وزارة الصحة
Ministry of Health

الخطة التنفيذية لبرامج عمل الحكومة

2018-2015

Continuation of IHR implementation in Bahrain

(2015-2018)

Implementation Plan for Continuation of IHR implementation in Bahrain

Strategic Goal	**Maintaining the Public Health through the promotion of Preventive health.**
Initiative	**Protection against the existing and emerging diseases through enhance IHR implementation in Bahrain.**
Program	**Continuation of IHR implementation**
Project	**Increase of IHR Core Capacities implementation through four projects.** **Project No 1 is Strengthening National IHR Capacities**
Performance Indicator	**To Raise the IHR Core capacities Indicators percentages to 100% by 2018.**
Overall Budget	
Focal Point	**Dr.Muna Al-Musawi, National IHR Focal Officer**

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Project No 1 Strengthening National IHR Capacity

No	Implementations Steps	Implementations Requirements/ Obstacles	Date Starting	Date Ending	Proposed Budget
1.Human Resource	-A responsible unit been identified to assess human resource capacities to meet the country's IHR requirements. -Critical gaps been identified in existing human resources (numbers and competencies) to meet IHR requirements. Training needs assessment been conducted and plan developed to meet IHR requirements. -A plan been developed to meet training needs requirements. -Workforce development plans and funding for the implementation of the IHR been approved by responsible authorities. -Targets being achieved for meeting workforce numbers and skills consistent with milestones set in training development plan.	Human resources are available to implement IHR core capacity requirements.	2014	2017	

	-A strategy been developed for the country to access field epidemiology training (one year or more) in-country, regionally or internationally. **An evidence of a 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.** **-A training opportunities or resources being used to train staff from other countries.**				
2. Laboratories	**-Bio safety guidelines should be accessible to individual laboratories.** **-Regulations, policies or strategies exist for laboratory bio safety.** **-A responsible entity been designated for laboratory bio safety and bio security.** **Bio safety guidelines, manuals or SOPs been disseminated to laboratories.** **Relevant staff trained on bio safety guidelines.** **-National classification of microorganisms by risk group been completed.**	**Coordinating mechanism for laboratory services is established.** **-Laboratory services are available to test for priority health threats.** **-Influenza surveillance is established.**			

	-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.** **-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.** **-Country experience and findings related to bio safety been evaluated and reports shared with the global community.** **-Country experience and findings regarding laboratory surveillance been shared within the country and global community.**	**-System for collection, packaging and transport of clinical specimens is established.** **-Laboratory biosafety and Laboratory Biosecurity (Biorisk management [10]) practices are in place.** **-Laboratory data management and reporting is established.**			

3. Points of Entry	**-Review meeting (or other appropriate method) conducted to identify Points of Entry for designation.** **Competent authority' for each PoE been designated.** **-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.** **-Proportion of designated airports has been assessed.** **Proportion of designated ports has competent authority.** **-Proportion of designated ports has been assessed.** **-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.** **-Surveillance information at designated PoE**	**General obligations at PoE are fulfilled.** **-Coordination [6] in the prevention, detection, and response to public health emergencies at POE is established.** **-Effective surveillance and other routine capacities is established at PoE.** **-Effective** **response at PoE** **is established**	**2011**	**2016**	

	been shared with the surveillance department/unit. **-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 2e).** **-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.** **-Functioning program 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.** **-Review of surveillance of health threats at PoE been carried out in the last 12 months and results published.** **-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.**				
4..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.** **• 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.** **• List of priority zoonotic diseases with case definitions is available.**	**Mechanisms for detecting and responding to zoonosis and potential zoonosis are established.**	**2010**	**2018**	

	• **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.** • **Country have access to laboratory capacity, nationally or internationally (through established procedures) to confirm priority zoonotic events.** • **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.** • **Regular (e.g. monthly) information exchange been established on zoonotic diseases among the laboratories responsible for human diseases and animal diseases.** • **Regularly updated roster (list) of experts that can respond to zoonotic events is done.** • **Mechanism has been established for response to outbreaks of zoonotic diseases by human and animal health sectors.**				

	• Animal health (domestic and wildlife) authorities/units participate 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. • 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.				
5.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	Mechanisms are established for detecting and responding to food borne disease and food	2010	2017	

