

MEĐUNARODNI NAUČNI SKUP „DANI ARČIBALDA RAJSA“
TEMATSKI ZBORNIK RADOVA MEĐUNARODNOG ZNAČAJA

INTERNATIONAL SCIENTIFIC CONFERENCE “ARCHIBALD REISS DAYS”
THEMATIC CONFERENCE PROCEEDINGS OF INTERNATIONAL SIGNIFICANCE

MEĐUNARODNI NAUČNI SKUP
INTERNATIONAL SCIENTIFIC CONFERENCE

„DANI ARČIBALDA RAJSA“
“ARCHIBALD REISS DAYS”

Beograd, 3-4. mart 2014.
Belgrade, 3-4 March 2014

TEMATSKI ZBORNIK RADOVA
MEĐUNARODNOG ZNAČAJA

THEMATIC CONFERENCE PROCEEDINGS
OF INTERNATIONAL SIGNIFICANCE

TOM II
VOLUME II

KRIMINALISTIČKO-POLICIJSKA AKADEMIJA
NEMAČKA FONDACIJA ZA MEĐUNARODNU PRAVNU SARADNJU (IRZ)
Beograd, 2014

ACADEMY OF CRIMINALISTIC AND POLICE STUDIES
GERMAN FOUNDATION FOR INTERNATIONAL LEGAL COOPERATION (IRZ)
Belgrade, 2014

Publishers

ACADEMY OF CRIMINALISTIC AND POLICE STUDIES
196 Cara Dušana Street, Zemun, Belgrade
GERMAN FOUNDATION FOR INTERNATIONAL LEGAL COOPERATION (IRZ)
Bonn, Germany

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Computer Design

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Impression

200 copies

Print

ArtGrbić Illustrated Studio, Belgrade

THE CONFERENCE AND THE PUBLISHING OF PROCEEDINGS WERE SUPPORTED
BY THE MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGICAL
DEVELOPMENT OF THE REPUBLIC OF SERBIA AND GERMAN FOUNDATION
FOR INTERNATIONAL LEGAL COOPERATION (IRZ)

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German Foundation for International Legal Cooperation (IRZ)

ISBN 978-86-7020-190-3

ISBN 978-86-7020-279-5

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200 primeraka

Štampa
ArtGrbić Illustrated Studio, Beograd

ODRŽAVANJE SKUPA I ŠTAMPANJE OVOG ZBORNIKA PODRŽALO JE
MINISTARSTVO PROSVETE, NAUKE I TEHNOLOŠKOG
RAZVOJA REPUBLIKE SRBIJE
I NEMAČKA FONDACIJA ZA MEĐUNARODNU PRAVNU SARADNJU (IRZ)

© 2014 Kriminalističko-policijska akademija, Beograd
Nemačka fondacija za međunarodnu pravnu saradnju (IRZ)

ISBN 978-86-7020-190-3
ISBN 978-86-7020-279-5

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P R E F A C E

Dear readers,

In front of you is the Thematic Collection of Papers presented at the International Scientific Conference “Archibald Reiss Days”, which was organized by the Academy of Criminalistic and Police Studies in Belgrade, in co-operation with the IRZ Foundation from Bonn, Germany, the Ministry of Interior and the Ministry of Education, Science and Technological Development of the Republic of Serbia, China Criminal Police University, Lviv State University of Internal Affairs, Volgograd Academy of the Russian Internal Affairs Ministry, Faculty of Security in Skopje, Faculty of Criminal Justice and Security in Ljubljana, Police Academy “Alexandru Ioan Cuza” in Bucharest, Academy of Police Force in Bratislava and Police College in Banjaluka, and held at the Academy of Criminalistic and Police Studies, on 3 and 4 March 2014.

International Scientific Conference “Archibald Reiss Days” is organized for the fourth time in a row, in memory of the founder and director of the first modern higher police school in Serbia, Rodolphe Archibald Reiss, PhD, after whom the Conference was named.

The Thematic Collection of Papers contains 130 papers written by eminent scholars in the field of law, security, criminalistics, police studies, forensics, medicine, as well as members of national security system participating in education of the police, army and other security services from Germany, Russia, Ukraine, Belarus, China, Poland, Slovakia, Moldova, Lithuania, Latvia, Czech Republic, Hungary, Slovenia, Macedonia, Bosnia and Herzegovina, Croatia, Montenegro, Republic of Srpska and Serbia. Each paper has been reviewed by two reviewers, international experts competent for the field to which the paper is related, and the Thematic Conference Proceedings in whole has been reviewed by five competent international reviewers.

