Joint external evaluation of IHR Core Capacities of Republic of Slovenia

Executive Summary

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The full report will be published on the WHO website

http://www.who.int/ihr/procedures/mission-reports/en/

Slovenia: High-level Summary and Recommendations

1. Slovenia has a strong public health system that is well-integrated into the national healthcare infrastructure and coordinated in many ways with the national program for emergency preparedness and response. Public health emergency prevention, preparedness, and response are supported by many forms of legislation and policy.
2. Despite the strong over-arching emergency management structure and skilful implementation of many systems, day-to-day activities and emergency response action could be strengthened by taking full advantage of an "all-hazards" approach, with greater alignment of plans and procedures from various ministries, with end-to-end risk communication and a strategy for One Health.
3. Human and animal laboratory diagnosis and surveillance activities are sophisticated and available across the country, but timeliness, completeness, and detection of outbreaks would improve with greater multisectoral coordination and use of modern electronic platforms for data collection and analysis.
4. There are many strong connections between the human and animal health sectors, some of which are required by law and some of which have grown out of best practices. Still, there remains a number of areas that could be improved, such as a stronger alignment of surveillance programmes for zoonotic diseases, including intentional sharing of human and animal specimens; and coordinated programmes for addressing antimicrobial resistance and ensuring biosafety and biosecurity among laboratory facilities.
5. Utilization of material and human resources for public health security is, in general, very efficient. However, there needs to be a concerted focus on evaluating the current status of the public health workforce and identifying mechanisms to ensure that there are enough public health professionals to meet Slovenia's needs. One specific recommendation is to establish a permanent office with the Ministry of Health that can be responsible full-time for health security policy and planning, with the ability to collaborate across the government prior to and during a public health emergency.

Slovenia Scores and Priority Actions

Technical areas	Indicators	Consensual Score	Priority Actions
National legislation, policy and financing	P.1.1	**5**	• Continue the current strategy of integrating national security and public health objectives, while considering legislative or policy mechanisms to achieve an all-hazards/One Health approach. • Strengthen health security programmes within the Ministry of Health (MoH) with a focus on public health emergency prevention and preparedness—such as creating a special staff section assigned to coordinate national capacities and develop multisectoral policies and plans that complement the national civil protection strategy.
	P.1.2	**4**	
IHR coordination, communication and advocacy	P.2.1	**4**	• Coordinate with agencies to transform the multitude of individual plans/standard operation procedures (SOPs) into effective all-hazards/One Health SOPs consistent across all of the ministries, with annexes to help guide responses to unique situations. • Formalize and regularly exercise multisectoral risk assessments for all situations using the criteria in IHR Annex 2.
Antimicrobial resistance	P.3.1	**4**	• Expand existing protocols for identification of infections with resistant organisms to all medical facilities, consistent with guidance issued by WHO and the ECDC • Establish a multisectoral working group to evaluate current antimicrobial resistance and antibiotic stewardship programmes and develop a national antimicrobial resistance action plan consistent with the WHO AMR Global Action Plan.
	P.3.2	**3**	
	P.3.3	**5**	
	P.3.4	**4**	
Zoonotic diseases	P.4.1	**4**	• Identify and address common gaps in national human and animal health systems' capacities to prevent, detect and respond to zoonoses, including the establishment of a regular and frequent schedule for One Health inter-ministerial meetings. • Develop SOPs for coordinated surveillance activities and routine specimen-sharing between human and animal health sectors. • Consider options to expand the veterinary workforce using extramural training programs, and include veterinary workers in the national public health workforce strategy.
	P.4.2	**4**	
	P.4.3	**4**	

