



Kingdom of Bahrain
Ministry of Health
International Health Regulations

IHR Programs

2012-2016

Bahrain

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Prepared by

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Revised by

IHR Higher Committee

IHR MOH Task Force Group

IHR programs

- 1. National IHR legislations, policies and financial**
- 2. Coordination and National Focal Point (NFP) Communication**
- 3. IHR Surveillance**
- 4. IHR Response capacity**
- 5. IHR Preparedness**
- 6. IHR Risk communication**
- 7. IHR Human Resource**
- 8. IHR Laboratories**
- 9. IHR at the Points of Entry**
- 10. IHR Zoonotic Events**
- 11. IHR Food Safety**
- 12. Chemical Events in the Context of IHR**
- 13. Radiological Events in the Context of IHR**
- 14. IHR Monitoring Program**
- 15. IHR Website updating program**
- 16. IHR Data Management program**
- 17. Early Warning System and Events Based Surveillance Monitoring Program.**
- 18. Events Assessment Program.**

IHR Outcome Indicators

- 1. Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR.**
- 2. A mechanism is established for the coordination of relevant sectors¹ in the implementation of the IHR.**
- 3. IHR NFP functions and operations are in place as defined by the IHR (2005).**
- 4. Indicator based surveillance includes an early warning² function for the early detection of a public health event.**
- 5. Event based surveillance is established.**
- 6. Public health emergency response mechanisms are established.**
- 7. Infection prevention and control (IPC) is established at national and hospital levels.**
- 8. A Multi-hazard National Public Health Emergency Preparedness and Response Plan is developed.**
- 9. Priority public health risks and resources are mapped.**
- 10. Mechanisms for effective risk communication during a public health emergency are established.**
- 11. Human resources are available to implement IHR core capacity requirements.**
- 12. Laboratory services are available to test for priority health threats.**
- 13. Laboratory biosafety and laboratory biosecurity (Bio risk management) practices are in place.**
- 14. General obligations at PoE are fulfilled.**
- 15. Effective surveillance and other routine capacities are established at PoE.**
- 16. Effective response at PoE is established.**
- 17. Mechanisms for detecting and responding to zoonosis and potential zoonosis are established.**
- 18. Mechanisms are established for detecting and responding to food borne disease and food contamination.**
- 19. Mechanisms are established for the detection, alert and response to chemical emergencies.**
- 20. Mechanisms are established for detecting and responding to radiological and nuclear emergencies.**

Public Health Directorate
International Health Regulation

Section:

National Focal Point (NFP)

Program No:

1

Program Name:

National IHR legislations, policies and financial

Introduction

The IHR (2005) provide obligations and rights. Bahrain has been required to comply with and implement the IHR starting with their entry into force in 2007. To do so, we need to have an adequate legal framework to support and enable implementation of all of their obligations and rights. Implementation of the IHR may require adopting, implementing or enabling legislation for some or all of these obligations and rights. New or modified legislation may also be needed by to support the new technical capacities being developed in accordance with Annex 1. Even where new or revised legislation may not be specifically required under the legal system for implementation of provisions in the IHR (2005), Bahrain may still choose to revise some legislation, regulations or other instruments in order to facilitate implementation in a more efficient, effective or beneficial manner. Implementing legislation could serve to institutionalize and strengthen the role of IHR (2005) and operations within the country. It can also facilitate coordination among the different entities involved in implementation.

In addition, policies which identify national structures and responsibilities (and otherwise support implementation) as well as the allocation of adequate financial resources) are also important. National IHR legislations, policies and financial is the establishment of the legal and regulatory frameworks that specify the roles of participating partners and stakeholders to ensure justification of assessment of measures and facilitate quick and timely response. Furthermore, regularly monitoring the progress indicators for the implementation of IHR 2005 is necessary for improvement.

Aim and Goal:

- Legal Issues assessment and Monitoring
- Legal and regulatory frameworks establishment.




Objectives to Achieve the Goal:




- 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).

Program 1 Outcome Indicators:

- Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR.
- Funding is available and accessible for implementing IHR NFP functions and IHR core capacity strengthening.

Five Years Timeline 2012-2016																				Planned Action	
Program Stages	2012				2013				2014				2015				2016				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
An assessment of relevant legislation, regulations, administrative requirements and other government instruments for IHR (2005) implementation.																					1-WHO expert's mission for MOH legislations review was done in 2013 and IHR legislations was part of it. 2-to establish a multisectoral legal advisors committee to review the IHR legislations
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.																					

