Action plan for International Health Regulations Implementation in the Kingdom of Bahrain2012-2014

IHR recommendations	*Implemented*	*Partially implemented*	*Not Implemented*	*Under implemented*	*Planned activities*	*Proposed Date of implemented*
1. National legislations, policies and financial						
• An assessment of relevant legislation, regulations, administrative requirements and other government instruments for IHR (2005) implementation.		Overall quick review of the available polices and legislations			– A need for WHO expert for in-depth assessment of the legislations and IHR application mechanism at POE. – To develop a framework law – Advocacy – To develop and organize sectorial regulations	2012-2013

					– Consensus work shop to develop the frame work law	
• A documentation that recommendations following assessment of relevant legislation, regulations, administrative requirements and other government instruments have been implemented in Bahrain.		Overall quick review of available polices and legislation s done with a report issued and disseminated				2012-2013
• A review of national policies to facilitate the implementation of IHR NFP functions and the implementation of technical core capacities.		Overall quick review of available polices and legislations				2012-2013
• Documentation that policies to facilitate IHR NFP core and expanded functions and strengthening of technical core capacities have been		Overall quick review of available polices and legislations done and report				2012-2013

implemented.		disseminated				
• A published compilation of national IHR-related legislation.			✓			2013-2014
• To evaluate and share national experiences in terms of IHR-related laws, regulations, administrative requirements, policies or other government instruments with the global community.			✓			2013-2014
2. Coordination and NFP Communication						
• To coordinate within relevant ministries on events that may constitute a public health event of national or international concern.	• National disaster committee • National 2010 IHR committee					
• Standard Operating Procedures (SOP) available	• Algorithm					

for coordination between IHR NFP and stakeholders of relevant sectors.	• IHR plan • Monthly report • Event surveillance form					
• To establish a multispectral, multidisciplinary committee, body or task force in place in order to address IHR requirements on surveillance and response for public health emergencies of national and international concern.	• National IHR committee • National disaster committee					
• To test the coordination mechanisms through an actual event occurrence or through exercises and updated as needed.			✓		Need of experts for communication training	2013-2014
• A list of national stakeholders involved in the implementation of IHR.	✓					
• Define roles and	✓					

responsibilities of various stakeholders under the IHR.						
• To develop plans to sensitize all relevant stakeholders to their roles and responsibilities under the IHR.		• Encourage regular training for IHR implemented • Meetings with reverent sectors • Issuing reports and putting recommendation • sending letters with recommendation to high authorities				2013
• To implement plans to sensitize stakeholders to their roles and responsibilities.		• Encourage regular training for IHR implemented				2013-2014

		• Meetings with reverent sectors • Issuing reports and putting recommendation • sending letters with recommendation to high authorities				
• Establish active IHR website.				✓		2012
• Conduct updates on the IHR with relevant stakeholders on at least an annual basis.	• Biannual report • IHR annual report • Annual WHO questionnaire					
• Establish IHR NFP.	✓					

• Establish MOH IHR Task force group	✓					
• Establish other sectors IHR tasks force groups		✓				2012-2013
• Disseminate Information on obligations under the IHR to relevant national authorities and stakeholders.	✓					
• IHR NFP provided WHO with updated contact information as well as annual confirmation of the IHR NFP.	✓					
• NFP should have strong legal and governmental mandate and authority		✓				
• NFP accessed IHR Event Information Site (EIS) at least monthly in the past 12 months.	✓ On daily bases					

• At least one written NFP-initiated communication with WHO consultation, notification or information sharing on a public health event in the past 12 months.	✓				• TB case on the plane • Focoshema radiation	
• Documentation of actions taken by the IHR NFP and relevant stakeholders following communications with WHO	✓					
• Country implementation of any roles and responsibilities which are additional to the IHR NFP functions.	✓				• To be included in the National IHR web site	2013
• Evaluate and share national experiences in terms of IHR-related laws, regulations, administrative requirements, policies or other government instruments with the global community.					• To be included in the National IHR web site	2013

3. Surveillances						
• To provide list of priority diseases or conditions for surveillance.		✓			Available but needs update	2012
• Provide Case definitions for priority diseases.		✓			Available but needs update	2013
• Design specific units for surveillance of public health risks.	✓				National focal point	
• Estimate the proportion of timely reporting in all reporting units.(at least 80%)	✓					
• Analyse surveillance data on epidemic prone and priority diseases at least weekly at national and sub-national levels.	✓ Weekly meeting at communicable disease unit					
• Baseline estimates, trends, and thresholds for alert and action been defined for the local public health response level for priority diseases/events.	✓					