The papers published in the Thematic Collection of Papers contain the overview of contemporary trends in the development of police education system, development of the police and contemporary security, criminalistic and forensic concepts. Furthermore, they provide us with the analysis of the rule of law activities in crime suppression, situation and trends in the above-mentioned fields, as well as suggestions on how to systematically deal with these issues. The Collection of Papers represents a significant contribution to the existing fund of scientific and expert knowledge in the field of criminalistic, security, penal and legal theory and practice. Publication of this Collection contributes to improving of mutual cooperation between educational, scientific and expert institutions at national, regional and international level.

The Thematic Collection of Papers “Archibald Reiss Days”, according to the Rules of procedure and way of evaluation and quantitative expression of scientific results of researchers, passed by the National Council for Scientific and Technological Development of the Republic of Serbia, as scientific publication, meets the criteria for obtaining the status of thematic collection of papers of international importance.

Finally, we wish to extend our gratitude to all the authors and participants at the Conference, as well as to all those who contributed to or supported the Conference and publishing of this Collection, especially to the IRZ Foundation from Bonn, the Ministry of Interior of the Republic of Serbia and the Ministry of Education, Science and Technological Development of the Republic of Serbia.

Belgrade, March 2014

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PUBLIC-HEALTH THREAT AS THE EMERGENCY SITUATION

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Abstract: Public-health emergency of international concern (PHEIC) is defined by International Health Regulations (IHR) as an extraordinary event to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response. Through IHR, World Health Organization supports the Member States in the common work aimed to save the lives from internationally spread diseases and other health risks. Member States have their own legal acts which regulate the way of reporting in emergency situations which constitute the public health threat for the country. IHR, however, establish the rules for the global alarming system and response to PHEIC. Through IHR, WHO plans to develop and sustain effective international system of assessment of global context of public-health risks and which would be prepared for the fast reaction to the unexpected events and public health threats. In this way, WHO also provides the support to the Member States in capacity building for active surveillance over the diseases and public-health events. For the purpose of IHR implementation, it is necessary to develop the minimum of national capacities, as well as to define, equip and enable the points of entry into the country: airports, ports and land crossings.

Keywords: public-health emergency, international concern, International Health Regulation, international response, World Health Organisation

INTRODUCTION

Public health is, according to the Serbian Law on Public Health, societal activity which aims to improve health, prolong life and improve the life quality of the population, through promotion of health, prevention of diseases and other activities¹. Public health encompass detection, prevention, and control of communicable, chronic and occupational diseases; the control of vectors of disease; the safe handling of food and food products; the safety of cosmetics; the control of narcotics, barbiturates, and other drugs as provided by law; the sanitation of public and semipublic buildings and areas; the licensure of hospitals; protection and improvement of the health of expectant mothers, infants, preschool, and school-age children; the practice of midwifery, including the issuance of permits to and supervision of women who practice midwifery; and protection and improvement of the health of the people through better nutrition.

Therefore public health has to continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and agencies and health services delivery systems; and regulation of health care facilities and agencies and health services delivery systems to the extent provided by law.

Because of the amplexness and complexity of the topic, the authors of this paper are focused on the menace of infectious diseases. Chemical, radiological and other hazards will be given another opportunity.

PUBLIC HEALTH REGULATION

In the national legal framework there are plenty of legal acts regulating the public health issues: Better health for all in the third millennium (2002), Strategy for Public Health of RS²,

¹ Article 2, provision 1, bullet 12 of Law on Public Health, Official Gazette RS, no. 72/2009

² Official Gazette RS, no.22/2009

Strategy for fight against HIV/AIDS in Serbia³, Strategy for development of health of youth in RS⁴, Strategy for tobacco control in RS⁵, Strategy for the development of mental health protection⁶, Strategy for fight against narcotics in RS from 2009 to 2013⁷, Law on Public Health, Law on Health Care⁸, Law on Health Insurance⁹, Law on the Protection of People from Communicable Diseases¹⁰, and other related laws and by-laws.

