

Address by

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At

**The Fourth Regional Meeting on Implementation of
International Health Regulations (IHR 2005)**

*7-9 December 2011
Bangkok, Thailand*

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Dr Somsak, Deputy Director-General, Department of Disease Control, distinguished participants; distinguished representatives from partner organizations; honourable guests; ladies and gentlemen, I warmly welcome you all to The Fourth Regional Meeting on the Implementation of International Health Regulations (IHR-2005). IHR (2005) came into force in June 2007. They placed a number of obligations on both signatory Member States as well as WHO.

In this connection, let me firstly mention that a number of specific features of countries in the WHO South-East Asia (SEA) Region affect one way or the other, the implementation of these regulations. There are significant diversities, both within and between countries in the Region, especially in terms of demography, climate, culture, and socio economic status.

These factors also significantly determine the disease patterns in the Member States. These determinants require different approaches in planning and delivery of health services, approaches that need to be observed particularly in the implementation of IHR.

Furthermore, the Region is also prone to public health emergencies due to natural disasters such as floods, cyclones and earthquakes, in particular, as well as radiological and chemical accidents. The Region is also vulnerable to the outbreaks of certain communicable diseases, such as avian influenza and the disease caused by Nipah Virus.

The outbreaks of infectious diseases have the potential for the occurrence of a public health emergency of international concern, which would threaten the health security of populations, both regionally and globally. IHR (2005) are an international instrument for containment of such an emergency, especially the international spread of infectious diseases. Therefore, IHR aim is to ensure “international health security”.

In implementing IHR (2005), we need an agreed upon mechanism to rapidly share information on any sudden incidents of “international public health importance”. Also, when required, we need an effective process to mount an “international response” to the global health threat through well coordinated efforts.

An important requisite for effective implementation of IHR by Member States is the core capacity of countries. Such capacity should have a mechanism for efficient “inter-sectoral coordination”, as well as an appropriate legislation to ensure effective enforcement of necessary measures. These requirements must be in place in all countries without exception, in order to achieve the successful containment of the international spread of disease outbreaks and other public health emergencies.

The framework of IHR provides a mechanism for coordination of “international exchange of information” and for “coordination of emergency response”. When IHR came into force in June 2007, all Member States made a firm commitment for its implementation, as well as for strengthening/building of the required “country core capacities”.

However, the strengthening and building of such core capacities has become a challenge especially in countries facing a resource constraint. As such, these countries will not be able to meet the globally-agreed deadline of June 2012 for achieving the required “core capacity strengthening”.

Partners, including WHO, need to double their efforts in supporting Member States in this extremely important exercise. A fresh review and assessment of the “required country core capacities” needs to be urgently pursued in order to identify the current “strengths”, “weaknesses”, “bottlenecks” and “constraints”.

Such an assessment will provide for an important basis for planning of the next steps to ensure such core capacities. While full compliance with the provisions in IHR cannot be achieved on the target date, a renewed or new implementation plan needs to be developed country by country. Such a plan should focus, among others, on surveillance, outbreak investigation and response capacity, as well as on strengthening public health laboratories to support surveillance and outbreak investigation.

Sharing of best practices and other practical experiences through “intercountry collaboration” is important in promoting and supporting “country core capacity strengthening”. In order to ensure effective containment of the spread of disease outbreaks across international borders, it is critically important to work together with neighbours to harmonize disease control efforts at border areas.

Ladies and gentlemen, I would also like to draw your kind attention to the recent recommendations of the “IHR Pandemic Review Committee”. The Committee re-emphasizes the “critical importance” of international support to Member States in order to ensure that they have the requisite capacities for implementing IHR.

WHO with its partners will continue to support the development and implementation of any “new national IHR implementation plans”. I reiterate that priority attention must continue to be paid to building “country core capacities”. This is an area in which significant investment is needed, in both technical and financial terms.

I hope that our development partners would come forward individually and collectively, to support such “capacity building” in Member States. It will however be important to understand and address the different challenges that implementation of IHR poses.

For example, there is a need to strengthen “public health legislations” to support disease surveillance, as well as to build “public health laboratory” capacity, and strengthen “points of entry” and “port health”. Addressing these issues requires different approaches, and has different resource implications.

Though a review of public health legislation needs relatively few financial resources, it needs highly specific expertise. It also requires many person-hours to take forward any required changes through national legislative mechanisms.

Strengthening national capacity in “public health laboratory”, “port health” and “hospital infection control”, will normally require substantial financial investment; and sometimes involve establishment of physical infrastructure.

Distinguished participants, in the SEA Region, we already had three regional meetings to deliberate upon various issues relating to the implementation of IHR. A series of recommendations were made at those meetings. We should critically review the follow-up actions on those recommendations at this meeting in order to see how much progress we have made during the past years, see what priority activities still remain to be done, and to find out what should be the innovative approaches to ensure better progress in our efforts to support the implementation of IHR.

At the same time, I would encourage information-sharing among countries, especially information on the best practices in improving “inter sectoral collaboration” and sharing information on issues and challenges they have faced in their efforts to implement IHR.

Very importantly, we should together consider how much more time is still required for completing country core capacity strengthening. The outcome of the discussion on the time required for such strengthening should be an important basis for the development of new or renewed national implementation plans.

The implementation of this plan certainly needs generous back-up from all concerned partners and I hope the partners would be more than willing to come forward to help countries. Capacities of countries to effectively implement IHR will benefit the international community in the containment of the spread of diseases across borders and in ensuring “international health security”.

With these words, ladies and gentlemen, I wish you all fruitful deliberations. I wish the meeting all success, and I wish you all an enjoyable stay in Bangkok.

Thank you.