Overview
International Health Regulations (IHR)

Yitades GEBRE MD

Risk Communication Training workshop

Port of Spain 24 October 2011

Pan American Health Organization

International Health Regulations

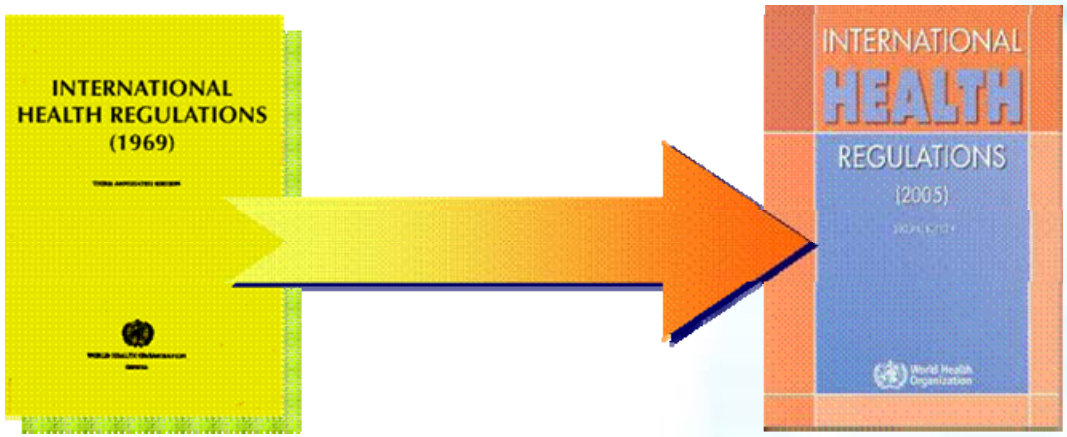
- WHO Member States recognized need to collectively respond to public health emergencies of international concern (1994, 1995, 2003)
- An Intergovernmental Working Group tasked with the revision of the IHR(1969) in 2004
- WHO Member States adopted the current IHR during the 58th World Health Assembly in 2005
- Current IHR entered into force in June 2007
- A legal tool: describes procedures, rights and legal obligations for States Parties and WHO

International Health Regulations

- Legal framework requested, negotiated, and developed by WHO Member States
- Recognition of a collective responsibility towards international public health, based on dialogue, transparency and trust - nothing new at technical level (Annex 1 – existing)
- Tool that serves public health according to good, evidence-based, practice and adapted to the context
- Opportunity to establish / maintain a public health system robust enough to ensure the flexibility needed to institutionalise lessons learned from real life in a continuous and dynamic manner

Purpose and scope of the IHR

"to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade" (Article 2)



- From three diseases to all public health hazards, irrespective of origin or source
- From preset measures to adapted response
- From control of borders to, also, containment at source

2007

Purpose...

- The scope of the IHR is purposely broad and inclusive in respect of the public health event to which they have application in order to maximize the probability that all such events that could have serious international consequences are identified early and promptly reported by States Parties to WHO for assessment

