



KINGDOM OF BAHRAIN
MINISTRY OF HEALTH
PUBLIC HEALTH DIRECTORATE

**International Health Regulations
Annual Report
2012
Bahrain**

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Regulation**

Introduction

The International Health Regulations (IHR) are an international legal instrument that is binding on 194 countries across the globe, including all the Member States of WHO. Their aim is to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.

In the globalized world, diseases can spread far and wide via international travel and trade. A health crisis in one country can impact livelihoods and economies in many parts of the world. Such crises can result from emerging infections like Severe Acute Respiratory Syndrome (SARS), or a new human influenza pandemic. The IHR can also apply to other public health emergencies such as chemical spills, leaks and dumping, or nuclear melt-downs. The IHR aim to limit interference with international traffic and trade while ensuring public health through the prevention of disease spread.

The IHR, which entered into force on 15 June 2007, require countries to report certain disease outbreaks and public health events to WHO. Building on the unique experience of WHO in global disease surveillance, alert and response, the IHR define the rights and obligations of countries to report public health events, and establish a number of procedures that WHO must follow in its work to uphold global public health security.

The IHR also require countries to strengthen their existing capacities for public health surveillance and response. WHO is working closely with countries and partners to provide technical guidance and support to mobilize the resources needed to implement the new rules in an effective and timely manner. Timely and open reporting of public health events will help make the world more secure.

The International Health Regulations (2005) is a critical contribution to international health security. The entry into force of the International Health Regulations (2005) (IHR (2005)) on 15 June 2007 is a public health landmark for the World Health Organization (WHO) and its Member States. The global community has a new legal framework to better manage its collective defenses to detect disease events and to respond to public health risks and emergencies that can have devastating impacts on human health and economies. The successful implementation of the IHR (2005) by the countries that have agreed to be bound by them (States Parties) and WHO, will contribute significantly to enhancing national and global public health security.

New mandate and obligations in the IHR (2005)

The IHR (2005) have a broad scope as they require States Parties to notify a potentially wide range of events to WHO on the basis of defined criteria indicating that the event may constitute a public health emergency of international concern. WHO is obliged to request verification of events that it detects through its surveillance activities with the countries concerned, who must respond to such requests in a timely manner. States Parties are also obliged to inform WHO of significant evidence of public health risks outside their territory that may cause international disease spread. Notifications and information are communicated by a National IHR Focal Point to a WHO IHR Contact Point which, together, establish a unique and effective communications network between countries and with WHO. States Parties are further required to ensure that their national health surveillance and response capacities meet certain functional criteria and have a set timeframe in which to meet these standards. IHR (2005) provisions with regard to routine public health measures for international traffic at points of entry (airports, ports and certain ground crossings) have been updated and certain minimum capacity requirements are set out for international points of entry that have been designated by countries.

The IHR (2005) also set out procedures for certain rare but very serious events which are determined to constitute a public health emergency of international concern. Only the Director-General of WHO has the authority to make such a determination, but only after consultation with an Emergency Committee of external experts before issuing temporary recommendations for the application of appropriate health measures to prevent the international spread of disease and to avoid interference with international traffic.

Implementation of IHR (2005)

WHO and its Member States continue to move ahead with a number of aspects of IHR (2005) implementation, including the designation of National IHR Focal Points, WHO IHR Contact Points and the establishment of the IHR Expert Roster. Addressing the current pandemic threat and other public health emergencies through the IHR (2005), is one of the important focuses for activity as countries and WHO tackle the considerable challenge of implementing this multi-faceted global agreement with the aim of building a more secure future.

Core Capacity: 1. National legislation, policy & financing

2012

Component: 1.1 National legislation and policy

Bahrain

Indicator: 1.1.1 Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR

[RETURN](#)

Question	Answer
1.1.1.1 Has an assessment [4] of relevant legislation, regulations, administrative requirements and other government instruments for IHR implementation been carried out?	Yes
1.1.1.2 Have recommendations following assessment of relevant legislation, regulations, administrative requirements and other government instruments been implemented?	Yes
1.1.1.3 Has a review of national policies to facilitate IHR NFP functions and IHR technical core capacities[5] been carried out?	Yes
1.1.1.4 Have policies to facilitate IHR NFP core and expanded[6] functions and to strengthen core capacities been implemented?	Yes
1.1.1.5 Are key elements of national/domestic IHR-related legislation published[7]?	Yes
Please provide the URL link(s) to any relevant documentation:	http://www.moh.gov.bh/AR/HealthLaw.aspx http://www.gop.bh/law.asp http://www.pmew.gov.bh/laws.aspx?page=laws

Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire.

Core Capacity: 2. Coordination and NFP Communications

2012

Component: 2.1 IHR coordination, communication and advocacy

Bahrain

Indicator: 2.1.1 A mechanism is established for the coordination of relevant sectors in the implementation of IHR

[RETURN](#)

Question	Answer
2.1.1.1 Is there coordination within relevant ministries on events that may constitute a public health event or risk of national or international concern?	Yes
2.1.1.2 Are Standard Operating Procedures (SOP) [12] or equivalent available for coordination between IHR NFP and relevant sectors?	Yes
2.1.1.3 Is a multi-sectoral, multidisciplinary body, committee or taskforce[13] in place addressing IHR requirements on surveillance and response for public health emergencies of national and international concern?	Yes
2.1.1.4 Have multisectoral and multidisciplinary coordination and communication mechanisms been tested and updated regularly through exercises or through the occurrence of an actual event?	Yes
2.1.1.5 Are annual updates conducted on the status of IHR implementation to stakeholders across all relevant sectors?	Yes

Core Capacity: 2. Coordination and NFP Communications

2012

Component: 2.1 IHR coordination, communication and advocacy

Bahrain

Indicator: 2.1.2 IHR NFP functions and operations in place as defined by IHR

[RETURN](#)

Question	Answer
2.1.2.1 Has the IHR NFP14 been established?	Yes
2.1.2.2 Does the IHR NFP provide WHO with updated contact information as well as annual confirmation of the IHR NFP?	Yes
2.1.2.3 Have any additional roles[15] and responsibilities for the IHR NFP functions been implemented?	Yes
2.1.2.4 Have national stakeholders [16] responsible for the implementation of IHR been identified?	Yes
2.1.2.5 Has information on obligations[17] of the IHR NFP under the IHR been disseminated to relevant national authorities and stakeholders?	Yes
2.1.2.6 Have the roles and responsibilities of relevant authorities and stakeholders in regard to IHR implementation been defined and disseminated?	Yes
2.1.2.7 Have plans to sensitize stakeholders to their roles and responsibilities been implemented [18]?	Yes
2.1.2.8 Is the IHR Event Information Site used as an integral part of the IHR NFP information resource[19]?	Yes
2.1.2.9 Has an active [20] IHR website or webpage been established?	Yes
Please provide the URL link(s) to any relevant documentation:	www.moh.gov.bh/IHR

Core Capacity: 3. Surveillance

2012

Component: 3.1 Indicator based surveillance (also referred to as structured surveillance, surveillance or surveillance for defined conditions)

Bahrain

Indicator: 3.1.1 Indicator-based surveillance includes an early warning function for the early detection of a public health event.

[RETURN](#)

Question	Answer
3.1.1.1 Is there a list of priority diseases [25], conditions and case definitions for surveillance?	Yes
3.1.1.2 Is there a specific unit(s) designated for surveillance of public health risks?	Yes
3.1.1.3 Are surveillance data on epidemic prone and priority diseases analysed at least weekly at national and sub-national levels?	Yes
3.1.1.4 Have baseline estimates, trends, and thresholds for alert and action been defined for the community /primary response level for priority diseases/events?	Yes
3.1.1.5 Is there timely[26] reporting from at least 80% of all reporting units?	Yes
3.1.1.6 Are deviations or values exceeding thresholds detected and used for action at the primary public health response level[27]?	Yes
3.1.1.7 Has regular[28] feedback[29] of surveillance results been disseminated to all levels and other relevant stakeholders?	Yes
3.1.1.8 Have evaluations of the early warning function of the indicator based surveillance been carried out and country experiences, findings, lessons learnt shared with the global community?	Yes

Question	Answer
3.2.1.1 Has a unit(s) responsible for event-based surveillance[31] been identified?	Yes
3.2.1.2 Are country SOPs and/or guidelines for event based surveillance[32] available?	Yes
3.2.1.3 Have SOPs and guidelines for event capture, reporting, confirmation, verification, assessment and notification been implemented, reviewed and updated as needed?	Yes
3.2.1.4 Have information sources[33] for public health events ³⁴ and risks been identified?	Yes
3.2.1.5 Is there a system or mechanism in place at national and/or sub-national levels for capturing and registering public health events from a variety of sources[35]?	Yes
3.2.1.6 Is there active engagement and sensitization of community leaders, networks, health volunteers, and other community members to the detection and reporting of unusual health events?	Yes
3.2.1.7 Has the community/primary response level reporting been evaluated and updated as needed?	Yes
3.2.1.8 Are country experiences and findings on implementation of event-based surveillance, and the integration with indicator based surveillance, documented and shared with the global community?	Yes
3.2.1.9 Are there arrangements with neighbouring countries to share data on surveillance and the control of public health events that may be of international concern?	Yes
3.2.1.10 Is the decision instrument in Annex 2 of the IHR used to notify WHO?	Yes
3.2.1.11 Have all of events that meet the criteria for notification under Annex 2 of IHR been notified by the IHR NFP to WHO within 24 hours of conducting risk assessments ³⁶ over the last 12 months?	Yes
3.2.1.11b If No, what % of events that meet the criteria for notification under Annex 2 of IHR has been notified by the IHR NFP to WHO within 24 hours of conducting risk assessments ³⁷ over the last 12 months?	
3.2.1.12 Have all events identified as urgent[38] within the last 12 months been assessed [39] within 48 hours of reporting?	Yes
3.2.1.12b If No, what % of events identified as urgent within the last 12 months have been assessed within 48 hours of reporting?	
3.2.1.13 Has the IHR NFP responded to all verification requests from WHO within 24 hours in the last 12 months?	Yes
3.2.1.13b If No, what % of verification requests from WHO has the IHR NFP responded to within 24 hours in the last 12 months?	
3.2.1.14 Has the use of the decision instrument been reviewed and procedures for decision making updated on the basis of lessons learnt?	Yes
3.2.1.15 Are country experiences and findings in notification and use of Annex 2 of the IHR documented and shared globally?	Yes
Please provide the URL link(s) to any relevant documentation:	
Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire.	- 3.2.1.6, 3.2.17: partially implemented - 3.2.1.11, 3.2.1.12, 3.2.1.13: no events reported

Core Capacity: 4. Response

2012

Component: 4.1 Rapid Response Capacity

Bahrain

Indicator: 4.1.1 Public health emergency response mechanisms are established

[RETURN](#)

Question	Answer
4.1.1.1 Are resources for rapid response during public health emergencies of national or international concern accessible?	Yes
4.1.1.2 Have public health emergency response management procedures been established for command, communications and control during public health emergency response operations?	Yes
4.1.1.3 Is there a functional, dedicated command and control operations centre in place?	Yes
4.1.1.4 Have emergency response management procedures (including mechanism to activate response plan) been implemented for a real or simulated public health response in the last 12 months?	Yes
4.1.1.5 Have emergency response management procedures (including mechanism to activate response plan) been evaluated and updated after a real or simulated public health response?	Yes
4.1.1.6 Are there Rapid Response Teams[41] (RRTs) to respond to events that may constitute a public health emergency?	Yes
4.1.1.7 Are there SOPs and/or guidelines available for the deployment of RRT members?	Yes
4.1.1.8 Have staff been trained (including RRT members) in specimen collection and transport?	Yes
4.1.1.9 Are there case management guidelines for priority conditions?	Yes
4.1.1.10 Are evaluations of response including the timeliness[42] and quality of response systematically carried out?	Yes
4.1.1.11 Can multidisciplinary RRT be deployed within 48 hrs[43] from the first report of an urgent[44] event?	Yes
4.1.1.12 Has the country offered assistance to other States Parties for developing their response capacities or implementing control measures?	Yes