<p>Documentation that policies to facilitate IHR NFP core and expanded functions and strengthening of technical core capacities have been implemented.</p>		<p>To follow the implementation by the proposed legal committee</p>
<p>A published compilation of national IHR-related legislation:</p>		<p>To encourage all concerned parties to compile and publish the IHR related legislations</p>
<p>To evaluate and share national experiences in terms of IHR-related laws, regulations, administrative requirements, policies or other government instruments with the global community.</p>		<p>To request the legal committee to do that</p>

-  **Not implemented= red**
-  **Partially implemented=yellow**
-  **Completely implemented=green**

Public Health Directorate

Section:

International Health Regulation/NFP

Program No:

2

Program Name:

Coordination and National Focal Point (NFP) Communication

Introduction

Resource mobilization through intra-sectorial and inter- sectorial collaboration between various ministries and organization within the kingdom of Bahrain. This is supported by active engagement of higher authorities and concerned stakeholders in relevant sectors to benefit from the best available technical support for effective implementation of IHR by establishing a regional and global health regulation network. The effective implementation of the IHR requires multisectoral/multidisciplinary approaches through national partnerships for effective alert and response systems. Coordination of nation-wide resources, including the designation of an IHR NFP, which is a national center for IHR communications, is a key requisite for IHR implementation. The IHR NFP should be accessible at all times to

communicate with the WHO IHR Contact Points and with all relevant sectors and other stakeholders in the country. Bahrain must provide WHO with annually updated contact details for the national IHR Focal Point.

Aim and Goal:

Partnership strengthening

Objectives to achieve the goal:

- 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).

Outcome Indicators:

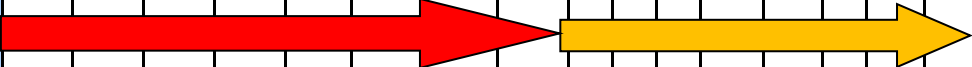



- A mechanism is established for the coordination of relevant sectors² in the implementation of IHR.
- IHR NFP functions and operations are in place as defined by the IHR (2005).




Five Years Timeline 2012-2016																				Planned Action	
Program Stages	2012				2013				2014				2015				2016				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
To coordinate within relevant ministries on events that may constitute a public health event of national or international concern.																					1.IHR National committee
Standard Operating Procedures (SOP) available for coordination between IHR NFP and																					algorithm

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																				



Drills was done between MOH and different sectors

<p>through an actual event occurrence or through exercises and updated as needed.</p>		
<p>A list of national stakeholders involved in the implementation of IHR.</p>		<p>To update the list of stakeholders</p>
<p>Define roles and responsibilities of various stakeholders under the IHR.</p>		<p>done</p>
<p>To develop plans to sensitize all relevant</p>		<p>1.Core capacities action plan to target the gaps identified by the WHO IHR review mission experts in 2014.THIS PLAN</p>

<p>stakeholders to their roles and responsibilities under the IHR.</p>		<p>WAS RAIZED TO THE National Disaster Committee for endorsement 2-chemical hazards draft action plan raised to the National Disaster Committee for endorsement and dissemination to the concerned parties</p>
<p>To implement plans to sensitize stakeholders to their roles and responsibilities.</p>		
<p>Establish active IHR website.</p>		
<p>Conduct updates on the IHR with relevant stakeholders on at least an</p>		

<p>with WHO consultation, notification or information sharing on a public health event in the past 12 months.</p>																				
<p>Documentation of actions taken by the IHR NFP and relevant stakeholders following communications with WHO</p>																				
<p>Country implementation of any roles and responsibilities which are</p>																				

<p>additional to the IHR NFP functions.</p>																				
<p>Evaluate and share national experiences in terms of IHR-related laws, regulations, administrative requirements, policies or other government instruments with the global community.</p>																				



Public Health Directorate

Section:

International Health Regulation/NFP

Program No:

3

Program Name:

IHR Surveillance

Introduction:

The IHR require the rapid detection of public health risks, as well as the prompt risk assessment, notification, and response to these risks. To this end, a sensitive and flexible surveillance system is needed with an early warning function is necessary. The structure of the system and the roles and responsibilities of those involved in implementing the system need to be clear and preferably should be defined through public health policy and legislation. Chains of responsibility need to be clearly identified to ensure effective communications within the country, with WHO and with other countries as needed.

The Diseases Control section-Communicable Diseases Control Unit (DCS-CDCU) at the Ministry of Health in Bahrain is responsible for planning, implementing and monitoring preventive measures to control communicable diseases incidence and prevalence in Bahrain.





Surveillance is a core activity of CDCU as it bears relevance to communicable diseases prevention and control programs. Amery Decree No. 14 of 1977 has specified clearly the procedures that regulate all activities required for the prevention and control of communicable diseases in Bahrain. The law also mandated the notification and investigation of communicable diseases and thus paved the way to the development of the communicable disease surveillance system. Although surveillance of communicable diseases is well structured, the surveillance for other hazards is not in place.




Aim and Goal:






- 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

Outcomes Indicators:

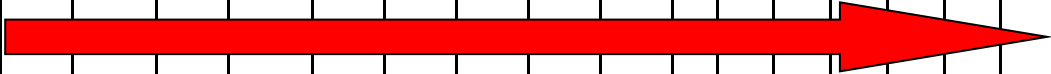

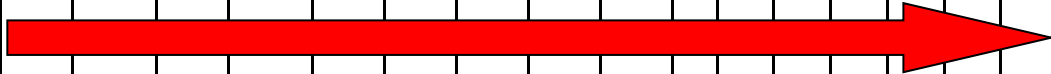
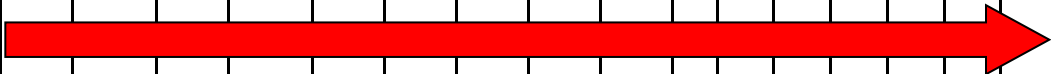
- Indicator based, surveillance includes an early warnings function for the early detection of a public health event.
- Event based surveillance is established.




