

International Health Regulations

Annual Report 2015

Annex 2

As part of the International Health Regulations (IHR 2005), every State Party agreed on a decision instrument (Annex 2) to assess events that constitute potential public health emergencies of international concern. The decision instrument is intentionally designed to assess events relating to many different threats to public health, including chemical, radio-nuclear, and biological incidents. In line with the all-hazards approach of IHR 2005, Annex 2 is also designed to apply to events of unknown or unexpected origin.



Biological

Infectious disease threats are the most commonly associated with the IHR and were the driver behind the first international health agreements in the 19th century. While the IHR 2005 requires the notification of any case of a handful of diseases, the agreement is also intended to cover emerging infections as early as they can be identified through surveillance.



Radio-nuclear

Release of radiation, whether intentional or accidental, has potential for significant public health implications. The Polonium-210 contamination of several sites in London after the 2006 assassination of Alexander Litvinenko made clear the public health impacts of smaller radio-nuclear incidents. The public health response required international coordination of the tracing and screening of hundreds of people in the UK and US to test for Polonium-210 poisoning.



Chemical

Chemical threats to health may include industrial incidents, water pollution, food contamination, and other potential chemical exposures. The recent melamine contamination of infant formula is one example of the potential for international health risks from chemical contamination.



Other

Other potential international threats to human health may occur unexpectedly. Unidentified diseases may fall into this category as well as population-level health effects of unknown origin.

Done by

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Introduction

The International Health Regulations 2005 (IHR) are an international agreement legally binding on 194 States Parties, including all WHO Member States. They entered into force on 15 June 2007. States Parties are obligated by the Regulations to develop, strengthen and maintain national minimum core public health capacities. Bahrain signed the agreement in 2006.

The national core capacities are described in functional terms in Annex 1 of the Regulations and include surveillance and response capacities to public health events including capacities at designated points of entry.

The Regulations are intended to rapidly identify and stop the emergence and spread of public health risks including emergency events. These risks are not restricted to communicable diseases with epidemic and pandemic potential but apply across all relevant hazards of zoonotic, food safety, chemical, radiological.

The IHR set out a time frame within which States Parties are to develop, strengthen and maintain national core capacities. According to the provisions of Articles 5 and 13 and Annex 1 of the IHR, State Parties should have assessed their core capacities for surveillance and response, including at designated points of entry, by 15 June 2009. Bahrain started this assessment in 2009.

The vision of the Bahrain IHR is to “minimize the health, economic and social impact of any public health emergencies of international concern.”

The Bahrain IHR mission is to “improve health protection in Bahrain, to be prepared and to respond to a public health emergency of international concern”.

In 2013, Bahrain met the IHR core capacity obligations for 2014 by fulfilling all the requirements for IHR implementation through building the capacities before the global deadline by June 2014 by strengthening of existing structures, systems and institutional capacities for implementation of the International Health Regulations without the need for extension to 2016.

Initiation of IHR activities among the various administrative levels and other concerned ministries and institutions in Bahrain led to advanced achievement whereby knowledge, findings, lessons learnt and experience gained from the outputs and outcomes.

Progress in building capacities for surveillance and response were achieved in Bahrain as per annex 1 of the regulations that facilitate implementation in a more efficient, effective or beneficial manner.

Strengthening the IHR communication Program was done in Bahrain by establishing Bahrain IHR website which facilitates coordination among the different entities involved in implementation of the IHR.

National IHR Core Capacity Monitoring 2015

Capacity, Component, and Indicator scores are shown as percentages below.

1 Capacity: National legislation 100

1.1 Component: National legislation and policy **100**

1.1.1 Indicator: Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR **100**.

2 Capacity: Coordination and NFP Communications 100

2.1 Component: IHR coordination, communication and advocacy **100**

2.1.1 Indicator: A functional mechanism is established for the coordination of relevant sectors in the implementation of IHR **100**

2.1.2 Indicator: A functional mechanism is established for the coordination of relevant sectors in the implementation of IHR **100**.

3 Capacity: Surveillance 100.

3.1 Component: Indicator based surveillance **100**

3.1.1 Indicator: Indicator-based surveillance includes an early warning function for the early detection of a public health event **100**

3.2 Component: Event-Based Surveillance **100**

3.2.1 Indicator: Event-Based Surveillance is established and functioning **100**.

4 Capacity: Response 96.3.

4.1 Component: Rapid Response Capacity **92.3**

4.1.1 Indicator: Public health emergency response mechanisms are established and Functioning **93.3**

4.2 Component: Infection Control **100**

4.2.1 Indicator: Infection Prevention and Control (IPC) is established and functioning at national and hospital levels **100**

5 Capacity: Preparedness 90.5

5.1 Component: Public Health Emergency Preparedness and Response **92**

5.1.1 Indicator: Multi-hazard National Public Health Emergency Preparedness and Response Plan is developed and implemented **92**

5.2 Component: Risk and resource management for IHR preparedness **89**

5.2.1 Indicator: Priority public health risks and resources are mapped and utilized **89**.

6 Capacity: Risk Communication 100

6.1 Component: Policy and procedures for public communications **100**

6.1.1 Indicator: Mechanisms for effective risk communication during a public health emergency are established and functioning **100**.

7 Capacity: Human Resource Capacity 60.

7.1 Component: Human Resource Capacity **60**

7.1.1 Indicator: Human resources available to implement IHR Core Capacity Requirements **60**.

8 Capacity: Laboratory 95.5

8.1 Component: Laboratory diagnostic and confirmation capacity **94**

8.1.1 Indicator: Laboratory services available to test for priority health threats **94**

8.2 Component: Laboratory biosafety and biosecurity **100**

8.2.1 Indicator: Laboratory biosafety and laboratory biosecurity (Bio risk management) practices in place and implemented **100.**

9 Capacity: Points of Entry (PoE) 100.

9.1 Component: General obligations required at Points of Entry (PoE) **100**

9.1.1 Indicator: General obligations at PoE are fulfilled (including for coordination and communication) **100**

9.2 Component: Core Capacities required at all times **100**

9.2.1 Indicator: Routine capacities and effective surveillance are established at PoE **100**

9.3 Component: Core Capacities for Response Responding to public health emergencies at PoE **100**

9.3.1 Indicator: Effective response at PoE is established **100.**

10 Capacity: Zoonotic Events 92.

10.1 Component: Capacity to detect and respond to zoonotic events of national or international concern **92**

10.1.1 Indicator: Mechanisms for detecting and responding to zoonoses and potential zoonoses are established and functional **92.**

11 Capacity: Food Safety 100.

11.1 Component: Capacity to detect and respond to food safety events that may constitute a public health emergency of national or international concern **100**

11.1.1 Indicator: Mechanisms are established and functioning for detecting and responding to foodborne disease and food contamination **100.**

12 Capacity: Chemical Events 94.5.

12.1 Component: Capacity to detect and respond to chemical events of national and international public health concern **94.5**

12.1.1 Indicator: Mechanisms are established and functioning for detection, alert and response to chemical emergencies that may constitute a public health event of international concern **94.5**.

13 Capacity: Radiation Emergencies 94

13.1 Component: Capacity to detect and respond to radiological and nuclear emergencies that may constitute a public health event of national or international concern **94**

13.1.1 Indicator: Mechanisms are established and functioning for detecting and responding to radiological and nuclear emergencies that may constitute a public health event of international concern **94**

International Health Regulations

National IHR Core Capacity Monitoring in Bahrain 2015

Core Capacity: 1. National legislation

Component: 1.1 National legislation and policy **Bahrain**

Indicator: 1.1.1 Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR

1.1.1.1 Has an assessment of relevant legislation, regulations, administrative requirements and other government instruments for IHR implementation been carried out?

Yes

1.1.1.2 Have recommendations following assessment of relevant legislation, regulations, administrative requirements and other government instruments been implemented?

Yes

1.1.1.3 Has a review of national policies to facilitate IHR NFP functions and IHR technical core capacities been carried out?

Yes

1.1.1.4 Have policies to facilitate IHR NFP core and expanded functions and to strengthen core capacities been implemented?

Yes

1.1.1.5 Are key elements of national/domestic IHR-related legislation published ?

Yes

1.1.1.3 public health law approved at the parliament.

1.1.1.5 in the process.

Core Capacity: 2. Coordination and NFP Communications

Component: 2.1 IHR coordination, communication and advocacy **Bahrain**

Indicator: 2.1.1 a functional mechanism is established for the coordination of relevant sectors in the implementation of IHR

2.1.1.1 Is there coordination within relevant ministries on events that may constitute a public health event or risk of national or international concern?