Pan American Health Organization

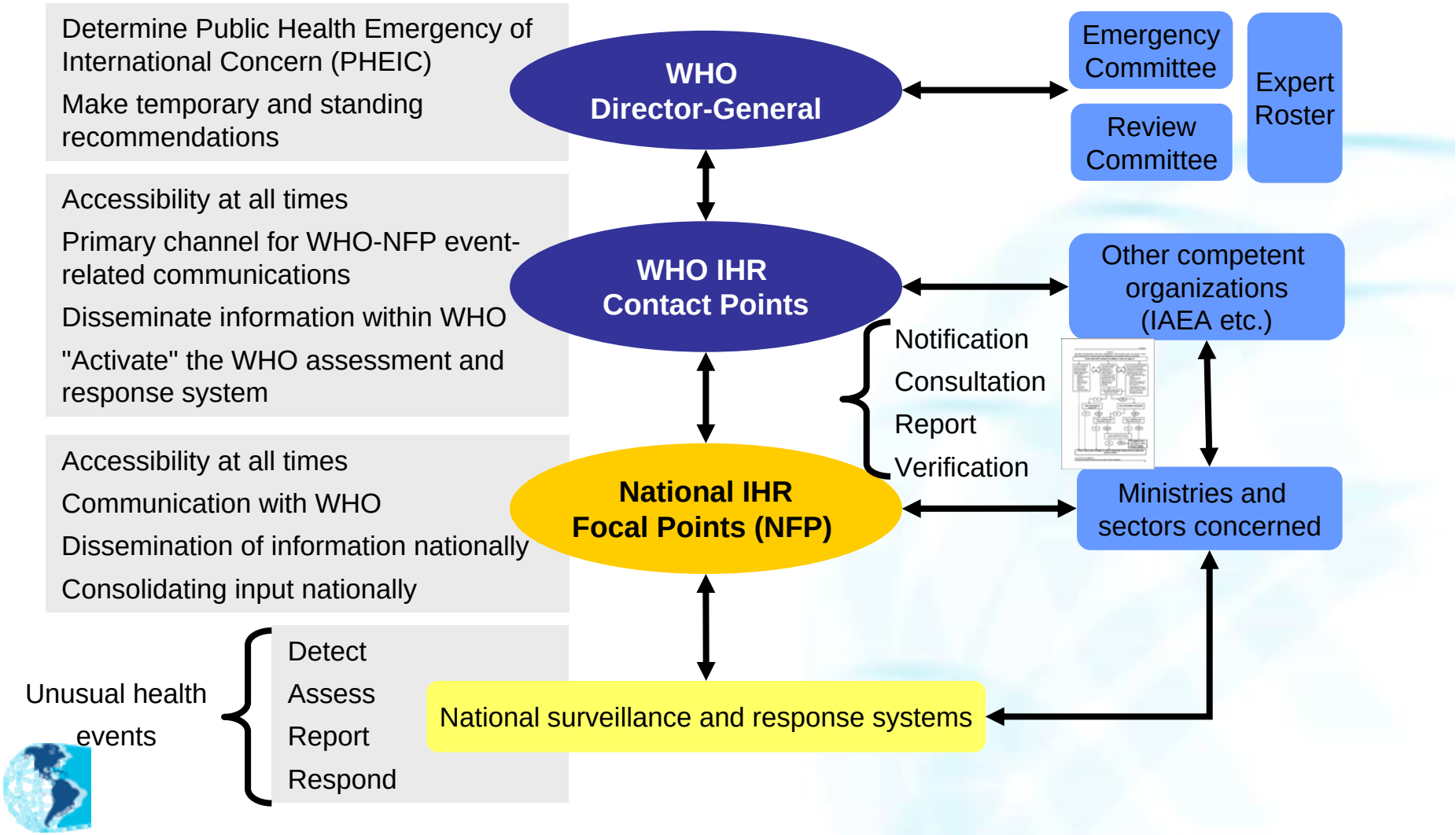
notifications

- Notification is required under IHR for all "events that may constitute a public health emergency of international concern".
- In this regard, the broad new definitions of "event", "disease" and "public health risk" in the IHR are the building blocks of the surveillance obligations for States Parties and WHO.

WHO strategic framework
IHR Areas of Work, 2007

1. Foster global partnerships
2. Strengthen national disease prevention, surveillance, control and response systems
3. Strengthen public health security in travel and transport
4. Strengthen WHO global alert and response systems
5. Strengthen the management of specific risks
6. Sustain rights, obligations and procedures
7. Conduct studies and monitor progress

