



NATIONAL IHR FOCAL POINT GUIDE

Designation/establishment of National IHR Focal Points

1. Introduction

The International Health Regulations (2005) (IHR(2005)) define a National IHR Focal Point as "the national centre, designated by each State Party which shall be accessible at all times for communications with WHO IHR Contact Points under these Regulations". Article 4 of the Regulations provides that:

1. Each State Party shall designate or establish a National IHR Focal Point and the authorities responsible within its respective jurisdiction for the implementation of health measures under these Regulations.
2. National IHR Focal Points shall be accessible at all times for communications with the WHO IHR Contact Points provided for in paragraph 3 of this Article. The functions of National IHR Focal Points shall include:
 - (a) sending to WHO IHR Contact Points, on behalf of the State Party concerned, urgent communications concerning the implementation of these Regulations, in particular under Articles 6 to 12; and
 - (b) disseminating information to, and consolidating input from, relevant sectors of the administration of the State Party concerned, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals and other government departments.
3. WHO shall designate IHR Contact Points, which shall be accessible at all times for communications with National IHR Focal Points. WHO IHR Contact Points may be designated by WHO at the headquarters or at the regional level of the Organization.
4. States Parties shall provide WHO with contact details of their National IHR Focal Point and WHO shall provide States Parties with contact details of WHO IHR Contact Points. These contact details shall be continuously updated and annually confirmed. WHO shall make available to all States Parties the contact details of National IHR Focal Points it receives pursuant to this Article.

2. Terms of Reference for National IHR Focal Points (NFPs):

A National IHR Focal Point (NFP) is a national centre, designated by each State Party, which is accessible at all times (7/24/365) for communications with WHO IHR Contact Points (see Article 1 Definitions IHR(2005)). While the exact structure and organization of the NFP are left to the State, IHR(2005) define the role, functions and operational requirements for real-time management of information and for efficient communications. It is foreseen that NFPs will be offices rather than individuals. They will need to work closely with WHO Representatives and Liaison Officers. In addition to considering where to locate the NFP in their national structures, or establishing new structures if required, Member States are also advised to consider the legal and administrative authorities required by their NFP in order to carry out their functions. NFPs will need clearly established links and coordination mechanisms with existing national health emergency committees and mechanisms, within or outside the health sector.



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While the great majority of the work of the NFP will relate to risks and outbreaks of communicable disease it is important to take into account that, consistent with the stated scope of IHR(2005), the NFP will also carry out the activities below in respect of events arising from non-communicable aetiologies, such as chemical or radiological, where such events meet the criteria set out in the Regulations.

The following functions in bold text are derived directly from the IHR(2005) and can be considered mandatory components of terms of reference for National IHR Focal Points:

- 1) **Remaining accessible at all times for communications with WHO IHR Contact Points** (via e-mail, telephone and/or fax): In order to ensure coverage of the post around the clock, it is envisioned that NFPs will not be individuals but rather offices, including potentially a designated government position supported by a functional structure. It is critical that the NFP be contactable at all times, and it will not be possible for a single individual to carry out this function. Functional and reliable telephone, e-mail and fax lines are essential. The NFP should be contactable by direct telephone or fax and via a generic institutional e-mail address, preferably one indicating its affiliation with the IHR (i.e. IHRNFP@gov.state). Private e-mail addresses should not be used.
- 2) **On behalf of the State Party concerned, sending to WHO IHR Contact Points urgent communications arising from IHR implementation, in particular under Articles 6-12 of IHR(2005):** In summary, Articles 6 -12 cover the following communications:
 - i) Notification (Article 6): Notifying WHO IHR Contact Points of all events which may constitute a public health emergency of international concern within a State Party's territory in accordance with the Annex 2 decision instrument, as well as any health measure implemented in response, and, following notification, continuing to give WHO public health information about the notified event;
 - ii) Information-sharing during unexpected or unusual public health events (Article 7): Providing WHO IHR Contact Points with all relevant public health information if there is evidence of an unexpected or unusual public health event within a State Party's territory which may constitute a public health emergency of international concern;
 - iii) Consultation (Article 8): If the State Party so chooses, keeping WHO advised on events occurring within a State Party's territory which do not require notification, and consulting with WHO on appropriate health measures;
 - iv) Other reports (Article 9): Responding to WHO requests for consultations and attempts to obtain verification for reports from sources other than notifications or consultations on events occurring within the territory of the State Party; and informing WHO of receipt of evidence of a public health risk identified outside the State Party's territory that may cause international disease spread,



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- evidenced by imported/exported human cases, or contaminated vectors or products;
- v) Verification (Article 10): Responding to WHO requests for verification of reports from sources other than notifications or consultations of events which may constitute a public health emergency of international concern allegedly occurring in the State's territory;
 - vi) Provision of information by WHO (Article 11): Serving as focal point for information sent by WHO under Article 11.1, and consulting with WHO as to making information available under this article;
 - vii) Determination of a public health emergency of international concern (Article 12): Consulting with the WHO Director-General on determination and termination of a public health emergency of international concern under this article.
- 3) **Disseminating information to relevant sectors of the administration of the State Party concerned, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals and other government departments**: NFPs will ensure that all relevant sectors are provided with information received from WHO IHR Contact Points necessary for performance of the State Party's functions under the IHR(2005), including information on public health risks, events potentially constituting public health emergencies of international concern and temporary and standing recommendations, as well as other information provided by WHO under the IHR.
 - 4) **Consolidating input from relevant sectors of the administration of the State Party concerned, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals and other government departments**: NFPs will need to identify relevant sectors of the administration within their countries, and to establish efficient and functional channels of communication in order to receive and consolidate input which is necessary for the analysis of national public health events and risks.