Yes

2.1.1.2 Are Standard Operating Procedures (SOP) or equivalent available for coordination between IHR NFP and relevant sectors?

Yes

2.1.1.3 Is a multi-sectoral, multidisciplinary body, committee or taskforce in place addressing IHR requirements on surveillance and response for public health emergencies of national and international concern?

Yes

2.1.1.4a Have multisectoral and multidisciplinary coordination and communication mechanisms been updated regularly?

Yes

2.1.1.4b Have multisectoral and multidisciplinary coordination and communication mechanisms been tested through exercises or through the occurrence of an actual event?

Yes

2.1.1.5 Have action plans been developed to incorporate lessons learnt of multisectoral and multidisciplinary coordination and communication mechanisms?

Yes

2.1.1.6 Are annual updates conducted on the status of IHR implementation to stakeholders across all relevant sectors?

Yes

2.1.2.1 Has the IHR NFP been established?

Yes

2.1.2.2 Does the IHR NFP provide WHO with updated contact information and annual confirmation of the IHR NFP?

Yes

2.1.2.3 Have any additional roles and responsibilities for the IHR NFP functions been implemented?

Yes

2.1.2.4 Have functions of the IHR-NFP been evaluated for effectiveness (e.g. empowerment, timeliness, transparency, appropriateness of communication)?

Yes

2.1.2.5 Have national stakeholders responsible for the implementation of IHR been identified?

Yes

2.1.2.6 Has information on obligations of the IHR NFP under the IHR been disseminated to relevant national authorities and stakeholders?

Yes

2.1.2.7a Have the roles and responsibilities of relevant authorities and stakeholders in regard to IHR implementation been defined?

Yes

2.1.2.7b Have the roles and responsibilities of relevant authorities and stakeholders in regard to IHR implementation been disseminated?

Yes

2.1.2.8 Have plans to sensitize stakeholders to their roles and responsibilities been implemented?

Yes

2.1.2.9 Is the IHR Event Information Site used as an integral part of the IHR NFP information resource? I.e. used at least monthly

Yes

2.1.2.10 has an active IHR website or webpage been established? Active means that the website is regularly reviewed and updated, with timely information.

Yes

-2.1.2.4 Not fully evaluation done.

2.1.2.8 Not fully implemented.

Core Capacity: 3. Surveillance

Component: 3.1 Indicator based surveillance **Bahrain**

Indicator: 3.1.1 Indicator-based surveillance includes an early warning function for the early detection of a public health event.

3.1.1.1 Is there a list of priority diseases, conditions and case definitions for surveillance?

Yes

3.1.1.2 Is there a specific unit(s) designated for surveillance of public health risks?

Yes

3.1.1.3 Are surveillance data on epidemic prone and priority diseases Analyzed at least weekly at national and sub-national levels?

Yes

3.1.1.4 Have baseline estimates, trends, and thresholds for alert and action been defined for the community /primary response level for priority diseases/events?

Yes

3.1.1.5 Is there timely reporting from at least 80% of all reporting units? [26] As defined by country standards

Yes

3.1.1.6 Are deviations or values exceeding thresholds detected and used for action at the primary public health response level ?

Yes

3.1.1.7 Has regular feedback of surveillance results been disseminated to all levels and other relevant stakeholders?

Yes

3.1.1.8a Have evaluations of the early warning function of the indicator based surveillance been carried out?

Yes

3.1.1.8b Have country experiences, findings, lessons learnt on indicator based surveillance been shared with the global community?

Yes

3.2.1.1 Has a unit(s) responsible for event-based surveillance been identified? This may be part of the existing routine surveillance system

Yes

3.2.1.2 Are country SOPs and/or guidelines for event based surveillance available?

Yes

3.2.1.3 Have SOPs and guidelines for event capture, reporting, confirmation, verification, assessment and notification been implemented?

Yes

3.2.1.4 Have information sources for public health events and risks been identified?

Yes

3.2.1.5 Is there a system or mechanism in place at national and/or subnational levels for capturing public health events from a variety of sources ?

Yes

3.2.1.6 Is there active engagement and sensitization of community leaders, networks, health volunteers, and other community members on the detection and reporting of unusual health events?

Yes

3.2.1.7 Has the community/primary response level reporting been evaluated and updated as needed?

Yes

3.2.1.8a Are country experiences and findings on implementation of event based surveillance, and the integration with indicator based surveillance documented?

Yes

3.2.1.8b Are country experiences and findings on implementation of event based surveillance, and the integration with indicator based surveillance, shared with the global community?

Yes

3.2.1.9 Are there arrangements with neighboring countries to share data on surveillance and the control of public health events that may be of international concern?

Yes

3.2.1.10 Is the decision instrument in Annex 2 of the IHR used to notify WHO?

Yes

3.2.1.11 Have all of events that meet the criteria for notification under Annex 2 of IHR

Yes

If No, what % of events that meet the criteria for notification under Annex 2 of IHR has been notified by the IHR NFP to WHO within 24 hours of conducting risk assessments?

3.2.1.12 Have all events identified as urgent within the last 12 months been assessed within 48 hours of reporting?

Yes

If No, what % of events identified as urgent within the last 12 months have been assessed within 48 hours of reporting?

3.2.1.13 has the IHR NFP responded to all verification requests from WHO within 24 hours in the last 12 months?

Yes

If No, what % of verification requests from WHO has the IHR NFP responded to within 24 hours in the last 12 months?

3.2.1.14a has the use of the decision instrument been reviewed?

Yes

3.2.1.14b Have the procedures for decision making been updated on the basis of lessons learnt?

Yes

3.2.1.15a Are country experiences and findings in notification and use of Annex 2 of the IHR documented?

Yes

3.2.1.15b Are country experiences and findings in notification and use of Annex 2 of the IHR shared globally?

Yes

3.1.1.2 for communicable disease only.

3.1.1.7 feedback on weekly bases.

3.1.1.8 a not full evaluated.

3.1.1.8 b published articles and data about communicable diseases.

Core Capacity: 4. Response

Component: 4.1 Rapid Response Capacity

Indicator: 4.1.1 Public health emergency response mechanisms are established and functioning

4.1.1.1 Are resources for rapid response during public health emergencies of national or international concern accessible?

Yes

4.1.1.2 Have public health emergency response management procedures been established for command, communications and control during public health emergency response operations?

Yes

4.1.1.3 Is there a functional, dedicated command and control operations centre in place?

Yes

4.1.1.4 Have emergency response management procedures (including mechanism to activate response plan) been implemented for a real or simulated public health response in the last 12 months?

Yes

4.1.1.5a Have emergency response management procedures (including mechanism to activate response plan) been evaluated after a real or simulated public health response?

Yes

4.1.1.5b Have emergency response management procedures been updated after a real or simulated public health response?

Yes

4.1.1.6 Are there Rapid Response Teams (RRTs) to respond to events that may constitute a public health emergency?

Yes

4.1.1.7 Are there SOPs and/or guidelines available for the deployment of RRT members?

Yes

4.1.1.8 Have staff been trained (including RRT members) been trained in specimen collection and transport?

Yes

4.1.1.9 Are there case management guidelines for priority conditions?

Yes

4.1.1.10 Are evaluations of response (including the timeliness and quality of response) systematically carried out?

Yes

4.1.1.11 Can multidisciplinary RRT be deployed within 48 hours from the first report of an urgent event?

Yes

4.1.1.12 has the country offered assistance to other States Parties for developing their response capacities or implementing control measures?

No

4.2.1.1 Has responsibility been assigned for surveillance of health-care associated infections within the country?

Yes

4.2.1.2 Has responsibility been assigned for surveillance of anti-microbial resistance within the country?

Yes

4.2.1.3 Is a national infection prevention and control policy or operational plan available?

Yes

4.2.1.4 Are SOP's, guidelines and protocols for IPC available to hospitals?

Yes

4.2.1.5 Do all tertiary hospitals have designated area(s) and defined procedures for the care of patients requiring specific isolation precautions according to national or international guidelines?

Yes

4.2.1.6 Are there qualified IPC professionals in place in all tertiary hospitals?

Yes

4.2.1.7 Are defined norms or guidelines developed for protecting healthcare workers ?

Yes

4.2.1.8 Have infection control plans been implemented nationwide?

Yes

4.2.1.9 Is there surveillance within high risk groups to promptly detect and investigate clusters of infectious disease patients, as well as unexplained illnesses in health workers?

Yes

4.2.1.10 Are infection control measures and the effectiveness regularly evaluated and published?

Yes

4.2.1.11 has a monitoring system for antimicrobial resistance been established?