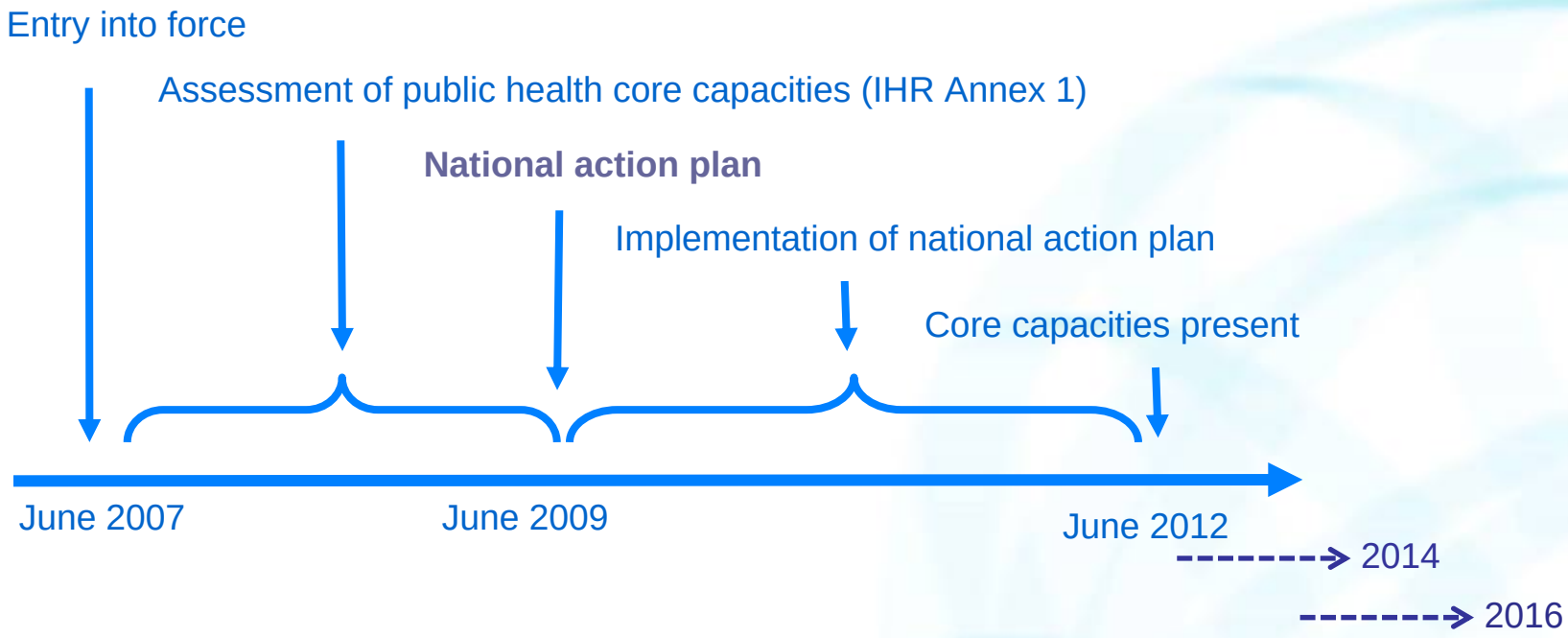
IHR operational framework



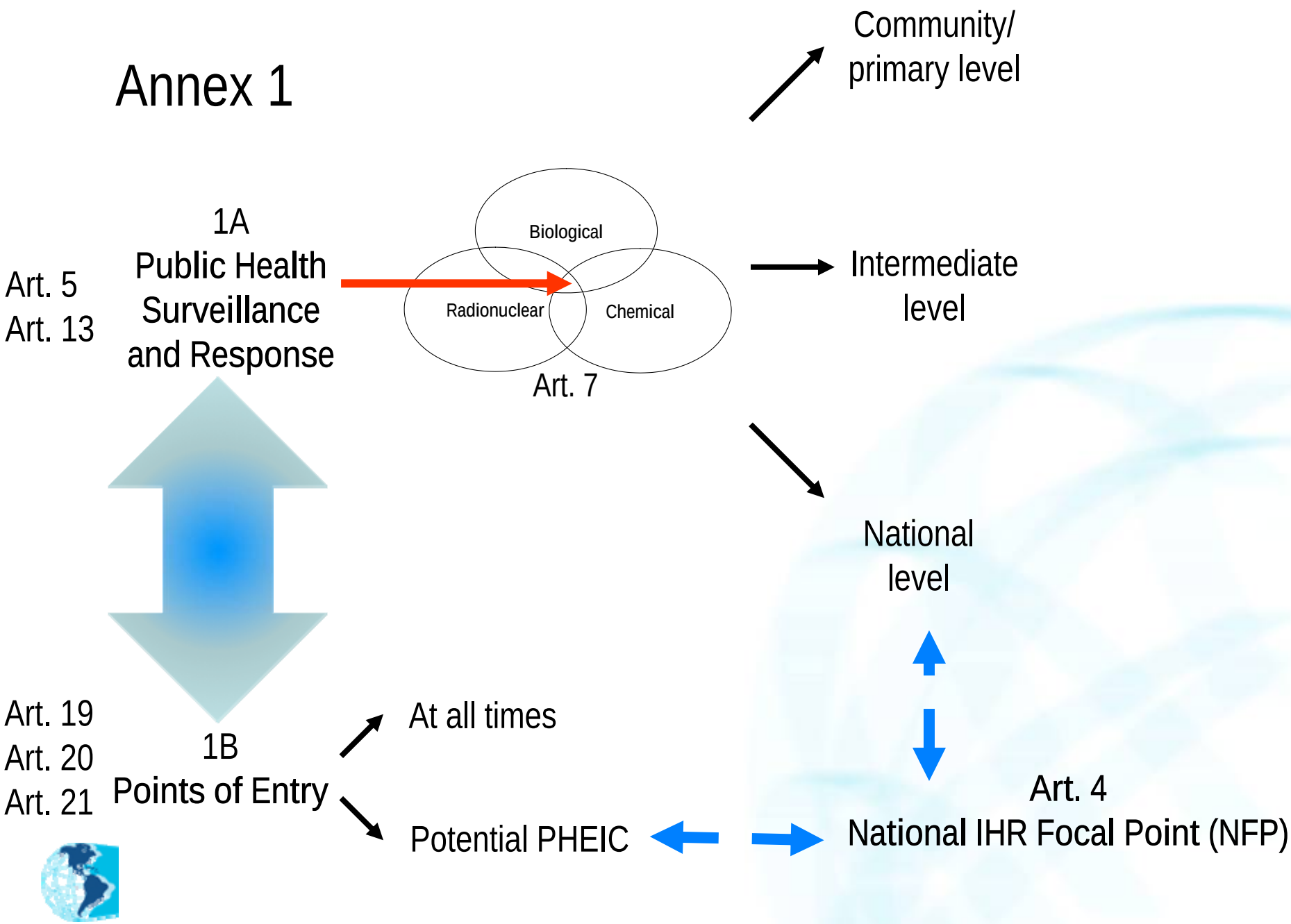
Annex 1 – National Core Capacity

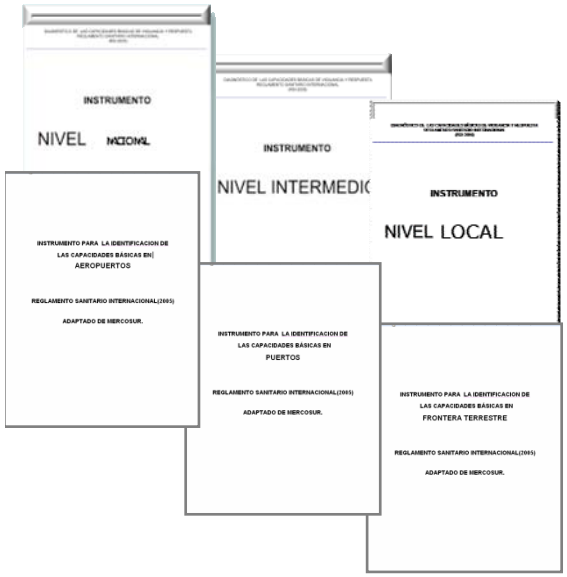
AW2: Strengthen national disease prevention, surveillance, control and response systems