• Reports or other documentation showing that deviations or values exceeding thresholds are detected and used for action at the primary public health response level.	✓					
• At least quarterly feedback of surveillance results disseminated to all levels and other relevant stakeholders.		✓			To be strengthen to issue report on regular bases	2012
• Evaluations of the early warning function of routine surveillance been carried out and country experiences, findings, lessons learnt shared with the global community.					Awaiting web site development	2012
• Information sources for public health events and risks been identified.	✓					
• Unit(s) designated for event-based surveillance that may be part of an	✓					

existing routine surveillance system.						
• SOPs and guidelines for event capture, reporting, confirmation, verification, assessment and notification been developed and disseminated.		✓			– Needs WHO expert in this issue To develop and train on SOPs	2013
• SOPs and guidelines for event capture, reporting, confirmation, verification, assessment and notification been implemented, reviewed and updated as needed.		✓			– Needs WHO expert guides in this issue – To develop and train on SOPs	2013
• A system in place at national and/or sub-national levels for capturing and registering public health events from a variety of sources including, media (print, broadcast, community, electronic, internet etc.).		✓			– Needs WHO expert guides in this issue – To develop and train on SOPs	2013
• A local community			✓			2014

(primary response) level reporting strategy been developed.						
• An active engagement and sensitization of community leaders, networks, health volunteers, and other community members to the detection and reporting of unusual health events been developed.			✓			2014
• Implementation of local community reporting was evaluated and updated as needed.			✓			2014
• Country experiences and findings on the implementation of event-based surveillance, and the integration with indicator-based surveillance been documented and shared with the global community.			✓			2014
• Reported events contain			✓		No events reported in	

essential information specified in the IHR.					2011	
• Proportion of events identified as urgent in the last 12 months has risk assessment been carried out within 48 hours of reporting to national level.			✓		No events reported in 2011	
• Proportion of verification requests from WHO has IHR NFP responded to within 24 hours.			✓		No verification request sent	
• Use the Decision Instrument in Annex 2 of the IHR (2005) to notify WHO.	✓					
• Proportion of events that met the criteria for notification under Annex 2 of IHR were notified by NFP to WHO (Annex 1A Art 6b) within 24 hours of conducting risk assessments over the last 12 months.			✓		No events in 2011	

• Review the use of the decision instrument, with procedures for decision making updated on the basis of lessons learnt.			✓		No events in 2011	
• Shared globally country experiences and findings in notification and use of Annex 2 of the IHR documented.			✓		No event in 2011	
• Evaluate and share national experiences in terms of IHR-related laws, regulations, administrative requirements, policies or other government instruments with the global community.			✓		Awaiting website	2012
4. Response capacity						
• Resources for rapid response during outbreaks of national or international concern are accessible.	✓ Higher political commitment					
• Management procedures been established for command, communications	• National disaster committee					

and control during public health emergency response operations?	• National IHR committee					
• A functional, dedicated command and control operations centre at the national or other relevant level.	• National disaster committee • National IHR committee					
• Management procedures are evaluated after a real or simulated public health response.			✓		• Update and disseminate the list of multidisciplinary roster of experts	2014
• RRT trained in outbreak investigation and control, Infection control, decontamination, social mobilization ,communication, specimen collection , transportation, chemical event investigation and management and if applicable, radiation event investigation and		✓			• WHO expert for chemical and radiological events detection, response, reporting and control	2013

management						
• SOPs are available for the deployment of RRT members.			✓		• Training of RRT	2014
• Multidisciplinary RRT been deployed within 48 hrs from the time when the decision to respond is taken.	✓ Through national disaster committee					
• RRT submit preliminary written reports on investigation and control measures to relevant authorities in less than one week of investigation.	✓					
• RRT mobilized for real events or through simulation exercise at least once a year at relevant levels.	✓					
• An evaluation of response including the timeliness and quality of response been carried out.			✓		Training of RRT	2014