Core Capacity: 4. Response

2012
Component: 4.2 Infection Control

Bahrain
Indicator: 4.2.1 Infection Prevention and Control (IPC) is established at national and hospital levels

[RETURN](#)

Question	Answer
4.2.1.1 Has responsibility been assigned for surveillance of health-care-associated infections within the country?	Yes
4.2.1.2 Has responsibility been assigned for surveillance of anti-microbial resistance within the country?	Yes
4.2.1.3 Is a national infection prevention and control policy or operational plan available?	No
4.2.1.4 Are SOPs, guidelines and protocols for IPC available to hospitals?	Yes
4.2.1.5 Do all tertiary hospitals have designated area(s) and defined procedures for the care of patients requiring specific isolation[46] precautions according to national or international guidelines	Yes
4.2.1.6 Are there qualified IPC professionals in place in all tertiary hospitals?	Yes
4.2.1.7 Are defined norms or guidelines developed for protecting health-care workers[47]?	Yes
4.2.1.8 Have infection control plans been implemented nationwide?	Yes
4.2.1.9 Is there surveillance within high risk groups[48] to promptly detect and investigate clusters of infectious disease patients, as well as unexplained illnesses in health workers?	Yes
4.2.1.10 Are infection control measures and the effectiveness regularly evaluated and published?	Yes
4.2.1.11 Has a monitoring system for antimicrobial resistance been established?	Yes
4.2.1.12 Has a functional monitoring system for antimicrobial resistance been implemented, with data on the magnitude and trends available?	Yes
4.2.1.13 Has a national programme ⁴⁹ for protecting health care workers been implemented?	Yes
Please provide the URL link(s) to any relevant documentation:	http://intranet.health.gov.bh/departements/infection Control/DocsCenter/guidelines%20procedures/GCC%20manual%2009.pdf
Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire	- 4.1.1.4, 4.1.1.5: simulation exercise for oil spills - 4.1.1.12: through GCC committee

Core Capacity: 5. Preparedness

2012

Component: 5.1 Public Health Emergency Preparedness and Response

Bahrain

Indicator: 5.1.1 Multi-hazard National Public Health Emergency Preparedness and Response
Plan is developed

[RETURN](#)

Question	Answer
5.1.1.1 Has an assessment[51] of the capacity of existing national structures and resources to meet IHR core capacity requirements been conducted?	Yes
5.1.1.2 Has a national plan[52] to meet the IHR core capacity requirements been developed?	Yes
5.1.1.3 Does the national public health emergency response plan incorporate IHR related hazards and PoE?	Yes
5.1.1.4 Have national public health emergency response plan(s) been implemented (tested) in an actual emergency or simulation exercises and updated as needed?	Yes
5.1.1.5 Are procedures, plans or strategies in place to reallocate or mobilize resources from national and sub-national levels to support action at community /primary response level?	Yes
5.1.1.6 Is surge capacity to respond to public health emergencies of national and international concern available?	Yes
5.1.1.7 Has the adequacy of surge capacity to respond to public health emergencies of national and international concern been tested through an exercise or actual event (e.g. as part of the response plans)?	Yes
5.1.1.8 Have country experiences and findings on emergency response and in mobilizing surge capacity, been documented and shared with the global community?	No

Core Capacity: 5. Preparedness

2012

Component: 5.2 Risk and resource management for IHR preparedness

Bahrain

Indicator: 5.2.1 Priority public health risks and resources are mapped

[RETURN](#)

Question	Answer
5.2.1.1 Is a directory or list of experts in health and other sectors to support a response to IHR-related hazards available?	Yes
5.2.1.2 Has a national risk assessment[53] to identify potential `urgent public health event [54], and the most likely sources of these events been conducted?	No
5.2.1.3 Have national resources been mapped[55] for IHR relevant hazards and priority risks?	No
5.2.1.4 Have national profiles on risks and resources been developed?	No
5.2.1.5 Is the national risk profile assessed regularly to accommodate emerging threats?	No
5.2.1.6 Are the national resources for priority risks assessed regularly to accommodate emerging threats?	No
5.2.1.7 Is a plan for management and distribution of national stockpiles available[56]?	Yes
5.2.1.8 Are stockpiles (critical stock levels) accessible for responding to priority biological, chemical, radiological events and other emergencies?	Yes
5.2.1.9 Does the country contribute to international stockpiles[57]?	Yes
Please provide the URL link(s) to any relevant documentation:	
Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire	<p>- 5.1.1.4: partially tested in some areas</p> <p>- 5.2.1.8: pantially only for Biological</p>

Core Capacity: 6. Risk Communication

2012

Component: 6.1 Policy and procedures for public communications

Bahrain

Indicator: 6.1.1 Mechanisms for effective risk communication during a public health emergency are established

[RETURN](#)

Question	Answer
6.1.1.1 Have risk communication partners and stakeholders been identified?	Yes
6.1.1.2 Has a risk communication plan[58] been developed?	Yes
6.1.1.3 Has the risk communication plan been implemented or tested through actual emergency or simulation exercise and updated in the last 12 months?	Yes
6.1.1.4 Are policies, SOPs or guidelines developed on the clearance[59] and release of information during a public health emergency?	Yes
6.1.1.5 Are regularly updated information sources accessible to media and the public for information dissemination[60]?	Yes
6.1.1.6 Are there accessible and relevant IEC (Information, Education and Communications) materials tailored to the needs of the population[61]?	Yes
6.1.1.7 In the last three national or international PH emergencies, have populations and partners been informed of a real or potential risk within 24 hours following confirmation?	Yes
6.1.1.8 Has an evaluation of the public health communication been conducted after emergencies, for timeliness, transparency ⁶² and appropriateness of communications, been carried out?	No
6.1.1.9 Have results of evaluations of risk communications efforts during a public health emergency been shared with the global community?	No
Please provide the URL link(s) to any relevant documentation:	
Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire	6.1.1.2-6.1.1.3-6.1.1.4: Incomplete, to be updated.

Core Capacity: 7. Human Resource Capacity

2012

Component: 7.1 Human Resource Capacity

Bahrain

Indicator: 7.1.1 Human resources available to implement IHR Core Capacity requirements

[RETURN](#)

Question	Answer
7.1.1.1 Has a unit that is responsible for the development of human resource capacities including for the IHR been identified?	Yes
7.1.1.2 Has a needs assessment been conducted to identify gaps in human resources and training[63] to meet IHR requirements?	No
7.1.1.3 Does a workforce development or training plan that includes human resource requirements for IHR exist?	Yes
7.1.1.4 Is progress for meeting workforce numbers and skills consistent with milestones set in the training plan?	No
7.1.1.5 Has a strategy or plan been developed to access field epidemiology training (one year or more) in-country, regionally or internationally?	No
7.1.1.6 Has the strategy or plan to access field epidemiology training (one year or more) in-country, regionally or internationally been implemented?	No
7.1.1.7 Are there specific programs, with allocated budgets, to train workforces for IHR-relevant hazards?	No
Please provide the URL link(s) to any relevant documentation:	
Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire	7.1.1.3: Done for Ministry of Health staff only.

Question	Answer
8.1.1.1 Is there a policy to ensure the quality of laboratory diagnostic capacities (e.g. licensing, accreditation, etc.)?	Yes
8.1.1.2 Are national laboratory quality standards/guidelines available?	Yes
8.1.1.3 Does your country have access to networks of international laboratories to meet diagnostic and confirmatory laboratory requirements and support outbreak investigations for events specified in Annex 2 of IHR?	Yes
8.1.1.4 Is there national laboratory capacity to meet diagnostic and confirmatory laboratory requirements for priority diseases?	Yes
8.1.1.5 Is an up to date and accessible inventory of public and private laboratories ⁶⁵ with relevant diagnostic capacity available?	Yes
8.1.1.6 Do national reference laboratories participate successfully ^[66] in External Quality Assessment schemes for major public health disciplines ^[67] for diagnostic laboratories?	Yes
8.1.1.7 Are more than 10 non-AFP (Acute Flaccid Paralysis) hazardous specimens per year referred to national reference laboratories for examination?	No
8.1.1.8 Are all national reference laboratories accredited to international standards ^[68] or to national standards adapted from international standards?	Yes
8.1.1.9 Are there national regulations compatible with international guidelines in force for the packaging and transport of clinical specimens?	Yes
8.1.1.10 Is there a functional ^[69] system for collection, packaging and transport of clinical specimens	Yes
8.1.1.11 Have sample collection and transportation kits been pre-positioned at appropriate levels for immediate mobilization during a PH event?	Yes
8.1.1.12 Has staff at national or relevant levels been trained for the safe shipment of infectious substances according to international standards (ICAO/IATA)?	Yes
8.1.1.13 Do the processes for shipment of infectious substances when investigating an urgent public health event consistently meet ICAO/IATA standards?	Yes
8.1.1.14 Can clinical specimens from investigation of urgent public health events be delivered to appropriate national or international reference laboratories within the appropriate timeframe ^[70] of collection for testing or transport?	Yes
8.1.1.15 Have at least 10 hazardous specimen per year been shipped internationally to a collaborating laboratory as part of an investigation or exercise?	Yes

Core Capacity: 8. Laboratory

2012
Component: 8.2 Laboratory biosafety and biosecurity

Bahrain
Indicator: 8.2.1 Laboratory biosafety and laboratory biosecurity (Biorisk management) practices in place

[RETURN](#)

Question	Answer
8.2.1.1 Are biosafety guidelines accessible to laboratories?	No
8.2.1.2 Are regulations, policies or strategies[72] for laboratory biosafety available?	Yes
8.2.1.3 Has a responsible entity[73] been designated for laboratory biosafety and laboratory biosecurity?	Yes
8.2.1.4 Are relevant staff trained in laboratory biosafety and laboratory biosecurity guidelines?	Yes
8.2.1.5 Has an institution or person[74] responsible for inspection, (could include certification of biosafety equipment) of laboratories for compliance with biosafety requirements been identified?	No
8.2.1.6 Has a biorisk[75] assessment been conducted in laboratories to guide and update biosafety regulations, procedures and practice, including for decontamination and management of infectious waste?	Yes
Please provide the URL link(s) to any relevant documentation:	
Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire	
	- 8.1.1.4 partial

Core Capacity: 9. Points of Entry

2012
Component: 9.1 General obligations required at Points of Entry

Bahrain
Indicator: 9.1.1 General obligations at PoE are fulfilled

[RETURN](#)