AW3:Strengthen public health security in travel and transport



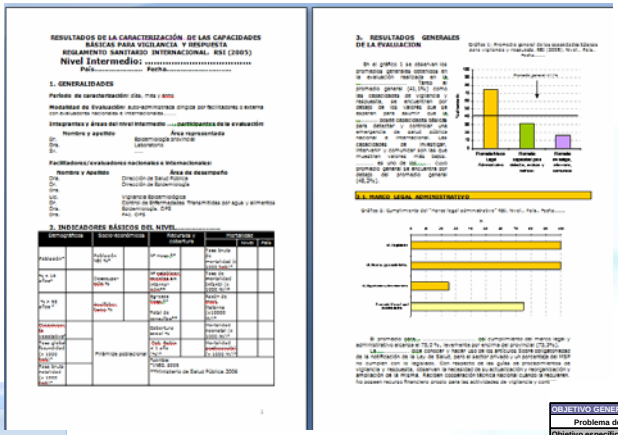
Annex 1

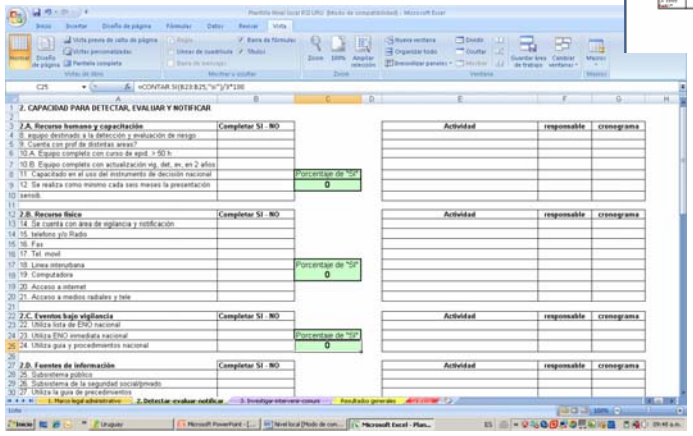

Community/
primary level
1A
Public Health
Surveillance
and Response
Art. 5
Art. 13
Biological
Radionuclear
Chemical
Art. 7
Intermediate
level
National
level
Art. 19
Art. 20
Art. 21
1B
Points of Entry
At all times
Potential PHEIC
Art. 4
National IHR Focal Point (NFP)



MERCOSUR assessment and planning tools revision 2008

I. Legal and administrative framework
II. Risk detection, risk assessment, and reporting
III. Control – investigation, intervention; and **risk communication**





PLAN DE ACCIÓN 2008-2012 PARA ALCANZAR LAS CAPACIDADES BÁSICAS DE VIGILANCIA Y RESPUESTAS DE ACUERDO AL NUEVO RSI-2005

Problema detectado	Actividad	responsable	cronograma	Recursos	Fuente
OBJETIVO GENERAL 1: ADAPTAR EL MARCO LEGAL, INSTITUCIONAL Y ADMINISTRATIVO AL NUEVO RSI (2005)					
Objetivo especifico N° 1: concientizar a los efectores de salud para dar cumplimiento al Código Sanitario sobre enfermedades de notificación obligatoria					
Falta de cumplimiento del Código Sanitario sobre enfermedades de notificación obligatoria	1. reunión con diferentes actores de los subsistemas de salud pública, seguridad social y privado para concientización de la obligatoriedad de la notificación. 2. elaboración de notas recordatorias ante la falta de notificación de los efectores. 3. solicitud a la DGVS la finalización de la actualización del código de salud.	1 y 3. Dirección RSXVIII. 2. vigilancia.	1. marzo 2009. 2. continuo. 3. diciembre 2008		
Falta de un programa regular de sensibilización a los efectores de salud	1. programación de talleres de sensibilización periódicos para los efectores de salud sobre la vigilancia cada dos años con actualizaciones sobre normativas de vigilancia 2. Realización de los talleres.	1. dirección. 2. vigilancia	1. febrero 2009. 2. julio 2009 y cada dos años		
Objetivo especifico N° 2: adaptar las normas y procedimientos de vigilancia y respuesta al nuevo RSI (2005)					
En el Código no consta quiénes deben notificar	1. solicitud a DGVS la modificación del alículo en el código sobre la obligatoriedad de notificar especificando los actores que deben notificar. 2. capacitación y concientización a los efectores sobre el cambio.	1. Dirección. 2. DGVS	1 y 2. marzo 2008.		
Normas de procedimientos de vigilancia y respuesta sin actualizar	1. solicitud del manual nacional de vigilancia donde consten todos los eventos y los componentes de vigilancia, investigación con sus fichas correspondientes y las medidas de prevención y control ambiental y de enfermos y expuestos. 2. solicitud de culminación de la revisión del manual. 3. adquisición del manual.	1 y 2. vigilancia. 3. DGVS	1 y 2. diciembre 2008. 3. marzo 2010		
No se cuenta con todas los formatos de notificación	1. solicitud a DGVS la actualización de las fichas de las ENO. 2. actualización de las fichas. 3. socializar las fichas entre los efectores de salud y los futuros referentes de vigilancia de los establecimientos.	1 y 3. Dirección. 2. DGVS	1 y 2. diciembre 2008. 3. marzo 2010		
Objetivo especifico N° 3: fortalecer el sistema con presupuesto propio					
Falta de presupuesto anual para vigilancia	1. solicitud a DGVS para que gestione la incorporación de las actividades de vigilancia dentro de los formatos de POAs regionales. 2. solicitud al director para participar de la elaboración del POA 2010. 3. incorporación de las actividades de vigilancia dentro del POA regional para 2010. 4. asignación el presupuesto para 2010. 5. solicitud de reprogramación del POA 2009.	1. director. 2 y 5. vigilancia. 3 y 4. administración.	1, 2. y 5. diciembre 2008. 3. julio 2009. 4. a partir de enero 2010.		

