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 response level.** **-At least quarterly feedback of surveillance results**	**• 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 Compleeted in 2018 and to continue**	

Project No 3
Prevent and respond to international Health emergencies

	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**				

Project No 3
Prevent and respond to international Health emergencies

	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**				

Project No 3
Prevent and respond to international Health emergencies

	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 members.** **Multidisciplinary RRT been deployed within 48 hours from the time when the decision to respond is taken.**	**-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 warning for specific risks at national level (infectious, food,**	**2010**	**2018** **contin** **ous**	

Project No 3
Prevent and respond to international Health emergencies

	-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.** **-Defined norms or guidelines developed for protecting health-care workers.**	**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.**			

Project No 3
Prevent and respond to international Health emergencies

	-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.** **-Qualified IPC professionals present in place at a minimum in all tertiary hospitals.**				

Project No 3
Prevent and respond to international Health emergencies

	-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.** **-A policy or strategy put in place to facilitate development of surge capacity.**	**-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)**	**2013**		

Project No 3

Prevent and respond to international Health emergencies

	-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 months.** **-The national risk profile and resources regularly**	**-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**			

Project No 3
Prevent and respond to international Health emergencies

	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**	**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.**			

Project No 3
Prevent and respond to international Health emergencies

		(Long) **-To provide a feedback system about performance of concerned parties.**			