Question	Answer
9.1.1.1 Have priority conditions[77] for surveillance at designated PoE been identified?	Yes
9.1.1.2 Has surveillance information at designated PoE been shared with the surveillance department/unit?	Yes
9.1.1.3 Has a review meeting (or other appropriate method) to designate PoE been held?	Yes
9.1.1.4 Have ports/airports/ground crossings been designated for development of capacities as specified in Annex 1 of the IHR?	Yes
9.1.1.5 Please indicate the number of Designated PoE	Ports: 1 Airports: 1 Ground crossings: 0
9.1.1.6 Please indicate the number of designated PoE that 'Competent authority[78], been identified[79]	Ports: 1 Airports: 1 Ground crossings: 0
9.1.1.7 Has a list of ports[80] authorized to offer ship sanitation certificates been sent to WHO (as specified in Article 20, No.3) if applicable?	Yes
9.1.1.8 Has relevant legislation, regulations, administrative acts, protocols, procedures and/or other government instruments to facilitate IHR implementation at designated PoE been updated as needed?	Yes
9.1.1.9 Have updated IHR health documents[81] been implemented at designated PoE(s)?	Yes
9.1.1.10 Have designated PoE been assessed[82]?	Yes
9.1.1.11 Please indicate the number of designated PoE that have been assessed	Ports: 1 Airports: 1 Ground crossings: 0
9.1.1.12 Please indicate the number of designated PoE with joint designation between countries for core capacity development	Ports: 0 Airports: 0 Ground crossings: 0
9.1.1.13 Please indicate the number of designated PoE (by type), that have communications procedures established as required by the IHR in Annex 1[83]	Ports: 1 Airports: 1 Ground crossings: 0
9.1.1.14 Are mechanisms for the exchange of information between designated PoE and medical facilities in place?	Yes
9.1.1.15 Have procedures for coordination and communication between the IHR NFP and the PoE competent authority and with relevant sectors and levels been tested with corrective action plans in place?	Yes
9.1.1.16 Has a list of ports 1] authorized to offer certificates relating to ship sanitation has been sent to WHO (as specified in Article 20, No.3) if applicable?	Yes
9.1.1.17 Have bilateral or multilateral agreements or arrangements concerning prevention or control of international transmission of disease at designated PoE been established?	Yes

Core Capacity: 9. Points of Entry

2012

Component: 9.2 Core Capacities required at all times

Bahrain

Indicator: 9.2.1 Effective surveillance and other routine capacities established at PoE

[RETURN](#)

Question	Answer
9.2.1.1 Please indicate the number of designated PoE (by type) that have access to appropriate medical services including diagnostic facilities for the prompt assessment and care of ill travellers and with adequate staff, equipment and premises (Annex 1b, 1a)	Ports: 1 Airports: 1 Ground crossings: 0
9.2.1.2 Please indicate the number of designated PoE (by type) that can provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility	Ports: 1 Airports: 1 Ground crossings: 0
9.2.1.3 Please indicate the number of designated PoE (by type) that have an inspection program to ensure safe environment at facilities ⁸⁶ is functioning	Ports: 1 Airports: 1 Ground crossings: 0
9.2.1.4 Please indicate the number of designated PoE (by type) that have a functioning programme for the surveillance and control of vectors and reservoirs in and near Points of Entry	Ports: 1 Airports: 1 Ground crossings: 0
9.2.1.5 Please indicate the number of designated PoE (by type) that have trained personnel for the inspection of conveyances	Ports: 1 Airports: 1 Ground crossings: 0
9.2.1.6 Has a review of surveillance of health threats at designated PoE been carried out in the last 12 months and results published ^[87] ?	No

Core Capacity: 9. Points of Entry

2012

Component: 9.3 Core Capacities for Response Responding to public health emergencies at PoE

Bahrain

Indicator: 9.3.1 Effective response at PoE established

[RETURN](#)

Question	Answer
9.3.1.1 Are SOPs for response at designated PoE available?	Yes
9.3.1.2 Please indicate the number of designated PoE (by type) that has an established and maintained public health emergency contingency plan to provide public health emergency response including a coordinator and contact points for relevant points of entry, public health and other agencies and services	Ports: 1 Airports: 1 Ground crossings: 0
9.3.1.3 Please indicate the number of designated PoE (by type) that have public health emergency contingency plans tested and updated as needed	Ports: 1 Airports: 1 Ground crossings: 0
9.3.1.4 Please indicate the number of designated PoE (by type) that have appropriate space, separate from other travellers, to interview suspect or affected persons (Annex 1B, 2c)	Ports: 1 Airports: 1 Ground crossings: 0
9.3.1.5 Please indicate the number of designated PoE (by type) that can provide medical assessment or quarantine of suspect travellers, and care for affected travellers or animals [88](Annex 1B, 2b and 2d)	Ports: 1 Airports: 1 Ground crossings: 0
9.3.1.6 Please indicate the number of designated PoE (by type) that can apply entry or exit controls for arriving and departing travellers and other recommended public health measures[89]	Ports: 1 Airports: 1 Ground crossings: 0
9.3.1.7 Please indicate the number of designated PoE (by type) that have access to specially designated equipment, and to trained personnel (with appropriate personal protection), for the transfer of travellers who may carry infection or contamination available at designated PoE	Ports: 1 Airports: 1 Ground crossings: 0
9.3.1.8 Are results of the evaluation of effectiveness of response to PH events at PoE published?	No

Core Capacity: 10. Zoonotic Events

2012
Component: 10.1 Capacity to detect and respond to zoonotic events of national or international concern

Bahrain
Indicator: 10.1.1 Mechanisms for detecting and responding to zoonoses and potential zoonoses are established

[RETURN](#)

Question	Answer
10.1.1.1 Does coordination exist within the responsible government authority (ies) for the detection of and response[90] to zoonotic events?	Yes
10.1.1.2 Is there a national policy, strategy or plan in place for the surveillance and response to zoonotic events?	No
10.1.1.3 Have focal points responsible for animal health (including wildlife) been designated for coordination[91] with the MoH and/or IHR NFP [92]?	Yes
10.1.1.4 Have functional mechanisms[93] for intersectoral collaborations that include animal and human health surveillance units and laboratories been established?	No
10.1.1.5 Is a list of priority zoonotic diseases with case definitions available?	Yes
10.1.1.6 Is there systematic and timely collection and collation of zoonotic disease data?	Yes
10.1.1.7 Is there timely[94] and systematic information exchange between animal surveillance units, laboratories, human health surveillance units and other relevant sectors regarding potential zoonotic risks and urgent zoonotic events?	Yes
10.1.1.8 Does the country have access to laboratory capacity, nationally or internationally (through established procedures) to confirm priority zoonotic events?	Yes
10.1.1.9 Is zoonotic disease surveillance implemented that includes a community component?	Yes
10.1.1.10 Is there a regularly updated roster (list) of experts that can respond to zoonotic events?	No
10.1.1.11 Has a mechanism been established for response to outbreaks of zoonotic diseases by human and animal health sectors?	Yes
10.1.1.12 Is there timely[95] (as defined by national standards) response to more than 80% of zoonotic events of potential national and international concern?	Yes
10.1.1.12b If no, what percentage of zoonotic events of potential national and international concern is responded to in a timely manner?	
10.1.1.13 In the last 12 months, have you shared country experiences[96] and findings related to zoonotic risks and events of potential national and international concern with the global community?	No

Please provide the URL link(s) to any relevant documentation:

Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire

Core Capacity: 11. Food Safety

2012
Component: 11.1 Capacity to detect and respond to food safety events that may constitute a public health emergency of national or international concern

Bahrain
Indicator: 11.1.1 Mechanisms are established for detecting and responding to foodborne disease and food contamination

[RETURN](#)

Question	Answer
11.1.1.1 Are national or international food safety standards available[97]?	Yes
11.1.1.2 Are there national food laws, regulations or policies in place[98] to facilitate food safety control?	Yes
11.1.1.3 Are national food laws, regulations or policies up to date and implemented?	Yes
11.1.1.4 Has a coordination mechanism been established between the food safety authorities, e.g. the INFOSAN Emergency Contact Point (if member) and the IHR NFP?	Yes
11.1.1.5 Are there functional mechanisms[99] in place for multisectoral collaborations for food safety events?	Yes
11.1.1.6 Is your country an active[100] member of the INFOSAN[101] network?	Yes
11.1.1.7 Is a list of priority food safety risks available?	Yes
11.1.1.8 Are guidelines or manuals on the surveillance, assessment and management of priority food safety events available?	Yes
11.1.1.9 Have the guidelines or manuals on the surveillance, assessment and management of priority food safety events been implemented?	Yes
11.1.1.10 Is epidemiological data related to food contamination systematically collected and analysed?	No
11.1.1.11 Are there risk-based food inspection services in place?	Yes
11.1.1.12 Does the country have access to laboratory capacity (through established procedures) to confirm priority food safety events of national or international concern including molecular techniques?	Yes
11.1.1.13 Is there timely[102] and systematic information exchange between food safety authorities, surveillance units and other relevant sectors regarding food safety events?	Yes
11.1.1.14 Is there a roster of food safety experts for the assessment and response to food safety events?	Yes
11.1.1.15 Have operational plan(s) for responding[103] to food safety events been tested in an actual emergency or simulation exercise and updated as needed?	Yes
11.1.1.16 Have operational plan(s) for responding to food safety events been implemented and evaluated?	Yes
11.1.1.17 Have mechanisms been established to trace, recall and dispose of contaminated products[104]?	Yes
11.1.1.18 Are there communication mechanisms and materials in place to deliver information, education and advice to stakeholders across the farm-to-fork continuum?	Yes
11.1.1.19 Have food safety control management systems (including for imported food) been implemented?	Yes
11.1.1.20 Has information from foodborne outbreaks and food contamination been used to strengthen food management systems, safety standards and regulations?	Yes
11.1.1.21 Has an analysis been published[105] of food safety events, foodborne illness trends and outbreaks which integrate data from across the food chain?	Yes
Please provide the URL link(s) to any relevant documentation	
Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire	

Core Capacity: 12. Chemical Events

2012
Component: 12.1 Capacity to detect and respond to chemical events of national and international public health concern

Bahrain
Indicator: 12.1.1 Mechanisms are established for detection, alert and response to chemical emergencies

[RETURN](#)

Question	Answer
12.1.1.1 Have experts[106] been identified for public health assessment and response to chemical incidents?	Yes
12.1.1.2 Are national policies or plans in place for chemical event surveillance, alert[107] and response?	Yes
12.1.1.3 Do national authorities responsible for chemical events, have a designated focal point for coordination[108] and communication with the ministry of health and/or the IHR National Focal Point?	Yes
12.1.1.4 Do coordination[109] mechanisms with relevant sectors exist for surveillance and timely response to chemical events?	Yes
12.1.1.5 Have functional coordination mechanisms with relevant sectors been implemented for surveillance and timely response to chemical events?	Yes
12.1.1.6 Is surveillance in place for chemical events, intoxication or poisonings?	Yes
12.1.1.7 Has a list of priority chemical events/syndromes that may constitute a potential public health event of national and international concern been identified?	Yes
12.1.1.8 Is there an inventory of major hazard sites and facilities that could be a source of chemical public health emergencies (e.g. chemical installation and toxic waste sites)?	Yes
12.1.1.9 Has a national chemical profile[110] been developed?	Yes
12.1.1.10 Are manuals and SOPs for rapid assessment, case management and control of chemical events available and disseminated?	Yes
12.1.1.11 Is there timely and systematic information exchange between appropriate chemical units ¹¹¹ , surveillance units and other relevant sectors about urgent chemical events and potential chemical risks?	Yes
12.1.1.12 Is there an emergency response plan that defines the roles and responsibilities of relevant agencies in place for chemical emergencies?	Yes
12.1.1.13 Has laboratory capacity or access to laboratory capacity been established to confirm priority chemical events?	No
12.1.1.14 Has a chemical event response plan been tested through occurrence of real event or through a simulation exercise and updated as needed?	Yes
12.1.1.15 Is there (are there) an adequately resourced Poison Centre(s) in place[112]?	No
12.1.1.16 Have country experiences and findings regarding chemical events and risks of national and international concern been shared with the global community?	Yes
Please provide the URL link(s) to any relevant documentation	
Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire	
	12.1.1.9 Updated in 2012 12.1.1.10 only for oilspills SOPs and manuals available and for others underdevelopment.

