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National Capacity Monitoring International Health Regulations.

Core Capacity:	1. National legislation, policy & financing	**2011**
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 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 been carried out?	Yes
1.1.1.4 Have policies to facilitate IHR NFP core and expanded functions and to strengthen core capacities been implemented?	Yes
1.1.1.5 Are key elements of national/domestic IHR-related legislation published ?	No
Please provide the URL link(s) to any relevant documentation:	www.moh.gov.bh www.bahrain.bh

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.

World Health Organization

National Capacity Monitoring International Health Regulations.

Core Capacity:	2. Coordination and NFP Communications	2011
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)[1] 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[1] 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 status of IHR implementation to stakeholders across all relevant sectors?	Yes

World Health Organization

National Capacity Monitoring International Health Regulations.

Core Capacity: 2. Coordination and NFP Communications	**2011**
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 NFP 1] been established?	Yes
2.1.2.2 Have national stakeholders [1] responsible for the implementation of IHR been identified?	Yes
2.1.2.3 Has information on obligations[1] of the IHR NFP under the IHR been disseminated to relevant national authorities and stakeholders?	Yes
2.1.2.4 Have the roles and responsibilities of relevant authorities and stakeholders in regard to IHR implementation been defined and disseminated?	Yes
2.1.2.5 Have plans to sensitize stakeholders to their roles and responsibilities been implemented ?	Yes
2.1.2.6 Is the IHR Event Information Site used as an integral part of the IHR NFP information resource ?	Yes
2.1.2.7 Has an active IHR website or webpage been established?	No
2.1.2.8 Have any additional roles [1] and responsibilities for the IHR NFP functions been implemented?	No
2.1.2.9 Does the IHR NFP provide WHO with updated contact information as well as annual confirmation of the IHR NFP?	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:	send regularly to WHO IHR

National Capacity Monitoring
International Health Regulations.

Core Capacity:	3. Surveillance	2011
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
3.1.1.1Is there a list of priority diseases , conditions and case definitions for surveillance?	Yes
3.1.1.2Is 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
3.1.1.4Have baseline estimates, trends, and thresholds for alert and action been defined for the community /primary response level for priority diseases/events?	Unknown
3.1.1.5Is there timely reporting from at least 80% of all reporting units?	Unknown
3.1.1.6Are deviations or values exceeding thresholds detected and used for action at the primary public health response level ?	Unknown
3.1.1.7Has regular feedback of surveillance results been disseminated to all levels and other relevant stakeholders?	Yes
3.1.1.8Have 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?	No

Core Capacity:	3. Surveillance	2011
Component:	3.2 Event-Based Surveillance	**Bahrain**
Indicator:	3.2.1 Event-Based Surveillance is established	**RETURN**

Question	Answer
3.2.1.1 Has unit(s) responsible for event-based surveillance been identified?	Yes
3.2.1.2 Are country SOPs and/or guidelines for event based surveillance 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?	No
3.2.1.4 Have information sources for public health events 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 ?	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?	No
3.2.1.7 Has the community/primary response level reporting been evaluated and updated as needed?	No
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?	No
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 over the last 12 months?	Unknown
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 over the last 12 months?	
3.2.1.12 Have all events identified as urgent within the last 12 months been assessed within 48 hours of reporting?	No Answer
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 Can the IHR NFP respond to all verification requests from WHO within 24 hours (Art 10)?   No Answer

3.2.1.13b If No, what % of verification requests from WHO can the IHR NFP respond to within 24 hours?

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?   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 (additional pages may be attached if necessary)

Core Capacity:	4. Response	**2011**
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 evaluated after a real or simulated public health response?	Yes
4.1.1.5 Are there Rapid Response Teams[1] (RRTs) to respond to events that may constitute a public health emergency?	Yes
4.1.1.6 Are there SOPs and/or guidelines available for the deployment of RRT members?	Yes
4.1.1.7 Are there case management guidelines for priority conditions?	Yes
4.1.1.8 Are evaluations of response including the timeliness[1] and quality of response systematically carried out?	Yes
4.1.1.9 Can multidisciplinary RRT be deployed within 48 hrs[1] from the first report of an urgent[2] event?	Yes
4.1.1.10 Has the country offered assistance to other States Parties for developing their response capacities or implementing control measures?	No

World Health Organization

National Capacity Monitoring
International Health Regulations.

Core Capacity: 4. Response		**2011**
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[1] 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[1]?	Yes
4.2.1.8 Have infection control plans been implemented nationwide?	No
4.2.1.9 Is there surveillance within high risk groups[1] 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 implemented, with data on the magnitude and trends available?	Yes
4.2.1.12 Has a national programme[1] for protecting health care workers been implemented?	Yes
Please provide the URL link(s) to any relevant documentation:	www.moh.gov.bh
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	An electronic Health care workers screenind for communicable diseases and vaccination program

Core Capacity:	5. Preparedness	2011
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[1]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 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 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?	Yes

National Capacity Monitoring
International Health Regulations.

