IHR (2005) - Country Profile 2010: Ethiopia

In accordance with IHR Article 54 and WHA resolution 61.2, all IHR States Parties and WHO are required to report to the WHA on a yearly basis on their implementation of the Regulations. This country profile provides an overview of the progress achieved as reported by this State Party in achieving selected elements of the core public health capacities required by the international Health Regulations (2005) in the context of the International Health Regulations (2005) Annex 1.

Useful Contacts and further information

HR CONTACT:
National Focal Point
Dr Daddi Jima Wayessa
Health and Nutrition Research
Institute
251 11 213 8298
Daddi_jima @yahoo.com

WHO Country Office Nafo-Traore, Dr Fatoumata +251 11 5531550 nafol@et.afro.who.int Country Indicators (MDG)
Population (in thousands) total: 80713
Life expectancy at birth (years): 58
Infant mortality rate: 69
Maternal mortality ratio: 470 [270-790]
Physicians/10 000 population: less than 0.5



Progress

MDG indicators extracted from WHO Global Health Observatory, Nov 2010

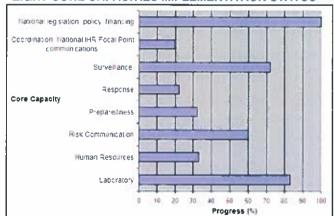
National Capacity Assessment

All IHR States Parties are required to develop or maintain certain core public health capacities for surveillance and response as specified in the IHR; to achieve this objective, they must develop and implement a plan of action designed to ensure that these capacities will be present and functioning throughout their territories by 2012.

The International Health Regulations monitoring framework* for these core capacities involves the assessment of **eight core** capacities through a checklist of **20 indicators**:

- of the eight core capacities,
- · at Points of Entry, and
- of the four IHR-related hazards (biological (including infectious, zoonotic and food safety), radio-nuclear, and chemical events).

EIGHT CORE CAPACITIES IMPLEMENTATION STATUS



National legislation and Policy

<u>Indicator 1:</u> Laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of obligations under the IHR.

Progress

100%

Coordination	riogicoo
Indicator 2: A mechanism is established for the coordination of relevant sectors in the implementation of IHR.	0%
Indicator 3: IHR NFP functions and operations are in place as defined by the IHR (2005).	40%
Surveillance	William I
Indicator 4: Indicator based (Routine) Surveillance has early warning function for early detection of Public Health events.	83%
Indicator 5: Event Based Surveillance has been established.	61%
Response	
Indicator 6: Public health emergency response mechanisms are established.	44%
<u>Indicator 7:</u> Infection prevention and control (IPC) is established at national and hospital level.	0%

http://www.who.int/ihr/IHR_Monitoring_Framework_Checklist_and_Indicators.pdf

Preparedness - Prepar	Progress	POINTS OF ENTRY (PoE)
Indicator 8: Multi-hazard National Public Health	50%	Indicator 18: General obligations are fulfilled.
Emergency Preparedness & Response Plan developed.		Indicator 19: Effective surveillance is established. Indicator 20: Effective response is established.
Indicator 9: Public health risks and resources are mapped.	14%	marator zo. Encourse response is established.

60%

33%

100%

66%

Risk communication

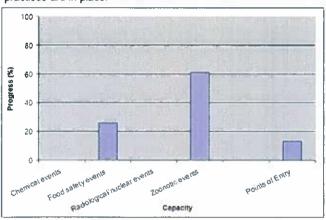
Indicator 10: Mechanisms for effective risk communication during a public health emergency are established.

HR Capacity

Indicator 11: Human resources are available to implement IHR core capacity requirements.

Laboratory

Indicator 12: Laboratory services are available and accessible to test for priority health threats. Indicator 13: Laboratory biosafety and Biosecurity practices are in place.



Capacity

IHR-RELATED HAZARDS

established.

Number of ports implementing*:

•	Ship Sanitation Control Certificates	N/A
•	Ship Sanitation Control Exemption Certificates	N/A
•	Extensions	N/A

Progress 27% 14% 0%

for the current and detailed list of ports, see: http://www.who.int/ihr/ports_airports/portslanding/en/

MILESTONES ACHIEVED

National legislation and Policy

National policies have been reviewed to facilitate the implementation of IHR core capacities.

Surveillance

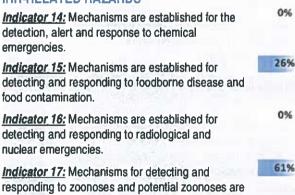
- Specific units are designated for public health risk surveillance.
- Event-based surveillance units have been designated.

Response

- Rapid Response Teams are available in the country.
- A functional command and control operations centre is in place.

Risk communication

A unit for coordinating public communications during a public health event is in place.





National Capacity Monitoring (NCM) International Health Regulations Coordination World Health Organization 20, avenue Appia Ch-1211 Geneva 27