Five Years Timeline 2012-2016																				Panned Action	
Program Stages	2012				2013				2014				2015				2016				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
To provide list of priority diseases or conditions for surveillance.																	This indicator is fully implemented for biological and need to be addressed for other events				
Provide Case definitions for priority diseases.																	This indicator is fully implemented for biological and need to be addressed for other events				
Design specific units for surveillance of public health risks.																	This indicator is fully implemented for biological and need to be addressed for other events				
Estimate the proportion of timely reporting in all reporting units.(at least																	This indicator is fully implemented for biological and need to				





80%)		be addressed for other events
Analyses surveillance data on epidemic prone and priority diseases at least weekly at national and sub-national levels.		This indicator is fully implemented for biological and need to be addressed for other events
Baseline estimates, trends, and thresholds for alert and action been defined for the local public health response level for priority diseases/events.		This indicator is fully implemented for biological and need to be addressed for other 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.		

<p>At least quarterly feedback of surveillance results disseminated to all levels and other relevant stakeholders.</p>		<p>Done on a weekly and quarterly basis for communicable diseases and needs to be addressed for others</p>
<p>Evaluations of the early warning function of routine surveillance been carried out and country experiences, findings, lessons learnt shared with the global community.</p>		
<p>Information sources for public health events and risks been identified.</p>		
<p>Unit(s) designated for event-based surveillance that may be part of an existing routine surveillance system.</p>		
<p>SOPs and guidelines for event capture, reporting,</p>		

<p>confirmation, verification, assessment and notification been developed and disseminated.</p>	
<p>SOPs and guidelines for event capture, reporting, confirmation, verification, assessment and notification been implemented, reviewed and updated as needed.</p>	
<p>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.).</p>	 <p style="text-align: right;">To be activated</p>

<p>A local community (primary response) level reporting strategy been developed.</p>															
<p>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.</p>															
<p>Implementation of local community reporting was evaluated and updated as needed.</p>															
<p>Country experiences and findings on the implementation of event-based surveillance, and</p>															

<p>the integration with indicator-based surveillance been documented and shared with the global community.</p>		
<p>Reported events contain essential information specified in the IHR.</p>		<p>Event Reporting form contain the essential information specified in the IHR</p>
<p>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.</p>		<p>No events reported</p>
<p>Proportion of verification requests from WHO has IHR NFP responded to within 24 hours.</p>		<p>No verifications requested</p>

<p>Use the Decision Instrument in Annex 2 of the IHR (2005) to notify WHO.</p>		
<p>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.</p>		<p>No events reported</p>
<p>Review the use of the decision instrument, with procedures for decision making updated on the basis of lessons learnt.</p>		
<p>Shared globally country experiences and findings in notification and use of Annex 2 of the IHR</p>		

documented.																				
Evaluate and share national experiences in terms of IHR-related laws, regulations, administrative requirements, policies or other government instruments with the global community.																				



Public Health Directorate

Section:

International Health Regulation/NFP

Program No:

4

Program Name:

IHR Response Capacity

Introduction:

Response Capacity is to strengthen the early warning system to ensure a rapid response. This could be achieved through producing, implementing, exercising and harmonizing national public health action to rapidly detecting and managing risks and public health events that might be of national and international concern. Preparedness, readiness for response and containment of the threats were identified in IHR (2005) including involvement of local level.

Command, communications and control operations mechanisms are required to facilitate the coordination and management of outbreak operations and other public health events. Multidisciplinary/multisectoral Rapid Response Teams (RRT) should be established and be available 24 hours a day, 7 days a week. They should be able to rapidly respond to events that may constitute a public health emergency of national or international concern. Appropriate case management, infection control, and decontamination are all critical components of this capacity that need to be considered.

Aim and Goal:

Prevent and Respond To International Public Health Emergencies


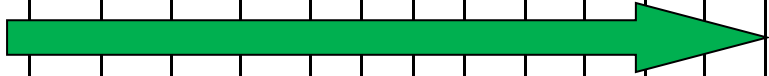

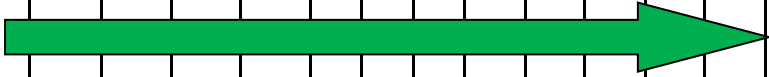
Objectives to achieve the goal


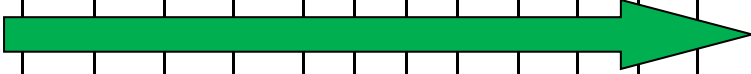
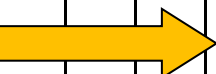
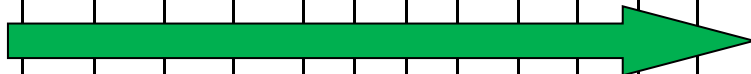

- Public health emergency 1 response mechanisms are established.
- Case management procedures are implemented for IHR relevant hazards 7.
- Infection prevention and control (IPC) is established at national and hospital levels
- A program for disinfection, contamination and vector 18 control is established.
- To develop plans for surveillance and early 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 recommendations.