• Response procedures been updated as needed following actual event occurrence or an assessment.		✓			Training of RRT	2013-2014
• Country should offer assistance to other States Parties for developing their response capacities or implementing control measures.			✓			2013-2014
• Responsibility is assigned for surveillance of health-care-associated infections and anti-microbial resistance.	✓					
• National infection prevention and control policies or guidelines are in place.	✓ • GCC Infection Control Mannual					
• A documented review of implementation of infection control plans available.			✓ Only MOH		To develop a national infection control plan	2013-2014

• SOPs, guidelines and protocols for IPC are available to all hospitals.		✓ Only MOH hospitals				2013-2014
• Defined norms or guidelines developed for protecting health-care workers.		✓ Only for vaccination and communicable diseases			To develop guidelines for other infection control measures	2013-2014
• A national coordination for surveillance of relevant events such as health-care-associated infections, and infections of potential public health concern with defined strategies, objectives, and priorities in place is available.			✓			2013-2014
• All tertiary hospitals have designated area(s) and defined procedures for the care of patients requiring specific isolation precautions (single room or ward), adequate number of staff and appropriate equipment for management of infectious risks)	Protocol of licensesure section for all health facilities					

according to national or international guidelines.						
• The management of patients with highly infectious diseases meet established IPC standards (national/international).	✓					
• Surveillance within high risk groups is available (intensive care unit patients, neonates, immunosuppressed patients, emergency department patients with unusual infections, etc) to promptly detect and investigate clusters of infectious disease patients.	✓					
• A monitoring system for antimicrobial resistance was implemented, with available data on the magnitude and trends as well as unexplained illnesses in health workers.	✓					
• Qualified IPC professionals present in place at a		✓ On the level of			To establish a national program	2013-2014

minimum in all tertiary hospitals.		governmental hospital only				
• A compliance with infection control measures and their effectiveness been evaluated and published (available in a public domain)	✓					
• Has a national programme for protecting health care workers been implemented (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 as outbreaks	✓					

caused by LAIs).						
5. Preparedness						
• An assessment of core capacities for the implementation of IHR been conducted (Annex 1A Article 2) and the report of the assessment shared with relevant national stakeholders.	✓ Regularly every 6 months					
• A national plan to meet the IHR core capacity requirements been developed (Annex 1A Article 2).	✓					
• A national public health emergency response plan for hazards and Points of Entry (PoE) been developed (Annex 1A, Article 6g).	✓					
• A national public health emergency response plan(s) for multiple hazards and PoE been tested in an			✓		WHO expert in this field	2012-2013

actual emergency or simulation and updated as needed.						
• A policy or strategy put in place to facilitate development of surge capacity.	✓ Disaster committee					
• A national plan was put for surge capacity to respond to public health emergencies of national and international concern.	✓ Disaster committee					
• Testing the surge capacity either through response to a public health event or during an exercise, and determined to be adequate.	✓ Disaster committee					
• Documenting the country experiences and findings on emergency response and mobilizing surge capacity and sharing it with global community.	✓ Disaster committee – H1N1 – H5N1 – Oil spills					
• Risk and resource management for IHR preparedness.			✓			2013

• A directory of experts in health and other sectors to support a response to IHR-related hazards available.		✓			Need update	2013
• A national risk assessment to identify the most likely sources of urgent public health event and vulnerable populations been conducted.			✓		WHO expert for risk assessment arrangement and mapping	2013-2014
• A national resources been assessed to address priority risks.			✓		WHO expert for risk assessment arrangement and mapping	2013-2014
• A major hazard sites or facilities that could be the source of chemical, radiological, nuclear or biological public health emergencies of international concern been mapped.			✓		WHO expert for risk assessment arrangement and mapping	2013-2014
• An experts been mobilized from multiple disciplines/sectors in response to an actual public health event or simulation			✓		WHO expert for risk assessment arrangement and mapping	2013-2014

exercise in the past twelve months.						
• The national risk profile and resources regularly assessed (e.g. annually) to accommodate emerging threats.			✓		WHO expert for risk assessment arrangement and mapping	2013-2014
• Plan for management and distribution (if applicable) of national stockpiles available.			✓		WHO expert for risk assessment arrangement and mapping	2013-2014
• Stockpiles (critical stock levels) for responding to the country's priority biological, chemical and radiological events and other emergencies are available and accessible at all times.			✓		WHO expert for risk assessment arrangement and mapping	2013-2014
• Stockpile management system been tested through a real or simulated exercise and updated.			✓		WHO expert for risk assessment arrangement and mapping	2013-2014
• The country contributes to			✓		WHO expert for risk assessment	2013-2014