Yes

4.2.1.12a has a functional monitoring system for antimicrobial resistance been implemented?

Yes

4.2.1.12b Are data available on the magnitude and trends of antimicrobial resistance?

Yes

4.2.1.13 Has a national program for protecting health care workers been implemented?

Yes

-4.1.1.3 - 4.1.1.4 - 4.1.1.5a - 4.1.1.5b - 4.1.1.7 - 4.1.1.10 all partially implemented

4.1.1.8 communicable diseases staff.

An electronic Health Care workers screening for communicable diseases and vaccination program implemented in Bahrain.

4.1.1.12 through GCC Committee.

4.1.1.4-4.1.1.5 Simulation exercise for oil spill.

Core Capacity: 5. Preparedness

Component Response

Indicator: 5.1.1 Multi-hazard National Public Health Emergency Preparedness and Response Plan is developed and implemented

5.1.1.1 Has an assessment of the capacity of existing national structures and resources to meet IHR core capacity requirements been conducted?

Yes

5.1.1.2 Has a national plan to meet the IHR core capacity requirements been developed?

Yes

5.1.1.3 Does the national public health emergency response plan incorporate IHR related hazards and PoE?

Yes

5.1.1.4a Have national public health emergency response plan(s) been implemented/tested in an actual emergency or simulation exercises?

Yes

5.1.1.4b Have national public health emergency response plan(s) been updated as needed?

Yes

5.1.1.5 Are procedures, plans or strategies in place to reallocate or mobilize resources from national and sub-national levels to support action at community /primary response level?

Yes

5.1.1.6 Have procedures, plans or strategy been implemented to reallocate or mobilize resources from national and sub-national levels to support action at community /primary response level?

Yes

5.1.1.7 Have procedures, plans or strategy to reallocate or mobilize resources from national and sub-national levels to support action at community /primary response level been reviewed and updated as needed?

Yes

5.1.1.8 Is surge capacity to respond to public health emergencies of national and international concern available?

Yes

5.1.1.9 Has the adequacy of surge capacity to respond to public health emergencies of national and international concern been tested through an exercise or actual event (e.g. as part of the response plans)?

Yes

5.1.1.10a Have country experiences and findings on emergency response and in mobilizing surge capacity, been *documented*?

Yes

5.1.1.10b Have country experiences and findings on emergency response and in mobilizing surge capacity, been *shared* with the global community?

No

5.2.1.1 Is a directory or list of experts in health and other sectors to support a response to IHR-related hazards available?

Yes

5.2.1.2 Has a national risk assessment⁵³ to identify potential 'urgent public health event'⁵⁴, and the most likely sources of these events been conducted?

Yes

5.2.1.3 Have national resources been mapped⁵⁵ for IHR relevant hazards and priority risks?

Yes

5.2.1.4 Have national profiles on risks and resources been developed?

Yes

5.2.1.5 Is the national risk profile assessed regularly to accommodate emerging threats?

Yes

5.2.1.6 Are the national resources for priority risks assessed regularly to accommodate emerging threats?

Yes

5.2.1.7 Is a plan for management and distribution of national stockpiles available⁵⁶?

Yes

5.2.1.8 Are stockpiles (critical stock levels) accessible for responding to priority biological, chemical, radiological events and other emergencies?

Yes

5.2.1.9 Does the country contribute to international stockpiles⁵⁷?

No

- 5.2.1.1 Algorithm.

- 5.1.1.4a and 5.1.1.6 partially implemented

Core Capacity: 6. Risk Communication

Component: 6.1 Policy and procedures for public communications

Indicator: 6.1.1 Mechanisms for effective risk communication during a public

Health emergency are established and functioning.

6.1.1.1 Have risk communication partners and stakeholders been identified?

Yes

6.1.1.2 Has a risk communication plan been developed?

Yes

6.1.1.3 Has the risk communication plan been implemented or tested through actual emergency or simulation exercise and updated in the last 12 months?

Yes

6.1.1.4 Are policies, SOPs or guidelines developed on the clearance and release of information during a public health emergency?

Yes

6.1.1.5 Are regularly updated information sources accessible to media and the public for information dissemination?

Yes

6.1.1.6 Are there accessible and relevant IEC (Information, Education and Communications) materials tailored to the needs of the population ?

Yes

6.1.1.7 In the last three national or international PH emergencies, have populations and partners been informed of a real or potential risk within 24 hours following confirmation?

Yes

6.1.1.8 Has an evaluation of the public health communication been conducted after emergencies, for timeliness, transparency and appropriateness of communications?

Yes

6.1.1.9 Have the results of evaluations been used to update risk communication plan?

Yes

6.1.1.10 Have results of evaluations of risk communications efforts during a public health emergency been shared with the global community?

Yes

- 6.1.1.8-6.1.1.1.9 and 6.1.1.10 all partially implemented

Core Capacity: 7. Human Resource Capacity

Component: 7.1 Human Resource Capacity

Indicator: 7.1.1 Human resources available to implement IHR Core Capacity Requirements.

7.1.1.1 Has a unit that is responsible for the development of human resource capacities including for the IHR been identified?

Yes

7.1.1.2 Has a needs assessment been conducted to identify gaps in human resources and training to meet IHR requirements?

Yes

7.1.1.3 Does a workforce development or training plan that includes human resource requirements for IHR exist?

Yes

7.1.1.4 Is progress for meeting workforce numbers and skills consistent with milestones set in the training plan?

Yes

7.1.1.5 Has a plan or strategy been developed to access field epidemiology training (one year or more) in-country, regionally or internationally?

No

7.1.1.6 Has the plan or strategy to access field epidemiology training (one year or more) in-country, regionally or internationally been implemented?

No

7.1.1.7 Are there specific programs, with allocated budgets, to train workforces for IHR-relevant hazards?

No

Core Capacity: 8. Laboratory

Component: 8.1 Laboratory diagnostic and confirmation capacity

Indicator: 8.1.1 Laboratory services available to test for priority health threats

8.1.1.1 Is there a policy to ensure the quality of laboratory diagnostic capacities (e.g. licensing, accreditation, etc.)?

Yes

8.1.1.2 Are national laboratory quality standards/guidelines available?

Yes

8.1.1.3 Does your country have access to networks of international laboratories to meet diagnostic and confirmatory laboratory requirements, and support outbreak investigations for events specified in Annex 2 of IHR?

Yes

8.1.1.4 Is there national laboratory capacity to meet diagnostic and confirmatory laboratory requirements for priority diseases?

Yes

8.1.1.5a is an up to date inventory of public and private laboratories with relevant diagnostic capacity available?

Yes

8.1.1.5b is the inventory of public and private laboratories accessible?

Yes

8.1.1.6 Do national reference laboratories participate successfully [66] in External Quality Assessment schemes for major public health disciplines for diagnostic laboratories?

Yes

8.1.1.7 Are more than 10 non-AFP (Acute Flaccid Paralysis) hazardous specimens per year referred to national reference laboratories for examination?

Yes

8.1.1.8. Are all national reference laboratories accredited to international standards [68] or to national standards adapted from international standards?

No

8.1.1.9 Are national regulations compatible with international guidelines implemented, for the packaging and transport of clinical specimens?

Yes

8.1.1.10. Is there a functional system for collection, packaging and transport of clinical specimens?

Yes

8.1.1.11. Have sample collection and transportation kits been pre-positioned at appropriate levels for immediate mobilization during a PH event?

Yes

8.1.1.12 has staff at national or relevant levels been trained for the safe shipment of infectious substances according to international standards (ICAO/IATA)?

Yes

8.1.1.13 Do the processes for shipment of infectious substances when investigating an urgent public health event consistently meet ICAO/IATA standards?

Yes

8.1.1.14 Can clinical specimens from investigation of urgent public health events are delivered for testing to appropriate national or international reference laboratories within the appropriate timeframe of collection?

Yes

8.1.1.15 Have at least 10 hazardous specimen per year been shipped internationally to a collaborating laboratory as part of an investigation or exercise?

Yes

Component: 8.2 Laboratory biosafety and biosecurity

Indicator: 8.2.1 Laboratory biosafety and laboratory biosecurity (Biorisk management) practices in place and implemented

8.2.1.1 Are biosafety guidelines accessible to laboratories? Yes

8.2.1.2 Are regulations, policies or strategies for laboratory biosafety available?

Yes

8.2.1.3 Has a responsible entity been designated for laboratory biosafety and laboratory biosecurity?

Yes

8.2.1.4 Are relevant staff trained in laboratory biosafety and laboratory biosecurity guidelines?

Yes

8.2.1.5 Has an institution or person responsible for inspection, (could include certification of biosafety equipment) of laboratories for compliance with biosafety requirements been identified?