Food safety	P.5.1	**5**	• Officially adopt a National Contingency Plan on management of unusual events associated with food or feed, and test it via simulation exercises involving all stakeholders. • Engage in training exercises to sustain and improve technical capacities of competent authorities in charge of food safety, and ensure inclusion of food business operators. • Enforce inter-sectoral and multidisciplinary cooperation for food and feed safety, using a One Health approach.
Biosafety and biosecurity	P.6.1	3	• Establish a comprehensive, national-level body for biosafety and biosecurity, and develop a formal, multisectoral oversight mechanism and monitoring of dangerous pathogens. • Ensure sustainable governmental funding for biosafety facilities and programs. • Consolidate common curriculum for biosafety and biosecurity for human, veterinary, and agricultural laboratories, as well as industry partners. • Establish a common train-the-trainers programme in the area of biosafety and biosecurity, and maintain staff training at all facilities.
	P.6.2	4	
Immunization	P.7.1	4	• Strengthen and expand programmes within the National Institute of Public Health (NIPH) to develop health promotion activities and apply risk communication principles to improve immunization uptake, with targeted activities for at-risk groups. • Conduct training for vaccination workers and increase availability and interoperability among regional immunization registries and electronic health records to ensure appropriate recordkeeping.
	P.7.2	5	
National laboratory system	D.1.1	5	• Appoint official reference laboratories for public health for priority diseases, and ensure the human and technical resources of those laboratories. • Accredit public health laboratories according to international standards and continue using external quality assessments for quality assurance. • Evaluate the options for rapid data analysis and outbreak detection, including the combination of data from human and veterinary surveillance programs, through development of systems for electronic data collection. • Ensure upsurge capacity of technical and human resources in epidemic situations.
	D.1.2	5	
	D.1.3	5	
	D.1.4	4	

Real-time surveillance	D.2.1	5	• Expand existing infrastructure (local, regional and national) to establish electronic case reporting for notifiable conditions. • Standardise forms and lists of variables for electronic reporting of communicable diseases from microbiological laboratories. • Create an electronic data management system for integration of data from clinical case reporting and data from microbiological laboratories. • Develop and recruit human resources for health information technologies, data management and analytic systems.
	D.2.2	2	
	D.2.3	4	
	D.2.4	4	
Reporting	D.3.1	4	• Improve understanding of guidelines for FAO, OIE and WHO reporting and risk assessment among stakeholder groups and exercise multisectoral procedures for the assessment of events. • Invest in technology systems to improve the quality and timeliness of disease communications among stakeholder.
	D.3.2	4	
Workforce development	D.4.1	4	• Develop a comprehensive, multidisciplinary public health workforce policy to address specific targets based on national priorities and international recommendations, with strategies for recruitment, training, and retention. • Develop a career structure for effective replacement and retention of eligible and qualified candidates. • Utilization training opportunities and exchange programs with neighbouring countries and the EU. • Develop positions for other types of public health professionals, including Masters-level specialists in public health-related disciplines, social scientists, and health information technologists.
	D.4.2	3	
	D.4.3	3	
Preparedness	R.1.1	5	• Designate a special unit at the Ministry of Health for permanent work on planning, coordination, communication and education taking an interdisciplinary approach • Develop a National multi-hazard public health emergency preparedness and response plan to complement and coordinate existing specific plans for different emergencies and revise the existing ones to be congruent with the all hazards plan.
	R.1.2	4	

Emergency response operations	R.2.1	5	• Exchange best practices among various operations centres and ensure education and collaborative exercises with all partners. • Improve and develop guidelines, fact sheets, and background materials defining the roles and functions of the emergency operations centre to ensure continuity and traceability of operations. • Develop common information technology standards to include all institutions in the system.
	R.2.2	3	
	R.2.3	4	
	R.2.4	4	
Linking public health and security authorities	R.3.1	4	• Strengthen monitoring and detection of global health security issues, with focus on new and emerging threats. • Conduct joint exercises and training on a regular basis with all stakeholders, especially in the fields of biological, chemical, radiological and other threats that can impact public health. • Review, make recommendations, and initiate processes to improve efficient planning and legislation among the traditional security and public health sectors.
Medical countermeasures and personnel deployment	R.4.1	5	• Develop a plan to exercise the receipt and integration of international public health and medical personnel during an emergency.
	R.4.2	5	
Risk communication	R.5.1	3	• Integrate risk communication as a recognised core element of crisis preparedness and response. • Expand the proposed government crisis communication plan to an all-hazards national risk communication plan. • Strengthen community engagement mechanisms to better assess risk perception through formative research, and test public health messages in target audiences. • Strengthen mechanisms for dynamic listening and rumour detection, verification and response through effective communication channels. • Conduct regular risk communication training, workshops, and simulation exercises to test the national risk communications plan, and strengthen local, regional and national capacities among government agencies and stakeholders.
	R.5.2	3	
	R.5.3	4	
	R.5.4	3	
	R.5.5	3	
Points of entry	PoE.1	4	• Develop a plan for periodic public health emergency training and simulation exercises at points of entry to improve multisectoral preparedness and response. • Conduct a human, animal, and food risk assessment based on incoming travelers and consignments, considering additional policies, human resource, and equipment needed to strenghten quarantine and isolation procedures for major public health risks.
	PoE.2	4	