Additional tasks have been identified which the national authority may need to carry out through the NFP or other bodies; these are set out in the Appendix.

3. How to designate or establish National IHR Focal Points (NFPs):

Article 4 of IHR(2005) requires States Parties to designate or establish a National IHR Focal Point and to provide WHO with contact details of NFPs, to be continuously updated and annually confirmed. Recommended procedures for designation of National IHR Focal Points by States Parties are as follows:

1. The State, through the Ministry of Health in coordination with the Ministry of Foreign Affairs, sends a written communication to the Director-General of the WHO containing its designation for NFP. States may wish to copy this written communication to appropriate entities, including, if present, their Permanent Mission in Geneva, as well as relevant national ministries and their WHO Regional and Country office.



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2. This written communication shall include the following contact details:
 - name of designated institution and office within which the NFP is being designated
 - address of designated institution and office
 - names of responsible individuals within the designated office
 - generic and individual e-mail address(es)
 - telephone number(s)
 - fax number(s)
3. Any changes or updates to the designated NFP are to be reported through a similar written communication to the WHO Director-General of the WHO. States may wish to copy this written communication to appropriate entities, including, if present, their Permanent Mission in Geneva, as well as relevant national ministries and their WHO Regional and Country office.
4. The contact details of the designated NFP shall be annually confirmed with WHO no later than 1 March of each year. A request from the IHR Secretariat prompting this confirmation shall be sent out in January of each year, beginning in January 2008.



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APPENDIX

The following functions, while not directly mandated to the NFP in the text of IHR(2005), will be essential for the effective implementation of IHR(2005) within countries, and accordingly States Parties may wish to include some or all of these functions within the terms of reference of their NFP. If States Parties choose not to include these responsibilities within NFP terms of reference, they should consider how these functions will be carried out.

- 1) **Engaging in collaborative risk assessment with WHO regarding public health events, risks and public health emergencies of international concern:** NFPs may engage in a dialogue relating to defining the situation and around any potential determination of a public health emergency of international concern. Additionally, they may engage in the assessment of the severity of the international risk in order to support a decision on the need for technical guidance, assistance and mobilization of international teams of experts (e.g. Article 13.3 and 4).
- 2) **Disseminating information (in addition to that indicated in section 2.3)) to relevant government sectors:** NFPs may be responsible for providing information concerning: (1) basic requirements and procedures under the IHR(2005); and (2) input that must be received from various sectors in order to assess national public health events and risks.
- 3) **Liaising with relevant authorities on points of entry (under Articles 20.1 and 21.1.):** NFPs may be responsible for liaising with relevant authorities responsible for the implementation of health measures under these Regulations. This may include disseminating information to, and consolidating input from these authorities on matters regarding designation of airports and ports, certification of airports, and designation of ground crossings. NFPs may also provide WHO with a list of ports authorized to offer the Ship Sanitation Control, Ship Sanitation Control Exemption Certificates and any changes thereto.
- 4) **Coordinating analysis of national public health events and risks:** As NFPs receive information from the Early Warning System, national emergency response systems, national food safety systems, etc., they may coordinate the assessment of whether events or risks would need to be notified or reported to WHO. While NFPs are responsible for notification, they will not necessarily be responsible for actually carrying out the assessment of a public health risk.
- 5) **Coordinating closely with the national emergency response systems:** NFPs may receive information relevant to national public health events and risks from national emergency response systems, so that events and risks can be assessed to determine whether they need to be notified or reported to WHO.
- 6) **Providing advice to senior health and other government officials on notifications to WHO:** Under Article 6, States Parties must notify WHO of all events which may constitute a public health emergency of international concern within their territory, using the decision instrument in Annex 2. NFPs will require



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- procedures for obtaining official clearance for such notifications within the time limits established under the Regulations, as well as for informing government officials about any such notifications to WHO and any further developments such as the determination of a public health emergency of international concern.
- 7) **Providing advice to senior health and other government officials on the implementation of WHO recommendations to prevent international disease spread: WHO may issue temporary recommendations under Article 15 of the IHR(2005) and make standing recommendations for routine or periodic application under Article 16.** Once such recommendations are issued or made, they will be communicated to NFPs via the WHO IHR Contact Points. NFPs may be responsible for ensuring that government officials are aware of such recommendations and for providing any necessary advice relating to the implementation of health measures.
 - 8) **Ensuring the assessment of existing surveillance and response capacity and identification of improvement/development needs, including training needs at the national level:** The assessment of a State Party's capacities is not generally expected to be carried out by NFPs. However, the NFP may be tasked with ensuring that surveillance and response capacities are assessed in accordance with Annex 1A, which requires that States Parties assess the ability of existing national structures and resources to meet minimum requirements described in that Annex within two years after entry into force of the Regulations.
 - 9) **Cooperating with WHO to provide support to intervention programmes that prevent or respond to epidemics and other public health emergencies:** When a State Party has requested international assistance, the IHR NFP could have a role in facilitating, for example, clearances for the field team.
 - 10) **Reporting on progress with assessment, planning and establishment of IHR (2005) capacities:** Under Article 54 of IHR(2005), WHO is required to report on progress on the implementation of the Regulations. NFPs may provide information to WHO about progress with the establishment of capacities, the functioning of Annex 2 and collaboration with other States Parties and the Organization.
 - 11) **Coordinating the provision of public messages by WHO and national authorities:** The NFP should facilitate with WHO the development of consistent information and messages for the general public.
 - 12) **Intercountry or regional coordination and information exchange:** Countries may wish to consider the role of NFPs in this context.