When it is about international framework, in the first place we should mention “Health 2020-A European Policy Framework supporting action across government and society for health and well-being”, enacted by the World Health Organization (hereinafter: WHO) in 2013. Health 2020 recognizes that successful governments can achieve real improvements in health if they work across government to fulfill two linked strategic objectives: improving health for all and reducing health inequalities and improving leadership and participatory governance for health. One of the priority areas (Priority area 3) of the Health 2020 is “Strengthening people-centered health systems, public health capacity and emergency preparedness, surveillance and response”. In Health 2020 it is emphasized that it is important for policies to reflex to complexities of casual pathways and respond quickly and innovatively to unpredictable events such as in communicable disease outbreaks. The International Health Regulations require countries to implement a multi-hazard, intersectional and cross-border approach to public health emergencies and to be prepared to effectively manage health-related aspects of emergencies and humanitarian disasters.¹¹

The legal framework that underpins the communication of public health threats at the international level has undergone significant changes due to the adoption of the new WHO International Health Regulations (hereinafter: IHR)¹². Having in mind the increased international traffic and travels and the danger of spreading of diseases and other health threats in international surrounding, on 48. Assembly held 1995, World Health Organisation discussed the issue of substantial changes of IHR, adopted 1969. Outbreak of the severe acute respiratory syndrome (SARS) in the end of 2002. initiated the foundation of the intergovernmental working group by the WHO Assembly. Through this working group, all Member States were able to revise and propose changes in IHR, to the Assembly. IHR were adopted in 2005. by the 58. Assembly of WHO, and entered into force on June 15th, 2007.¹³

Change has also taken place at the European Union level, where efforts to further cooperation between Member States in the field of epidemiological surveillance have resulted in a Centre for disease prevention and an Early Warning System to monitor information on public health threats¹⁴. European Centre for Disease Prevention and Control (hereinafter: ECDC) is a European Union Agency which is a member of the European Union family, covers EU 27, EEA/EFTA countries¹⁵, through Neighbourhood Policy reaches out to other countries beyond the EU 27, supports and promotes global health security (role in International Health Regulations) and is financed by budget from the EU.

3 Official Gazette RS, no. 26/2011

4 Official Gazette RS, no.104/2006

5 Official Gazette RS, no. 8/2007

6 Official Gazette RS, no. 8/2007

7 Official Gazette RS, no. 6/2009

8 Official Gazette RS, nos. 107/2005, 72/2009, 88/2010, 99/2010, 57/2011, 119/2012 and 45/2013

9 Official Gazette RS, nos. 107/2005, 109/2005, 57/2011, 110/2012 and 119/2012

10 Official Gazette RS, no. 125/2004

11 Health 2020-A European Policy Framework supporting action across government and society for health and well-being, http://www.euro.who.int/__data/assets/pdf_file/0006/199536/Health2020-Short.pdf, pp. 8-10, 15.12.2013.

12 M'ikanatha et al. (eds), *Infectious Disease Surveillance*, Malden 2007, p. xviii.

13 World Health Organization, *International Health Regulations*, 2005,

<http://www.who.int/ihr/publications/9789241596664/en/index.html>, 13.12.2013., pp.1

14 Art. 1 Commission Decision 2000/57/EC of 22 December 1999 on the early warning and response system for the prevention and control of communicable diseases under Decision No. 2119/98/EC of the European Parliament and of the Council.

15 The European Economic Area (EEA) comprises the member states of the European Union (EU), except Croatia which is set to join once their enlargement agreement is ratified by all EEA countries, plus Iceland, Liechtenstein and Norway, member states of the European Free Trade Association (EFTA).

**PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN
AND WORLD HEALTH ORGANISATION RESPONSE
THROUGH INTERNATIONAL HEALTH REGULATIONS**

Public-health emergency of international concern (hereinafter: PHEIC) is defined by the International Health Regulations as an extraordinary event which constitutes a public health risk to other States, through the international spread of disease and which potentially require a coordinated international response. Through IHR, World Health Organization supports the State Parties in the common work aimed to save the lives from internationally spread diseases and other health risks. State Parties have their own legal acts which regulate the way of reporting in emergency situations which constitute the public health threat for the country. IHR, however, establish the rules for the global alarming system and response to PHEIC. Through IHR, WHO plans to develop and sustain effective international system of assessment of global context of public-health risks and which would be prepared for the fast reaction to the unexpected events and public health threats. In this way, WHO also provides the support to the State Parties in capacity building for active surveillance over the diseases and public-health events. For the purpose of IHR implementation, it is necessary to develop the minimum of national capacities, as well as to define, equip and enable the points of entry into the country: airports, ports and land crossings.