Yes

8.2.1.6 Has a bio risk assessment been conducted in laboratories to guide and update biosafety regulations, procedures and practice, including for decontamination and management of infectious waste?

Yes

Core Capacity: 9. Points of Entry (PoE)

Indicator: 9.1.1 General obligations at PoE are fulfilled (including for Coordination and communication)

9.1.1.1 Have priority conditions for surveillance at designated PoE been identified?

As defined by countries.

Yes

9.1.1.2 Has surveillance information at designated PoE been shared with the surveillance department/unit?

Yes

9.1.1.3 Has a review meeting (or other appropriate method) to designate

PoE been held?

Yes

9.1.1.4 Have ports/airports/ground crossings been designated for development of capacities as specified in Annex 1 of the IHR?

Yes

9.1.1.5 Please indicate the number of Designated PoE.

1 Airports

1 port

0 Ground crossing

9.1.1.6 Please indicate the number of designated PoE that ;Competent authority[78], been identified

1 Airports and 1 seaport

9.1.1.7 Has a list of ports [80] authorized to offer ship sanitation certificates been sent to WHO (as specified in Article 20, No.3) if applicable?

Yes

9.1.1.8 Have relevant legislation, regulations, administrative acts, protocols, procedures and/or other government instruments to facilitate IHR implementation at designated PoE been updated as needed?

Yes

9.1.1.9 Have updated IHR health documents been implemented at designated PoE(s)?

Yes

9.1.1.10 Have designated PoE been assessed ?

Yes

9.1.1.11 please indicate the number of designated PoE that have been assessed (Please refer to Question 9.1.1.5 above for the number of designated PoEs in your country. The number of PoEs assessed should not be greater than the number of designated PoEs)

yes

1 Airports

1 port

0 Ground Crossings

9.1.1.12 please indicate the number of designated PoE with joint designation between countries for core capacity development

yes

1 Port

1 airport

0 Ground Crossings

9.1.1.13 Please indicate the number of designated PoE (by type), that have communications procedures established as required by the IHR in Annex

1[83]

yes

1 Airports

1 port

0 Ground Crossings

9.1.1.14 Are mechanisms for the exchange of information between designated PoE and medical facilities in place?

Yes

9.1.1.15a Are procedures in place for coordination and communication between the IHR NFP and the PoE competent authority and with relevant sectors and levels?

Yes

9.1.11.15b Have procedures for coordination and communication between the IHR NFP and the PoE competent authority and with relevant sectors and levels been tested?

Yes

9.1.1.16a Have procedures for communication internationally between the PoE competent authority and other countries' PoE competent authorities been tested?

Yes

9.1.1.16b Have procedures for communication internationally between the

PoE competent authority and other countries' PoE competent authorities been updated as needed?

Yes

9.1.1.17 Have bilateral or multilateral agreements or arrangements concerning prevention or control of international transmission of disease at designated PoE been established?

Yes

9.2.1.1 Please indicate the number of designated PoE (by type) that have access to appropriate medical services including diagnostic facilities for the prompt assessment and care of ill travelers and with adequate staff, equipment and premises (Annex 1b, 1a)

1 Airports

1 Port

0 Ground Crossing

9.2.1.2 Please indicate the number of designated PoE (by type) that can provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility

1 Airports

1 Ports

0 Ground Crossing

9.2.1.3 Please indicate the number of designated PoE (by type) that have an inspection program to ensure safe environment at facilities is functioning

1 Airports

1 Port

0 Ground Crossing

9.2.1.4 Please indicate the number of designated PoE (by type) that have a functioning program for the surveillance and control of vectors and reservoirs in and near Points of Entry

1 Airports

1 Port

0 Ground Crossing

9.2.1.5 Please indicate the number of designated PoE (by type) that have trained personnel for the inspection of conveyances

1 Airports

1 port

0 Ground Crossing

9.2.1.6a has a review of surveillance of health threats at designated PoE been carried out in the last 12 months?

Yes

9.2.1.6b Have results from review of surveillance of health threats at designated PoE been published ?

yes

9.3.1.1 Are SOPs for response at designated PoE available?

Yes

9.3.1.2 Please indicate the number of designated PoE (by type) that has an established and maintained public health emergency contingency plan to provide public health emergency response including a coordinator and contact points for relevant points of entry, public health and other agencies and services

1 Airports

1 Ports

0 Ground Crossings

9.3.1.3 Please indicate the number of designated PoE (by type) that has public health emergency contingency plans tested and updated as needed

1 Airports

1 Ports

0 Ground Crossings

9.3.1.4 Please indicate the number of designated PoE (by type) that have appropriate space, separate from other travelers, to interview suspect or affected persons (Annex 1B, 2c)

1 Airports

1 Ports

0 Ground Crossings

9.3.1.5 Please indicate the number of designated PoE (by type) that can provide medical assessment or quarantine of suspect travelers, and care for affected travelers or animals (Annex 1B, 2b and 2d)

1 Airports

1 Ports

0 Ground Crossings

9.3.1.6 Please indicate the number of designated PoE (by type) that can apply entry or exit controls for arriving and departing travelers and other recommended public health measures

1 Airports

1 Port

0 Ground Crossings

9.3.1.7 Please indicate the number of designated PoE (by type) that have access to specially designated equipment, and to trained personnel (with appropriate personal protection), for the transfer of travelers who may carry infection or contamination available at designated PoE

1 Airports

1 Port

0 Ground Crossings

9.3.1.8a has the effectiveness of response to PH events at PoE been evaluated?

Yes

9.3.1.8b Are results of the evaluation of effectiveness of response to PH events at PoE published?

Yes

Core Capacity: 10. Zoonotic Events

Component: 10.1 Capacity to detect and respond to zoonotic events of national or

Indicator: 10.1.1 Mechanisms for detecting and responding to zoonosis and potential zoonosis are established and functional.

10.1.1.1 Does coordination exist within the responsible government?

Authority (ies) for the detection of and response [90] to zoonotic events?

Yes

10.1.1.2 Is there a national policy, strategy or plan in place for the surveillance and response to zoonotic events?

Yes

10.1.1.3 Have focal points responsible for animal health (including wildlife) been designated for coordination with the MOH and/or IHR NFP ?

Yes

10.1.1.4 Have functional mechanisms [93] for intersectoral collaborations that include animal and human health surveillance units and laboratories been established?

Yes

10.1.1.5 Is a list of priority zoonotic diseases with case definitions available?

Yes

10.1.1.6 Is there systematic and timely collection and collation of zoonotic disease data?

Yes

10.1.1.7 Is there timely and systematic information exchange between animal surveillance units, laboratories, human health surveillance units and other relevant sectors regarding potential zoonotic risks and urgent zoonotic events?

Yes

10.1.1.8 Does the country have access to laboratory capacity, nationally or internationally (through established procedures) to confirm priority zoonotic events?

Yes

10.1.1.9 Is zoonotic disease surveillance implemented that includes a community component?

Yes

10.1.1.10 is there a regularly updated roster (list) of experts that can respond to zoonotic events?

Yes

10.1.1.11 has a mechanism been established for response to outbreaks of zoonotic diseases by human and animal health sectors?

Yes

10.1.1.12 Is there timely (as defined by national standards) response to more than 80% of zoonotic events of potential national and international concern?

Yes

10.1.1.13 In the last 12 months, have country experiences and findings related to zoonotic risks and events of potential national and international concern been shared with the global community?

No

Core Capacity: 11. Food Safety

Component: 11.1 Capacity to detect and respond to food safety events that may

Indicator: 11.1.1 Mechanisms are established and functioning for detecting and Responding to foodborne disease and food contamination

11.1.1.1 Are national or international food safety standards available ?

Yes

11.1.1.2 Are there national food laws, regulations or policies in place [98] to facilitate food safety control?

Yes

11.1.1.3a Are national food laws, regulations or policies up to date ?

Yes

11.1.1.3b Are national food laws, regulations or policies implemented?

Yes

11.1.1.4 Has a coordination mechanism been established between the food safety authorities, e.g. the INFOSAN Emergency Contact Point (if member) and the IHR NFP?

Yes

11.1.1.5 Are there functional mechanisms in place for multisectoral collaborations for food safety events?

Yes

11.1.1.6 Is your country an active member of the INFOSAN network?

Yes

11.1.1.7 Is a list of priority food safety risks available?

Yes

11.1.1.8 Are guidelines or manuals on the surveillance, assessment and management of priority food safety events available?

