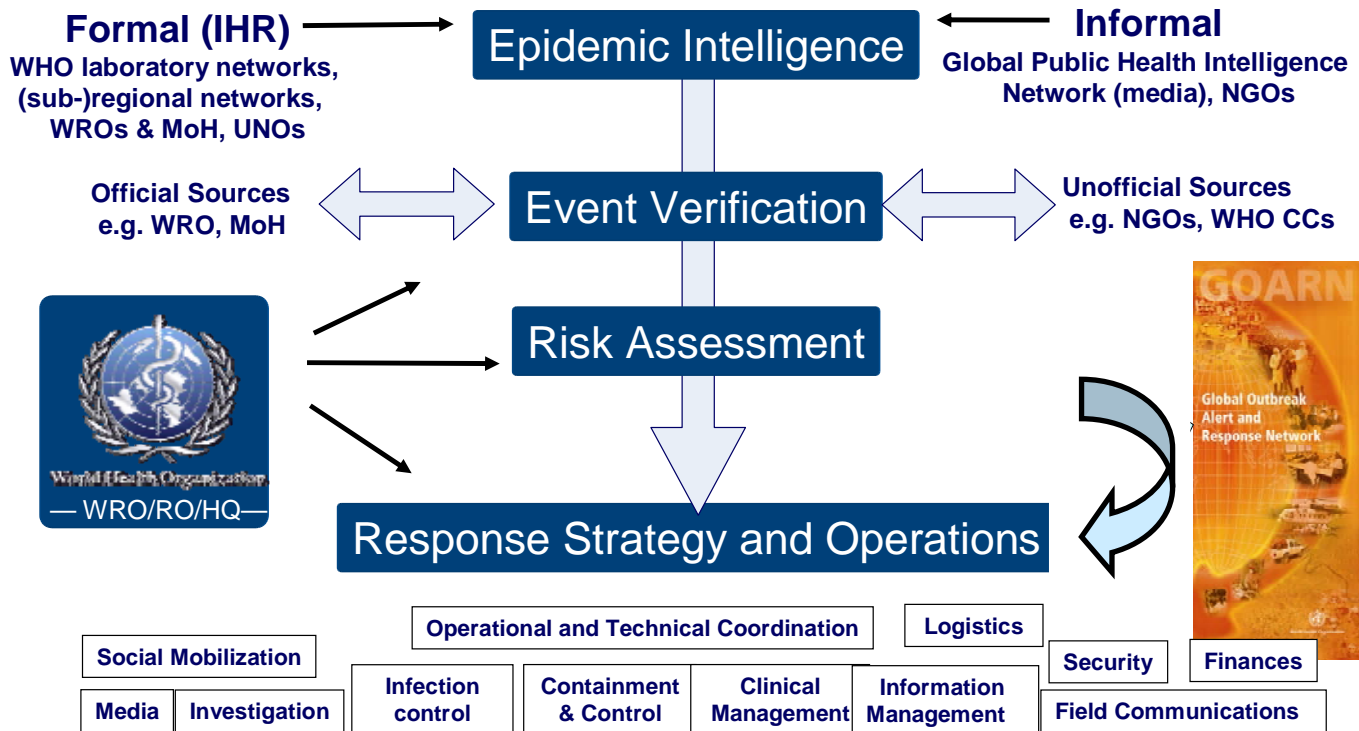
- Facilitators: Astrid Stuckelberger, Khin San Tint  
Thomas Hofmann, Ninglan Wang
- Expert: Andrea Ellis  
Pierre Formenty  
Kersten Gutschmidt  
Nick Gent

