

## IHR (2005) - Country Profile 2010: Bahrain

In accordance with IHR Article 54 and WHA resolution 61.2, all IHR States Parties and WHO are required to report to the WHA on a yearly basis on their implementation of the Regulations. This country profile provides an overview of the progress achieved as reported by this State Party in achieving selected elements of the core public health capacities required by the International Health Regulations (2005) in the context of the International Health Regulations (2005) Annex 1.

### Useful Contacts and further information

#### IHR CONTACT:

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#### Country Indicators (MDG)

Population (in thousands) total: 776  
Life expectancy at birth (years): 75  
Infant mortality rate: 10  
Maternal mortality ratio: 19 [11-30]  
Physicians/10 000 population: 29.7



MDG indicators extracted from WHO Global Health Observatory, Nov 2010

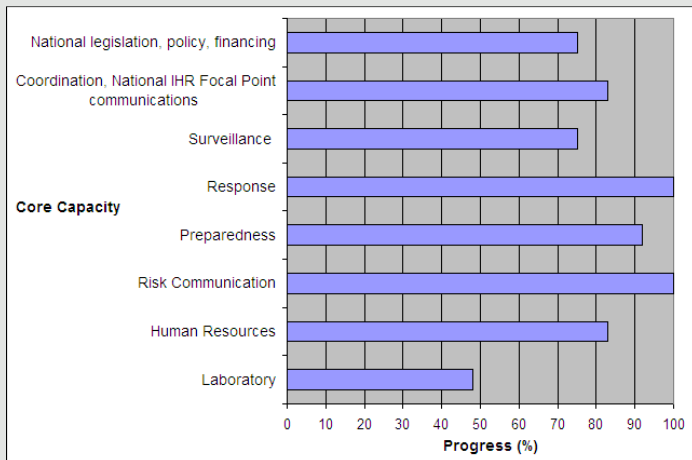
### National Capacity Assessment

All IHR States Parties are required to develop or maintain certain core public health capacities for surveillance and response as specified in the IHR; to achieve this objective, they must develop and implement a plan of action designed to ensure that these capacities will be present and functioning throughout their territories by 2012.

The International Health Regulations monitoring framework\* for these core capacities involves the assessment of **eight core capacities** through a checklist of **20 indicators**:

- of the eight core capacities,
- at Points of Entry, and
- of the four IHR-related hazards (biological (including infectious, zoonotic and food safety), radio-nuclear, and chemical events).

### EIGHT CORE CAPACITIES IMPLEMENTATION STATUS



#### National legislation and Policy

**Indicator 1:** Laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of obligations under the IHR.

**Progress**

75%

#### Coordination

**Indicator 2:** A mechanism is established for the coordination of relevant sectors in the implementation of IHR.

**Progress**

66%

**Indicator 3:** IHR NFP functions and operations are in place as defined by the IHR (2005).

100%

#### Surveillance

**Indicator 4:** Indicator based (Routine) Surveillance has early warning function for early detection of Public Health events.

66%

**Indicator 5:** Event Based Surveillance has been established.

84%

#### Response

**Indicator 6:** Public health emergency response mechanisms are established.

100%

**Indicator 7:** Infection prevention and control (IPC) is established at national and hospital level.

100%

\* [http://www.who.int/ihr/IHR\\_Monitoring\\_Framework\\_Checklist\\_and\\_Indicators.pdf](http://www.who.int/ihr/IHR_Monitoring_Framework_Checklist_and_Indicators.pdf)

## Preparedness

**Indicator 8:** Multi-hazard National Public Health Emergency Preparedness & Response Plan developed.

**Indicator 9:** Public health risks and resources are mapped.

## Risk communication

**Indicator 10:** Mechanisms for effective risk communication during a public health emergency are established.

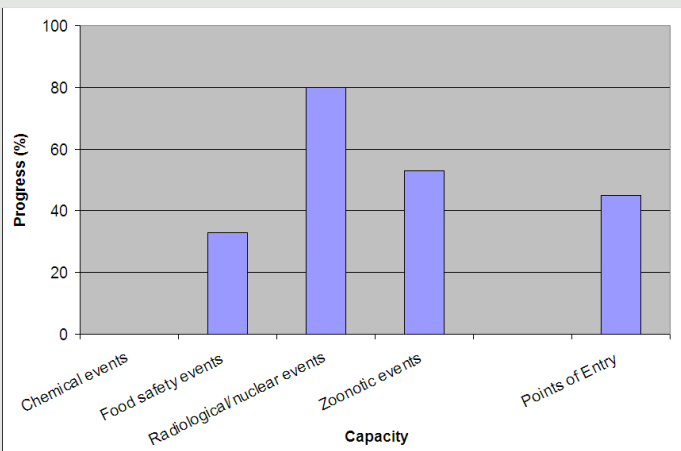
## HR Capacity

**Indicator 11:** Human resources are available to implement IHR core capacity requirements.

## Laboratory

**Indicator 12:** Laboratory services are available and accessible to test for priority health threats.

**Indicator 13:** Laboratory biosafety and Biosecurity practices are in place.



## IHR-RELATED HAZARDS

**Indicator 14:** Mechanisms are established for the detection, alert and response to chemical emergencies.

**Indicator 15:** Mechanisms are established for detecting and responding to foodborne disease and food contamination.

**Indicator 16:** Mechanisms are established for detecting and responding to radiological and nuclear emergencies.

**Indicator 17:** Mechanisms for detecting and responding to zoonoses and potential zoonoses are established.

## Progress

100%

85%

100%

83%

85%

11%

0%

33%

80%

53%

## POINTS OF ENTRY (PoE)

**Indicator 18:** General obligations are fulfilled.

**Indicator 19:** Effective surveillance is established.

**Indicator 20:** Effective response is established.

## Progress

9%

42%

83%

## Number of ports implementing\*:

- Ship Sanitation Control Certificates 4
- Ship Sanitation Control Exemption Certificates 0
- Extensions 0

\*for the current and detailed list of ports, see: [http://www.who.int/ihr/ports\\_airports/portslanding/en/](http://www.who.int/ihr/ports_airports/portslanding/en/)

## MILESTONES ACHIEVED

### National legislation and Policy

- National policies have been reviewed to facilitate the implementation of IHR core capacities.

### Coordination

- Multisectoral mechanism addresses IHR requirements on surveillance and response for public health risks and events.

### Surveillance

- Specific units are designated for public health risk surveillance.
- Event-based surveillance units have been designated.

### Response

- Rapid Response Teams are available in the country.
- A functional command and control operations centre is in place.
- National infection prevention and control policies or guidelines are in place.
- Hospitals can access SOPs, guidelines and protocols for IPC.

### Preparedness

- A national plan to meet IHR core capacity requirements has been developed.
- A national public health emergency response plan for hazards and Points of Entry is available.
- Updated and tested national public health emergency response plan(s) for hazards and PoE are in place.

### Risk communication

- A risk communication plan has been developed. It includes social mobilization of communities.
- A unit for coordinating public communications during a public health event is in place.



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