international stockpiles.					arrangement and mapping	
• The country evaluated and shared national experiences in terms of risk and resource management			✓		WHO expert for risk assessment arrangement and mapping	2013-2014
6. Risk communication						
• Risk communication partners and stakeholders been identified.			✓		WHO expert for risk assessment arrangement and mapping	2013-2014
• A unit responsible for coordination of public communications during a public health event, with roles and responsibilities of the stakeholders clearly defined.			✓		WHO expert for risk assessment arrangement and mapping	2013-2014
• A risk communication plan including social mobilization of communities been developed.			✓		WHO expert for risk assessment arrangement and mapping	2013-2014
• Policies, SOPs or guidelines disseminated on the clearance and release of			✓		WHO expert for risk assessment arrangement and	2013-2014

information during a public health event.					mapping	
• A proportion of public health events of national or potential international concern has the risk communication plan been implemented in the last 12 months.			✓		WHO expert for risk assessment arrangement and mapping	2013-2014
• Policies, SOPs or guidelines are available to support community-based risk communications interventions during public health emergencies.			✓		WHO expert for risk assessment arrangement and mapping	2013-2014
• An evaluation of the public health communication been conducted after emergencies, including for timeliness, transparency and appropriateness of communications, and SOPs updated as needed.			✓		WHO expert for risk assessment arrangement and mapping	2013-2014
• SOPs been updated as needed following evaluation of the public health communication.			✓		WHO expert for risk assessment arrangement and mapping	2013-2014

• Accessible and relevant IEC (Information, Education and Communications) materials tailored to the needs of the population.			✓		WHO expert for risk assessment arrangement and mapping	2013-2014
• Regularly updated information sources accessible to media and the public for information dissemination.			✓		WHO expert for risk assessment arrangement and mapping	2013-2014
• Proportion of PH emergencies in the last 12 months were populations and partners informed of a real or potential risk (as applicable) within 24 hours following confirmation of event was estimated.			✓		WHO expert for risk assessment arrangement and mapping	2013-2014
• Regularly updated information sources accessible to media and the public for information dissemination.			✓		WHO expert for risk assessment arrangement and mapping	2013-2014

• Accessible and relevant IEC (Information, Education and Communications) materials tailored to the needs of the population.			✓		WHO expert for risk assessment arrangement and mapping	2013-2014
• Results of evaluations of risk communications efforts during a public health emergency been shared with the global community.			✓		WHO expert for risk assessment arrangement and mapping	2013-2014
7. Human Resource						
• A responsible unit been identified to assess human resource capacities to meet the country's IHR requirements.			✓ IHR acting incorporated within the other sectors assessment programs			2014
• Critical gaps been identified in existing human resources (numbers and competencies) to meet IHR requirements.	✓ Gaps in each IHR sectors is identified					

• Training needs assessment been conducted and plan developed to meet IHR requirements.					Expert is required for monitoring the IHR requirement at different IHR sectors	2014
• A plan been developed to meet training needs requirements.			✓			2014
• Workforce development plans and funding for the implementation of the IHR been approved by responsible authorities.			✓			2014
• Targets being achieved for meeting workforce numbers and skills consistent with milestones set in training development plan.			✓			2014
• A strategy been developed for the country to access field epidemiology training (one year or more) in-country, regionally or internationally.			✓			2014
• An evidence of a			✓			2014

strengthened workforce when tested by urgent public health event or simulation exercise is available.						
• Specific programs, with allocated budgets, to train workforces for IHR-relevant hazards are available.			✓ Through IHR sectors			2014
• A training opportunities or resources being used to train staff from other countries.			✓			2014
8. Laboratories						
• Bio safety guidelines should be accessible to individual laboratories.			✓		– To formulate a national committee headed by PHD lab	2012
• Regulations, policies or strategies exist for laboratory bio safety.	✓ For PHD lab only				– To establish a national strategies	2012
• A responsible entity been designated for laboratory			✓		– To designate it	2012

bio safety and bio security.						
• Bio safety guidelines, manuals or SOPs been disseminated to laboratories.			✓		– To publish it in the IHR website – To distribute it nationally	2012-2013
• Relevant staff trained on bio safety guidelines.	✓ Only to PHD lab				– To train other sectors	2012-2013
• National classification of microorganisms by risk group been completed.		✓ Following WHO standard classification			– To establish Bahrain national classification of microorganism – To study the availability of GCC Classifications	2014
• An institution or person responsible for inspection, (could include certification of bio safety equipment) of laboratories for compliance with bio safety requirements is available.	✓					