Core Capacity: 13. Radiation Emergencies

2012
Component: 13.1 Capacity to detect and respond to radiological and nuclear emergencies that may constitute a public health event of national or international concern

Bahrain
Indicator: 13.1.1 Mechanisms are established for detecting and responding to radiological and nuclear emergencies

[RETURN](#)

Question	Answer
13.1.1.1 Have experts been identified for public health assessment and response to radiological and nuclear events?	Yes
13.1.1.2 Have national policies, strategies or plans been established for the detection, assessment and response to radiation emergencies?	Yes
13.1.1.3 Have national policies, strategies or plans been implemented for the detection, assessment and response to radiation emergencies?	Yes
13.1.1.4 Have national policies, strategies or plans been established for national and international transport of radioactive material, samples and waste management, including those from hospitals and medical services?	Yes
13.1.1.5 Is there a functional coordination[113] and communication mechanism[114] between relevant national competent authorities responsible for nuclear regulatory control/safety, and relevant sectors[115]?	Yes
13.1.1.6 Have national authorities responsible for radiological and nuclear events designated a focal point for coordination and communication with the ministry of health and/or IHR NFP?	Yes
13.1.1.7 Does radiation monitoring exist for radiation emergencies that may constitute a public health event of international concern?	No
13.1.1.8 Is there systematic information exchange between radiological competent authorities and human health surveillance units about urgent radiological events and potential risks that may constitute a public health emergency of international concern?	Yes
13.1.1.9 Have scenarios, technical guidelines and SOPs been developed for risk assessment, reporting, event confirmation and notification, investigation and management of radiation emergencies?	Yes
13.1.1.10 Is there a radiation emergency response plan[116]?	Yes
13.1.1.11 Have radiation emergency response drills been carried out regularly, including the requesting of international assistance (as needed) and international notification?	Yes
13.1.1.12 Is there a mechanism in place to access[117] health facilities (inside or outside the country) with capacity to manage patients of radiation emergencies?	Yes
13.1.1.13 Does the country have access to laboratory capacity to detect and confirm the presence of radiation and identify its type (alpha, beta, or gamma) for potential radiation hazards?	Yes
13.1.1.14 Are there collaborative mechanisms in place for access[118] to specialized laboratories that are able to perform bioassays[119], biological dosimetry by cytogenetic analysis and ESR[120]?	Yes
13.1.1.15 Have collaborative mechanisms for access to specialized laboratories that are able to perform bioassays, biological dosimetry by cytogenetic analysis and ESR been utilized and evaluated?	Yes
13.1.1.16 Have country experiences[121] with the detection and response to radiological risks and events been documented and shared with the global community?	Yes
Please provide the URL link(s) to any relevant documentation	
Please insert any comments or clarifications to the questions above and list any relevant activities that the country has conducted which are not reflected in this questionnaire	13.1.1.1 In MOH, but for other parties on personal bases. 13.1.1.7 Plan available to activate with GCC.

Footnotes for all questions

Nr	Footnotes
[4]	While an assessment and revision of national legislation for IHR implementation is not explicitly required in the IHR, it has been strongly urged by the WHA, and advised in WHO guidance documents. For detailed information, see Section I.2 of the WHO Toolkit for IHR Implementation in National Legislation at http://www.who.int/ihr/3_Part_I_Questions_and_Answers.pdf Moreover, as technical capacities and national governance and legal contexts have evolved since entry into force of the IHR in 2007, an assessment of this period is advisable. For advantages and benefits of revising legislation, laws, regulations, administrative requirements, policies or other government instruments, see paragraph 4 on Page 14 of this document
[5]	Technical core capacities include, surveillance, response, preparedness, risk communication, human resources and laboratory.
[6]	In addition to coordination and communications, expanded roles of the IHR NFP include risk assessment, core capacity development, advocacy etc.
[7]	WHO does not endorse or recommend specific legislation. For information purposes, WHO publishes a compilation of national IHR-Related legislation adopted by States Parties on its web site http://www.who.int/ihr/7_Part_III_Compilation_of_examples_of_national_LEGISLATION.pdf . Other relevant documents and materials are available to download on the WHO IHR website, at: http://www.who.int/ihr/legal_issues/legislation/en/index.html .
[12]	SOPs should detail the ToR, roles and responsibilities of the IHR NFP, implementing structures, various administrative levels, and stakeholders in the implementation of the IHR established, and disseminated to all relevant stakeholders.
[13]	Countries decide who will chair this committee or taskforce, but it should include participation of the national IHR NFP in meetings and decision making processes.
[14]	The IHR NFP should have been established (as of 2007) with the following mandatory elements for all Member States:- -24/7 availability for communications with WHO--Send urgent communications regarding IHR to WHO--Collect information from all relevant sectors to send to WHO under IHR WHO (Arts. 5-12)--Disseminate urgent IHR info from WHO to relevant government sectors etc.--Functional Communications channels with all sectors, decision-maker(s) -- Communications with competent authorities on health measures implemented
[15]	For suggestions on additional roles of the IHR NFP, see http://www.who.int/ihr/elibrary/legal/en/index.html
[16]	"Stakeholders" are any groups, organizations, or systems who can help affects or can be affected by a public health event. These include relevant sectors, various levels and non-governmental organizations working within State Parties
[17]	Member States need to fulfil all IHR obligations unless an exception or discretion applies
[18]	This question refers to activities carried out to increase the awareness of the IHR with stakeholders including with Ministries and partners.
[19]	i.e. used at least monthly
[20]	"Active" means that the website is regularly reviewed and updated, with timely information.
[25]	"Priority diseases" are those with the highest public health significance as defined by the country and should include the diseases in Annex 2 of IHR
[26]	as defined by country standards
[27]	e.g. documented investigations of outbreaks into actual disease situation other than AFP
[28]	As defined by country NULL
[29]	Ne.g. Epi bulletins, electronic summaries, newsletters, surveillance reports, etc.LL
[31]	Event-based surveillance is the organized and rapid capture of information about events that are a potential risk to public health. This information can be rumours and other ad-hoc reports transmitted through formal channels (i.e. established routine reporting systems) and informal channels (i.e. media, health workers and nongovernmental organizations reports)
[32]	Covers event capture, reporting, epidemiological confirmation, assessment and notification as appropriate.
[33]	Sources of information could include health sources such as poison centres, some veterinary and animal health sources, environmental health services, pharmaco-vigilance centres, quarantine service, sanitation agencies and associated laboratories (water, food, environmental monitoring, etc.), food safety Authorities/agencies, health inspection agencies (restaurants, hotels, buildings), water supply companies, competent authorities at PoE. non-health sources- radiation protection offices, radiological monitoring services, nuclear regulatory bodies, consumer protection groups, political sources, NGOs, embassies, military, prisons, media, published sources (internet, academic press) or community based sources. Other sources may reflect the impact of health events, for example pharmacies to monitor drug consumption patterns, schools to monitor student absenteeism, metrological centres to monitor effects of weather changes (rainfall, temperatures) etc.

Nr	Footnotes
[34]	Includes events related to the occurrence of disease in humans, such as clustered cases of a disease or syndromes, unusual disease patterns or unexpected deaths as recognized by health workers and other key informants in the country; and events related to potential exposure for humans
[35]	e.g. including veterinary, media (print, broadcast, community, electronic, internet etc.)
[36]	Risk assessment can be carried out at various levels (national or sub-national) depending on national structure.
[37]	Risk assessment can be carried out at various levels (national or sub-national) depending on national structure.
[38]	"For the purposes of Annex 1, the criteria for urgent events include serious public health impact and/or unusual or unexpected nature with high potential for spread".
[39]	Risk assessment can be carried out at various levels (national or levels below the national level) depending on national structure.
[41]	RRT is a group of :multisectoral/multidisciplinary persons that are ready to respond on a 24 hour basis (Annex 1A, Article 6h) to a public health event; trained in outbreak investigation and control, infection control and decontamination, social mobilization and communication, specimen collection and transportation, chemical event investigation and management and if applicable, radiation event investigation and management. The composition of the team is determined by the country concerned.
[42]	"Timeliness" here is the time between detection of the event and initiation of a recommended response
[43]	Response to some hazards may require a more timely response than 48 hours.
[44]	For the purposes of Annex 1, the criteria for urgent events include serious public health impact and/or unusual or unexpected nature with high potential for spread.
[46]	Isolation structure includes: designated area (e.g., single room or ward), adequate number of staff and appropriate equipment for management of infectious risks.
[47]	from health-care associated infections
[48]	High risk groups include intensive care unit patients, neonates, immunosuppressed patients, emergency department patients with unusual infections, etc.
[49]	This would include preventive measures and treatment offered to health care workers; e.g. Influenza or hepatitis vaccine programme for health care workers, PPE. Occupational health and medical surveillance Programs for employees to identify potential "Laboratory Acquired Infections" among staff, or the monitoring of accidents, incidents or injuries (outbreaks caused by LAIs).
[51]	i.e. mapping of local infrastructure, PoE, health facilities, major equipment and supplies, staff, funding sources, experts, equipment, laboratories, institutions, NGOs to assist with community-level work, and transport
[52]	As appropriate for country context (federal vs. central government)L
[53]	Assessment to examine various hazards, disease outbreak patterns, local disease transmission patterns, contaminated food or water sources, etc.
[54]	"...criteria for urgent events include serious public health impact and/or unusual or unexpected nature with high potential for spread"
[55]	See footnote 51 above
[56]	Rotation of stocks, proper storage conditions for various drugs, distribution to pharmacies and hospitals around the country
[57]	"International stockpiles" include both routine stockpiles and stockpiles in response to a real outbreak.
[58]	Plan includes inventory of communication partners, focal points, stakeholders and their capacities in the country
[59]	Procedures in place for clearance by scientific, technical and communications staff before information is released during public health events
[60]	This may include website/webpage (national level), community meetings, radio broadcasts nationally as appropriate etc.
[61]	The views and perceptions of individuals, partners and communities affected by public health emergencies should be systematically taken into account; this includes vulnerable, minority, disadvantaged or other at-risk populations
[62]	Transparency here implies openness, communication and accountability, i.e. all information about public health risk is open and freely available.
[63]	Assessment of training needs includes circulating a questionnaire, a consensus of experts, a systematic review or other appropriate measures.
[65]	with their corresponding capacities
[66]	"Successfully" means to meet relevant standards as defined by the EQA organizer.
[67]	E.g. virology, microbiology, immunology etc.
[68]	International standards: ISO 9001, ISO 17025, ISO 15189, WHO polio, measles, etc.