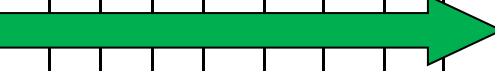

Outcome indicators:


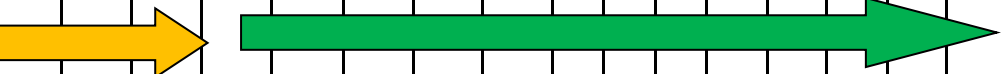

- Public health emergency response mechanisms are established.
- Case management procedures are implemented for IHR relevant hazards.
- Infection prevention and control (IPC) is established at national and hospital levels.
- A program for disinfection, decontamination and vector control is established.

Five Years Timeline 2012-2016																				Planned Action	
Program Stages	2012				2013				2014				2015				2016				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Resources for rapid response during outbreaks of national or international concern are accessible.																	<ul style="list-style-type: none"> -National Disaster Committee -IHR higher Committee -IHR MOH Committee -MOH Emergency Committee 				
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 members.	 	
Multidisciplinary RRT been deployed within 48 hours from the time when the decision to respond is taken.	 	
RRT submit preliminary written reports on investigation and control measures to relevant authorities in less than one week of investigation.		To create a RRT for each hazard



<p>RRT mobilized for real events or through simulation exercise at least once a year at relevant levels.</p>			
<p>An evaluation of response including the timeliness and quality of response been carried out.</p>			
<p>Response procedures been updated as needed following actual event occurrence or an assessment.</p>			
<p>Country should offer assistance to other States Parties for</p>			

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.	

<p>SOPs, guidelines and protocols for IPC are available to all hospitals.</p>																							
<p>Defined norms or guidelines developed for protecting health-care workers.</p>																							
<p>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</p>																							

available.																				
<p>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.</p>																				
<p>The management of patients with highly infectious diseases meets established IPC</p>																				

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																				

<p>available data on the magnitude and trends as well as unexplained illnesses in health workers.</p>																						
<p>Qualified IPC professionals present in place at a minimum in all tertiary hospitals.</p>																						
<p>A compliance with infection control measures and their effectiveness been evaluated and published (available in a public domain)</p>																						
<p>Has a national program for protecting health care workers been implemented</p>																						

<p>(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).</p>																							
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Public Health Directorate

Section:

International Health Regulation/NFP

Program No:

5

Program Name:

IHR Preparedness

Introduction:

Preparedness is to conduct an analysis of the available capacities to identify the gaps and plan for improvement.

Core capacity building should be strengthened in the field of national disease prevention, surveillance, control and response. Moreover, public health measures and response capacity building at designated ports of entry is required , as it has a recognized role in rapid detection and response to the risk of international disease spread.

Preparedness includes the development of national, intermediate and community/primary response level public health emergency response plans for relevant biological, chemical, radiological and nuclear hazards. Other components of preparedness include mapping of potential

hazards and hazard sites, the identification of available resources, the development of appropriate national stockpiles of resources and the capacity to support operations at the intermediate and community/primary response levels during a public health emergency.

Aim and Goal:

Strengthen National Capacity



Objectives to achieve the goal:





- 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 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 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

Outcome Indicators

- Multi-hazard National Public Health Emergency Preparedness and Response Plan is developed.
- Priority public health risks and resources are mapped.

Five Years Timeline 2012-2016																				Planned Action	
Program	2012				2013				2014				2015				2016				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
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).																					

<p>A national public health emergency response plan for hazards at Points of Entry (PoE) been developed (Annex 1A, Article 6g).</p>																
<p>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.</p>																
<p>A policy or strategy put in place to facilitate development of</p>																

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.																				

<p>An experts been mobilized from multiple disciplines/sectors in response to an actual public health event or simulation exercise in the past twelve months.</p>																							
<p>The national risk profile and resources regularly assessed (e.g. annually) to accommodate emerging threats.</p>																							
<p>Plan for management and distribution (if applicable) of</p>																							

international stockpiles.																					
The country evaluated and shared national experiences in terms of risk and resource management																					



Public Health Directorate

Section:

International Health Regulation/NFP

Program No: 6

Program Name:

Risk communication

Introduction:

Risk communications should be a multi-level and multi-faceted process. For any communication about risk caused by a specific event to be effective, it needs to take into account the social, religious, cultural, political and economic aspects associated with the event, as well as the voice of the affected population

Communication partners and stakeholders in the country need to be identified, and functional coordination and communication mechanisms established. In addition, it is important to establish communication policies and procedures on the timely release of information with transparency in decision making that is essential for building trust between authorities, populations and partners. Emergency communications plans need to be developed, tested and updated as needed.

Aim and goal:




To help stakeholders define risks, identify hazards, assess vulnerabilities and promote community resilience.

Objectives to achieve the goal

- Promoting the risk communication capacity to cope with an unfolding public health emergency.
- 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.