Core Capacity: 5. Preparedness	2011
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 to identify potential urgent public health event, and the most likely sources of these events been conducted?	No
5.2.1.3 Have national resources been mapped for IHR relevant hazards and priority risks?	No
5.2.1.4 Is a plan for management and distribution of national stockpiles available?	Yes
5.2.1.5 Are stockpiles (critical stock levels) accessible for responding to priority biological, chemical, radiological events and other emergencies?	Yes
5.2.1.6 Is the national risk profile and resources assessed regularly to accommodate emerging threats?	No
5.2.1.7 Does the country contribute to international stockpiles?	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

National Capacity Monitoring
International Health Regulations.

Core Capacity:	6. Risk Communication	2011
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 [1] 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 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?	Yes
6.1.1.6 Are there accessible and relevant IEC (Information, Education and Communications) materials tailored to the needs of the population?	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[1] and appropriateness of communications, been carried out?	Yes
6.1.1.9 Have results of evaluations of risk communications efforts during a public health emergency been shared with the global community?	Yes
Please provide the URL link(s) to any relevant documentation:	www.moh.gov.bh

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

National Capacity Monitoring
International Health Regulations.

Core Capacity:	7. Human Resource Capacity	2011
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 [1] to meet IHR requirements?	Yes
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 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

National Capacity Monitoring
International Health Regulations.

| **Component:** 8.1 Laboratory diagnostic and confirmation capacity | **Bahrain** |

| **Indicator:** 8.1.1 Laboratory services available to test for priority health threats | **RETURN** |

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 Is there a network of national and 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 an up to date and accessible inventory of public and private laboratories with relevant diagnostic capacity available?	No
8.1.1.5 Have national or international External Quality Assessment Schemes for major public health disciplines been implemented for diagnostic laboratories?	Yes
8.1.1.6 Are more than 10 non-AFP (Acute Flaccid Paralysis) hazardous specimens per year referred to national or international reference laboratories for examination?	Yes
8.1.1.7 Are all diagnostic laboratories certified or accredited to international standards or to national standards adapted from international standards?	No

National Capacity Monitoring
International Health Regulations.

World Health Organization

Core Capacity:	8. Laboratory	**2011**
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 for laboratory biosafety available?	No
8.2.1.3 Has a responsible entity[1] been designated for laboratory biosafety and laboratory biosecurity?	No
8.2.1.4 Are relevant staff trained in laboratory biosafety and laboratory biosecurity guidelines?	No
8.2.1.5 Has an institution or person 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 assessment been conducted in laboratories to guide and update biosafety regulations, procedures and practice, including for decontamination and management of infectious waste?	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

National Capacity Monitoring
International Health Regulations.

Core Capacity:	9. Points of Entry	2011
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 Has a review meeting (or other appropriate method) to designate PoE been held?	Yes
9.1.1.2 Have ports/airports been designated for development of capacities as specified in Annex 1 of the IHR?	Yes
9.1.1.3 If yes, Please list number of Designated PoE	Ports: 1 Airports: 1 Ground crossings: 0
9.1.1.4 Please indicate the number of designated PoE (below) that a 'Competent authority' been identified?	Ports: 1 Airports: 1 Ground Crossings: 0
9.1.1.5 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
9.1.1.6 Has relevant legislation, regulations, administrative acts, protocols, procedures and other government instruments to facilitate IHR implementation at designated PoE been updated as needed?	Yes
9.1.1.7 Have updated IHR health documents been implemented at designated PoE(s)?	Yes
9.1.1.8 Have designated PoE been assessed?	Yes
9.1.1.9 Is there joint designation of PoE for core capacity development between countries?	No

National Capacity Monitoring International Health Regulations.

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 Have priority conditions for surveillance at designated PoE been identified?	No Answer
9.2.1.2 Has surveillance information at designated PoE been shared with the surveillance department/unit?	No Answer
9.2.1.3 Please list number of designated PoE (by type), that have communications procedures established as required by the IHR in Annex 1	Ports: 0 Airports: 1 Ground crossings: 0
9.2.1.6 Are mechanisms for the exchange of information between designated PoE and medical facilities in place?	No Answer
9.2.1.7 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
9.2.1.8 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
9.2.1.9 Please indicate the number of designated PoE (by type) that have an inspection program to ensure safe environment at facilities[1] is functioning	Ports: 1 Airports: 1 Ground crossings: 0
9.2.1.10 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
9.2.1.11 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
9.2.1.12 Has a review of surveillance of health threats at designated PoE been carried out in the last 12 months and results published?	No

National Capacity Monitoring
International Health Regulations.

Core Capacity:	9. Points of Entry	2011
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 appropriate space, separate from other travellers, to interview suspect or affected persons (Annex 1B, 2c)?	Ports: 1 Airports: 1 Ground crossings: 0
9.3.1.4 Have the public health emergency contingency plans at designated PoE been tested and updated as needed?	No Answer
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 (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?	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
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	
Kindly mention the assessment of any designated PoE and the tools used to conduct the assessment:	

Core Capacity:	10. Zoonotic Events	2011
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[1] 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 with the MoH and/or IHR NFP?	Yes
10.1.1.4 Have functional mechanisms 1] 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?	No
10.1.1.6 Is there systematic and timely collection and collation of zoonotic disease data?	No
10.1.1.7 Is there timely 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?	No
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?	No
10.1.1.12 Is there timely (as defined by national standards) response to more than 80% of zoonotic events of potential national and international concern?	No
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 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

National Capacity Monitoring
International Health Regulations.