Yes

11.1.1.9 Have the guidelines or manuals on the surveillance, assessment and management of priority food safety events been implemented?

Yes

11.1.1.10 Have surveillance, assessment and management of priority food safety events been evaluated and relevant procedures updated as needed?

Yes

11.1.1.11 is epidemiological data related to food contamination systematically collected and analyzed?

Yes

11.1.1.12 Are there risk-based food inspection services in place?

Yes

11.1.1.13 Does the country have access to laboratory capacity (through established procedures) to confirm priority food safety events of national or international concern including molecular techniques?

Yes

11.1.1.14 is there timely and systematic information exchange between food safety authorities, surveillance units and other relevant sectors regarding food safety events?

Yes

11.1.1.15 is there a roster of food safety experts for the assessment and response to food safety events?

Yes

11.1.1.16 Have operational plan(s) for responding [104] to food safety events been implemented?

Yes

11.1.1.17a Have operational plan(s) for responding to food safety events been tested in an actual emergency or simulation exercise?

Yes

11.1.1.17b Have operational plan(s) for responding to food safety events been updated as needed?

Yes

11.1.1.18 Have mechanisms been established to trace, recall and dispose of contaminated products?

Yes

11.1.1.19 Are there communication mechanisms and materials in place to deliver information, education and advice to stakeholders across the farm-to fork continuum?

Yes

11.1.1.20 Have food safety control management systems (including for imported food) been implemented?

Yes

11.1.1.21 has information from foodborne outbreaks and food contamination been used to strengthen food management systems, safety standards and regulations?

Yes

11.1.1.22 has an analysis been published of food safety events, foodborne illness trends and outbreaks which integrate data from across the food chain?

Yes

11.1.1.2- the Food Control law which is part of the Public Health law approved from the parliament in 2015

11.1.1.3a and 11.1.1.3b implemented

11.1.1.8 available online

11.1.1.11 epidemiological; data monitoring manual updated in 2015

Core Capacity: 12. Chemical Events

Component: 12.1 Capacity to detect and respond to chemical events of national

Indicator: 12.1.1 Mechanisms are established and functioning for detection, alert and response to chemical emergencies that may constitute a public health event of international concern

12.1.1.1 Have experts been identified for public health assessment and response to chemical incidents?

Yes

12.1.1.2 Are national policies or plans in place for chemical event surveillance, alert and response?

Yes

12.1.1.3 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?

Yes

12.1.1.4 Do coordination mechanisms with relevant sectors exist for surveillance and timely response to chemical events?

Yes

12.1.1.5 Have functional coordination mechanisms with relevant sectors been implemented for surveillance and timely response to chemical events?

Yes

12.1.1.6 Is surveillance in place for chemical events, intoxication or poisonings?

Yes

12.1.1.7 Has a list of priority chemical events/syndromes that may constitute a potential public health event of national and international concern been identified?

Yes

12.1.1.8 Is there an inventory of major hazard sites and facilities that could be a source of chemical public health emergencies (e.g. chemical installation and toxic waste sites)?

Yes

12.1.1.9 Has a national chemical profile been developed?

Yes

12.1.1.10a Are there manuals and SOPs for rapid assessment, case management and control of chemical events?

Yes

12.1.1.10b Have manuals and SOPs for rapid assessment, case management and control of chemical events been disseminated?

Yes

12.1.1.11 is there timely and systematic information exchange between appropriate chemical units , surveillance units and other relevant sectors about urgent chemical events and potential chemical risks?

Yes

12.1.1.12 is there an emergency response plan that defines the roles and responsibilities of relevant agencies in place for chemical emergencies?

Yes

12.1.1.13 has laboratory capacity or access to laboratory capacity been established to confirm priority chemical events?

Yes

12.1.1.14a has a chemical event response plan been tested through occurrence of real event or through a simulation exercise?

Yes

12.1.1.14b has a chemical event response plan been updated as needed?

Yes

12.1.1.15 is there (are there) an adequately resourced Poison Centre(s) in Place?

Not Known

12.1.1.16 Have country experiences and findings regarding chemical events and risks of national and international concern been shared with the global community?

No

-12.1.1.9 updated 2012

-12.1.1.10 only for oil spills SOPs and manuals available and for the others underdevelopment.

- 12.1.1.2 updated and raised to the cabinet for final decision in September 2013.

- 12.1.1.6 Only for oil spills.

- 12.1.1.11 NFP and MEMAC.

- 12.1.1.16 with MEMAC only.

Core Capacity: 13. Radiation Emergencies

Component: 13.1 Capacity to detect and respond to radiological and nuclear

Indicator: 13.1.1 Mechanisms are established and functioning for detecting and responding to radiological and nuclear emergencies that may constitute a public health event of international concern.

13.1.1.1 Have experts been identified for public health assessment and response to radiological and nuclear events?

Yes

13.1.1.2 Have national policies, strategies or plans been established for the detection, assessment and response to radiation emergencies?

Yes

13.1.1.3 Have national policies, strategies or plans been implemented for the detection, assessment and response to radiation emergencies?

Yes

13.1.1.4 Have national policies, strategies or plans been established for national and international transport of radioactive material, samples and waste management, including those from hospitals and medical services?

Yes

13.1.1.5 Is there a functional coordination and communication mechanism between relevant national competent authorities responsible for nuclear regulatory control/safety, and relevant sectors ?

Yes

13.1.1.6 Have national authorities responsible for radiological and nuclear events designated a focal point for coordination and communication with the ministry of health and/or IHR NFP?

Yes

13.1.1.7 Does radiation monitoring exist for radiation emergencies that may constitute a public health event of international concern?

Yes

13.1.1.8 Is there 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?

Yes

13.1.1.9a Have technical guidelines or SOPs been developed for the management of radiation emergencies (including risk assessment, reporting, event confirmation and notification, and investigation)?

Yes

13.1.1.9b Have technical guidelines or SOPs for the management of radiation emergencies (including risk assessment, reporting, event confirmation and notification, and investigation) been evaluated and updated?

Yes

13.1.1.10 Is there a radiation emergency response plan?

Yes

13.1.1.11 Have radiation emergency response drills been carried out regularly, including the requesting of international assistance (as needed) and international notification?

Yes

13.1.1.12 is there a mechanism in place to access health facilities (inside or outside the country) with capacity to manage patients of radiation emergencies?

Yes

13.1.1.13 Does the country has access (nationally or internationally) to laboratory capacity to detect and confirm the presence of radiation and identify its type (alpha, beta, or gamma) for potential radiation hazards?

Yes

13.1.1.14 Are there collaborative mechanisms in place for access [119] to specialized laboratories that are able to perform bioassays , biological dosimetry by cytogenetic analysis and ESR?

Yes

13.1.1.15 Have collaborative mechanisms for access to specialized laboratories that are able to perform bioassays, biological dosimetry by cytogenetic analysis and ESR been evaluated?

