

IHR (2005)Country Profile 2011: 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

National Focal Point

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Country Indicators (MDG)

Population (in thousands) total: 791
Life expectancy at birth (years): 74
Infant mortality rate: 9
Maternal mortality rate: 19 [11-30]
Physicians per 10 000 population: 14.42



Millenium Development Goals indicators extracted from WHO Global Health Observatory

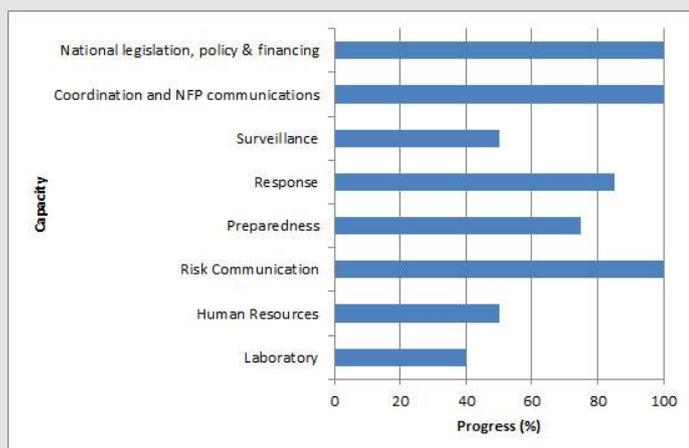
National Capacity Assessment

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

Progress
100%

Coordination

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

Progress
100%

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

Progress
100%

Surveillance

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

Progress
40%

Indicator 5: Event Based Surveillance has been established.

Progress
60%

Response

Indicator 6: Public health emergency response mechanisms are established.

Progress
100%

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

Progress
71%

*http://www.who.int/ihr/IHR_Monitoring_Framework_Checklist_and_Indicators.pdf

**A sufficient legal framework for complying with IHR obligations was required as of the date the IHR entered into legal force for all States Parties in 2007; the 2012 deadline for implementation of additional technical capacities in Annex 1 does not apply to the legal framework.

Preparedness

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

Progress

100%

Indicator 9: Public health risks and resources are mapped.

50%

Risk communication

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

100%

HR Capacity

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

50%

Laboratory

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

80%

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

0%

Points of Entry (PoE)

Indicator 14: General obligations are fulfilled.

100%

Indicator 15: Effective surveillance is established.

100%

Indicator 16: Effective response is established.

100%

Number of ports implementing*:

- Ship Sanitation Control Certificates 0
- Ship Sanitation Control Exemption Certificates 0
- Extensions to the SSC 0

*for the current and detailed list of ports, see: http://www.who.int/ihr/ports_airports/portslanding/en/

IHR-RELATED HAZARDS

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

Progress

33%

Indicator 18: Mechanisms are established for detecting and responding to foodborne disease and food contamination.

100%

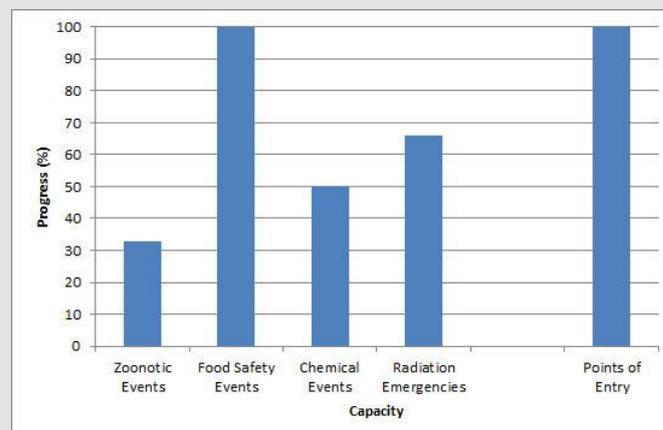
Indicator 19: Mechanisms are established for the detection, alert and response to chemical emergencies.

50%

Progress

Indicator 20: Mechanisms are established for detecting and responding to radiological and nuclear emergencies.

66%



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 PHEICs.

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.



World Health
Organization

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