



Towards global health security improvement: Lebanon moves ahead in preparation for The International health regulations

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Global health security has become an increasing concern worldwide, particularly with the advent of Globalization and acceleration of international travel and trade. Over the past few decades, emerging infections such as SARS, Avian Influenza or the recent A H1N1 influenza outbreak, have impacted livelihoods and economies in many parts of the world. Other public health threats that may become of international concern include chemical spills, leaks and dumping, and nuclear melt-downs. This has caused a paradigm shift from the IHR elaborated in 1969, moving from control of borders to containment at source, from diseases list to all threats, and from preset measures to adapted and real time response

In view of the increasing public health threats, in 2005, 194 countries across the globe signed the International health regulations (IHR), which constitute an international legally binding instrument aiming mainly at helping the international community prevent, respond and mitigate acute public health risks that have the potential to cross borders and threaten people worldwide. The IHR, which entered into force in June 2007, also define the rights and obligations of countries to report public health events, and establish a number of procedures that WHO must follow in its work to uphold global public health security.

According to the IHR, countries are required to take necessary measures, be it in terms of legislations and law enforcement or in terms of capacity building and resources, to ensure timely and transparent reporting of public health event of global concern.

With the high political commitment expressed by the Government of Lebanon, especially the Ministry of Public Health (MOPH), preparation for the implementation of the International Health Regulations 2005 (IHR 2005 or Regulations) have started two years ago, with particular focus on emergency Preparedness and Surveillance and Early Warning System reinforcement. In fact, with the support of WHO, training has been conducted to all private and public hospitals as well as the Primary health care system across the country on the principles of contingency planning for health emergencies, resulting in the availability of around 3,000 health professionals with a

standard approach to emergency management and preparedness. Along the same line, an emergency operations room is established at the BGUH , to coordinate hospital admissions for patients across the country in case of outbreak.. The stockpiling system and is updated at the Central warehouse allowing for continuous medications and medical supplies stocks monitoring

On the other hand, and in line with the IHR requirements, a country assessment mission for Lebanon was conducted in March 2009 with the support of WHO to identify strengths and weaknesses towards implementation of IHR. These can be summarized as follows:

- o Seed interventions towards the IHR are already initiated
- o Commitment of relevant ministries and institutions
- o Availability of qualified staff at national level
- o Awareness on IHR varies within and between concerned institutions
- o Capacities differ within the same institution between peripheral and central levels
- o Complex administrative and legislative issues
- o Overlap in responsibilities and terms of reference
- o Suboptimal quality monitoring

The main actions currently under preparations to address the country needs, and have Lebanon ready to meet the deadline for implementation of the IHR (due in June 2012) with the support of WHO include:

- o Continue advocacy
- o Review the legislations
- o Provide technical backup to the national technical committee/ core team
- o Initiate the training on IHR at the governorate/ qada level and at the POE
- o Update and develop lists of diseases and hazards definition
- o Conduct the labs assessment
- o Produce and disseminate relevant training material

Note is made that, the implementation of the IHR is a collective effort, and collaboration with all stakeholders in health, namely concerned ministries and bodies, academic institutions, professional orders, and the civil society remains a cornerstone for successful preparation and implementation .

