ACTIVITY REPORT

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International Health Regulations Coordination Department

→ Lyon

→ Geneva



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→ Table of contents

→ Acronyms	p2
→ Foreword	p 3
→ Introduction	
→ Review of activities in 2009	p 11
Activities run by the Lyon teams	p 1
- National Surveillance and Response Strengthening (NSS)	p 1
- Ports, Airports and Ground Crossings (PAG)	p 17
- Laboratory Quality and Management Strengthening (LQS)	p 23
- Communications, local partnerships and networking	p 29
- Financial Summary for the Lyon Office	p 3
- Lyon Office Organigramme	p 32
Activities run by the Geneva teams	p 33
- Laboratory Alliances and Biosafety (LBS)	p 33
- National Capacity Monitoring (NCM)	p 39
- Regulations, Procedures and Information	p 43
Department wide	p 47
- IHR Publications and Reference Tools	p 47
- IHR Collaborating Institutions	p 49
- IHR Department Organigramme	p 53

→ Acronyms

ACI Airports Council International
AFRO WHO Regional Office for Africa

AMRO/PAHO WHO Regional Office for the Americas

CAPSCA Cooperative Agreement for Preventing the Spread of Communicable Diseases

through Air Travel

CDC United States Centers for Disease Control and Prevention

EMRO WHO Regional Office for the Eastern Mediterranean

EQA External Quality Assessment

EU European Union

EURO WHO Regional Office for Europe

FAO Food and Agriculture Organization of the United Nations

FETP Field Epidemiology Training Programme

GLaD Global Laboratory Directory

IATA The International Air Transport Association
ICAO International Civil Aviation Organization

IHR International Health Regulations

IVB WHO Immunization, Vaccines and Biologicals Department

LBS Laboratory Alliances and Biosafety Team

Laboratory Quality and Management Strengthening Team

LYO WHO Lyon Office

NCM National Capacity Monitoring Team

NFP National IHR Focal Point

NSS National Surveillance and Response Strengthening Team

OIE International Office of Epizootics

PAG Ports, Airports and Ground Crossings Team

PAG Net Public Health and Ports, Airports and Ground Crossings Network

PHEIC Public Health Emergency of International Concern

PoE Points of Entry

REACT Reaction to Emergency Alerts Using Voice and Clustering Technologies

RPI Regulations, Procedures and Information Team

SEARO WHO Regional Office for South-East Asia

SSC Ship Sanitation Certificates

TEPHINET Training Programmes in Epidemiology and Public Health Intervention Network

UNWTOU United Nations World Tourism Organization

USAID United States Agency for International Development

WHO World Health Organization

WPRO WHO Regional Office for the Western Pacific



→ Foreword

In 2009, the International Health Regulations (IHR) Coordination team was faced with a double challenge. As we approached the first major deadline in IHR (2005) implementation, the 15 June 2009 deadline for all World Health Organization (WHO) Member States to assess their core capacities, a pandemic was declared. For the first time since their entry into force in 2007, the Regulations were used by the Director-General for the determination of a public health emergency of international concern (PHEIC), setting into motion the mechanisms laid out in the Regulations.

IHR Coordination played a critical role in the pandemic (H1N1) 2009 response as Secretariat for the Emergency Committee and through its many guidance and support activities. For a period of several months, staff were on-call around-the-clock supporting Member States in their obligation to "prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.\(^{17}\)

The structure of the Health Security and Environment cluster, which includes IHR Coordination, the department of Global Alert and Response, the department of Public Health and Environment, the department of Food Safety, Zoonoses and Foodborne Diseases and two special programmes for Global Influenza and Polio Eradication, was created in 2007 and has remained unchanged.

This year the IHR Coordination Activity Report has been expanded to cover its offices in both Geneva and Lyon. Due to the large number of IHR activities carried out in Member States in collaboration with the six WHO regional offices, a selection of highlights from 2009 are presented. In addition to the focus on scaling up IHR implementation, the department provided crucial support to the WHO global response to influenza pandemic A (H1N1) 2009, particularly in the area of laboratory capacity strengthening and guiding public health measures at ports, airports and ground crossings.



→ Introduction



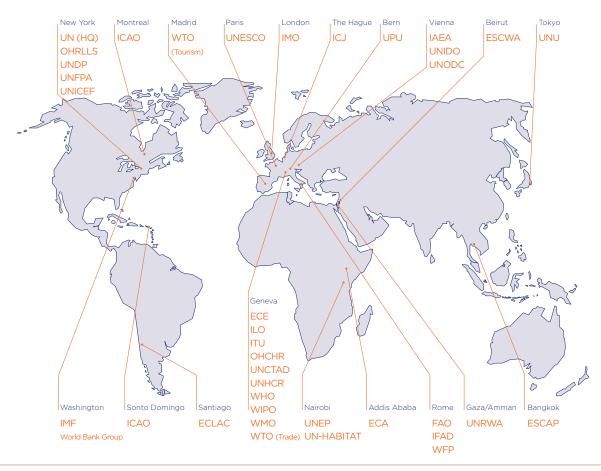
Implementing the International Health Regulations: Preparedness for action

On 15 June 2007, the world began implementing the International Health Regulations (IHR). With the support of the World Health Organization (WHO), the 194 States Parties to the IHR have been working to meet the timeline challenge to implement these global rules to enhance national, regional and global public health security. In the beginning of the year, it seemed the main event would be reaching one of the key milestones of IHR implementation: the June 2009 deadline for States Parties to have assessed their national

capacities against the IHR requirements. However, only two years after the official entry into force of the revised IHR, the world was faced with the first pandemic of the 21st century: pandemic (H1N1) 2009. IHR Coordination was thus challenged with the double task of maintaining momentum in IHR (2005) implementation, while playing a significant role in the pandemic response.

The IHR Coordination Department is housed within the Health Security and Environment cluster at WHO headquarters in Geneva, Switzerland,

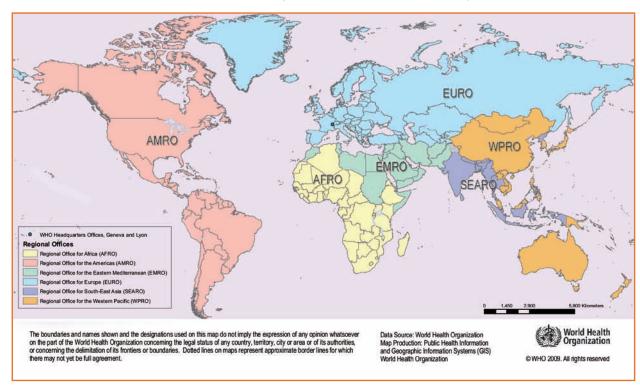
↓ United Nations agencies around the world



with an office in Lyon, France. Its mission is, in collaboration with the WHO regional and country offices, to assist countries in strengthening their national surveillance and response systems to better detect, assess, and notify events and respond to public health emergencies of international concern (PHEICs) under the IHR. It is also home to the Regulations, Procedures and

Information team, and plays a significant role in the WHO response to PHEICs, as determined by the Director-General.

◆ World Health Organization:
193 Member States, 6 regional offices and I47 country offices



Under the IHR (2005), States Parties shall meet the core capacity requirements as soon as possible, but no later than five years from the entry



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