Outcome Indicators:



- Mechanisms for effective risk communication during a public health emergency are established.

Five Years Timeline 2012-2016																				Planned Action	
Program Stages	2012				2013				2014				2015				2016				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Risk communication partners and stakeholders been identified.																	Risk communication partners identified at the level of ministry of health and the media				
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																	1.A draft plan at the level of ministry of health was established 2.algorithm was established 3. IHR website was established				

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 communication.																				
Accessible and relevant IEC (Information, Education and Communications) materials tailored to the needs of the population.																				
Regularly updated information sources accessible to media and the public for																				

information dissemination																				
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																				

<p>Accessible and relevant IEC (Information, Education and Communications) materials tailored to the needs of the population</p>																				
<p>Results of evaluations of risk communications efforts during a public health emergency been shared with the global community.</p>																				



Public Health Directorate

Section:

International Health Regulation/NFP

Program No: 7

Program Name:

Human Resource

Introduction:

Strengthening the skills and competencies of public health personnel is critical to the sustainment of public health surveillance and response at all levels of the health system and the effective implementation of the IHR.

Aim and goal:

To strengthen the skills and competencies of public health personnel

Objectives to achieve the goal and outcome Indicators:

- Human resources are available to implement IHR core capacity requirements.

Five Years Timeline 2012-2016																				Planned Action	
Program Stages	2012				2013				2014				2015				2016				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
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.																					

<p>Training needs assessment been conducted and plan developed to meet IHR requirements.</p>																			
<p>A plan been developed to meet training needs requirements.</p>																			
<p>Workforce development plans and funding for the implementation of the IHR been approved by responsible authorities.</p>																			

<p>Targets being achieved for meeting workforce numbers and skills consistent with milestones set in training development plan.</p>																				
<p>A strategy been developed for the country to access field epidemiology training (one year or more) in-country, regionally or internationally.</p>																				



<p>An evidence of a strengthened workforce when tested by urgent public health event or simulation exercise is available.</p>																					
<p>Specific programs, with allocated budgets, to train workforces for IHR-relevant hazards are available.</p>																					
<p>A training opportunities or resources being used to</p>																					



Public Health Directorate

Section:

International Health Regulation/NFP

Program No:

8

Program Name:

Laboratories

Introduction:

Laboratory services are part of every phase of alert and response including detection, investigation and response, with laboratory analysis of samples performed either domestically or through collaborating centers. States Parties need to establish mechanisms that assure the reliable and timely laboratory identification of infectious agents and other hazards likely to cause public health emergencies of national and international concern, including shipment of specimens to the appropriate laboratories if necessary.

Aim and goal:

To establish a mechanisms that assure the reliable and timely laboratory identification of infectious agents and other hazards likely to cause public health emergencies of national and international concern.

Objectives to achieve the goal and outcome Indicators:

- Coordinating mechanism for laboratory services is established.
- Laboratory services are available to test for priority health threats.
- Influenza surveillance is established.
- System for collection, packaging and transport of clinical specimens is established.
- Laboratory biosafety and Laboratory Biosecurity (Bio risk management 10) practices are in place.
- Laboratory data management and reporting is established.

Five Years Timeline 2012-2016																				Action Planned	
Program	2012				2013				2014				2015				2016				
Stages	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Bio safety guidelines should be accessible to individual laboratories.																					<p>The guidelines was established and revised by WHO in 2014.and it is implemented and accessible to all PH labs only.</p> <p>National Biosafety officer trained by WHO and was recognized as a National biosafety officer to monitor all country health laboratories</p>
Regulations, policies or strategies exist for laboratory bio safety.																					

<p>A responsible entity been designated for laboratory bio safety and bio security.</p>																<p>PHD lab was designated in 2015 according to WHO request</p>
<p>Bio safety guidelines, manuals or SOPs been disseminated to laboratories.</p>																<p>Guidelines only were Disseminated to most private and governmental labs. SOPs and manual still to dissiminated</p>
<p>Relevant staff trained on bio safety guidelines.</p>																<p>Training was conducted to private and governemental hospital lab technicians</p>
<p>National classification of microorganisms by risk group been completed.</p>																<p>Done in march 2014 and included in biosafety manual in march 2014</p>

<p>An institution or person responsible for inspection, (could include certification of bio safety equipment) of laboratories for compliance with bio safety requirements is available.</p>																			<p>It was done by the medical equipment department only until 2015 where a biosafety committee member took this responsibility</p>
<p>Bio safety procedures implemented, and regularly monitored.</p>																			<p>Done through the national biosafety officer</p>
<p>A bio risk assessment been conducted in laboratories to</p>																			<p>Material safety data sheet and product safety data sheet were established and</p>

<p>guide and update bio safety regulations, procedures and practice, including for decontamination and management of infectious waste.</p>																<p>implemented in all PHD labs. All private and other governmental health laboratories were trained and guillines provided. Monitoring of the implementation to be done by biosafety officer</p>
<p>Diagnostic laboratories designated and authorized or certified BSL 2 or above for relevant levels of the health care system are available.</p>																<p>9 new safety cabinet including BSL2 and BSL3 were purchased and certified in march 2016 The old BSL2 TB cabinets were decontaminated and removed according to the international regulations</p>