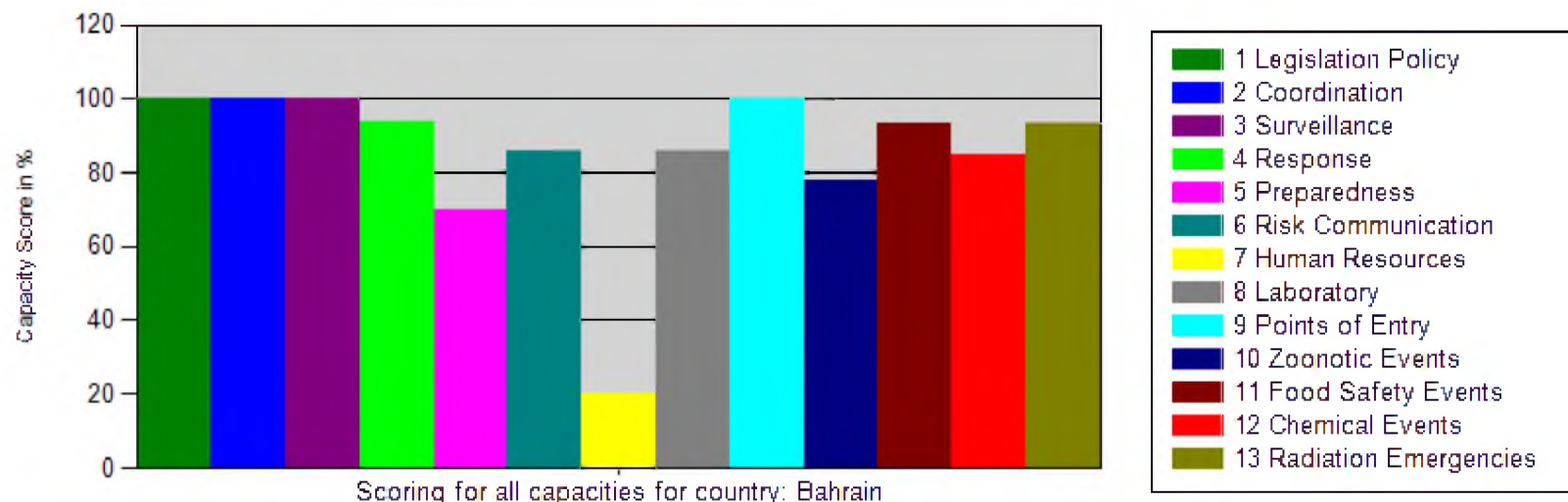
Nr	Footnotes
[69]	Proper samples collected and stored in good conditions, and sent to appropriate laboratories in a timely manner
[70]	In accordance with national or international standards.
[72]	This includes local policies or regulations to protect laboratory workers (e.g. immunization, emergency antiviral therapy, specific measures for pregnant women, etc.) and strategies/guidance for the management and disposal of hazardous substances.
[73]	This could be an expert group, committee, or institution
[74]	With allocated resources, SOPs etc.
[75]	"Biorisks" are risks posed by the handling, manipulation, storage, and disposal of infectious substance.
[77]	As defined by countries.
[78]	Please include Name, type of PoE (e.g. port, airport etc.), competent authority, address, phone, email, fax, Date and list of designated PoE, Date and number of designated PoE assessed and WHO certification (names of PoE)
[79]	And as specified in Article 19B (and whose functions are specified in Article 22 No.1) of the IHR (2005.)
[80]	Please include the LOCODE, SSCC, SSEC and Extension for each designated PoE and attach a list of authorized ports.
[81]	International certificate of vaccination or prophylaxis, the Ship Sanitation Control Certificate, the Maritime declaration of Health, and the health part of the Aircraft General Declaration.
[82]	e.g. with PoE core capacities assessment tool and excel spread sheet http://www.who.int/ihr/ports_airports/PoE/en/index.html
[83]	National communication link between competent authorities at points of entry and health authorities at local, intermediate and national levels, Direct operational link with other senior health officials, Communication link with conveyance operators, Communication link with travellers for health related information, Communication link with service providers, Communication mechanism for the dissemination of information and recommendations received from WHO, International communication link with competent authorities at other points of entry
[86]	Including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk are, as appropriate
[87]	"Published" here means available in a public domain with URL or reference.
[88]	By establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required.
[89]	Include entry or exit controls for arriving and departing travellers, and measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specifically designated and equipped for this purpose.
[90]	Note that coordination for surveillance and coordination for response may be the responsibility of different authorities.
[91]	Note that this cross references with coordination (core capacity 2).and this component should also be fully addressed under that core capacity
[92]	This coordination will include information sharing, meetings, SOPs developed for collaborative response, etc.
[93]	This involves a joint working group or other mechanism between the animal health and human health surveillance systems and all other relevant sectors meeting regularly, with joint risk assessments, risk communications, planning, monitoring and documented procedures.
[94]	Timeliness is judged and determined by each country.
[95]	"Timely" here refers to the time between detection and response.
[96]	This could include information products, standards, best practices, innovative tools, etc.
[97]	These could be based on international standards (e.g. Codex Alimentarius or ISO standards)
[98]	A national food safety control system includes: food law and regulations, food control management, inspection services, laboratory services, food monitoring, epidemiological data, information, education, communication and training.
[99]	A network, task force, committee or other mechanism to share information about events that may affect food safety and which is able to operate in a timely manner and effectively reduce the risk of foodborne illness.
[100]	"Active" means regularly accessing website, sharing information during a crisis situation, sharing with INFOSAN information from the country.
[101]	The International Food Safety Authorities Network (INFOSAN) is a global network of 177 national food safety authorities, developed and managed by WHO in collaboration with the Food and Agriculture Organization of the United Nations (FAO), which disseminates important global food safety information and improves national and international collaboration.
[102]	Timeliness is judged and determined by each country.

Nr	Footnotes
[103]	Example of essential steps in food event response system after an alert include investigation, risk assessment, risk management, risk communication, effectiveness checks and recall follow up.
[104]	This would include all products that could be the source of contamination, e.g. feed, food ingredients and food products.
[105]	"Published" here means available in a public domain with a reference or URL.
[106]	"Experts" include chemical risk assessors, risk managers and clinical toxicologists.
[107]	Elements of alert include SOPs for coverage, criteria of when and how to alert, duty rosters, etc.
[108]	Note that this cross references with coordination (core capacity 2).and this component should also be fully addressed under that core capacity.
[109]	Note that this cross-references with legislation, policy and financing (core capacities 1 and 2) and these attributes for this component should be also fully addressed under those core capacities. They are under this hazard for coherence, flow, and triangulation where this is administered to the hazard expert.
[110]	Definition and relevant information of National Chemical Profile, are available at http://www2.unitar.org/cwm/nphomepage/index.html
[111]	e.g. chemical surveillance, environmental monitoring and chemical incident reporting.
[112]	e.g. clinical toxicology, 7/24 hotline, material data sheet, safety data sheet and contact details of chemical manufacturers
[113]	This cross-references with core capacities 1 and 2.and these attributes for this component should be also fully addressed under those core capacities. They are under this hazard for coherence, flow, and triangulation where this is administered to the hazard expert.
[114]	Information sharing, meetings, SOPs developed for collaborative response etc.
[115]	Coordination for risk assessments, risk communications, planning, exercising, monitoring and including coordination during urgent radiological events and potential risks that may constitute a public health emergency of international concern
[116]	This could be part of national emergency response plan
[117]	Could also be via agreements, established arrangements or mechanisms to access these capacities in relevant collaborating institutions.
[118]	To monitor the amount of incorporated radioactivity in human body by the use of whole-body, lung or thyroid monitors, or in biological samples.
[119]	See footnote 113.
[120]	ESR (electron-spin resonance technique) allows the measurement of a dose of radiation absorbed in human body by measuring signals from tooth enamel, nails, hair, or other material samples e.g. clothing, mobile phones, etc.
[121]	This could include publications, information products, standards, best practices, innovative tools, etc.

2012 Capacity Scoring

All Country Specific Data is CONFIDENTIAL and must not be shared.

Capacity Scores are defined as the proportion of attributes present expressed as a percentage



[Click on a country name to display its Indicator Score Report](#)

[Click here to compare years for Bahrain](#)

Reporting Year	Region	Capacity: Score as %	1	2	3	4	5	6	7	8	9	10	11	12	13
2012	Eastern Mediterranean	Bahrain	100	100	100	94	70	86	20	86	100	78	93	85	93

Scoring Capacity Number Legend:

- 1 Legislation Policy 2 Coordination 3 Surveillance 4 Response 5 Preparedness 6 Risk Communication 7 HR Capacity
- 8 Laboratory 9 Points of Entry 10 Zoonotic Events 11 Food Safety Events 12 Chemical Events 13 Radiation Emergencies



National Capacity Monitoring International Health Regulations

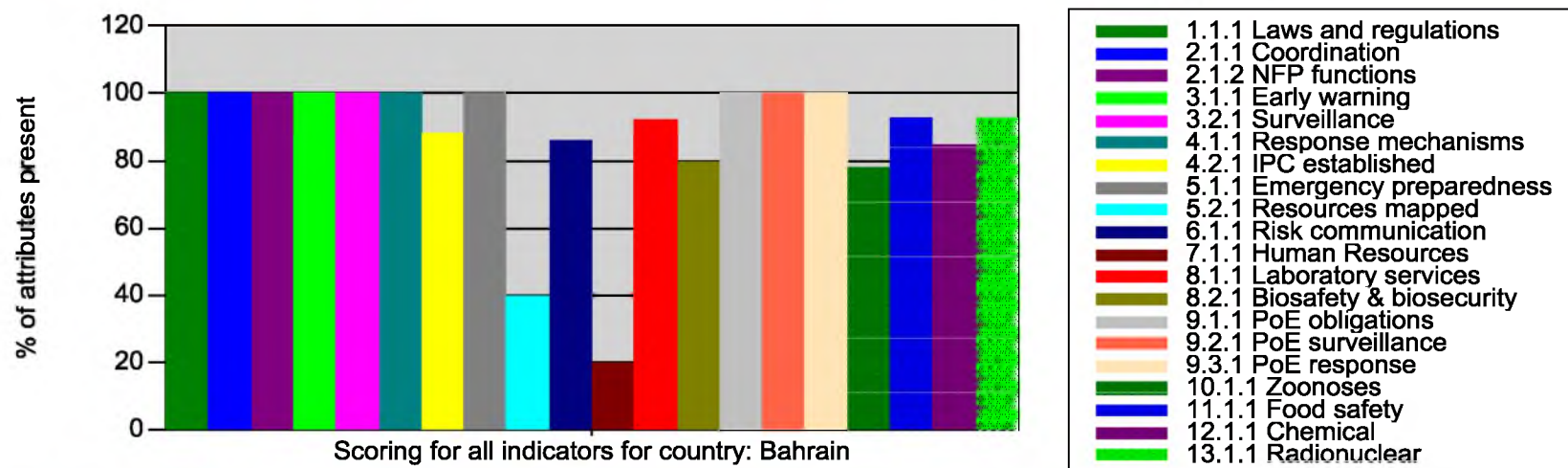
Scoring for: Bahrain

2012 Indicator Scoring

[Click here to view Indicator Numbers and their full descriptions](#)

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Indicator Scores are defined as the proportion of attributes present expressed as a percentage



Click on an Indicator Number below to see questions and answers for the selected Indicator.

Indicator: Score as %	1.1.1	2.1.1	2.1.2	3.1.1	3.2.1	4.1.1	4.2.1	5.1.1	5.2.1	6.1.1	7.1.1	8.1.1	8.2.1	9.1.1	9.2.1	9.3.1	10.1.1	11.1.1	12.1.1	13.1.1
Bahrain	100	100	100	100	100	100	88	100	40	86	20	92	80	100	100	100	78	93	85	93



Regional Scoring Core Capacities, Points of Entry, and Hazards

Capacity Scores are defined as the proportion of attributes present expressed as a percentage. Scores shown here are an average for each Capacity within a region based on the scores of all responding countries within a given region.

All Country and Regional Specific Data is CONFIDENTIAL and must not be shared.