	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. • 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 analysed. • Food safety authorities report systematically on food safety events of national or international concern to the surveillance unit. • Risk-based food inspection services are in place. • Country has access to laboratory capacity to confirm priority food safety events of national	contamination.			

	or international concern including molecular techniques. • **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.** • **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.** • **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				
6.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 response?** **• 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.** **• Do functional coordination mechanisms with relevant sectors exist for surveillance and timely response to chemical events?** **• Is surveillance in place for chemical events, intoxication or poisonings?** **• Has a list of priority chemical events/syndromes that may constitute a**	**Mechanisms are established for the detection, alert and response to chemical emergencies**	**2012**	**2018**	

	potential public health event of national and international concern been identified? **• 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?** **• Is there timely and systematic information exchange between appropriate chemical units108, surveillance 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?** **• Has laboratory capacity or access to laboratory capacity been established to confirm**				

	priority chemical events? **• Has a chemical event response plan been tested through occurrence of real event or through a simulation exercise and updated as needed?** **• Is there (are there) an adequately resourced Poison Centre(s) in place.** **• Have country experiences and findings regarding chemical events and risks of national and international concern been shared with the global community.**				
7.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.** **• 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**	**Mechanisms are established for detecting and responding to radiological and nuclear emergencies**	**2013**	**2018**	

	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 sources which may be the source of a public health emergency of international concern is available.** **• Monitoring is in place for radiation emergencies.** **• 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.) is done.** **• 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.** • **Radiation emergency response drills have been carried out regularly at national level, including requesting international assistance (as needed) and international notification.** • **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).** • **Strategy for public communication in case of a radiological or nuclear event is present.** • **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.** • **Regularly updated collaborative mechanisms in place for access to specialized laboratories that are able to perform bioassays biological**				

	dosimetry by cytogenetic 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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Initiative	**Protection against the existing and emerging diseases through enhance IHR implementation in Bahrain.**
Program	**Continuation of IHR implementation**
Project	**Increase of IHR Core Capacities implementation through four projects.** **Project No 2 is Partnership Strengthening**
Performance Indicator	**To Raise the IHR Core capacities Indicators percentages to 100% by 2018.**
Overall Budget	
Focal Point	**Dr.Muna Al-Musawi, National IHR Focal Officer**

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Project No 2 Partnership Strengthening

No	Implementation Steps	Implementation Requirement/ Obstacles	Date Starting	Date Ending	Proposed Budget
1.Coordination and National Focal Point (NFP) Communication	-To coordinate within relevant ministries on events that may constitute a public health event of national or international concern. -Standard Operating Procedures (SOP) available for coordination between IHR NFP and stakeholders of relevant sectors. -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. -To test the coordination mechanisms through an actual event occurrence or through exercises and updated as needed.	-To inform, train and actively involve the concerned stakeholders in relevant sectors in implementing the Regulations (short to intermediate) -To ensure that higher authorities in the country understand the public health and economic benefits of implementing the revised regulations and engage in resource mobilization activities to support their full implementation. (short term) -To establish and be an active member in the regional and global health regulation network. (Long term).	2010	2016 continuous	

	-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.** **-To implement plans to sensitize stakeholders to their roles and responsibilities.** **Establish active IHR website.** **Conduct updates on the IHR with relevant stakeholders on at least an annual basis.** **-Establish IHR NFP.** **-Establish MOH IHR Task force group.** **-Establish other sectors IHR tasks force groups.** **-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.** **-At least a one written NFP-initiated communication with WHO consultation, notification or information sharing on a public health event in the past 12 months.** **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.** **-Evaluate and share national experiences in terms of IHR-related laws, regulations, administrative requirements, policies or other government instruments with the global community.**				
2. Risk communication	**-Risk communication partners and stakeholders been identified.**	**-Promoting the risk communication capacity to cope with an unfolding public health emergency.**		**2009**	

	-A unit responsible for coordination of public communications during a public health event, with roles and responsibilities of the stakeholders clearly defined **-A risk communication plan including social mobilization of communities been developed.** **-Policies, SOPs or guidelines disseminated on the clearance and release of information during a public health event.** **-A proportion of public health events of national or potential international concern has the risk communication plan been implemented in the last 12 months.** **-Policies, SOPs or guidelines are available to support community-based risk communications interventions during public health emergencies.** **-An evaluation of the public health communication been conducted after emergencies, including for timeliness, transparency and appropriateness of communications, and SOPs updated as needed.** **-SOPs been updated as needed following evaluation of the public health**	**-Dissemination of information to the public about health risks and events such as outbreaks of diseases.** **-Promote the establishment of appropriate prevention and control action through community-based interventions at individual, family and community levels.** **-Disseminating the information through the appropriate channels is also important.**			

	communication. **-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.** **-Regularly updated information sources accessible to media and the public for information dissemination.** **-Accessible and relevant IEC (Information, Education and Communications) materials tailored to the needs of the population.** **-Results of evaluations of risk communications efforts during a public health emergency been shared with the global community.**				