<p>Country experience and findings related to bio safety been evaluated and reports shared with the global community.</p>																				
<p>Country experience and findings regarding laboratory surveillance been shared within the country and global community.</p>																				



Shared with the IHR
WHO experts
monitoring team and
regional advisor of
WHO laboratory

Public Health Directorate

Section:

International Health Regulation/NFP

Program No: 9

Program Name:

Points of Entry

Introduction:

While international transport, travel and trade contribute to economic development and welfare of populations, they may also pose public health risks. Today's high traffic at airports, ports and ground crossings, points of entry, can play a key role in the international spread of diseases through persons, conveyances and goods.

The International Health Regulations (2005) provide a public health framework in the form of obligations and recommendations that enable countries to better prevent, prepare for and respond to public health events and emergencies.

Under the IHR, countries are requested to maintain effective standing public health measures and response capacity at designated airports, ports and ground crossings, in order to protect the health of travellers and populations; keep ports, airports and ground crossings running as well as ships, aircrafts and ground transportation travelling in a sanitary condition; contain risks at source, respond to emergencies and implement public health recommendations, limiting unnecessary health-based restrictions on international traffic and trade.


Aim and goal:




- To assess the ability of existing structures and resources before
- To develop & implement plans of action, as a result of such assessment;
- To achieve the required core capacities as soon as possible.

Objectives to Achieve the Goal and Outcome Indicators:




- General obligations at PoE are fulfilled.

- Coordination 6 in the prevention, detection, and response to public health emergencies at POE is established.
- Effective surveillance 9 and other routine capacities is established at PoE.
- Effective response at PoE is established

Five Years Timeline 2012-2016																				Action Planned	
Program Stages	2012				2013				2014				2015				2016				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
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																				



<p>the process of meeting PoE general obligations have been shared and documented.</p>																				
<p>Priority conditions for surveillance at designated PoE have been identified.</p>																				
<p>Surveillance information at designated PoE been shared with the surveillance department/unit.</p>																				
<p>Mechanisms for the exchange of information have between</p>																				

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																				

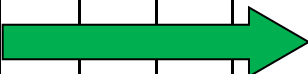


reservoirs at designated PoE was established (Annex 1B art 2e).																				
Designated PoE has trained personnel for the inspection of conveyances (Annex 1b, art 1c).																				
Designated PoE has the capacity to safely dispose of potentially contaminated products.																				
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.																				

<p>Designated PoE has appropriate space, separate from other travellers, to interview suspect or affected persons (Annex 1B, art 2c).</p>																				
<p>Designated PoE provides medical assessment or quarantine of suspect travellers, and care for affected travellers or animals (Annex 1B, art 2b and 2d).</p>																				
<p>referral and transport system</p>																				



<p>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).</p>																				
<p>Recommended public health measures (article 1B art 2e and 2f) be applied at designated PoE (This includes entry or exit controls for arriving and</p>																				



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.																						
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Public Health Directorate

Section:

International Health Regulation/NFP

Program No:

10

Program Name:

Zoonotic Events

Introduction:

Over 200 zoonoses have been described, and they may be classified according to the type of causative agent, such as bacteria, viruses, parasites, fungi, or other communicable agent. These diseases represent significant public health threats, and although most of them can be prevented, many are not prioritized by health systems at national and international levels and are termed "neglected" diseases. The greatest risk for zoonotic disease transmission occurs at the human-animal interface, through direct or indirect human exposure to animals, their products and/or their environments.

Implementation of guidance and models on behaviors, policies and practices to minimize the spillover, spread, and full emergence of zoonotic disease into or out of human populations prior to the development of efficient human-to-human transmission.

Aim and goal:

Identify the five zoonotic diseases/pathogens of greatest public health concern and strengthen existing surveillance systems for prioritized zoonoses.

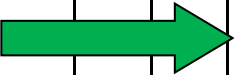
Objectives to achieve the goal and outcome Indicators:

- Mechanisms for detecting and responding to zoonosis and potential zoonosis are established.

Five Years Timeline 2012-2016																				Planned Action	
Program	2012				2013				2014				2015				2016				
Stages	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
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																				



<p>Functional mechanisms for intersectoral collaborations that include animal and human health surveillance units and laboratories have been established and documented.</p>																				
<p>List of priority zoonotic diseases with case definitions is available.</p>																				
<p>Systematic and timely collection and collation of</p>																				

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.																				



<p>Mechanism has been established for response to outbreaks of zoonotic diseases by human and animal health sectors.</p>																				
<p>Animal health (domestic and wildlife) authorities/units participate in a national emergency response committee.</p>																				
<p>Operational, intersectoral public health</p>																				

<p>plans for responding to zoonotic events been tested through occurrence of events or simulation exercises and updated as needed.</p>																				
<p>Timely (as defined by national standards) response to more than 80% of zoonotic events of potential national and international</p>																				



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.																						