The purpose of IHR is to prevent, protect, control and provide the public health response to the international spread of disease, in the way which is proportional and limited to public health emergencies, and in the same time, to avoid the unnecessary disturbance of international traffic and trade. IHR contains several innovations, including: (a) a scope not limited to any specific disease or manner of transmission, but covering “illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans”; (b) State Party obligations to develop certain minimum core public health capacities; (c) obligations on States Parties to notify WHO of events that may constitute a public health emergency of international concern according to defined criteria; (d) provisions authorizing WHO to take into consideration unofficial reports of public health events and to obtain verification from States Parties concerning such events; (e) procedures for the determination by the Director-General of a “public health emergency of international concern” and issuance of corresponding temporary recommendations, after taking into account the views of an Emergency Committee; (f) protection of the human rights of persons and travelers; and (g) the establishment of National IHR Focal Points and WHO IHR Contact Points for urgent communications between States Parties and WHO.¹⁶

The latest version of IHR is, therefore, not limited to specific diseases, which enables the IHR to keep its importance and applicability for future, and to monitor continuous evolution of illnesses and factors determining their emergency and transmission.¹⁷

With the support of WHO, 194 states which signed IHR, should perform different activities in order to implement these rules with the aim to improve national, regional and global public health security. The main objective for the states was to assess the capacities for response and the development and implementation of the action plans which would enable the capacities to start functioning till 2012. After that, States have three years to respond to the IHR requirements related to their national surveillance system and public health response, as well to the requirements related to airports, ports and land crossings. These deadlines can be prolonged for two years, and additional two years, in extraordinary cases.¹⁸

WHO developed the Guidelines in order to help to the State Parties to respond to the obligations prescribed by IHR. Guideline contain sever areas of work for implementation and for meeting the challenges posed through IHR. Every area contains the specific aim which contributes to the realization of public health security and every area should be the object of one

¹⁶ Ibid., pp. 1-2

¹⁷ Ibid., pp.2

¹⁸ World Health Organization, “Alert, response, and capacity building under the International Health Regulations (IHR)” URL: <http://www.who.int/ihr/about/en/>, 15.12.2013.

or more detailed implementation plans. These seven areas relevant for IHR implementation are: a) Foster global partnerships, b) Strengthen national disease prevention, surveillance, control and response systems, c) Strengthen public health security in travel and transport, d) Strengthen WHO global alert and response systems, e) Strengthen the management of specific risks, f) Sustain rights, obligations and procedures, and g) Conduct studies and monitor progress.¹⁹ Out of seven listed areas, four are of substantial importance, having in mind that they require intensive national and global efforts. These are: 1) Strengthen national and international disease prevention, surveillance, control and response systems, 2) Strengthen public health security in travel and transport, 3) Strengthen WHO global alert and response systems, 4) Strengthen the management of specific risks.²⁰

IHR require from the State Parties to report to WHO on specific public health threats and to define own rights and obligations. IHR has three basic requirements from the State Parties.

Firstly, 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.²¹ National IHR Focal Points shall be accessible at all times for communications with the WHO IHR Contact Points. National IHR Focal Points shall: (a) send to WHO IHR Contact Points, on behalf of the State Party concerned, urgent communications concerning the implementation of these Regulations; and (b) disseminate information to, and consolidate 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.

State Parties are, further on, required to present that their public health systems are in accordance with the reporting requirements of the public health events and the requirements of their verification.

And finally, State Parties have to assess and to strengthen the appropriate national capacities for revealing, determining and reporting on the events, in line with the IHR.²²

National Focal Points should perform the following activities: a) sending to WHO IHR Contact Points, on behalf of the State Party concerned, urgent communications concerning the implementation of these Regulation; 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.²³

IHR contains the reporting requests related to public health emergency situations. State Parties are required to demonstrate that IHR has been implemented. According to IHR "each State Party shall assess events occurring within its territory by using the decision instrument in Annex 2. Each State Party shall notify WHO, by the most efficient means of communication available, by way of the National IHR Focal Point, and within 24 hours of assessment of public health information, of all events which may constitute a public health emergency of international concern within its territory in accordance with the decision instrument, as well as any health measure implemented in response to those events."²⁴ IHR imposes to State Parties one time limit more: time for establishing of public health emergency which would require reporting to WHO, cannot exceed 48 hours.²⁵ Following a notification, a State Party shall continue to communicate to WHO timely, accurate and sufficiently detailed public health information available to it on the notified event, where possible including case definitions, laboratory results, source and type of the risk, number of cases and deaths, conditions affecting the spread of the disease and the health measures employed; and report, when necessary, the difficulties faced and support needed in responding to the potential public health emergency of international

19 Ibid.

20 International Health Regulations, Areas of work for implementation, URL: <http://www.who.int/ihr/finalversion9Nov07.pdf>, 15.12.2013, str.5.