III. Control – investigation, intervention; and risk communication

III.A HUMAN RESOURCES AND TRAINING

Are there interdisciplinary Rapid Response Teams (RRT) for public health emergencies?

If yes, is the following expertise represented: [...], **mass communications** (*comunicación social*)?

III.D COORDINATION OF RESPONSE

Is there a national government committee for responding to health emergencies?

Does this committee consider coordination with other national institutions and areas to be strategic to the implementation of control measures? If so, is there coordination with: […], **education, mass communication**, […]?

Is there a national health sector committee for health emergency response?

Does this committee consider coordination with other health sector teams that are involved in response?

If so, is there coordination with: […], **health promotion, information and communication**?

III. Control – investigation, intervention; and risk communication

III.G MASS COMMUNICATION

- In public health emergencies, are official Ministry of Health reports or press releases regularly used for conveying information to the public?
- In public health emergencies, are epidemiological alerts for health professionals regularly used?
- In public health emergencies, is a Web page available to disseminate information?
- Is there a national crisis communication plan?

    If yes, does the plan identify: communication partners, spokespeople, uniform design for common messages, channels, procedures for mobilizing and informing spokespeople to conduct press conferences and produce news articles, tools (alerts, bulletins, profiles, etc., uniform design for the emergency Web page?

- Is there a procedures manual for the preparation of local crisis communication plans?

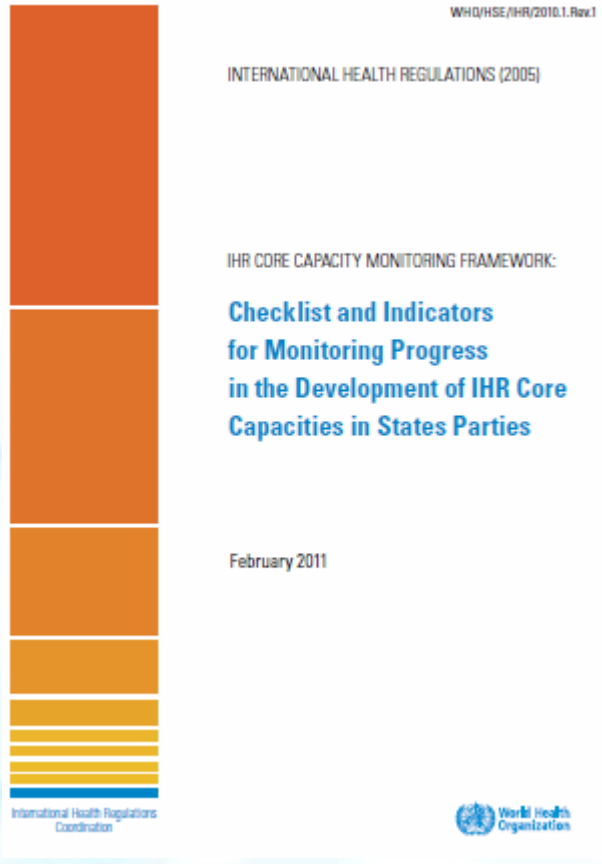
    If yes, does the manual contain the procedures mentioned in SEE ABOVE

- During an emergency, does the national communication system enable: timely communication of news, being first in providing regular updates, immediately preparing notices from technical reports, designing clear messages according to the audience (persons affected by the emergency, health workers, children, etc.), immediately preparing the Web page on the emergency, updating the Web page daily, immediately preparing and calling press conferences, requesting interviews with the media?