Public Health Directorate

Section:

International Health Regulation/NFP

Program No: 11

Program Name:

Food Safety

Introduction:

There are an estimated 250 pathogens that can cause foodborne related illnesses. Foodborne illness is defined as two or more cases of a similar illness resulting from ingestion of a common food. It can result from consuming foods contaminated with various pathogens. In most cases bacteria are the major pathogen followed by viruses, then parasites. However, natural or manufactured chemicals and toxins from organisms can also cause foodborne illnesses.


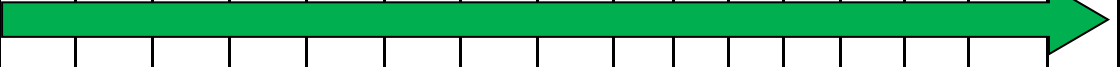
Food safety is addressed through surveillance and regulation by several national governmental agencies. This includes both population-based (FoodNet) and laboratory surveillance (PulseNet) to identify the genetic sequence of the organism. The Food and Drug Administration (FDA) is responsible for the regulation of domestic and imported food (with the exception of meat and poultry products). The USDA Food Safety and Inspection Service (FSIS) is responsible for the regulation of meat, eggs, and poultry products. Finally, the National Marine Fisheries Service monitors foods from fishery sources.




Aim and Goals



1. To identify causes of bacterial foodborne illnesses
2. To improved food control and coordination throughout the food-chain continuum and adequate funding;
3. To apply risk-based regulatory frameworks;
4. To improved availability of food safety data to better guide policy and risk analysis;
5. To put inspection services;
- 6.To strengthen the food safety training and education;
- 7.To increase the capacity to detect, assess and manage food safety incidents and emergencies; and
- 8.To enhanced cooperative planning.



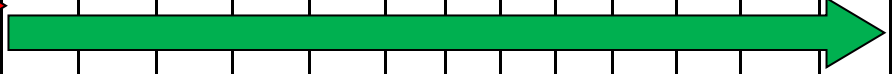

Objectives to achieve the goal and outcome Indicators:

- Mechanisms are established for detecting and responding to food borne diseases and food contamination.

Five Years Timeline 2012-2016																				Planned Action	
Program Stages	2012				2013				2014				2015				2016				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
National or international food safety standards are available																					GCC Technical regulations and standards
National food laws or regulations or																					1.Public health law 3/75(new law proposal under the sealing of the

policy in place to facilitate food safety control are available.																			parlement) 2.imported food law 3/85(under the new public health law proposal) 3.a list of policies and regulations in place
Operational national multisectoral mechanism for food safety events is in place.																		National food safety committee	
Decisions of the food safety multisectoral body implemented and outcomes are documented.																		Decisions available and partially outcome documented	
Functioning coordination																		The infosan member at the food safety section is a	

<p>mechanism been established between the Food Safety Authorities, specifically the INFOSAN Emergency Contact Point (if member) and the IHR NFP.</p>																				<p>member of the national IHR Committee</p>
<p>The country is an active member of the INFOSAN network.</p>																				
<p>List of priority food safety risks is available.</p>																			<p>The list available within the ports food safety policy</p>	

<p>Guidelines or manuals on the surveillance, assessment and management of priority food safety risks are available.</p>																<ol style="list-style-type: none"> 1. guidelines for inspection of food establishment according to the law 2. guidelines for food control
<p>Epidemiological data related to food contamination been systematically collected and analyzed.</p>																<ol style="list-style-type: none"> 1. sampling policy in collaboration with the lab 2. sampling collection policy for AFLA toxin.
<p>Food safety authorities report systematically on food safety events of</p>																<ol style="list-style-type: none"> 1. Only the biological food safety events reported to the surveillance unit. 2. To strengthen the coordination with the

<p>national or international concern to the surveillance unit.</p>																			<p>PHD lab to create an electronic chemical food contamination data</p> <p>3. Reporting through the GCC food Alert System</p>
<p>Risk-based food inspection services are in place.</p>																		<p>A system created and applied manually</p>	
<p>Country has access to laboratory capacity to confirm priority food safety events of national or international concern including</p>																		<p>Limited access to the LAB capacity is in place for confirming food safety events due the new applied system</p>	

Program No:

12

Program Name:

Chemical Events

Introduction:

Aim and goal:

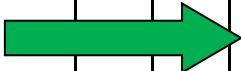


Capacity to detect and respond to chemical events of national and international public health concern

Objectives to achieve the goal

Outcome Indicators:

Mechanisms are established and functioning for detection, alert and response to chemical emergencies that may constitute a public health event of international concern

Five Years Timeline 2012-2016	Planned Action
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Program Stages	2012				2013				2014				2015				2016				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
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																					

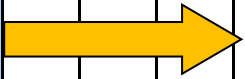
coordination and communication with the ministry of health and/or the IHR National Focal Point																				
Do functional coordination mechanisms with relevant sectors exist for surveillance and timely response to chemical events																				
Is surveillance in place for chemical events, intoxication or poisonings?																				
Has a list of priority chemical																				



