INTERNATIONAL WORKSHOP TO STRENGTHEN THE CORE CAPACITY AT DESIGNATED POINTS OF ENTRY (PoE) UNDER THE INTERNATIONAL HEALTH REGULATIONS (2005), 5-6 JULY 2014, NINGBO, ZHEJIANG PROVINCE, P.R. of CHINA

MALAYSIA
SITUATION AND EXPERIENCE IN CORE CAPACITY BUILDING AT POINTS OF ENTRY

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• Malaysia has achieved the core capacities requirements relating to the implementation of the International Health Regulations (IHR) 2005.

• The Ministry of Health, Malaysia (MOH) cooperates with the competent authorities at designated points of entry (PoE) to fulfil the general obligations required at PoE including for coordination and communication, meeting core capacity requirements at all times and for response responding to public health emergencies at PoE.

• Assessment of designated PoE is made using the 'WHO IHR 2005 Assessment Tool for Core Capacity Requirements at Designated Airport, Port and Ground Crossing'.
DESIGNATED PoE

WEST MALAYSIA

Airports
1. Langkawi
2. Penang
3. KLIA
4. klia2
5. Subang
6. Senai

Ports
1. Penang
2. Klang
3. Pasir Gudang
4. Tanjung Pelepas
5. Kuantan

GROUND CROSSINGS (NORTHERN WEST MALAYSIA):

GROUND CROSSINGS (SOUTHERN WEST MALAYSIA):
1. Johor Causeway, 2. Second Link

EAST MALAYSIA

Airports
1. Kota Kinabalu
2. Kuching

Ports
1. Kota Kinabalu
2. Kuching
3. Bintulu
LEGISLATIVE AND POLICY FRAMEWORK

- Relevant legislation, regulations, administrative acts, protocols, procedures and/or other government instruments available to facilitate IHR 2005 implementation at designated PoE including;
  - Prevention and Control of Infectious Diseases (PCID) Act 1988 [Act 342]
  - Prevention and Control of Infectious Diseases (Importation and Exportation of Human Remains, Human Tissues and Pathogenic Organisms and Substances) Regulations 2006
  - Destruction of Disease-Bearing Insects Act 1975 and Regulations [Act 154]
  - Food Act 1983 [Act 281], Food Regulations 1985 and Food Hygiene Regulations 2009
  - Hydrogen Cyanide (Fumigation Act) 1953 (Revised 1981)
  - Immigration Act 1959/63
  - Customs Act 1967
  - Civil Aviation Act 1969
  - Director General of Health, Malaysia’s Circular No. 1/2006 on the Requirement to Notify Communicable Diseases Outbreaks
  - MOH Drinking Water Quality Surveillance Program
  - MOH Occupational and Environmental Health Program
  - Various related legislations, guidelines and standard operating procedures in English and the national language available at the MOH Website: http://www.moh.gov.my/
COORDINATION AND COMMUNICATION

• Communication and coordination with stakeholders at PoE (Malaysia and international), District, State, MOH and international levels.

• Constant coordination and communication between the IHR NFP and the PoE competent authority and all other relevant sectors at designated POE including:
  – Royal Malaysian Customs Department
  – Department of Immigration, Malaysia
  – Malaysian Quarantine and Inspection Services Department (MAQIS)
    • Comprises Veterinary Services Department, Agriculture Department and Fisheries Department)
  – Royal Malaysia Police
  – Department of Wildlife Services
  – Maritime Enforcement Agency
  – Malaysia Timber Industries Board
  – Shipping Agencies
  – Forwarding Agencies
  – Facilities Management
  – And others.
General Obligations

- **PoE is part of the national surveillance system**
- Online web-based system for sharing of surveillance information at designated PoE with national level

- Rapid Response Teams (RRTs) and Rapid Assessment Teams (RATs) at all levels (state, district, PoE)

- Mechanisms for exchange of information between designated PoE and medical facilities and reference laboratories in place

- Procedures for communication updated and tested in simulation exercises
FLOWCHART
IHR EVENT VERIFICATION AND NOTIFICATION PROCESS

WHO

IHR NFP (MALAYSIA)

DG of Health

Minister of Health

CRISIS PREPAREDNESS & RESPONSE CENTRE (CPRC)
Disease Control Division, MOH

State Health Departments

District Health Offices

Hospitals

PoE

Labs

NOTE:
→ Flow of information regarding event notified by WHO

--- Flow of information from local public health units for event verification process (include event investigation and reports)

↔ Flow of information regarding decision on plan of action

← Flow of information regarding verification and notification of event
Core Capacities required at all times

- Access to appropriate medical services including diagnostic facilities for the prompt assessment and care of ill travellers
Core Capacities required at all times

- Access to equipment and personnel for the transport of ill travellers to an appropriate medical facility
Core Capacities required at all times

• Inspection program to ensure safe environment, water, catering facilities, wash rooms, disposal services
Core Capacities required at all times

- Trained staff & Program for surveillance and control of vectors and reservoirs
Core Capacities required at all times

- Trained personnel for the inspection of conveyances
Core Capacities for response to public health emergencies

- Emergency response planning and coordination
- Public health emergency contingency plan
Core Capacities for response to public health emergencies

• Simulation exercise to test public health emergency planning at designated PoE
Core Capacities for response to public health emergencies

- Appropriate space separate from other travellers to interview suspect or affected persons
Core Capacities for response to public health emergencies

- Medical assessment or quarantine of suspect travellers and care for affected animals
Core Capacities for response to public health emergencies

- Entry or exit controls for arriving and departing travellers
Core Capacities for response to public health emergencies

• Access to specially designated equipment and trained personnel (with appropriate personal protection) to transfer travellers with infection/contamination at designated POE
Strengthening capacity and capability development

- Continuous training of staff at all levels, including PoE
  - IHR 2005 Course conducted twice per year since 2008
  - Crisis preparedness and response
  - Risk communication

- Simulation exercises carried out at national and state levels which included both table top and field-based exercises
MONITORING FRAMEWORK

• Program monitoring and evaluation is based on;
  – Asia Pacific Strategy for Emerging Diseases (APSED) 2010, and
CONCLUSION

• Malaysia has achieved the IHR 2005 core capacity requirements implementation status including at designated PoE

• Maintaining achievement in IHR 2005 core capacity requirements require good multidisciplinary & multisectoral stakeholder commitment and interaction.

• Continuous coordination and communication with stakeholders as well as program monitoring and evaluation in place.
TERIMA KASIH

Thank You

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