21 Article 4 International Health Regulations 2005, URL: whqlibdoc.who.int/publications/2008/9789241580410_eng.pdf.

22 WHO, '3 Top priorities for States Parties to implement the IHR', URL: http://www.who.int/entity/ihr/three_priorities.pdf.

23 Article 4, provision 2 of the International Health Regulations 2005, Ibid.

24 Article 6 International Health Regulations 2005, Ibid.

25 Annex 1, paragraph 6(a) International Health Regulations 2005, Ibid.

concern.²⁶ Annex 2 IHR contains detailed operative procedures related to these notifications. Within the IHR, there is also a detailed deciding instrument (diagram), according to which the authorized national institutions can decide whether to notify WHO, in accordance with IHR, on the public health event. Annex 2 also contains nonobligatory indicative criteria and examples which can help to the national institutions in the implementation of the deciding instrument.²⁷

IHR IMPLEMENTATION IN SERBIA AND SERBIAN RESPONSE TO PHEIC

Prevention and control of communicable diseases in Serbia, is regulated by the *Law on protection from communicable diseases*²⁸ and by the *Rule book on reporting of communicable diseases and other cases determined by the Law on protection from communicable diseases*.²⁹ Law regulates the protection from the diseases, determine the list of diseases threatening to the health of population and whose prevention and suppression are general interest for Serbia. It also regulates measures of protection, etc.

Law and Rule book regulate, however, conventional surveillance over the communicable diseases, which comes out from the structured data, whilst the process of epidemiological reporting is mostly leaned to surveillance, monitoring and revealing of still unstructured data, which indicate the appearance of communicable diseases and illnesses of unknown cause, and which can be potential threat to public health. This form of communication is being considered as informal communication and is consisted of researching of unofficial sources, with the purpose of identification of information on the potential dangers for public health. This way, unofficial communication shortens the time needed for information transfer from sender to receiver. Thus, the fast response to the determined threats is much more efficient.³⁰

Serbia is another State Party to the International Health Regulations³¹. Infectious disease surveillance is carried out by the Centre for Disease Prevention and Control, which forms part of the Institute of Public Health of Serbia. The designated National Focal Point for the purpose of the International Health Regulations is the Communication Centre of the Centre for Disease Prevention and Control³². Whilst Serbia has ratified the regulations and also cooperates with the EU on infectious disease surveillance³³, there is no primary legislation on the International Health Regulations. Communication Centre is established for the purpose of improvement of communication on the national and international level, when it is about the communicable diseases. It is established as a subunit of the Department for Diseases Prevention and Control.³⁴ Communication center is: the communication channel, tool for data collecting, processing and exchange and tool for support to the regional institutes for public health.³⁵ Basic activities of the Communication centre in the process of epidemiological reporting are: a) data collecting, b) assessing and verification of threats, c) archiving and dissemination of information, d) support to the regional institutes for public health throughout Serbia, e) reporting on communicable diseases which can be potential threat, f) communication and cooperation with all relevant institutions (Ministries, health institutions, NGO, media, etc.), g) support in the implementation of IHR.

26 Article 6 International Health Regulations 2005, Ibid.

27 International Health Regulations 2005, Ibid, pp.43 ff.

28 Law on the protection of population from communicable diseases, Official Gazette, RS, no. 125/2004.

29 Rule book on reporting of communicable diseases and other cases defined by the Law on the protection of population from communicable diseases, Official Gazette RS, no. 98/2005 and 107/2005

30 Seke Kristina, "Neformalna komunikacija u okviru koncepta epidemijskog obavštavanja", March 2011, pp.7-8, Republic Institute for Public Health RS

31 WHO, States Parties to the International Health Regulations (2005), available at http://www.who.int/ihr/legal_issues/states_parties/en/.

32 Public Health Institute Serbia, Information on the Public Health Institute, URL: http://www.batut.org.rs/index.php?category_id=142.