Not Known

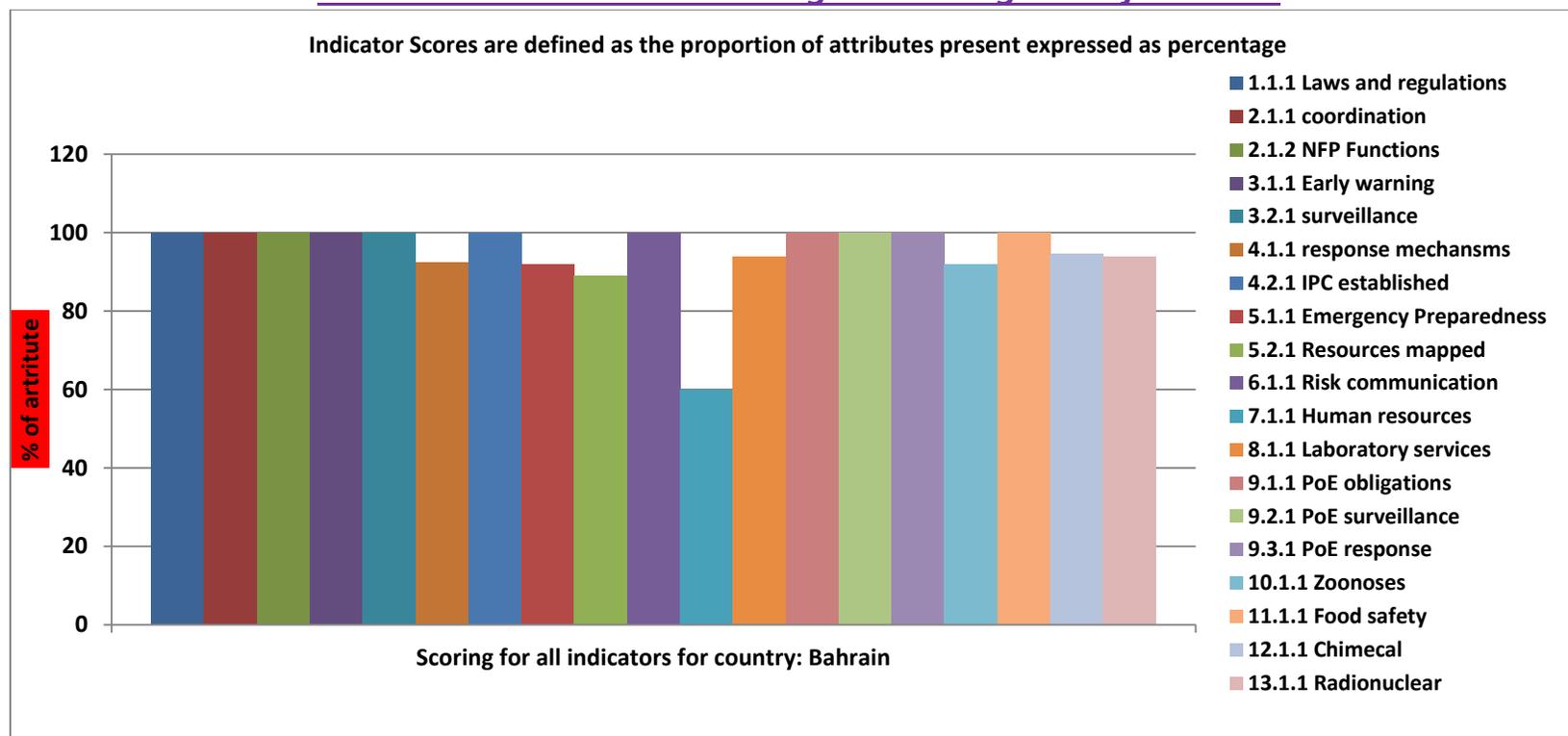
13.1.1.16 Have country experiences with the detection and response to radiological risks and events been documented and shared with the global community?

No

An emergency response plan has been drafted and it is in process to be approved by the parliament.

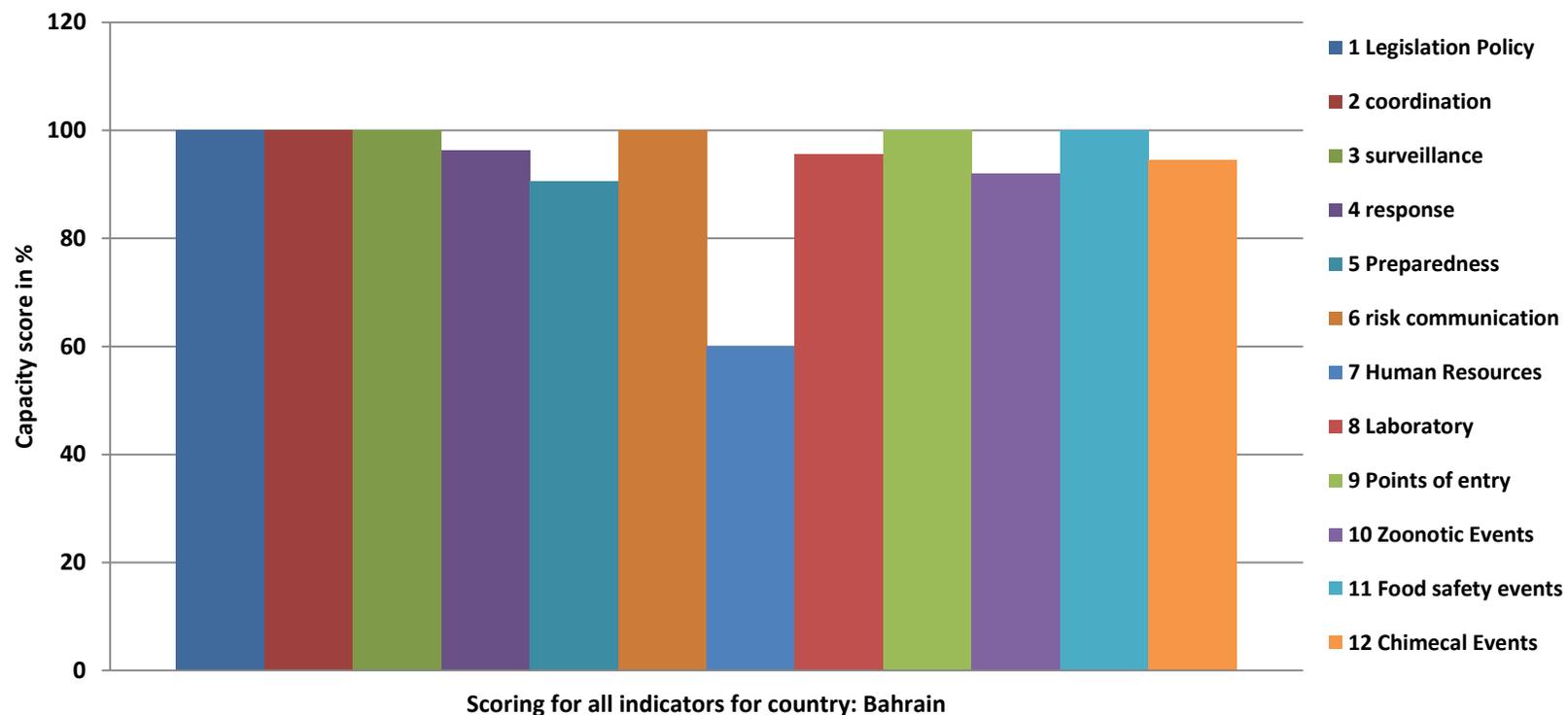
- Radiation Protection Consultant from MOH participated on workshop on monitoring during a nuclear or radiological emergency held in fukushima, Japan from 13-17 April, 2015 organized in the IAEA.

National IHR Indicator Scoring 2015- Kingdom of Bahrain



Indicators score as % 2015	1.1.1	2.1.1	2.1.2	3.1.1	3.2.1	4.1.1	4.2.1	5.1.1	5.2.1	6.1.1	7.1.1	8.1.1	8.2.1	9.1.1	9.2.1	9.3.1	10.1.1	11.1.1	12.1.1	13.1.1
Bahrain	100	100	100	100	100	92.3	100	92	89	100	60	100	100	100	100	100	92	100	94.5	94