# Event management process steps



# Event management structure\_roles\_dynamics

## WHO Alert and Response Operations







# Case study Management of emergency

➤ **Foodborne disease case**

Salmonellosis in Peanut Butter, North America, 2008-2009

➤ **Infectious outbreak case**

Marburg Hemorrhagic Fever, Angola, 2004-2005

➤ **Chemical event case**

Songhua River Spill, China-Russia, 2005

➤ **Radio-nuclear event case**

Chernobyl, the Ukrainian Soviet Socialist Republic, 1986



# Case study Management of emergency

- **Human health risk assessment**
- **Event monitoring and response measure evaluation**
- **Communication**
- **Public health governance and responsibilities**
- **What if this case happened under IHR implementation**
- **Country-tailored step-by-step guideline**

# Radio-nuclear event case

WHO/HQ radiation emergency information chart





# Developing Strategic Goals

## II

# Meet IHR Requirements

- Strategic planning exercise
- Facilitators: Khin San Tint, Philipp Lambach
- 1. The surveillance arm, the decision-making platform, and the response arm established shall be maintained and further developed accordingly.
- 2. To cope with any unfolding public health emergency in the future, the all-hazard-approach shall be envisioned as the prospective paradigm.
- 3. ● Short term: To practice the all-hazard-approach through PoE platform and NFP platform
  - Medium term: To enhance the 8 core capacities up to level 3 through international sharing, collaboration, and accreditation
  - Long term: To legally bound an integrated multi-sectoral and multi-disciplinary body addressing IHR requirements through specified funding and human resources



# Press Conference

- Facilitators: Astrid Stuckelberger

Kristen Kellher, Gaya Gamhewage

- Analyze a press release
- Develop of communication kit for press conference
- Do simulation exercise

# Songhua River Spill, China-Russia, 2005



# Simulation exercise Press conference



# Simulation exercise Press conference





# Simulation exercise Press conference



# Simulation exercise Press conference





# REFLECTIONS

- **Well-structured course**
- **Prospective paradigm**
- **All-hazard-approach mobilization**
- **Interest-based program**
- **International interactions**



# RECOMMENDATIONS

- **International sharing, collaboration, and accreditation for the 8 core capacities up to level 3**
- **All-hazard-approach through PoE platform and NFP platform**
- **An legally bounded integrated multi-sectoral and multi-disciplinary body addressing IHR requirements through specified funding and human resources**



IHR course certificates

寄件者: Gomez, Paula [gomezp@who.int]

寄件日期: 2011年3月25日星期五 下午 6:09

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主旨: IHR course certificates

Dear all,

I have the pleasure and honour to inform you all that you have successfully completed the 2<sup>nd</sup> IHR Implementation course (27 September 2010-18 February 2011). Congratulations to all!

Furthermore, considering final scores obtained combining the following criteria:

- Commitment and active participation during the online part of the course
- Active role played on group work during the distance part of the course as well as at the face-to-face session
- Involvement and valuable contributions during the face-to-face session
- Quality of the work submitted in Portfolio and corresponding grades, including progresses made through out the course
- Team spirit

the course organizers have decided to award the following participants with honours:

- Dhendup Tshering
- Gala-Gonzalez Angela
- **Ho Bin-Sheng**
- Mafi Ali

IHR course certificates

- Paux Thierry
- Salman Kubra

I take this opportunity to express, on behalf of course organizers, our sincere thanks to all for the efforts you have deployed through out the course, despite challenges to be faced and obstacles encountered. The participation and specific contributions of each of you has made it a unique and extremely interesting learning experience, we sincerely hope that you will use all opportunities to share what you have learnt -or consolidated- with your colleagues and other IHR key players in your countries/Regions.

By next week Sylvio will contact you all to let you know how to access the "IHR course Alumni". This restricted space could offer you all further exchange and collaboration opportunities on IHR related issues, not only within your group but also with participants of the past and of future IHR courses.

By end of April certificates should be signed by collaborating organizations, then they will be sent to you all by post mail. Don't hesitate e-mailing Virginie Ducroux (ducrouxv@who.int) in case there are changes in your postal address.

Wishing you all the best,

Paula.

Paula Gomez

Technical officer (Training)

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# Thank You for Your Attention