33 Parliamentary Assembly of the Black Sea Economic Cooperation, Observance of Sanitation Standards of the World Health Organization in the BSEC Member States, URL: www.pabsec.org/pabsec/aksisnet/file/9-CC%2036%20REP%20Eng.doc

34 Republic Institute for Public Health RS, "Organizaciona struktura zdravstvenih institucija u Republici Srbiji", URL: http://www.batut.org.rs/download/izvestaji/organizaciona_struktura_2010_12_31.pdf.

35 Seke, Ibid., pp.14

Communication center performs its activities based on the ECDC recommendations, when it is about possible communication channels (ECDC EOC Minimal requirements – version 3.5, Minimal technical requirements for Competent Bodies to communicate with the ECDC EOC, October, 2008). It uses e-mail and phones, as well as *Meet me* audio conference system, enabling simultaneous conversation with six distant participants. Communication center also uses video conference system through *LS Team MP video codec*, enabling four persons participating in the video conference. Communication is also enabled through the *Com Desktop* licenses.³⁶

In the last few years, Communication center of Republic Institute for Public Health of Serbia has published several reports on communicable diseases which were or could be potential threat for public health.³⁷

Regional Institutes for public health have active role in the epidemiologic reporting activities. They nominated the Coordinators for IHR and epidemiologic reporting. This means that, at the level of Republic of Serbia (hereinafter: RS), the network of Coordinators is formed, for the purpose of fast and efficient communication. This network is relevant for communication with the National Communication center in the Republic Institute of Public Health, but also for the contact between regional Institutes. Coordinator reports to Communication center on the occurrence of the certain event on the territory he is competent for. This information flows through the communication channel which is available at the moment: telephone or e-mail. Coordinator organizes epidemiologic reporting of the event, no matter the source he received the information from: local media, rumors, or some formal reporting channel.³⁸

Implementation of IHR is mentioned in the Rule book on immunization and the way of protection by medicines.³⁹ Article 54 of this Rule book regulates that passengers in the international traffic should be immunized, if they travel to lands which require certain vaccination and according to epidemiologic indications, in line with IHR, against following diseases: 1) Yellow fever; 2) Meningokok-meningitis; 3) Typhoid fever; 4) Cholera; 5) Diphtheria; 6) other communicable diseases (acute virus hepatitis B, rabies, tetanus, measles, etc).

Ministry of Health RS has drafted the new Law on protection from communicable diseases (hereinafter: Draft Law) which is still opened to the public discussion.⁴⁰ As a change, Draft Law has in its basic provisions, Article 2 the list of definitions of relevant notions used. One of the definitions is related to Early Warning System, which is defined as: “comprehensive system of surveillance over the communicable diseases with the purpose of fast reavealance of new infected, of warning and undertaking of urgent measures, under the conditions defined by the International Health Regulations”. For the first time, Draft Law also defines the Public Health Emergency of International Concern. It is defined in the following way: “Public Health Emergency of International Concern is the event which constitutes a public health risk to other States through the international spread of disease and which potentially requires a coordinated international response”. This is actually the WHO definition which is overtaken by many countries and will be, by the enacting this Draft Law, also overtaken by Serbia. So, compared to the existing Law on protection from communicable diseases, Draft Law is improved in several parts, by introducing the IHR into its provisions. Although IHR is ratified by RS, it is always good that it is also incorporated into the national legislation. For example, Article 10 of the Draft Law regulates: Early detection of sources, reservoirs and ways of transmission of communicable diseases. Article 10 regulates that “this measure is to be achieved through the active finding of typical and atypical cases of persons with communicable diseases, in line with the case definitions...”. When defining cases, Ministry of Health should have in mind the European Commission Decision of 28 April 2008 which contains detailed case definitions for the communicable diseases and provides a framework as to whether cases are to be classified as possible, probable or confirmed.⁴¹ Also, there are 52 communicable diseases and conditions

³⁶ Ibid, pp. 23

³⁷ Republic Institute for Public Health RS, “Izveštaj o zaraznim bolestima koje mogu predstavljati potencijalnu pretnju po javno zdravlje”, URL: <http://www.batut.org.rs/download/izvestaji/Izvestaj%20o%20zaraznim%20bolestima%202010.pdf>.

