དཔལ་ལྡན་འབྲུག་གཞུང་།
གསོ་བ་ལྟེན་ཁག།
འབྲུག BHUTAN

ROYAL GOVERNMENT OF BHUTAN
Secretary's Office
MINISTRY OF HEALTH
THIMPHU : BHUTAN
P. O. BOX : 726

SECRETARY

MoH/Sec/19-Ministries/2010-2011/ 3959

28th November, 2011

OFFICE ORDER

The International Health Regulations, IHR (2005), became binding on Bhutan when it entered into force in June 2007. As a signatory, Bhutan is required to put in place core capacities provided in Annex 1 of IHR (2005) by June 2012 using the existing National structures and resources. The responsibility of implementing IHR rests with all relevant National Sectors due to its broad scope and purpose.

In light of the challenging nature of obligations, IHR (2005) allows extension of deadline to **June 2014** if supported with a good **Action Plan**. While much progress has been made, it is likely that an extension may be necessary. Accordingly, an Action Plan (enclosed herewith) was developed for all relevant Departments/Divisions based on their roles and mandates. The plan was adapted from IHR (2005) progress monitoring indicators developed by the World Health Organization (WHO).

While most of the core capacities shown in the Action Plan may already be in place or currently under development, some may need to be developed from scratch. The lead implementing agencies reflected in the Action Plan are required to review the existing capacities and ensure accomplishment of capacities within the indicated time period. To maximize outcomes and minimize duplications, they are also required to ensure close coordination between lead implementers and other implementing partners including those from outside of the Health Sector. The lead implementers shall also propose other National Sectors as lead agency if deemed appropriate for a specific IHR capacity development.

It is important to note that under IHR (article 5.3), the WHO is mandated to assist Member Countries, upon request, to develop, strengthen and maintain IHR core capacity requirements. The implementing agencies and partners may utilize this Action Plan to propose and mobilize necessary resources and support from the WHO.

The progress of the implementing agencies will be annually monitored using a set of standardized questionnaire. The reports will be disseminated to all relevant Sectors as well as to the World Health Organization as mandated under IHR (2005).

This is issued for strict compliance and necessary action.

(Dr. DORJI wangchuk)
(Offtg. Scretary)

Distribution lists:

1. PS to Hon'ble Minister, MoH for kind appraisal
2. Director General, DoMS, MoH for necessary action
3. Director, DoPH, MoH for necessary action
4. Chief HRO, MoH for necessary action
5. CPO, PPD for necessary action
6. Programm Director, QASD for necessary action
7. WR, WHO Country Office, Bhutan for kind information and necessary support
8. IHRNFP for necessary action

1336

WR-BHUTAN			
30 NOV 2011			
WR	AO.		
30/11			

PABX:+975-2-322602, 322351, 328091, 328092, 328093. Secretary 326627, Fax: 324649

Scan & Send to IHR SEARO

Plan of Action for Implementation of IHR (2005) in Bhutan (15th December 2011-June 2014)

Core Capacities	Action areas	Expected Results	Implementers			Timeline	
			Lead agencies (MoH)	Partners (MoH)	Other Sectors	Start	End
National legislations [1]	Assess the existing legislations to support IHR (2005)implementation	National legislations in place are adequate to support and facilitate effective implementation of IHR (2005) in Bhutan	IHR NFP, PPD,	DoPH, DoMS,	MoAF, NEC, MOIC, MoHCA	15th Dec. 2011	Jan 15th 2013
National Focal Point for IHR	Review the functions of IHR NFP	The National IHR Focal Point is appropriately placed/integrated within the Ministry of Health with documentation of defined functions as per IHR (2005)	HRD	DoPH DoMS		15th Dec. 2011	Feb. 15th 2012
Surveillance [2, 3]	Strengthen Indicator-based and event-based surveillance system	Specific Division/Program designated and functional for surveillance of public health events and risks with documentation of defined functions SOPs/or guidelines for event-based surveillance available	DoPH PPD (R&E Unit and HIMS)	DoMS, QASD	MoA, NEC	15th Dec. 2011	15th Dec. 2013
Preparedness and Response	Conduct and document National public health risks and vulnerability mapping Review the existing NHSDECP and other disease specific plans to support multi-hazard preparedness and response plan Review existing plans and develop/Strengthen National Risk Communication for Public Health Emergencies Continue to strengthen Infection Prevention and Control (IPC) at all levels of health care facilities	NHDECP is able to effectively address multi-hazard health emergencies The capacity to detect, respond, assess, notify and report events as specified in annex 1 of IHR are in place A multi-disciplinary Rapid Response Teams available in all dzongkhags with documented SOPs/or guidelines for the deployment of members Directory/list of experts in health and other sectors available to support response to public health emergencies Mechanism for effective risk communication during public health emergencies is in place	DoPH DoMS	PPD QASD HRD	MoHCA MoAF MoIC NEC	Jan 2012	Jan 2014