• Bio safety procedures implemented, and regularly monitored.			✓			2014
• A bio risk assessment been conducted in laboratories to guide and update bio safety regulations, procedures and practice, including for decontamination and management of infectious waste.	✓					
• Diagnostic laboratories designated and authorized or certified BSL 2 or above for relevant levels of the health care system are available.		✓ By private companies at MOH				2012-2013
• Country experience and findings related to bio safety been evaluated and reports shared with the global community.			✓			2014
• Country experience and findings regarding laboratory surveillance		✓ For communicable diseases			– Extend the surveillance to include	2014

been shared within the country and global community.					chemical radiological and zoonotic	
9. Points Of Entry						
• Review meeting (or other appropriate method) conducted to identify Points of Entry for designation.	✓					
• Competent authority' for each PoE been designated.		✓			• Waiting for official nomination	2012
• Designated ports (as relevant)/airports for development of capacities specified in Annex 1 (as specified in Article 20, no.1) been identified.	✓					
• List of Ports authorized to offer certificates relating to ship sanitation been sent to WHO (as specified in Article 20, no.3).	✓					
• Proportion of designated airports has competent authority.	✓ Only one airport				100%	

• Proportion of designated airports has been assessed.		✓			100% partially assessed	2012
• Proportion of designated ports has competent authority.	✓				100%	
• Proportion of designated ports has been assessed.		✓			100% partially assessed	2012
• Country experiences and findings about the process of meeting PoE general obligations have been shared and documented.	✓					
• Priority conditions for surveillance at designated PoE have been identified.	✓				• Detection and reporting of infectious, chemical, radiological, zontotic and food. • Waste disposal control, infectious, chemical, radiological zoontoic and food	

					• Vectors control	
• Surveillance information at designated PoE been shared with the surveillance department/unit.			✓		• To strengthen reporting of biological, chemical, radiological and Zonotic.	
• Mechanisms for the exchange of information have between designated PoE and medical facilities in place.	✓					
• Designated PoE have access to appropriate medical services including diagnostic facilities for the prompt assessment and care of ill travellers, with adequate staff, equipment and premises (Annex 1b, art 1a).	✓					
• Surveillance of conveyances for presence of vectors and reservoirs at designated PoE was established (Annex 1B art		✓			• To put and implement clear plan for vector control at ports of	2013-2014

2e).					entry	
• Designated PoE has trained personnel for the inspection of conveyances (Annex 1b, art 1c).	✓					
• Designated PoE has the capacity to safely dispose of potentially contaminated products.	✓				• To put updated SOPs for waste disposal	2014
• Functioning programme for the surveillance and control of vectors and reservoirs in and near Points of Entry (Annex 1A, art 6a Annex 1b, art 1e) is available.		✓			To put and implement a clear plan	
• Review of surveillance of health threats at PoE been carried out in the last 12 months and results published.		✓			• To complete the assessment by the help of WHO Expert	2013
• SOPs for response at PoE are available.	✓					
• Public health emergency contingency response plan at designated PoE been developed and	✓					

disseminated to key stakeholders,						
• Public health emergency contingency plans at designated PoE been integrated with other response plans.	✓					
• Public health emergency contingency plans at designated PoE been tested and updated as needed.	✓					
• Designated PoE has appropriate space, separate from other travellers, to interview suspect or affected persons (Annex 1B, art 2c).	✓					
• Designated PoE provides medical assessment or quarantine of suspect travellers, and care for affected travellers or animals (Annex 1B, art 2b and 2d).	✓					
• referral and transport system for the safe transfer	✓					

of ill travellers to appropriate medical facilities and access to relevant equipment, in place at a designated PoE (Annex 1b, art 1b and 2g).						
• Recommended public health measures (article 1B art 2e and 2f) be applied at designated PoE (This includes entry or exit controls for arriving and departing travellers, and measures to disinfect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specially designated and equipped for this purpose).	✓					
• Results of the evaluation of effectiveness of response to PH events at PoE published.	✓					