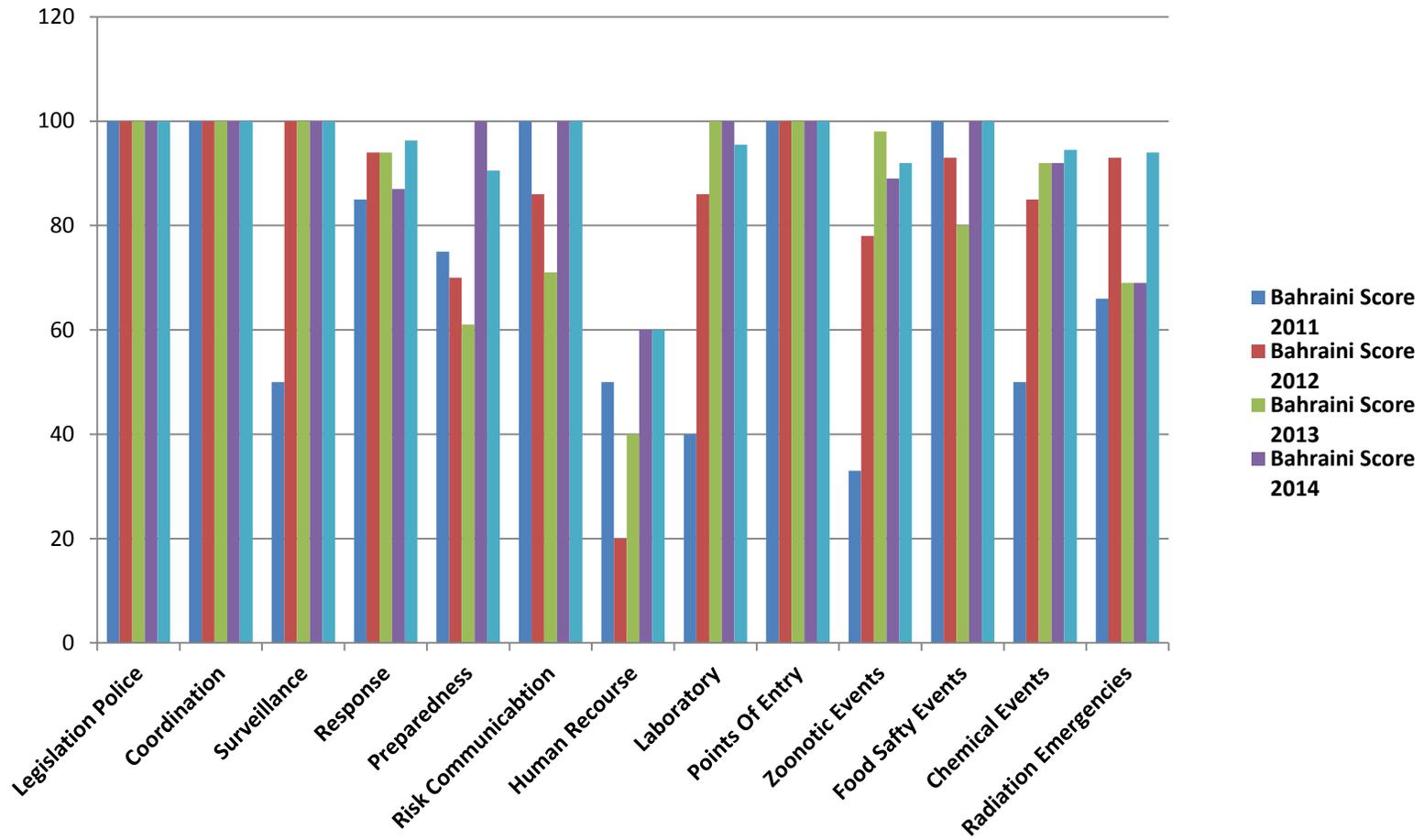
2015 IHR Core Capacity Scoring of Bahrain



Reporting Year	Region	Category score as %	1	2	3	4	5	6	7	8	9	10	11	12	13
2015	Eastern	<u>Bahrain</u>	100	100	100	96.3	90.5	100	60	95.5	100	92	100	94.5	94

Bahrain and Global Scores for 2011 & 2012 & 2013 and 2015														
No	IHR Indicators	EMRO Region score				Bahraini Score					Bahrain Standard Level			
		2011	2012	2013	2014	2011	2012	2013	2014	2015	2011	2012	2013	2014
1	Legislation Police	78	64	75	82	100	100	100	100	100	above	above	above	above
2	Coordination	79	74	77	83	100	100	100	100	100	above	above	above	above
3	Surveillance	80	80	84	83	50	100	100	100	100	above	above	above	above
4	Response	74	74	78	81	85	94	94	87	96.3	above	above	above	above
5	Preparedness	61	54	62	65	75	70	61	100	90.5	above	below	below	above
6	Risk Communicabtion	67	62	67	72	100	86	71	100	100	above	above	above	above
7	Human Recourse	56	56	69	68	50	20	40	60	60	below	below	below	below
8	Laboratory	72	64	75	74	40	86	100	100	95.5	below	above	above	above
9	Points Of Entry	59	58	55	63	100	100	100	100	100	above	above	above	above
10	Zoonotic Events	75	82	86	85	33	78	98	89	92	below	below	above	above
11	Food Safty Events	68	69	75	77	100	93	80	100	100	above	above	above	above
12	Chemical Events	45	39	53	53	50	85	92	92	94.5	above	above	above	above
13	Radiation Emergencies	57	55	60	62	66	93	69	69	94	above	above	above	above
Avarage		66	64	70	73	73	85	77	92	94	above	above	above	above
Avarage for all regions		63	68	69	73	73	68	77	92	94	above	above	above	above

Comparizon of Bahrain IHR Indicators Scores 2011 & 2012 & 2013 & 2014 & 2015



Annual Timeliness and Completeness Monitoring Table for the Monthly reporting System of IHR events 2015 .

No	Place	% Reporting Completeness	% Reporting Timeliness
1	Ministry of Municipalities Affairs and Urban Planning, Animal Wealth Directorate	100% Satisfactory	100% Satisfactory
2	Supreme council of Environment and Welfare Protection.	100% Satisfactory	0% Unsatisfactory
3	MOH (Occupational Unit).(radiation)	100% Satisfactory	10% Unsatisfactory
4	Ministry of Industry and Commerce (Protection Directorate)	100% Satisfactory	70% Unsatisfactory
5	MOH (Communicable Diseases Unit).	100% Satisfactory	30% Unsatisfactory
6	MOH (PHD Laboratory).	100% Satisfactory	0% Unsatisfactory
7	Ministry of Foreign Affairs.	100% Satisfactory	10% Unsatisfactory
8	Ministry of Interior, Custom Affair (King Fahad Causeway).	100% Satisfactory	10% Unsatisfactory
9	Primary Health Care Directorate.	100% Satisfactory	10% Unsatisfactory
10	MOH (Environment Control Section).	0% Unsatisfactory	0% Unsatisfactory
11	General Organization of Seaport (Khalifa Bin Salman Port).	0% Unsatisfactory	0% Unsatisfactory
12	Civil Aviation Affairs (Bahrain Airport Company).	100% Satisfactory	40% Unsatisfactory
13	Gulf Air Clinic	100% Unsatisfactory	10% Unsatisfactory

Monthly Scoring for Timeliness and Completeness of reporting IHR events 2015 to NFP

Reporting	Monthly Completeness												Monthly Timeliness											
	Jan	Feb	March	April	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	April	May	Jun	July	Aug	Sep	Oct	Nov	Dec
1	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	
3	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	N	N	N	N	N	N	N	
4	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	N	Y	N	Y	Y	Y	Y	
5	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	
6	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	
7	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	N	N	N	N	N	N	N	
8	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	
9	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	
10	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	
11	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
12	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	
13	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	Y	N	N	N	

1=Ministry of Municipalities Affairs and Urban Planning, Animal Wealth Directorate.

2= Supreme Council of Environment and Welfare Protection.

3= MOH (Occupational Unit) (Radiation Protection).

4= Ministry of Industry and Commerce (Protection Directorate)

5= MOH (Communicable Diseases Unit).

6= MOH (PHD Laboratory).

7= Ministry of Foreign Affairs.

8= Ministry of Interior, Custom Affair (King Fahad Causeway).

9= Primary Health Care Directorate.

10= MOH (Environment Control Section).

11= General Organization of Seaport (Khalifa Bin Salman Port).

12=Civil Aviation Affairs (Bahrain Airport Company).

13=Gulf Air Clinic.

IHR Monitoring Indicators for the Year 2015

التعريف	المؤشر
This Indicator for measuring the availability and implementation of IHR related legislations	1. Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR.
This indicator will measure the strength of the communication and coordination between different sectors	2. A mechanism is established for the coordination of relevant sectors in the implementation of the IHR.
This indicator will measure the strength of NFP in the country	3. IHR NFP functions and operations are in place as defined by the IHR (2005).
This indicator will measure the accuracy and precision and quality % of the analysis of the reported data to the surveillance system	4. Indicator based surveillance includes an early warning function for the early detection of a public health event.
This indicator will measure the strength of event the surveillance system in early detection of the events	5. Event based surveillance is established.
This indicator will measure Ministry of Health capacity for responding to emergency events	6. Public health emergency response mechanisms are established.
This indicator will measure the satisfaction percentage towards infection control measures in all the health services	7. Infection prevention and control (IPC) is established at national and hospital levels.

This indicator will measure the level of preparedness to response to disasters	8. A Multi-hazard National Public Health Emergency Preparedness and Response Plan is developed.
This indicator will measure the level of preparedness to response to disasters	9. Priority public health risks and resources are mapped.
This indicator will measure the level of risk communication in response to disasters	10. Mechanisms for effective risk communication during a public health emergency are established.
This indicator will measure the level of preparedness for implementation of IHR Core capacities	11. Human resources are available to implement IHR core capacity requirements.
This indicator will measure the level of preparedness of the labs for responding to disasters	12. Laboratory services are available to test for priority health threats.
This indicator will measure the level of preparedness of the labs for responding to disasters	13. Laboratory biosafety and laboratory biosecurity (Bio risk management) practices are in place.
This indicator will measure the level of preparedness of the points of entry for responding to disasters	14. General obligations at Poe are fulfilled.
This indicator will measure the level of preparedness of the points of entry for responding to disasters	15. Effective surveillance and other routine capacities is established at PoE3.
This indicator will measure the level of preparedness of the points of entry for responding to disasters	16. Effective response at Poe is established.
This indicator will measure the level of preparedness of the country to respond to disasters of animal origin	17. Mechanisms for detecting and responding to zoonosis and potential zoonosis are established.