Plan of Action for Implementation of IHR (2005) in Bhutan (15th December 2011-June 2014)

Core Capacities	Action areas	Expected Results	Implementers			Timeline	
			Lead agencies (MoH)	Partners (MoH)	Other Sectors	Start	End
Points of Entry	Identify competent authorities as defined by IHR (2005) at the designated points of entry Review existing preparedness and response plans of various sectors and strengthen requirements provided in Annex 1 of IHR (2005) at designated entry points through collective national efforts	Competent authorities identified with documentation of well-defined roles and responsibilities at designated entry points Core capacity requirements at all times and Multi-Sectoral Contingency Plan for responding to public health emergencies of international concerns are in place at the designated entry points	DoMS DoPH	PPD HRD	MoIC MoHCA MoAF NEC MoEA MoFA	Dec 15th 2011 Jan. 2012	March 15th 2012 June 2014
Zoonotic Events	Strengthen the capacity to respond to zoonotic events of national and international significance in partnership with relevant sectors	Documentation of well-established multi-sectoral mechanism to detect and respond to zoonotic events in place	DoPH	DoMS PPD	MoA	Dec. 15th 2011	June 14th 2014
Human resource	Strengthen field epidemiology training program and training in IHR-related hazards	Inventory of adequately trained human resources are available for IHR-related hazards	HRD	DoPH DMS PPD	MoAF NEC MoIC MoHCA	Dec. 15th 2011	June 14th 2014
Laboratory	Strengthen internal quality control and external quality assessment for diagnosis of priority public health diseases Strengthen laboratory support and participation in emerging diseases Strengthen laboratory referral and networking systems for all IHR-related hazards Strengthen laboratory biosafety for diagnosis of priority public health events	Laboratory services are available to test and confirm priority public health threats in a safe environment	DoPH	DoMS	MoAF	Dec. 15th 2011	June 14th 2014

Plan of Action for Implementation of IHR (2005) in Bhutan (15th December 2011-June 2014)

Core Capacities	Action areas	Expected Results	Implementers			Timeline	
			Lead persons/ agencies (MoH)	Partners (MoH)	Other Sectors	Start	End
Food Safety	Strengthen inter-sectoral collaboration and capacity to detect and respond to food safety events	Multi-sectoral mechanisms are established for detecting and responding to foodborne diseases of national and international significance	DoPH	DoMS QASD	MoAF MoEA		
Chemical and Radiation emergencies	Develop/strengthen capacity to respond to chemical and radiation emergencies of national and international significance	Well-documented multi-sectoral mechanisms in place for detection and response to chemical; radiological and nuclear emergencies	DoPH	DoMS	NEC MoAF MoEA	Jan 2012	April 2014

1= *National legislation refers to a broad range of existing legally binding or non-binding administrative, legal and other governmental instruments which facilitates IHR implementation in Bhutan.*

2= *Indicator-based surveillance is the routine reporting of cases of disease, including notifiable diseases surveillance systems, sentinel surveillance, laboratory-based surveillance, etc .This routine reporting is commonly health-care facility-based with reporting done on a weekly or monthly basis*

3= *Event-based surveillance is the organized and rapid capture of information about events that are a potential risk to public health. This information can be rumours and other ad-hoc reports transmitted through formal channels (i.e. established routine reporting systems) and informal channels (i.e. media, health workers and nongovernmental organizations reports)*

Abbreviations:

MoH= Ministry of Health
MoAF= Ministry of Agriculture and Forestry
MoIC= Ministry of Information and Communication
MoHCA= Ministry of Home and Cultural Affairs
MoFA= Ministry of Foreign Affairs
MoEA= Ministry of Economic Affairs
NEC= National Environmental Commission
DoPH= Department of Public Health
DoMS= Department of Medical Services
PPD= Planning and Policy Division, Ministry of Health
HRD= Human Resource Division, Ministry of Health
QASD= Quality Assurance and Standardization Division, Ministry of Health
R&E= Research and Epidemiology Unit, Ministry of Health
HMIS= Health Information and Management
IHRNFP= National Focal Point for International Health Regulations
NHDECP= National Health Sector Disaster Emergency Contingency Plan