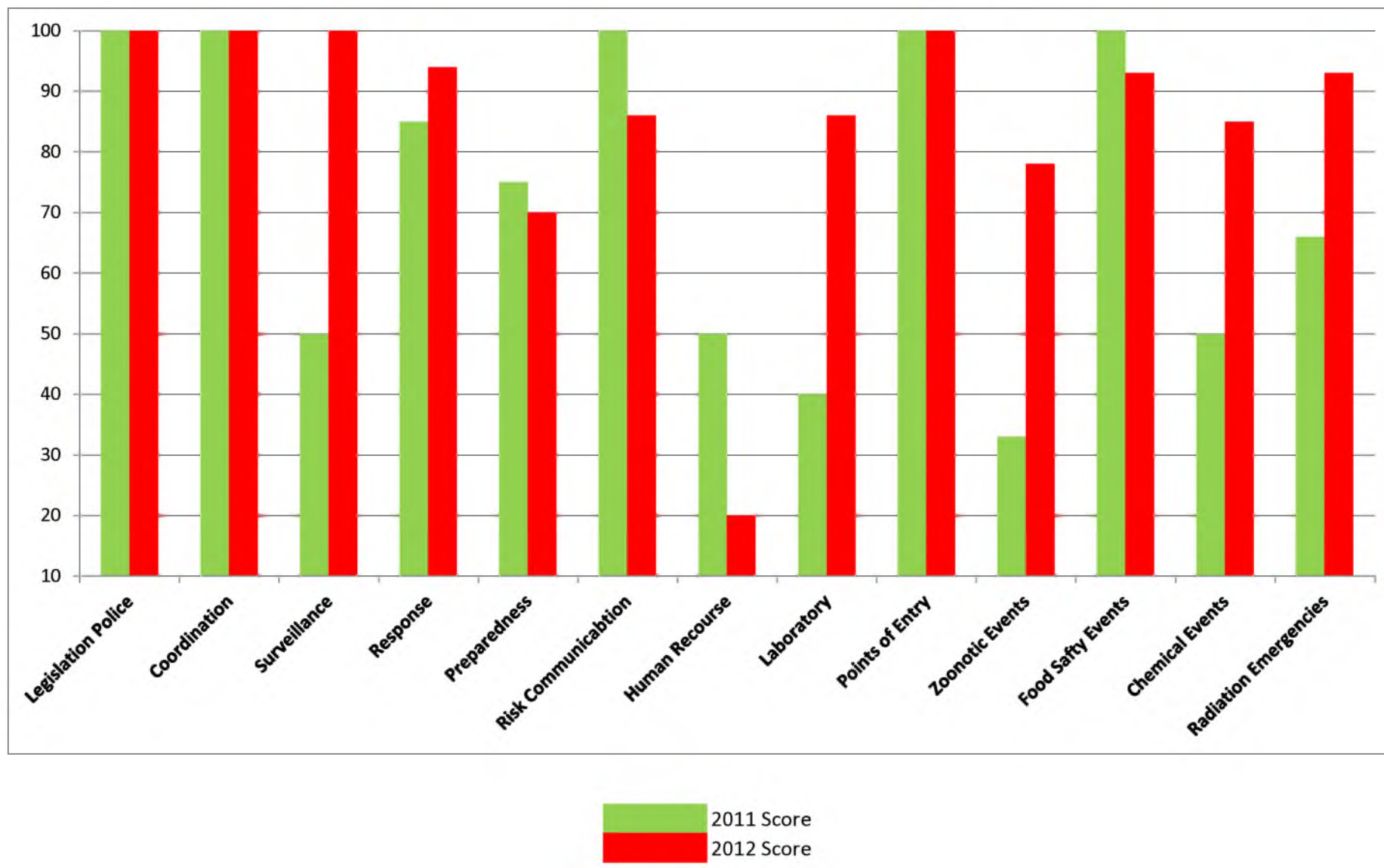
Year	Region	CapacityNr	Capacity	Score %
2012	Eastern Mediterranean	1	National legislation, policy & financing	64
2012	Eastern Mediterranean	2	Coordination and NFP Communications	74
2012	Eastern Mediterranean	3	Surveillance	80
2012	Eastern Mediterranean	4	Response	74
2012	Eastern Mediterranean	5	Preparedness	54
2012	Eastern Mediterranean	6	Risk Communication	62
2012	Eastern Mediterranean	7	Human Resource Capacity	56
2012	Eastern Mediterranean	8	Laboratory	64
2012	Eastern Mediterranean		Average Score Core Capacities (1-8)	66
2012	Eastern Mediterranean	9	Points of Entry	58
2012	Eastern Mediterranean	10	Zoonotic Events	82
2012	Eastern Mediterranean	11	Food Safety	69
2012	Eastern Mediterranean	12	Chemical Events	39
2012	Eastern Mediterranean	13	Radiation Emergencies	55
2012	Eastern Mediterranean	All	Average Score for Region (1-13)	64
2012	WHO All Regions	All	Average ALL REGIONS (1-8)	68
2012	WHO All Regions	All	Average ALL REGIONS (1-13)	68

Comparizon of Bahrain IHR Indicators Scores with the EMRO

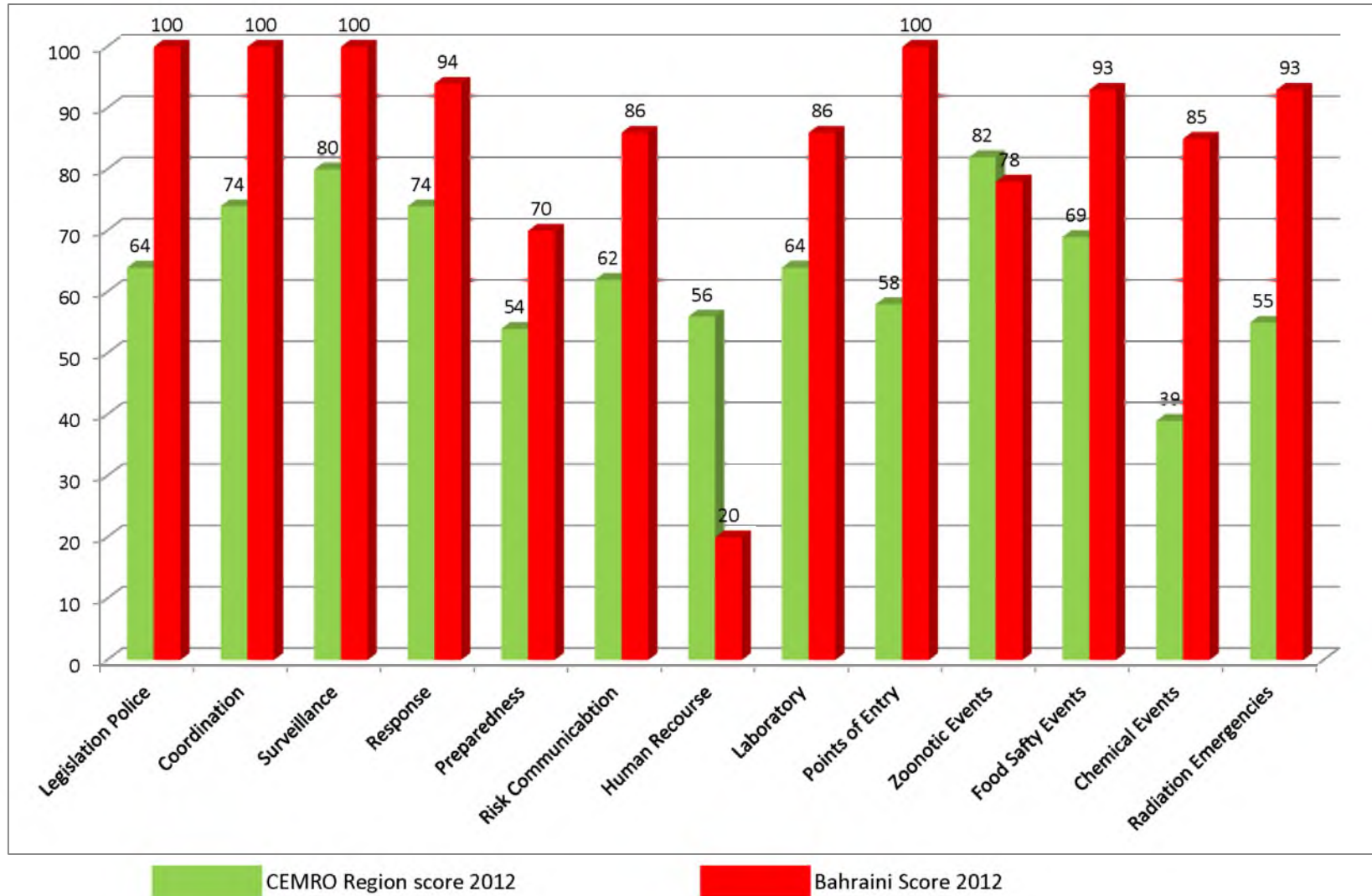
and global Scores for 2011 & 2012

No	IHR Indicators	CEMRO Region score		Bahraini Score		Bahrain Standard Level	
		2011	2012	2011	2012	2011	2012
1	Legislation Police	78	64	100	100	above	above
2	Coordination	79	74	100	100	above	above
3	Surveillance	80	80	50	100	below	above
4	Response	74	74	85	94	above	above
5	Preparedness	61	54	75	70	above	above
6	Risk Communicabtion	67	62	100	86	above	above
7	Human Recourse	56	56	50	20	below	below
8	Laboratory	72	64	40	86	below	above
9	Points of Entry	59	58	100	100	above	above
10	Zoonotic Events	75	82	33	78	below	below
11	Food Safty Events	68	69	100	93	above	above
12	Chemical Events	45	39	50	85	above	above
13	Radiation Emergencies	57	55	66	93	above	above
Avarage		66	64	73	85	above	above
Avarage for all Regions		63	68	73	68	above	above

Comparizon of Bahrain IHR Indicators Scores 2011&2012



Comparizon of Bahrain IHR Scores and Regional CEMRO IHR Scores for the year2012



Country Report for Bahrain for year 2012

1 Capacity: National legislation, policy & financing		100
2012	1.1	Component: National legislation and policy 100
	1.1.1	Indicator: Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR 100
2 Capacity: Coordination and NFP Communications		100
2012	2.1	Component: IHR coordination, communication and advocacy 100
	2.1.1	Indicator: A mechanism is established for the coordination of relevant sectors in the implementation of IHR 100
	2.1.2	Indicator: IHR NFP functions and operations in place as defined by IHR 100
3 Capacity: Surveillance		100
2012	3.1	Component: Indicator based surveillance (also referred to as structured surveillance, surveillance or surveillance for defined conditions) 100
	3.1.1	Indicator: Indicator-based surveillance includes an early warning function for the early detection of a public health event. 100
2012	3.2	Component: Event-Based Surveillance 100
	3.2.1	Indicator: Event-Based Surveillance is established 100
4 Capacity: Response		94
2012	4.1	Component: Rapid Response Capacity 100
	4.1.1	Indicator: Public health emergency response mechanisms are established 100
2012	4.2	Component: Infection Control 88
	4.2.1	Indicator: Infection Prevention and Control (IPC) is established at national and hospital levels 88
5 Capacity: Preparedness		70
2012	5.1	Component: Public Health Emergency Preparedness and Response 100
	5.1.1	Indicator: Multi-hazard National Public Health Emergency Preparedness and Response Plan is developed 100
2012	5.2	Component: Risk and resource management for IHR preparedness 40
	5.2.1	Indicator: Priority public health risks and resources are mapped 40
6 Capacity: Risk Communication		86
2012	6.1	Component: Policy and procedures for public communications 86
	6.1.1	Indicator: Mechanisms for effective risk communication during a public health emergency are established 86
7 Capacity: Human Resource Capacity		20
2012	7.1	Component: Human Resource Capacity 20
	7.1.1	Indicator: Human resources available to implement IHR Core Capacity requirements 20
8 Capacity: Laboratory		86
2012	8.1	Component: Laboratory diagnostic and confirmation capacity 92
	8.1.1	Indicator: Laboratory services available to test for priority health threats 92



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2012	8.2	Component: Laboratory biosafety and biosecurity	80
	8.2.1	Indicator: Laboratory biosafety and laboratory biosecurity (Biorisk management) practices in place	80
9 Capacity: Points of Entry			100
2012	9.1	Component: General obligations required at Points of Entry	100
	9.1.1	Indicator: General obligations at PoE are fulfilled	100
2012	9.2	Component: Core Capacities required at all times	100
	9.2.1	Indicator: Effective surveillance and other routine capacities established at PoE	100
2012	9.3	Component: Core Capacities for Response Responding to public health emergencies at PoE	100
	9.3.1	Indicator: Effective response at PoE established	100
10 Capacity: Zoonotic Events			78
2012	10.1	Component: Capacity to detect and respond to zoonotic events of national or international concern	78
	10.1.1	Indicator: Mechanisms for detecting and responding to zoonoses and potential zoonoses are established	78
11 Capacity: Food Safety			93
2012	11.1	Component: Capacity to detect and respond to food safety events that may constitute a public health emergency of national or international concern	93
	11.1.1	Indicator: Mechanisms are established for detecting and responding to foodborne disease and food contamination	93
12 Capacity: Chemical Events			85
2012	12.1	Component: Capacity to detect and respond to chemical events of national and international public health concern	85
	12.1.1	Indicator: Mechanisms are established for detection, alert and response to chemical emergencies	85
13 Capacity: Radiation Emergencies			93
2012	13.1	Component: Capacity to detect and respond to radiological and nuclear emergencies that may constitute a public health event of national or international concern	93
	13.1.1	Indicator: Mechanisms are established for detecting and responding to radiological and nuclear emergencies	93

Annual Timeliness and Completeness monitoring table for the Monthly reporting System of IHR events.