<p>This indicator will measure the level of preparedness of the country to respond to food born disasters</p>	<p>18. Mechanisms are established for detecting and responding to food borne disease and food contamination.</p>
<p>This indicator will measure the level of preparedness of the country to respond to chemical disasters</p>	<p>19. Mechanisms are established for the detection, alert and response to chemical emergencies.</p>
<p>This indicator will measure the level of preparedness of the country to respond to Radiological disasters</p>	<p>20. Mechanisms are established for detecting and responding to radiological and nuclear emergencies.</p>

Outbreaks of Communicable Diseases in Bahrain 1995-2014

Diseases	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Typhoid Fever	71	36	17	24	35	21	41	34	15	11	12	12	8	8	33	18	17	15	9	3
Paratyphoid Fever	9	5	11	8	6	3	2	3	10	8	4	3	7	4	1	0	3	3	3	0
Salmonellosis	277	215	246	277	319	257	229	903	339	317	400	346	397	418	377	406	386	288	277	331
Shigellosis	156	214	224	191	162	190	118	187	162	178	100	70	125	42	64	27	22	35	39	17
Food Poisoning	53	23	37	62	58	58	121	123	156	272	282	232	286	300	439	176	415	339	171	344
Meningococcal Infection*	0	0	2	4	1	1	3	0	0	0	0	0	0	0	0	1	0	0	0	1
Mumps**	68	61	48	34	48	167	31	31	35	34	87	22	93	80	16	46	18	29	59	21
Measles**	3	74	4	4	38	6	5	8	12	11	4	3	7	2	3	2	10	6	1	46
Rubella**	10	8	11	5	4	2	2	2	7	2	7	3	5	2	9	6	3	4	2	7

* case in 2014 is probable

** Single case of these diseases considered an outbreak

The World Health Assembly, in its resolution 61.2, decided, in accordance with paragraph 1 of Article 54 of the IHR, that States Parties and the Director-General shall report to the Health Assembly on the implementation of the Regulations annually, with the next report to be submitted to the Sixty-second World Health Assembly. For this purpose, a monitoring framework was developed. The framework includes self-assessment questionnaire and indicators. The monitoring process is not intended for use as a tool to rank the performance of countries or to compare performance between countries. Rather, it is intended as a tool to assist individual countries to monitor progress towards meeting the core capacity requirement of the IHR and address gaps identified. The indicators are used for the annual reporting on IHR implementation to the World Health Assembly.

Results obtained from the 2014 IHR self-assessment questionnaire indicated a regional IHR implementation level of 72%, with many countries having met many of the IHR requirements. However, many critical gaps were identified in States Parties in the Region, including in countries announced meeting the IHR obligations by the first and second IHR deadlines of June 2012 and June 2014, related to the preparedness and response to the current outbreak of MERS-CoV; during the IHR assessment missions carried out by WHO; and during missions carried out to assess national preparedness and response to the potential importation of Ebola carried out late 2014.

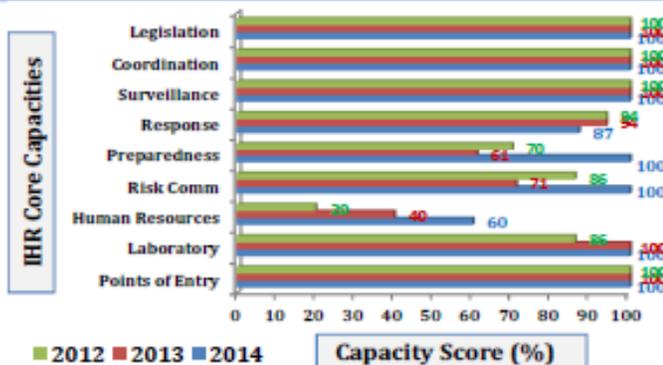
The following section demonstrates a comparison between results obtained from the 2014 IHR monitoring tool (self-assessment questionnaire and indicators) for the IHR core capacities and capacities at points of entry and results obtained from the missions carried out to assess the level of IHR implementation in the context of Ebola. IHR capacities related to food safety, chemical and radiation are not addressed in this profile.

The implementation of IHR eight core capacities and those at points of entry in Bahrain is 94% in 2014. The capacities of legislation, coordination, surveillance, laboratory and points of entry have been developed and maintained at a level of 100%, while reduced for the response capacity.

IHR capacities for the early detection, assessment and response to Ebola including those at points of entry are in place; however need further strengthening, particularly those related to legislation, response and points of entry.



IHR Capacities: Self- Assessment questionnaire- 2012-2014



IHR Capacities: Monitoring Indicators- 2014 (%)

Indicator	Score (%)
Legislation	100
Laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of obligations under the IHR.	100
IHR NFP Communication and Coordination	100

IHR Capacities: Field assessment in the context of Ebola- 2014

Legislation and IHR NFP

- National legislation, and administrative requirements and procedures have been reviewed but not implemented to facilitate the implementation of technical core capacities of IHR in the country.
- Defined functions of IHR NFP are not in place.
- National policies have not been reviewed to facilitate the implementation of functions of the IHR National Committee.

Coordination Structures and Mechanisms

- Despite existing coordination structures and mechanisms, active engagement of highest level of authority, such as national disaster management committee in the current preparedness activities including simulation exercises is not evident.
- Some operational gaps exist in incident command and control system.

Surveillance and Contact Tracing

A mechanism is established for the coordination of relevant sectors in the implementation of IHR.	100
IHR NFP functions and operations are in place as defined by the IHR (2005).	100
Surveillance	100
Indicator based (Routine) Surveillance has early warning function for early detection of Public Health events.	100
Event Based Surveillance established.	100
Response	87
Public health emergency response mechanisms are established.	100
Infection prevention and control (IPC) is established at national and hospital levels.	75
Preparedness	100
Multi-hazard National Public Health Emergency Preparedness and Response Plan is developed.	100
Public health risks and resources are mapped.	100
Risk Communications	100
Mechanisms for effective risk communication during a public health emergency are established.	100
Human Resources	60
Human resources are available to implement IHR core capacity requirements.	60
Laboratory	100
Laboratory services are available and accessible to test for priority health threats.	100
Laboratory biosafety and Biosecurity practices are in place.	100
Points of Entry	100
General obligations at points of entry are fulfilled.	100
Effective surveillance is established at points of entry.	100
Effective response at points of entry established.	100

- A system exists to capture events-based mortality reporting, however a formal event based surveillance is not place and relevant SOPs are lacking.

Response

- Rapid response team exists for early detection and outbreak response; however SOPs and drills for testing operational response to Ebola are not in place.

Laboratory services

- The clinical and public health laboratories exist; however they do not have capacity for virology diagnosis.
- Resources need to be allocated to establish capacity for testing viral haemorrhagic fever.

Infection Prevention and Control

- Infection prevention and control practices among the different professions of health care providers are not well established as a routine practice.
- Available isolation areas require further improvement.

Risk Communications

- Absence of an over-arching strategy or a plan that links all communication products are affecting the efficiency and consistency of developed key messages and products.
- Lack of an official mechanism and SOPs for inter-departmental coordination.
- Coordination with different stakeholders is in place but needs expansion to involve sectors deals with the different hazards.

Points of Entry

- Required capacities required in the event of public health emergency of international concern are available, however, fragmented in addressing Ebola.
- Effective surveillance and response to public health evens occur at ground crossing is not well established.
- Absence of arrangements with other countries to trace Ebola suspected cases and contacts.



Implementation score < 50%



Implementation score between 50-75%



Implementation score > 75%

Acknowledgment

This annual report consumed huge amount of work and dedication. Still, implementation would not have been possible if we did not have a support of many individuals and organizations. Therefore we would like to extend our sincere gratitude to all of them.

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We would like to express our sincere thanks to the Ministry of Health IHR committee who devoted their time and knowledge in the implementation of IHR.

Nevertheless, we express our gratitude toward the higher Authorities from the Ministry of Health and the other different sectors responsible for IHR implementation for their kind cooperation and encouragement which help us in achieving our target.

In performing our report, we had to take the help and guideline of some respected persons, who deserve our greatest gratitude. The completion of this report gives us much pleasure.

We would like to show our gratitude to the secretaries. We would also like to expand our deepest gratitude to all those who have directly and indirectly guided us in putting this report to its final version.