WHO global tool for monitoring core capacities v. 2011

1. National legislation, policy and financing
2. Coordination and NFP communications
3. Surveillance
4. Response
5. Preparedness
6. Risk communication
7. Human resource capacity
8. Laboratory

- Points of Entry
- IHR Potential hazards 1: zoonotic events
- IHR Potential hazards 2: food safety
- IHR Potential hazards 3: chemical event
- IHR Potential hazards 4: radiation emergencies



Core Capacity	2	Coordination[8] and NFP Communications
Component	2.1	IHR coordination[9], communication and advocacy[10]
Indicator	2.1.1	*A mechanism is established for the coordination of relevant sectors[11] in the implementation of IHR

2.1.1.1 Is there coordination within relevant ministries on events that may constitute a public health event or risk of national or international concern?

2.1.1.2 Are Standard Operating Procedures (SOP) or equivalent available for coordination between IHR NFP and relevant sectors?

2.1.1.3 Is a multi-sectoral, multidisciplinary body, committee or taskforce in place addressing IHR requirements on surveillance and response for public health emergencies of national and international concern?

2.1.1.4 Have multisectoral and multidisciplinary coordination and communication mechanisms been tested and updated regularly through exercises or through the occurrence of an actual event?

2.1.1.5 Are annual updates conducted on status of IHR implementation to stakeholders across all relevant sectors?

Core Capacity	2	Coordination[8] and NFP Communications
Component	2.1	IHR coordination, communication and advocacy
Indicator	2.1.2	*IHR NFP functions and operations in place as defined by IHR

2.1.2.1 Has the IHR NFP been established?

2.1.2.2 Have national stakeholders responsible for the implementation of IHR been identified?

2.1.2.3 Has information on obligations of the IHR NFP under the IHR been disseminated to relevant national authorities and stakeholders?

2.1.2.4 Have the roles and responsibilities of relevant authorities and stakeholders in regard to IHR implementation been defined and disseminated?

2.1.2.5 Have plans to sensitize stakeholders of their roles and responsibilities been implemented?

2.1.2.6 Is the IHR Event Information Site used as an integral part of the IHR NFP information resource?

2.1.2.7 Has an active IHR website or webpage been established?

2.1.2.8 Have any additional roles and responsibilities for the IHR NFP functions been implemented?

2.1.2.9 Does the IHR NFP provide WHO with updated contact information as well as annual confirmation of the IHR NFP?

Core Capacity	6	Risk Communication
Component	6.1	Policy and procedures for public communications
Indicator	6.1.1	*Mechanisms for effective risk communication during a public health emergency are established

6.1.1.1 Have risk communication partners and stakeholders been identified?

6.1.1.2 Has a risk communication plan been developed?

6.1.1.3 Has the risk communication plan been implemented or tested through actual emergency or simulation exercise and updated in the last 12 months?

6.1.1.4 Are policies, SOPs or guidelines developed on the clearance and release of information during a public health emergency?

6.1.1.5 Are regularly updated information sources accessible to media and the public for information dissemination?

6.1.1.6 Are there accessible and relevant IEC (Information, Education and Communications) materials tailored to the needs of the population?

6.1.1.7 In the last three national or international PH emergencies, have populations and partners been informed of a real or potential risk within 24 hours following confirmation?