<p>events/syndromes that may constitute a potential public health event of national and international concern been identified?</p>																				
<p>Is there an inventory of major hazard sites and facilities that could be a source of chemical public health emergencies?</p>																				
<p>Are manuals and SOPs for rapid assessment, case</p>																				





<p>management and control of chemical events available and disseminated?</p>																				
<p>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?</p>																				



<p>Is there an emergency response plan that defines the roles and responsibilities of relevant agencies in place for chemical emergencies?</p>																			
<p>Has laboratory capacity or access to laboratory capacity been established to confirm priority chemical events?</p>																			
<p>Has a chemical event response plan been tested</p>																			



<p>through occurrence of real event or through a simulation exercise and updated as needed?</p>																				
<p>Is there (are there) an adequately resourced Poison Centre(s) in place</p>																				
<p>Have country experiences and findings regarding chemical events and risks of national and international concern been shared with the global community</p>																				

Public Health Directorate

Section:

International Health Regulation/NFP

Program No:

13

Program Name:

Radiological Events

Introduction:

Aim and goal:

Objectives to achieve the goal and outcome Indicators:

- Mechanisms are established for detecting and responding to radiological and nuclear emergencies

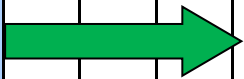
Five Years Timeline 2012-2016						Planned Action
Program	2012	2013	2014	2015	2016	

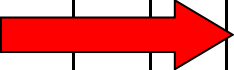

Stages	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
Experts have been identified for public health assessment and response to radiological and nuclear events																						
National policy or plan for the detection, assessment and response to radiation emergencies is in place.																						
National policy or plan for national and international transport of radioactive																						

<p>material and samples and waste management, including from hospitals and medical services is available.</p>																				
<p>Coordination and communication mechanism for risk assessments, risk communications, planning, exercising and monitoring among relevant National Competent Authorities</p>																				

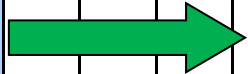




<p>(NCAs) responsible for nuclear regulatory control/safety, national public health authorities, the Ministry of Health, the IHR NFP and other relevant sectors is established.</p>																				
<p>Inventory of hazard sites and facilities using/handling radioactive sources which may be the source of a public health</p>																				






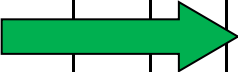

<p>emergency of international concern is available.</p>																				
<p>Monitoring is in place for radiation emergencies.</p>																				
<p>Mapping of the radiological risks that may be a source of a potential public health emergency of international concern (sources of exposure, populations at risk, etc.) are done.</p>																				

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.																			
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<p>Scenarios, technical guidelines and SOPs for risk assessment, reporting, event verification and notification, investigation and management of radiation emergencies are available.</p>																				
<p>Agencies responsible for radiation emergencies participate in a national emergency response committee and</p>																				

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																				

<p>communication in case of a radiological or nuclear event is present.</p>																				
<p>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.</p>																				
<p>Regularly updated collaborative</p>																				



<p>mechanisms in place for access to specialized laboratories that are able to perform bioassays biological dosimetry by cytogenetic analysis and ESR,</p>																				
<p>Country experiences relating to the detection and response to radiological risks and events documented and shared with the global</p>																				



community.																				
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Public Health Directorate

Section:

International Health Regulation/NFP

Program No:

14

Program Name:

Introduction:

Aim and goal:

Objectives to achieve the goal and outcome Indicators:

Five Years Timeline 2012-2016																				Planned Action	
Program	2012				2013				2014				2015				2016				
Stages	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	

<p>Experts have been identified for public health assessment and response to radiological and nuclear events</p>																				
<p>National policy or plan for the detection, assessment and response to radiation emergencies is in place.</p>																				

Public Health Directorate

Section:

International Health Regulation/NFP

Program No:

15

Program Name:

Introduction:

Aim and goal:

Objectives to achieve the goal and outcome Indicators:

Five Years Timeline 2012-2016																				Planned Action	
Program Stages	2012				2013				2014				2015				2016				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Experts have been identified																					

<p>for public health assessment and response to radiological and nuclear events</p>																				
<p>National policy or plan for the detection, assessment and response to radiation emergencies is in place.</p>																				

Public Health Directorate

Section:

International Health Regulation/NFP

Program No:

16

Program Name:

Introduction:

Aim and goal:

Objectives to achieve the goal and outcome Indicators:

Five Years Timeline 2012-2016																				Planned Action	
Program Stages	2012				2013				2014				2015				2016				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Experts have been identified																					

<p>for public health assessment and response to radiological and nuclear events</p>																				
<p>National policy or plan for the detection, assessment and response to radiation emergencies is in place.</p>																				

Public Health Directorate

Section:

International Health Regulation/NFP

Program No:

17

Program Name:

Introduction:

Aim and goal:

Objectives to achieve the goal and outcome Indicators:

Five Years Timeline 2012-2016																				Planned Action	
Program Stages	2012				2013				2014				2015				2016				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	

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Public Health Directorate

Section:

International Health Regulation/NFP

Program No:

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Five Years Timeline 2012-2016																				Planned Action	
Program Stages	2012				2013				2014				2015				2016				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	

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