Place	% Reporting Completeness	% Reporting Timeliness
Ministry of Municipalities Affairs and Urban Planning, Animal Wealth Directorate	100% Satisfactory	100% Satisfactory
G D of Environment and Welfare Protection.	25%	25%
MOH (Occupational Unit).	16.6%	16.6%
National Health Regulatory Authority (NHRA).	16.6%	0%
MOH (Communicable Diseases Unit).	100% Satisfactory	100% Satisfactory
Ministry of Industry and Commerce (Protection Directorate)	25%	16.6%
MOH (PHD Laboratory).	25%	8.3%
Ministry of Foreign Affairs.	75%	66.6%
MOH (Food Control Section).	100% Satisfactory	8.3%
Ministry of Interior, Custom Affair (King Fahad Causway).	16.6%	16.6%
Primary Health Care Directorate.	0%	0%
MOH (Environment Control Section).	0%	0%
MOH (Radiation Protection).	0%	0%
General Organization of Seaport (Khalifa Bin Salman Port).	0%	0%
Civil Aviation Affairs (Bahrain Airport Company).	0%	0%
Gulf Air Clinic	0%	0%

Monthly Scoring for Timeliness and Completeness of reporting IHR events

Report -ing	Monthly Completeness												Monthly Timeliness											
	Jan	Feb	March	April	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	April	May	Jun	July	Aug	Sep	Oct	Nov	Dec
1																								
2	Y	Y	N	N	N	N	N	N	Y	N	N	N	Y	Y	N	N	N	N	N	N	Y	N	N	N
3	Y	N	N	N	N	N	N	N	Y	N	N	N	Y	N	N	N	N	N	N	N	Y	N	N	N
4	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
5	Y	Y	Y	Y	Y																			
6	Y	Y	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
7	Y	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	Y	N	N
8	Y	Y	Y	N	Y					N	N	Y	Y	Y	Y	N	N	Y	Y	Y	Y	N	N	Y
9	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	Y	N	N	N	N
10	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
11	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
12	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
13	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
14	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
15	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
16	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

- 1=Ministry of Municipalities Affairs and Urban Planning, Animal Wealth Directorate.
- 2= G D of Environment and Welfare Protection.
- 3= MOH (Occupational Unit).
- 4= National Health Regulatory Authority (NHRA).
- 5= MOH (Communicable Diseases Unit).
- 6= Ministry of Industry and Commerce (Protection Directorate).
- 7= MOH (PHD Laboratory).
- 8= Ministry of Foreign Affairs.

- 9= MOH (Food Control Section).
- 10=Ministry of Interior, Custom Affair (King Fahad Causway).
- 11= Primary Health Care Directorate .
- 12= MOH (Environment Control Section).
- 13= MOH (Radiation Protection).
- 14= General Organization of Seaport (Khalifa Bin Salman Port).
- 15=Civil Aviation Affairs (Bahrain Airport Company).
- 16=Gulf Air Clinic.

YES
 No

VETERINARY CLINIC AND DISEASES CONTROL
NOTIFIABLE ANIMAL DISEASES 2012

Diseases	species	case	Diseases	species	Case
Multiple species diseases			Cattle diseases		
Anthrax		0	Bovine anaplasmosis		0
Aujeszky's disease		0	Bovine babesiosis		0
Bluetongue		0	Bovine genital campylobacteriosis		0
Brucellosis (<i>Brucella abortus</i>)		0	Bovine spongiform encephalopathy		0
Brucellosis (<i>Brucella melitensis</i>)		0	Bovine tuberculosis		141
Brucellosis (<i>Brucella suis</i>)		0	Bovine viral diarrhoea		0
Crimean Congo haemorrhagic fever		0	Contagious bovine pleuropneumonia		0
Echinococcosis/hydatidosis		0	Enzootic bovine leukosis		0
Epizootic haemorrhagic disease		0	Haemorrhagic septicaemia		0
Equine encephalomyelitis (Eastern)		0	Infectious bovine rhinotracheitis/infectious pustular vulvovaginitis		0
Foot and mouth disease		0	Lumpy skin disease		0
Heartwater		0	Theileriosis		0
Japanese encephalitis		0	Trichomonosis		0
Leptospirosis		0	Trypanosomosis		0
New world screwworm (<i>Cochliomyia hominivorax</i>)		0	Equine diseases		0
Old world screwworm (<i>Chrysomya bezziana</i>)		0	African horse sickness		0
Paratuberculosis		0	Contagious equine metritis		0

DISEASES

VETERINARY CLINIC AND DISEASES CONTROL
NOTIFIABLE ANIMAL DISEASES 2012

Diseases	spices	case	Diseases	spices	Case
Q fever	0	0	Dourine		0
Rabies	0	0	Equine encephalomyelitis (Western)		0
Rift Valley fever	0	0	Equine infectious anaemia		0
Rinderpest		0	Equine influenza	0	0
Surra (<i>Trypanosoma evansi</i>)		0	Equine piroplasmosis		0
Trichinellosis		0	Equine rhinopneumonitis		0
Tularemia		0	Equine viral arteritis		0
Vesicular stomatitis		0	Glanders	0	0
West Nile fever	0	0	Venezuelan equine encephalo		0
Sheep and goat diseases			Avian diseases		
Caprine arthritis/encephalitis		0	Avian chlamydiosis		0
Contagious agalactia		0	Avian infectious bronchitis		0
Contagious caprine pleuropneumonia		0	Avian infectious laryngotracheitis		0
Enzootic abortion of ewes (ovine chlamydiosis)		0	Avian mycoplasmosis (<i>M. gallisepticum</i>)		0
Maedi-visna		0	Avian mycoplasmosis (<i>M. synoviae</i>)		0
Nairobi sheep disease		0	Duck virus hepatitis		0
Ovine epididymitis (<i>Brucella ovis</i>)		0	Fowl cholera		0
Peste des petits ruminants		0	Fowl typhoid		0
Salmonellosis (<i>S. abortusovis</i>)	0		Highly pathogenic avian influenza and low pathogenic avian influenza in poultry as per <u>e</u>		0
Scrapie	0		Infectious bursal disease (Gumboro disease)		

VETERINARY CLINIC AND DISEASES CONTROL
NOTIFIABLE ANIMAL DISEASES 2012

Diseases	spices	case	Diseases	spices	Case
Sheep pox and goat pox		0	Marek's disease		0
Lagomorph diseases			Newcastle disease		
Myxomatosis		0	Pullorum disease		0
Rabbit haemorrhagic disease		0	Turkey rhinotracheitis		0
Fish diseases			Mollusc diseases		
Epizootic haematopoietic necrosis		0	Infection with abalone herpes-like virus		0
Epizootic ulcerative syndrome		0	Infection with <i>Bonamia exitiosa</i>		0
Gyrodactylosis (<i>Gyrodactylus salaris</i>)		0	Infection with <i>Bonamia ostreae</i>		0
Infectious haematopoietic necrosis		0	Infection with <i>Marteilia refringens</i>		0
Infectious salmon anaemia		0	Infection with <i>Perkinsus marinus</i>		0
Koi herpesvirus disease		0	Infection with <i>Perkinsus olseni</i>		0
Red sea bream iridoviral disease		0	Infection with <i>Xenohalictis californiensis</i>		0
Spring viraemia of carp		0	Mollusc diseases		
Viral haemorrhagic septicaemia		0	Infection with abalone herpes-like virus		
			Infection with <i>Bonamia exitiosa</i>		
			Infection with <i>Bonamia ostreae</i>		
			Infection with <i>Marteilia refringens</i>		
			Infection with <i>Perkinsus marinus</i>		

VETERINARY CLINIC AND DISEASES CONTROL
NOTIFIABLE ANIMAL DISEASES 2012

Diseases	spices	case	Diseases	spices	Case
			Infection with <i>Xenohaliotis californiensis</i>		0
Crustacean diseases			Amphibians		
Crayfish plague (<i>Aphanomyces astaci</i>)		0	Infection with <i>Batrachochytrium dendrobatidis</i>		0
Infectious hypodermal and haematopoietic necrosis		0	Infection with ranavirus		0
Infectious myonecrosis		0			
Necrotising hepatopancreatitis		0			
Taura syndrome		0			
White spot disease		0			
White tail disease		0			
Yellowhead disease		0			
Other diseases					
Camelpox		0			
Leishmaniosis		0			

Progress in Implementation of International Health Regulations (2005) - Country Profile 2012: BAHRAIN

As we approached the 5 year target date of June 2012 by which State Parties (SPs) agreed to have full implementation of the IHR core capacities, most of the Eastern Mediterranean SPs have requested a two year extension for the implementation of the IHR and have also submitted their plans of implementation to achieve full implementation by the new deadline of 15 June 2014.

In accordance with resolution WHA65.23, SPs and WHO are to ensure identification of remaining gaps and to take the necessary steps to ensure the required strengthening, development and maintenance of the core public health capacities and to report to the WHA 66 and 67 through its executive boards on progress made in IHR implementation.

For this purpose, a country profile was developed to provide an overview of the progress achieved by each SP and the way forward as reported and assessed through IHR monitoring tool; reports of IHR missions carried out to each SP to assess the core public health capacities required by the IHR; and the plans of implementation submitted by each SP to achieve full implementation of IHR capacities during the two year extension. The results of the analysis is described for each capacity of the IHR eight core capacities, capacity requirements for the Points of Entry and for the IHR four-related hazards.

IHR capacity requirements for surveillance and response

A. ACHIEVEMENTS

National legislation, policy and finance: Assessment of relevant legislation, regulations, administrative requirements and other government instruments for IHR implementation has been conducted. Review of national policies to facilitate IHR NFP functions and IHR technical core capacities have been carried out; and implementation of the outcomes of the review has been implemented.

Coordination and national focal point communication: The IHR NFP has been established and information on obligations of the NFP under IHR has been widely disseminated. National stakeholders responsible for the implementation of IHR have been identified with defined roles and responsibilities. A multisectoral body has been established to address IHR requirements and coordination and communication mechanisms among sectors on events that may constitute a PHEIC have been tested. SOPs for coordination between IHR NFP and relevant sectors have been developed. The IHR Event Information Site (EIS) is currently used as an integral part of the IHR NFP information resource; and the IHR NFP provides WHO with updated contact information and with annual confirmation of the IHR NFP.

Surveillance: specific units have been designated for surveillance of public health risks. A list of priority diseases, conditions and case definitions for surveillance is identified; and surveillance data on epidemic prone and priority diseases is analyzed weekly. Regular feedback of surveillance results is disseminated to all levels and other relevant stakeholders. Arrangements with neighboring countries to share data on surveillance and the control of a PHEIC are in place.

Specific unit for event based surveillance has been established with available SOPs. Information sources for public health events have been identified; and a system is in place for capturing public health events from a variety of sources. The decision instrument in Annex 2 of the IHR is properly used to notify WHO; and the IHR NFP responded to all verification requests from WHO.

Response: A functional command and control operations centre is in place; and resources for rapid response during public

health emergencies are accessible. Public health emergency response management procedures are established for command, communications and control and have been evaluated after a real or simulated public health response. Evaluation of the response including timeliness and quality has been carried out. Multidisciplinary Rapid Response Teams to respond to events have been established at central level with SOPs for their deployment. Case management guidelines for priority conditions are available.