10. Zoonotic Events						
• Coordination mechanism within the responsible government authority (ies) for the detection of and response to zoonotic events is Available.	✓					
• National policy or strategy in place for the surveillance and response to zoonotic events is available.		✓			• To put a national policy or strategy for surveillance and response to Zoonotic.	2013
• Focal points responsible for animal health (including wildlife) been designated for coordination with the MoH and/or IHR NFP .	✓					
• Functional mechanisms for intersectoral collaborations that include animal and human health surveillance units and laboratories have been established and documented.		✓			• To strengthen the animal lab surveillance and strengthen the collaborations with public	2014

					health lab	
• List of priority zoonotic diseases with case definitions is available.	✓					
• Systematic and timely collection and collation of zoonotic disease data is in place.	✓					
• Systematic information exchange between animal and human health surveillance units about urgent zoonotic events and potential zoonotic risks using is done.	✓				• To maintain the reporting system	2013-2014
• Country have access to laboratory capacity, nationally or internationally (through established procedures) to confirm priority zoonotic events.		✓			• To strengthen the lab capacity locally and access to international refrence labs	2013-2014
• zoonotic disease surveillance implemented with a community component.	✓					

• Timely and systematic information exchange between animal, human health surveillance units and other relevant sectors regarding urgent zoonotic events and risks is done.		✓			• To strengthen the system of information change.	2012-2014
• Regular (e.g. monthly) information exchange been established on zoonotic diseases among the laboratories responsible for human diseases and animal diseases.			✓		• To established information exchange program	2013-2014
• Regularly updated roster (list) of experts that can respond to zoonotic events is done.			✓		• To established updated roster of export	2013-2014
• Mechanism has been established for response to outbreaks of zoonotic diseases by human and animal health sectors.			✓		• To established the mechanism	2013-2014
• Animal health (domestic and wildlife) authorities/units participate	✓ National disaster committee					

in a national emergency response committee.						
• Operational, intersectoral public health plans for responding to zoonotic events been tested through occurrence of events or simulation exercises and updated as needed.			✓		To establish program of testing	2013-2014
• Timely (as defined by national standards) response to more than 80% of zoonotic events of potential national and international concern is reached.	✓					
• Share country experiences and findings related to zoonotic risks and events of potential national and international concern with the global community in the last 12 months.			✓			2013-2014
11. Food Safety						
• National or international food safety standards are	✓					

available						
• National food laws or regulations or policy in place to facilitate food safety control are available.	✓					
• Operational national multisectoral mechanism for food safety events is in place.	✓					
• Decisions of the food safety multisectoral body implemented and outcomes are documented.	✓					
• Functioning coordination mechanism been established between the Food Safety Authorities, specifically the INFOSAN Emergency Contact Point (if member) and the IHR NFP.	✓					
• The country is an active member of the INFOSAN network.		✓			Registered member only	2014
• List of priority food safety risks is available.	✓					

• Guidelines or manuals on the surveillance, assessment and management of priority food safety risks are available.	✓					
• Epidemiological data related to food contamination been systematically collected and analyzed.			✓		To establish a systematic program for data collection	2014
• Food safety authorities report systematically on food safety events of national or international concern to the surveillance unit.		✓			To join GCC early warning system after its establishment	2014
• Risk-based food inspection services are in place.	✓					
• Country has access to laboratory capacity to confirm priority food safety events of national or international concern including molecular techniques		✓			To expand the services	2013-2014

• Roster of food safety expert is available for the assessment and response to food safety events.	✓					
• Operational plans for responding to food safety events has been tested and updated as needed.			✓		To test the plan	2014
• Food safety events investigated by teams that include food safety experts is available.	✓					
• Mechanisms have been established for tracing, recall and disposal of contaminated products			✓		To put a plans for tracing ,recalled disposal of contaminated products	
• Communication mechanisms and materials are in place to deliver information, education and advice to stakeholders across the farm-to-fork continuum.	✓					
• Food safety control management systems	✓					