Core Capacity:	11. Food Safety	2011
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	

Question	Answer
11.1.1.1 Are national or international food safety standards available?	Yes
11.1.1.2 Are there national food laws, regulations or policies in place to facilitate food safety control?	Yes
11.1.1.3 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
11.1.1.4 Are there functional mechanisms[1] in place for multisectoral collaborations for food safety events?	Yes
11.1.1.5 Is your country an active member of the INFOSAN network?	No
11.1.1.6 Is there a list of priority food safety risks available?	Yes
11.1.1.7 Are there guidelines or manuals on the surveillance, assessment and management of priority food safety events available?	Yes
11.1.1.8 Is epidemiological data related to food contamination systematically collected and analysed?	Yes
11.1.1.9 Are there risk-based food inspection services in place?	Yes
11.1.1.10 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
11.1.1.11 Is there timely and systematic information exchange between food safety authorities, surveillance units and other relevant sectors regarding food safety events?	Yes
11.1.1.12 Is there a roster of food safety experts for the assessment and response to food safety events?	No
11.1.1.13 Have operational plan(s) for responding to food safety events been tested in an actual emergency or simulation exercise and updated as needed?	Yes
11.1.1.14 Have mechanisms been established to trace, recall and dispose of contaminated products?	Yes
11.1.1.15 Are there communication mechanisms and materials in place to deliver information, education and advice to stakeholders across the farm-to-fork continuum?	Yes

World Health Organization

11.1.1.16 Have food safety control management systems (including for imported food) been implemented?   Yes

11.1.1.17 Has information from foodborne outbreaks and food contamination been used to strengthen food management systems, safety standards and regulations?   Yes

11.1.1.18 Has an analysis been published of food safety events, foodborne illness trends and outbreaks which integrates data from across the food chain?   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

National Capacity Monitoring International Health Regulations.

Core Capacity: 12. Chemical Events	**2011**
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 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 and response?	No
12.1.1.3 Do national authorities responsible for chemical events, have a designated focal point for coordination106 and communication with the ministry of health and/or the IHR National Focal Point?	Yes
12.1.1.4 Do functional coordination mechanisms with relevant sectors exist for surveillance and timely response to chemical events?	Yes
12.1.1.5 Is surveillance in place for chemical events, intoxication or poisonings?	Unknown
12.1.1.6 Has a list of priority chemical events/syndromes that may constitute a potential public health event of national and international concern been identified?	Unknown
12.1.1.7 Is there an inventory of major hazard sites and facilities that could be a source of chemical public health emergencies?	Yes
12.1.1.8 Are manuals and SOPs for rapid assessment, case management and control of chemical events available and disseminated?	No
12.1.1.9 Is there timely and systematic information exchange between appropriate chemical units, surveillance units and other relevant sectors about urgent chemical events and potential chemical risks?	No
12.1.1.10 Is there an emergency response plan that defines the roles and responsibilities of relevant agencies in place for chemical emergencies?	Yes
12.1.1.11 Has laboratory capacity or access to laboratory capacity been established to confirm priority chemical events?	Yes
12.1.1.12 Has a chemical event response plan been tested through occurrence of real event or through a simulation exercise and updated as needed?	Yes
12.1.1.13 Is there (are there) an adequately resourced Poison Centre(s) in place?	Unknown
12.1.1.14 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

World Health Organization

National Capacity Monitoring International Health Regulations.

Core Capacity:	13. Radiation Emergencies	**2011**
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 established for national and international transport of radioactive material, samples and waste management, including those from hospitals and medical services?	Unknown
13.1.1.4 Is there a functional coordination and communication mechanism between relevant national competent authorities responsible for nuclear regulatory control/safety, and relevant sectors?	Yes
13.1.1.5 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
13.1.1.6 Does radiation monitoring exist for radiation emergencies that may constitute a public health event of international concern?	Yes
13.1.1.7 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
13.1.1.8 Have scenarios, technical guidelines and SOPs been developed for risk assessment, reporting, event confirmation and notification, investigation and management of radiation emergencies?	No
13.1.1.9 Is there a radiation emergency response plan?	Yes
13.1.1.10 Have radiation emergency response drills been carried out regularly, including the requesting of international assistance (as needed) and international notification?	Yes
13.1.1.11 Is there a mechanism in place to access health facilities (inside or outside the country) with capacity to manage patients of radiation emergencies?	No
13.1.1.12 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

13.1.1.13 Are there collaborative mechanisms in place for access to specialized laboratories   No
that are able to perform bioassays, biological dosimetry by cytogenetic analysis and ESR?

13.1.1.14 Have country experiences with the detection and response to radiological risks   No
and events been documented and shared with the global community?

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activities that the country has conducted which are not reflected in this questionnaire