Surveillance of health-care-associated infections and surveillance of anti-microbial resistance have been established. SOPs, guidelines and protocols for IPC are available to hospitals. All tertiary hospitals have designated area and defined procedures for the care of patients requiring specific isolation precautions with qualified IPC professionals. Evaluations of the infection control measures and their effectiveness are carried out regularly.

Preparedness: An assessment of the capacity of existing national structures and resources has been carried out and a national plan has been developed to meet IHR core capacity requirements. The national public health emergency response plan incorporates IHR related hazards and PoE and has been tested in actual emergency. Strategies are in place to reallocate or mobilize resources to support actions at primary response level with an adequate surge capacity to respond to public health emergencies.

A plan for management and distribution of national stockpile is available and stockpiles are accessible for responding to emergencies. Bahrain has access to experts in health and other sectors to support a response to IHR-related hazards. Bahrain contributes to international stockpiles.

Risk communication: Risk communication stakeholders have been identified; and a risk communication plan has been developed. The risk communication plan are tested and updated regularly. Updated information sources are accessible to media and the public for information dissemination. SOPs on the clearance and release of information during a public health emergency have been developed. Accessible and relevant IEC materials tailored to the needs of the population are available;

and populations and stakeholders are rapidly informed of a real or potential risk. An evaluation of the public health communication has been conducted after emergencies.

Human resources: A unit that is responsible for the development of human resource capacities has been identified; needs assessment have been conducted to identify gaps in human resources and training to meet IHR requirements. A training plan that includes human resource requirements for IHR has been developed.

Laboratory: A policy to ensure the quality of laboratory diagnostic capacities exists; and network of laboratories to meet diagnostic and confirmatory laboratory requirements is identified. External quality assessment schemes for major public health disciplines have been implemented for diagnostic laboratories. Guidelines on biosafety and biorisk at laboratories have been developed and made accessible to laboratories; and a responsible person has been designated for laboratory biosafety.

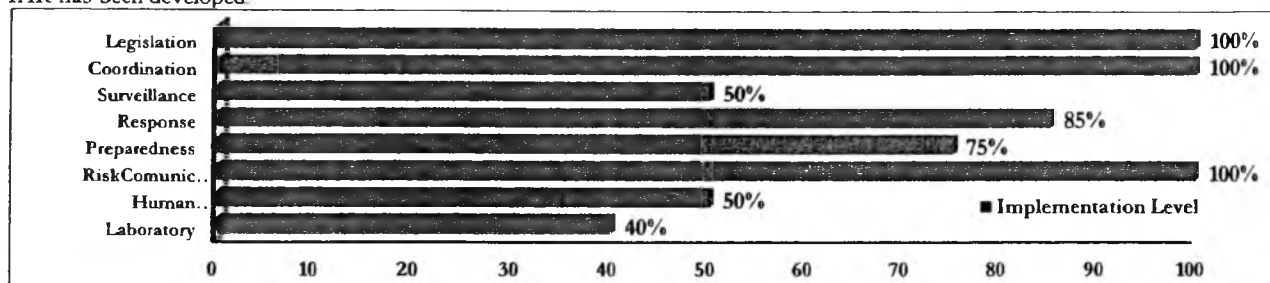


Figure 1: Level of Implementation of the IHR Core Capacities, 2011 IHR monitoring tool

B. Areas of Work: IHR Eight Core Capacities

EMRO
Support
(Date)

1. NATIONAL LEGISLATION

- Development of a national public health law based on all existing laws, provisions and other legal documents involving other sectors and institutions to facilitate IHR NFP functions and IHR technical core capacities.

2. COORDINATION AND IHR NATIONAL POINT COMMUNICATION

- Establishment of a multidisciplinary body (Task Force) to address IHR requirements on surveillance and response for public health emergencies.
- Strengthening coordination mechanisms among the different stakeholders with regular evaluation.
- Widely dissemination of information on obligations of the IHR NFP has been disseminated to relevant national authorities and stakeholders.
- Carry out an annual update on the status of the IHR implementation across all relevant stakeholders.

3. SURVEILLANCE

- Define baseline estimates, trends, and thresholds for alert and action for the primary response level for priority diseases/events
- Enforce timely reporting from all health units at central and peripheral levels.
- Carry out evaluations of the early warning function of the indicator based surveillance.
- Develop SOPs and guidelines for event capture, reporting, confirmation, verification, assessment and notification.
- Engage the community as a source of information for capturing public health events

4. RESPONSE

- Intensify and expand training of the RRT at central and peripheral levels.
- Development of a national infection prevention and control policy and implementation of operational plans

5. PREPAREDNESS

- Assess national risk to identify potential urgent public health event, and the most likely sources of these events
- Map out national resources for IHR relevant hazards and priority risks.

6. HUMAN RESOURCES

- Expand and intensify the human resources- related activities to meet the workforce numbers and skills in line with milestones set in the training plan.
- Develop a plan to access field epidemiology training.
- Establish specific programs, with allocated budgets, to train workforces for IHR-relevant hazards.

7. LABORATORY

- Establish an inventory of public and private laboratories with relevant diagnostic capacity available.

- Establish a full biorisk management program and identify an institution or person responsible for inspection of laboratories for compliance with biosafety requirements.

IHR Capacity Requirements for the Points of Entry and the four IHR-related Hazards

A. Achievements

Points of Entry: 1 port and 1 airport have been identified as designated PoE. Assessment of the designated PoE has been conducted. Legislation and regulations have been updated and implemented at designated PoE. The list of ports authorized to offer certificates relating to ship sanitation has been identified and shared with WHO.

Priority conditions for surveillance have been identified at designated PoE. Surveillance information at designated PoE is shared with the surveillance department. The designated PoE has communications procedures established and a mechanism for the exchange of information between designated PoE and medical facilities is in place. The designated PoE have access to appropriate medical services including diagnostic facilities for the prompt assessment and care of ill travelers and with adequate staff, equipment and premises. The designated PoE have an inspection program to ensure safe environment at facilities and have a functioning programme for the surveillance and control of vectors and reservoirs in and near PoE.

SOPs for response at designated PoE are available. The designated PoE has an established and maintained public health emergency contingency plan to provide public health emergency response; have appropriate space, separate from other travelers, to interview suspect or affected persons; can apply entry or exit controls for arriving and departing travelers and other recommended public health measures.

Capacity Requirements for zoonotic events: Coordination exists within the responsible government authority for the detection of and response to zoonotic events. A focal point responsible for animal health has been designated for coordination with the IHR NFP. Bahrain has access to laboratory capacity to confirm priority zoonotic events. The community is involved in the surveillance of zoonotic diseases.

Capacity requirements for food safety events: Standards for food safety are available. National food laws and regulations are in place to facilitate the control of food safety. A coordination mechanism has been established between the food safety authorities and the IHR NFP. Mechanisms for multisectoral collaborations for food safety events are in place. List of priority food safety risks is available and guidelines on the surveillance, assessment and management of priority food safety events have been developed. Epidemiological data related to food contamination are systematically collected and analyzed. Services for risk-based food inspection is in place. Bahrain has access to laboratory capacity to confirm priority food safety events. Systematic and timely exchange of information between food safety authorities, surveillance units and other relevant sectors is in place. Operational plan for responding to food safety events has been tested in an actual emergency or simulation exercise. Mechanisms to trace, recall and dispose of contaminated products have been established; and

communication mechanisms are in place to deliver information to stakeholders. Systems for food safety control management have been implemented and information from foodborne outbreaks and food contamination has been used to strengthen food management systems, safety standards and regulation.

Capacity Requirements for Chemical events: Experts been identified for public health assessment and response to chemical incidents. National authorities responsible for chemical events have a designated focal point for coordination and communication with the ministry of health and/or the IHR National Focal Point. An inventory of major hazard sites and facilities that could be a source of chemical public health emergencies has been developed. An emergency response plan that defines the roles and responsibilities of relevant agencies is in place for chemical emergencies and has been tested through occurrence of real event or through a simulation exercise. Laboratory capacity or access to laboratory capacity has been established to confirm priority chemical events; an

Capacity Requirements for radio-nuclear events: Experts been identified for public health assessment and response to radiological and nuclear event. National plans for the detection, assessment and response to radiation emergencies has been developed. A functional coordination and communication mechanism between relevant sectors has been established. A focal point has been designated by the national authorities responsible for radiological and nuclear events for coordination and communication with the ministry of health IHR NFP. A system for monitoring of radiation emergencies and for informing exchange between relevant sectors is in place. A system for systematic information exchange between radiological competent authorities and human health surveillance units about urgent radiological events and potential risks is in place. A radiation emergency response plan has been developed; and radiation emergency response drills have been carried out. Bahrain has to access health facilities with capacity to manage patients with radiation emergencies is in place; and access to laboratory capacity to detect and confirm the presence of radiation and identify its risk.

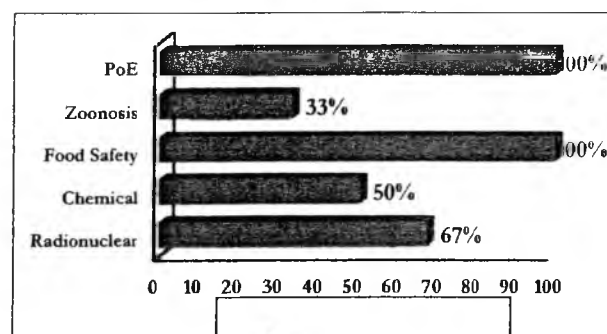


Figure 2: Level of Implementation of IHR capacity requirements for the PoE and the IHR four-related hazard, 2011 IHR monitoring tool

B. Area of Work: IHR Capacity Requirements for the Points of Entry and IHR four- Related HazardsEMRO
Support
(Date)

- Implementation of the outcomes of assessment of relevant legislation and regulations for IHR implementation
- Conducting an in depth of legislation applied at PoE.
- Establish a joint designation of PoE for core capacity development between countries.
- Review surveillance of health threat at designated PoE.
- Evaluate the effectiveness of response to public health events at PoE.

2. IHR requirements for the four IHR- related Hazards**2.1 ZOOONOSIS**

- Develop a national policy and guidelines for the surveillance and response to zoonotic events.
- Establish intersectoral collaborations that include animal and human health surveillance units and laboratories.
- Animal health laboratory should be supported with enough budget, equipments and supplies to assist in building capacities needed for zoonotic disease control
- Establish a system for systematic and timely collection of zoonotic data and exchange of information between animal surveillance units, laboratories, human health surveillance units and other relevant sectors.
- Establish a roster of experts that can respond to zoonotic events.
- Establish a mechanism for timely response to outbreaks of zoonotic diseases by human and animal health sectors.

2.2 CHEMICAL

- Development of manuals and SOPs for chemical event surveillance, alert and rapid assessment and strengthen coordination mechanisms with relevant sectors for surveillance and response.
- Development of a list of priority chemical events/syndromes that may constitute a PHEIC.
- Development of manuals and SOPs for chemical event case management and control.
- Establishment of a system for information exchange between appropriate chemical units, surveillance units and other relevant sectors about urgent chemical events and potential chemical risks.
- Establishment of an adequately resourced Poison Centre.

2.3 RADIONUCLEAR

- Development of national policies, strategies or plans for national and international transport of radioactive material and samples.
- Development of SOPS and guidelines for risk assessment, reporting, confirmation and notification, investigation and management of radiation emergencies
- Establishment of a mechanism to access health facilities with capacity to manage patients of radiation emergencies.
- Establishment of mechanism to access specialized laboratories to perform specialized radio-nuclear laboratory testing.



**World Health
Organization**

Regional Office for the Eastern Mediterranean

**Division of Communicable Diseases
International Health Regulation**

<http://www.emro.who.int/ihr>