(including for imported food) has been implemented.						
• Information from food borne outbreaks and food contamination has been used to strengthen food management systems, safety standards and regulations.	✓					
• Analysis of food safety events, food borne illness trends and outbreaks which integrates data from across the food chain been published	✓					
12. Chemical Events						
• Have experts been identified for public health assessment and response to chemical incidents	✓					
• Are national policies or plans in place for chemical event surveillance, alert and	✓ Yes, for chemical, radiological and					

response?	dangerous chemical waste					
• Do 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	✓ Through IHR Committee					
• Do functional coordination mechanisms with relevant sectors exist for surveillance and timely response to chemical events		✓ Through IHR algorithm			• To facilitate the communication through the proposed National IHR Forum	2012
• Is surveillance in place for chemical events, intoxication or poisonings?		✓			• To collaborate the chemical event surveillance among different concerned parties.	2013-2014
• Has a list of priority			✓		• A WHO expert	2013-2014

chemical events/syndromes that may constitute a potential public health event of national and international concern been identified?					needed to identify and provide guidelines and SOPs	
• Is there an inventory of major hazard sites and facilities that could be a source of chemical public health emergencies?	✓					
• Are manuals and SOPs for rapid assessment, case management and control of chemical events available and disseminated?			✓		• WHO expert required for training	2013-2014
• Is there timely and systematic information exchange between appropriate chemical units108, surveillance		✓			• To strengthen the mechanism	2013-2014

units and other relevant sectors about urgent chemical events and potential chemical risks?						
• Is there an emergency response plan that defines the roles and responsibilities of relevant agencies in place for chemical emergencies?		✓ • For oil spell plan • National disaster plan • National IHR plan			To update the plan	2013-2014
• Has laboratory capacity or access to laboratory capacity been established to confirm priority chemical events?			✓		• To establish this capacity through training by WHO expert	
• Has a chemical event response plan been tested through occurrence of real event or through a simulation		✓ For oil spills			• To extent the training for other events	2013-2014

exercise and updated as needed?						
• Is there (are there) an adequately resourced Poison Centre(s) in place			✓		To establish the center	2014
• Have country experiences and findings regarding chemical events and risks of national and international concern been shared with the global community			✓ For oil spills only (regional)		To expand the risk sharing	2013-2014
13. Radiological Events						
• Experts have been identified for public health assessment and response to radiological and nuclear events	✓					
• National policy or plan for the detection, assessment and response to radiation emergencies is in place.	✓ But not implemented				• To implement the plan	2014

• National policy or plan for national and international transport of radioactive material and samples and waste management, including from hospitals and medical services is available.	✓					
• Coordination and communication mechanism for risk assessments, risk communications, planning, exercising and monitoring among relevant National Competent Authorities (NCAs[)] responsible for nuclear regulatory control/safety, national public health authorities, the Ministry of Health, the IHR NFP and other relevant sectors is established.	✓					
• Inventory of hazard sites and facilities using/handling radioactive	✓ No radiation					

sources which may be the source of a public health emergency of international concern is available.	source in Bahrain					
• Monitoring is in place for radiation emergencies.			✓		To put monitoring program for radiation emergency	2013-2014
• Mapping of the radiological risks that may be a source of a potential public health emergency of international concern (sources of exposure, populations at risk, etc.) are done.			✓ No radiation sources in the country available			
• 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 is	✓					

done.						
• Scenarios, technical guidelines and SOPs for risk assessment, reporting, event verification and notification, investigation and management of radiation emergencies are available.	✓					
• Agencies responsible for radiation emergencies participate in a national emergency response committee and in coordinated responses to radiation emergencies in place.	✓					
• Radiation emergency response plan is available.	✓ But not implemented				• To implement the available plan	2014
• Radiation emergency response drills have been carried out regularly at national level, including requesting international		✓ Bahrain signed the agreement of notification of			• To establish a regular national training on radiological	

assistance (as needed) and international notification.		nuclear and radiological events			emergency response	
• Mechanism is in place for access to hospitals or health-care facilities with capacity to manage patients from radiation emergencies (in or out of the country).		✓ Available			• Needs the core capacity building and training	2014
• Strategy for public communication in case of a radiological or nuclear event is present.	✓					
• Country has basic laboratory capacity and instruments to detect and confirm presence of radiation and identify its type (alpha, beta, or gamma) for potential radiation hazards.		✓ On limited bases			• To expand the lab capacity for detection of these events.	2013-2014
• Regularly updated collaborative mechanisms in place for access to specialized laboratories that are able to perform bioassays biological dosimetry by cytogenetic			✓		• To established a collaborative mechanism with overseas specialised laboratories	

analysis and ESR,						
• Country experiences relating to the detection and response to radiological risks and events documented and shared with the global community.	✓					

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