³⁸ Seke, Ibid, pp.15

³⁹ Rule book on immunization and the way of protection by medicines, Official Gazette RS, no. 11/2006

⁴⁰ Ministarstvo zdravlja Republike Srbije, Radne verzije i nacrti zakona, URL <http://www.zdravlje.gov.rs/showpage.php?id=185>, 19.12.2013.

⁴¹ Commission Decision of 28 April 2008 (2008/426/EC) Amending Decision 2002/253/EC Laying Down

to be compulsorily reported within the EU. The list of communicable diseases is contained in Commission Decision 2000/96/EC of 22 December 1999⁴². Information on communicable diseases not among those 52 listed shall also be reported through the EU early warning system if doing so is found necessary in order to protect public health in the Community⁴³.

Rules on reporting of infectious and other cases stipulated by the law on the protection of the population have communicable diseases (Official Gazette, No.125/04), which refers to the law on protection of the population from infectious diseases. Regulation, in Article 10 state that the essential elements of the case definition. Some case definitions can be found in the guides of Institute of the Public Health of Serbia, such as: Guides for conducting surveillance of acute flaccid paralysis, measles, congenital rubella and other diseases, provides clear definitions for these diseases.

Article 14 of the Draft Law regulates that epidemiologic surveillance should be done in accordance with the case definitions and that data acquired this way are to be interpreted and exchange with the other states, WHO and other international organisations by the Institute for public health of RS.

Draft Law is much more developed in many segments compared to the existing Law. When it comes to preventing of communicable diseases importation into country and their transmission to other countries, Article 28 of the Draft Law prescribes the following measures: 1. Ban of travelling to the country affected by epidemic of communicable disease, 2. Ban of movement of population, or limitation of movement within the area affected by the communicable disease, or its epidemic, 3. Ban or limitation of traffic of specific kind of good, 4. Obligatory participation of health institutions in the suppression of communicable disease and using of certain objects, equipment and transportation for the purpose of suppression of communicable diseases.

Article 29, further on, defines the way of implementation of IHR and other international acts and recommendations of WHO and European Union, ratified by RS, and which are related to the prevention and suppression and transmission of diseases and other public health emergencies of international concern. This Article regulates that the institution authorised for the implementation of IHR and other international documents, is Institute of Public Health RS as the National Centre for IHR.⁴⁴ It has to be available for communication and relevant information 24 hours, 365 days a year.⁴⁵ Its obligation is processing of received and sending of urgent information on unexpected or unusual events, which can be the threat for public health of international concern.⁴⁶ Submission of urgent data and their exchange with the Focal points of WHO, shall be provided by the National Centre through the separate communication channels.⁴⁷ National Centaur shall forward the data on registered event and collect data from the relevant sectors, respecting multisectoral and multidisciplinary approach and in cooperation with the representatives of relevant sectors shall assess of the registered event, applying the decision instrument for assessing and reporting of the events which can be PHEIC.⁴⁸ Information on the event shall be submitted to the Focal point for IHR of WHO within 24 hours from

Case Definitions for Reporting Communicable Diseases to the Community Network under Decision No. 2119/98/EC of the European Parliament and of the Council, Official Journal L 159/46, 18/6/2008.

42 Commission Decision 2000/96/EC of 22 December 1999 on the communicable diseases to be progressively covered by the Community network under Decision No. 2119/98/EC of the European Parliament and of the Council, as amended by Decisions 2003/534/EC, 2003/542/EC, 2007/875/EC and 2009/312/EC, Official Journal L 28/50 3/2/2000.

43 Art. 7 Commission Decision 2000/96/EC of 22 December 1999 on the communicable diseases to be progressively covered by the Community network under Decision No. 2119/98/EC of the European Parliament and of the Council, as amended by Decisions 2003/534/EC, 2003/542/EC, 2007/875/EC and 2009/312/EC, Official Journal L 28/50 3/2/2000.

44 Article 29, provision 1 of the Draft Law on the protection of population from communicable diseases, *Ibid.*

45 Article 29, provision 2 of the Draft Law on the protection of population from communicable diseases, *Ibid.*

46 Article 29, provision 3 of the Draft Law on the protection of population from communicable diseases, *Ibid.*

47 Article 29, provision 4 of the Draft Law on the protection of population from communicable diseases, *Ibid.*

48 Article 29, provision 5 of the Draft Law on the protection of population from communicable diseases, *Ibid.*

assessment.⁴⁹ Information shall be submitted to the other international organisations or states if this is stipulated by the international agreement.⁵⁰ In the case when National Centre get the information from the European Focal Point of WHO for IHR on the unexpected event in the international surrounding, where there is a risk of international transmission, National Centre shall organise urgent meeting of the multisectoral body for the assessment of risks for public health and propose the measures for preventing of disease or other public health risks. National Centre shall inform the MoH and other relevant institutions on health risk and measures within 24 hours.⁵¹ Minister of Health should enact the Rule book on detailed conditions for conduction of measures for the purpose of preventing of entry of communicable diseases into the country and their transmission to other countries, as well as on the way of work of the National Centre in accordance with IHR.⁵²

Article 32 of the Draft Law regulates the conduction of necessary measures in the emergency situations.