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Program	**Continuation of IHR implementation**
Project	**Increase of IHR Core Capacities implementation through four projects.** **Project No 3 is Prevent and respond to international Health emergencies**
Performance Indicator	**To Raise the IHR Core capacities Indicators percentages to 100% by 2018.**
Overall Budget	
Focal Point	**Dr.Muna Al-Musawi, National IHR Focal Officer**

Project No 3 Prevent and respond to international Health emergencies

No	Implementation Steps	Implementation Requirement/ Obstacles	Date Starting	Date Ending	Proposed Budget
1.IHR Surveillance	-To provide list of priority diseases or conditions for surveillance. -Provide Case definitions for priority diseases. Design specific units for surveillance of public health risks. -Estimate the proportion of timely reporting in all reporting units.(at least 80%). Analyses surveillance data on epidemic prone and priority diseases at least weekly at national and sub-national levels. -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	• To detection public health risks rapidly • To conduct a prompt risk assessment, notification, and response to these risks • To establish an event based surveillance system	2012	To be Completed in 2018 and to continue	

	response level. **-At least quarterly feedback of surveillance results disseminated to all levels and other relevant stakeholders.** **-Evaluations of the early warning function of routine surveillance been carried out and country experiences, findings, lessons learnt shared with the global community.** **-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.** **-SOPs and guidelines for event capture, reporting, confirmation, verification, assessment and notification been implemented, reviewed and updated as needed.** **-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.).** **-A local community (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. **-Implementation of local community reporting was evaluated and updated as needed.** **-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.** **-Reported events contain essential information specified in the IHR.** **-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.** **-Proportion of verification requests from WHO has IHR NFP responded to within 24 hours.** **-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.** **-Review the use of the decision instrument, with procedures for decision making updated on the basis**				

	of lessons learnt. **-Shared globally country experiences and findings in notification and use of Annex 2 of the IHR documented.** **-Evaluate and share national experiences in terms of IHR-related laws, regulations, administrative requirements, policies or other government instruments with the global community.**				
2.IHR Response capacity	**-Resources for rapid response during outbreaks of national or international concern are accessible.** **-Management procedures been established for command, communications and control during public health emergency response operations?** **-A functional, dedicated command and control operations center at the national or other relevant level.** **-Management procedures are evaluated after a real or simulated public health response.** **-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 management.** **-SOPs are available for the deployment of RRT**	**-Public health emergency 1 response mechanisms are established.** **-Case management procedures are implemented for IHR relevant hazards.** **-Infection prevention and control (IPC) is established at national and hospital levels** **-A program for disinfection, contamination and vector control is established.** **-To develop plans for surveillance and early**	**2010**	**2018** **contin** **ous**	

	members. **Multidisciplinary RRT been deployed within 48 hours from the time when the decision to respond is taken.** **-RRT submits 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.** **-Response procedures been updated as needed following actual event occurrence or an assessment.** **-Country should offer assistance to other States Parties for developing their response capacities or implementing control measures.** **-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.** **-A documented review of implementation of infection control plans available.** **-SOPs, guidelines and protocols for IPC are available to all hospitals.**	**warning for specific risks at national level (infectious, food, chemical and radio-nuclear).** **-To identify and implement risk reduction strategies** **-To implemented international mechanisms for stockpiling critical supplies (vaccines, drugs, personal protective equipment (PPE) for priority threats critical supplies.** **-To implement the public health contingency plan for public health events that might be of national and international concern at all designated PoE.** **-To ensure that designated points of entry have the capacity to rapidly implement international public health**			

	-Defined norms or guidelines developed for protecting health-care workers. **-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.** **-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) according to national or international guidelines.** **-The management of patients with highly infectious diseases meets 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.**	**recommendations.**			