Chemical events	CE.1	4	• Based on recent events and lessons, evaluate, revise and exercise the existing national response plan(s) for chemical events in order to improve immediate response actions and risk communication • Formalize the routine sharing of case-based information regarding chemical events in order to improve the overall national risk assessment.
	CE.2	3	
Radiation emergencies	RE.1	4	• Adopt guidelines (that are already under preparation) for managing medical responses in nuclear or radiological emergencies for local, regional and national levels of response, including operational procedures for triage and treatment of contaminated and/or exposed patients, etc. • Strengthen models for occupational protection among first responders who could be exposed to radiation hazards, while increasing their capacity to stabilize patients on-site. • Continue to strengthen the capacity of the primary treatment hospital to enable whole-body dosimetry, risk stratification, and long-term follow-up.
	RE.2	**4**	

List of indicators

Technical areas	Indicators
National legislation, policy and financing	P.1.1 Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR (2005)
	P.1.2 The State can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with IHR (2005)
IHR coordination, communication and advocacy	P.2.1 A functional mechanism is established for the coordination and integration of relevant sectors in the implementation of IHR
Antimicrobial resistance	P.3.1 Antimicrobial resistance detection
	P.3.2 Surveillance of infections caused by antimicrobial-resistant pathogens
	P.3.3 Health care-associated infection (HCAI) prevention and control programmes
	P.3.4 Antimicrobial stewardship activities
Zoonotic diseases	P.4.1 Surveillance systems in place for priority zoonotic diseases/pathogens
	P.4.2 Veterinary or animal health workforce
	P.4.3 Mechanisms for responding to infectious and potential zoonotic diseases are established and functional
Food safety	P.5.1 Mechanisms for multisectoral collaboration are established to ensure rapid response to food safety emergencies and outbreaks of foodborne diseases
Biosafety and biosecurity	P.6.1 Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities
	P.6.2 Biosafety and biosecurity training and practices
Immunization	P.7.1 Vaccine coverage (measles) as part of national programme
	P.7.2 National vaccine access and delivery
National laboratory system	D.1.1 Laboratory testing for detection of priority diseases
	D.1.2 Specimen referral and transport system
	D.1.3 Effective modern point-of-care and laboratory-based diagnostics
	D.1.4 Laboratory quality system
Real-time surveillance	D.2.1 Indicator- and event-based surveillance systems
	D.2.2 Interoperable, interconnected, electronic real-time reporting system
	D.2.3 Integration and analysis of surveillance data
	D.2.4 Syndromic surveillance systems
Reporting	D.3.1 System for efficient reporting to FAO, OIE and WHO
	D.3.2 Reporting network and protocols in country

Workforce development	D.4.1 Human resources available to implement IHR core capacity requirements
	D.4.2 FETP or other applied epidemiology training programme in place
	D.4.3 Workforce strategy
Preparedness	R.1.1 National multi-hazard public health emergency preparedness and response plan is developed and implemented
	R.1.2 Priority public health risks and resources are mapped and utilized
Emergency response operations	R.2.1 Capacity to activate emergency operations
	R.2.2 EOC operating procedures and plans
	R.2.3 Emergency operations programme
	R.2.4 Case management procedures implemented for IHR relevant hazards.
Linking public health and security authorities	R.3.1 Public health and security authorities (e.g. law enforcement, border control, customs) are linked during a suspect or confirmed biological event
Medical countermeasures and personnel deployment	R.4.1 System in place for sending and receiving medical countermeasures during a public health emergency
	R.4.2 System in place for sending and receiving health personnel during a public health emergency
Risk communication	R.5.1 Risk communication systems (plans, mechanisms, etc.)
	R.5.2 Internal and partner communication and coordination
	R.5.3 Public communication
	R.5.4 Communication engagement with affected communities
	R.5.5 Dynamic listening and rumour management
Points of entry	PoE.1 Routine capacities established at points of entry
	PoE.2 Effective public health response at points of entry
Chemical events	CE.1 Mechanisms established and functioning for detecting and responding to chemical events or emergencies
	CE.2 Enabling environment in place for management of chemical events
Radiation emergencies	RE.1 Mechanisms established and functioning for detecting and responding to radiological and nuclear emergencies
	RE.2 Enabling environment in place for management of radiation emergencies