CONCLUSION

An epidemic is the occurrence of cases of disease at a frequency that deviates from the usual or expected for a given region and as such requires extraordinary control measures. The media usually report that epidemics are inevitable when it comes to disasters such as floods, earthquakes and other hazards. However, this may not be true, because there are common patterns in which events occur in such situations and the experience from earlier the same or similar events can be predicted that these are infectious diseases in a particular situation may have epidemic potential. However an increase in the number of cases of infectious disease does not occur spontaneously, and that there are certain factors that allow the spread of the disease in the local environment. Large displacement of vulnerable populations are the key factor that contributes to the spread of infectious diseases especially in the poorer population groups with a marked inability to providing basic needs such as food, shelter, hygienic drinking water, sanitation, access to health services and the control vector. Experience has shown that the risk of increasing the number of infectious diseases and the mortality during hazards as well as a complete disaster situation can be mitigated by the early introduction of high-level surveillance of disease preparedness in case of epidemic, effective measures for prevention and control including management of emergency situations. Early detection, application and effective response are vital to limit the spread of infectious diseases and the emergence of the epidemic.

By forming the National Center for IHR and preparing the new Draft Law on protection of population from communicable diseases, Republic of Serbia is obviously in the right path to introduce IHR and to develop the adequate legal framework for implementation of IHR. This framework will be the good basis for the future development of the next steps that should be undertaken for the purpose of the adequate response to the public health emergencies of international concern. These steps would be developing the minimum of national capacities in the field and defining, equipping and enabling the points of entry: airports, ports and land crossings, in the way which would enable the country to prevent and suppress international spread of communicable diseases.

⁴⁹ Article 29, provision 6 of the Draft Law on the protection of population from communicable diseases, *Ibid.*

⁵⁰ Article 29, provision 7 of the Draft Law on the protection of population from communicable diseases, *Ibid.*

⁵¹ Article 29, provision 8 of the Draft Law on the protection of population from communicable diseases, *Ibid.*

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CIP - Каталогизacija у публикацији
Народна библиотека Србије, Београд

005.96:351.74/.75(082)
351.78(082)

MEĐUNARODNI naučni skup “Dani Arčibalda Rajsa” (2014 ; Beograd)

Thematic Conference Proceedings of International Significance. Vol. 2 / International Scientific Conference “Archibald Reiss Days”, Belgrade, 3-4 March 2014 ; [organized by] Academy of Criminalistic and Police Studies ; [editors Srđan Milašinović, Darko Simović, Biljana Simeunović-Patić] = Tematski zbornik radova međunarodnog značaja. Tom 2 / Međunarodni naučni skup “Dani Arčibalda Rajsa”, Beograd, 3-4. mart 2014. ; [organizator] Kriminalističko-policijska akademija ; [urednici Srđan Milašinović, Darko Simović, Biljana Simeunović-Patić]. - Belgrade : Academy of Criminalistic and Police Studies ; Bonn : German Foundation for International Legal Cooperation (IRZ) = Beograd : Kriminalističko-policijska akademija ; Bon : Nemačka fondacija za međunarodnu pravnu saradnju (IRZ), 2014 (Belgrade = Beograd : ArtGrbić Illustrated Studio). - 444 str. : ilustr. ; 24 cm

Tiraž 200. - Preface: str. 9. - Napomene i bibliografske reference uz tekst. - Bibliografija uz svaki rad.

ISBN 978-86-7020-279-5 (ACP)

ISBN 978-86-7020-190-3 (za izdavačku celinu)

1. Up. stv. nasl. 2. Kriminalističko-policijska akademija (Beograd)

a) Полиција - Менаџмент људских ресурса - Зборници

b) Безбедносни сектор - Зборници

COBISS.SR-ID 206899468