	-Qualified IPC professionals present in place at a minimum in all tertiary hospitals. **-A compliance with infection control measures and their effectiveness been evaluated and published (available in a public domain).** **-Has a national program for protecting health care workers been implemented (preventive measures and treatment offered to health care workers; e.g. Influenza or hepatitis vaccine program 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).**				
3.IHR **Preparedne** **ss**	**-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.** **-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 actual emergency or simulation and updated as needed.**	**-To conduct assessment of the alert and response capacity in the country. (Short term)** **-To perform gap analysis of the alert and response capacity and develop and implement national action plans to prevent, detect, and respond to public health threats (short term)** **-To request WHO's technical support for**	**2013**		

	-A policy or strategy put in place to facilitate development of surge capacity. **-A national plan was put for surge capacity to respond to public health emergencies of national and international concern.** **-Testing the surge capacity either through response to a public health event or during an exercise, and determined to be adequate.** **Documenting the country experiences and findings on emergency response and mobilizing surge capacity and sharing it with global community.** **-Risk and resource management for IHR preparedness.** **-A directory of experts in health and other sectors to support a response to IHR-related hazards available.** **-A national risk assessment to identify the most likely sources of urgent public health event and vulnerable populations been conducted.** **A national resources been assessed to address priority risks.** **-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.** **-An experts been mobilized from multiple disciplines/sectors in response to an actual public health event or simulation exercise in the past twelve**	**national capacity building (short term)** **-To train the concerned staff in the field of disease prevention, surveillance, risk assessment, control and response. (Intermediate)** **-To ensure that PoE are kept free of infection or contamination, including vectors and reservoirs (long term)** **-To ensure that routine measures, in compliance with IHR (2005), are in place for travelers, conveyances, cargo, goods and postal parcels (short term)** **-To implement the public health contingency plan for public health events that might be of national and international concern at all designated PoE (intermediate)** **-To ensure that**			

	months. **-The national risk profile and resources regularly assessed (e.g. annually) to accommodate emerging threats.** **-Plan for management and distribution (if applicable) of national stockpiles available.** **-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.** **-Stockpile management system been tested through a real or simulated exercise and updated.** **-The country contributes to international stockpiles.** **-The country evaluated and shared national experiences in terms of risk and resource management**	**designated points of entry have the capacity to rapidly implement international public health recommendations (short)** **-To assess and strengthen surveillance system. (Short)** **-To improve skills of public health inspectors who attend the ports. (Long)** **-To establish an emergency planning compatible with IHR 2005. (Intermediate)** **-To establish an educational and training plan. (Long)** **-To establish a communication plan with the concerned parties. (Intermediate)** **-To conduct a simulation exercises to elaborate Bahrain's emergency plan to face public health events that might**			

		be of national and international concern. (Long) **-To provide a feedback system about performance of concerned parties.**			

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Program	**Continuation of IHR implementation**
Project	**Increase of IHR Core Capacities implementation through four projects.** **Project No 4 is Legal and Regulatory Framework Monitoring**
Performance Indicator	**To Raise the IHR Core capacities Indicators percentages to 100% by 2018.**
Overall Budget	
Focal Point	**Dr.Muna Al-Musawi, National IHR Focal Officer**

Project No 4 Legal and Regulatory Framework Monitoring

No	Implementation Steps	Implementation Requirement / Obstacles	Date Starting	Date Ending	Proposed Budget
1. National IHR legislations, policies and financial.	-An assessment of relevant legislation, regulations, administrative requirements and other government instruments for IHR (2005) implementation. -A documentation that recommendations following assessment of relevant legislation, regulations, administrative requirements and other government instruments have been implemented in Bahrain. -A review of national policies to facilitate the implementation of IHR NFP functions and the implementation of technical core capacities. -Documentation that policies to facilitate IHR NFP core and expanded functions and strengthening of technical core capacities have been implemented. -A published compilation of national IHR-related legislation -To evaluate and share national experiences in terms of IHR-related laws, regulations, administrative requirements, policies or other government instruments with the global community.	-To assess national public health legislation and to adapt it in line with the IHR (2005) Regulations. -To designate the National IHR Focal Points (NFP) -To monitor implementation of eight core capacities through a checklist of indicators, capacity development at the points of entry (PoE) and capacity development for the four IHR-related hazards (zoonotic and food safety (biological), radiological and nuclear, and chemical) -To establish IHR health policy and legislations. (Intermediate).	2010	2017	