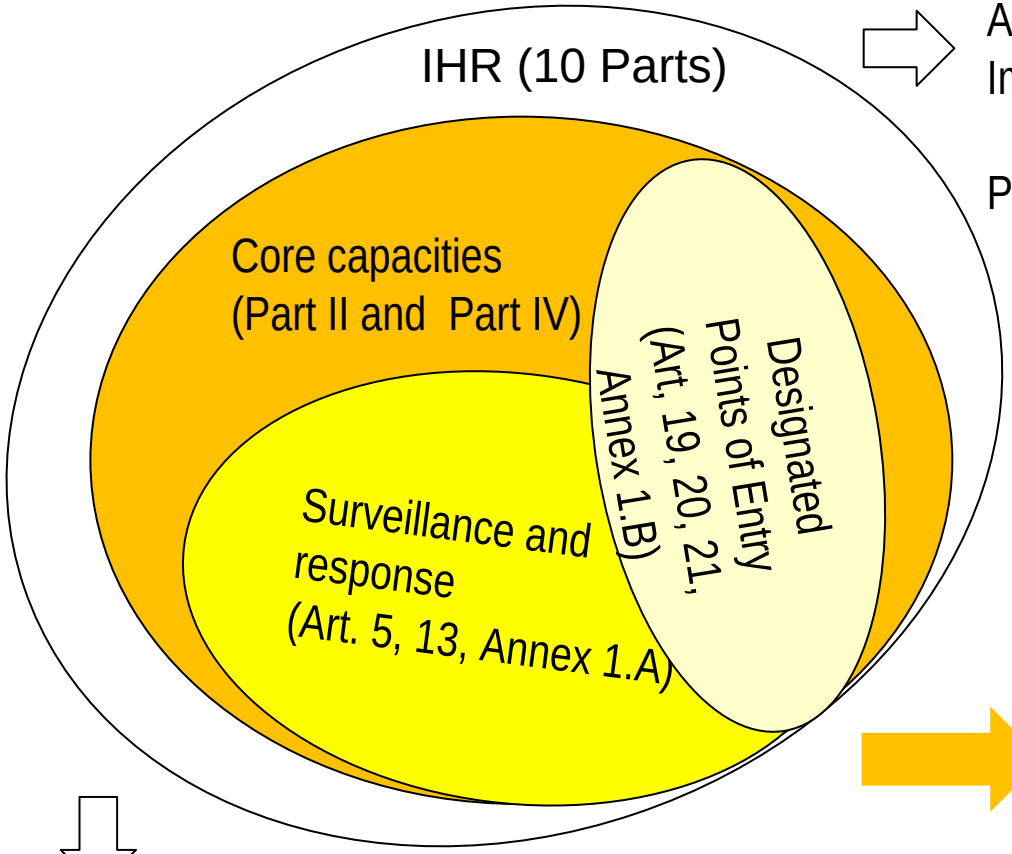
6.1.1.8 Has an evaluation of the public health communication been conducted after emergencies, for timeliness, transparency and appropriateness of communications, been carried out?

6.1.1.9 Have results of evaluations of risk communications efforts during a public health emergency been shared with the global community?

World Health Organization

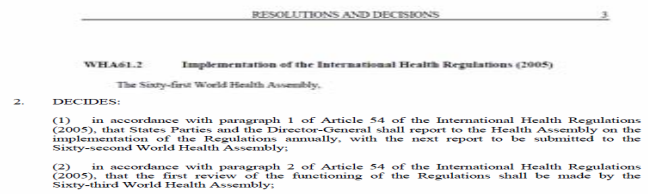
SUMMARY REPORT

Meeting of the IHR Risk Communication and Capacity Building Working Group
WHO Lyon Office for National Epidemic Preparedness and Response
16-18 March 2011, Lyon, France



Annual Report to the WHA on the Implementation of the IHR (Art.54, WHA61.2)

Procedural and technical options



RESOLUTIONS AND DECISIONS 3

WHA61.2 Implementation of the International Health Regulations (2005)

The Sixty-first World Health Assembly,

2. DECIDES:

(1) in accordance with paragraph 1 of Article 54 of the International Health Regulations (2005), that States Parties and the Director-General shall report to the Health Assembly on the implementation of the Regulations annually, with the next report to be submitted to the Sixty-second World Health Assembly;

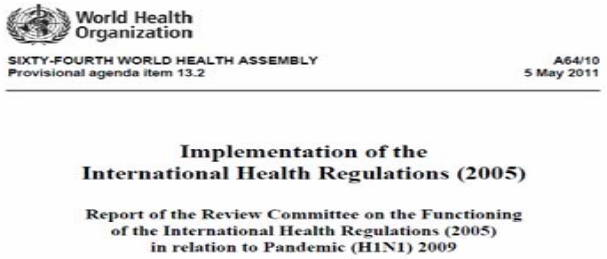
(2) in accordance with paragraph 2 of Article 54 of the International Health Regulations (2005), that the first review of the functioning of the Regulations shall be made by the Sixty-third World Health Assembly;

National IHR Action Plan (/ individual Action Plans for designated Points of Entry)

Procedural and technical options

Review of the Functioning of the Regulations (Art.54, DG proposal at 126th EB)

Report of the IHR Review Committee (A64.10)



World Health Organization

SIXTY-FOURTH WORLD HEALTH ASSEMBLY A64/10
Provisional agenda item 13.2 5 May 2011

Implementation of the International Health Regulations (2005)

Report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009

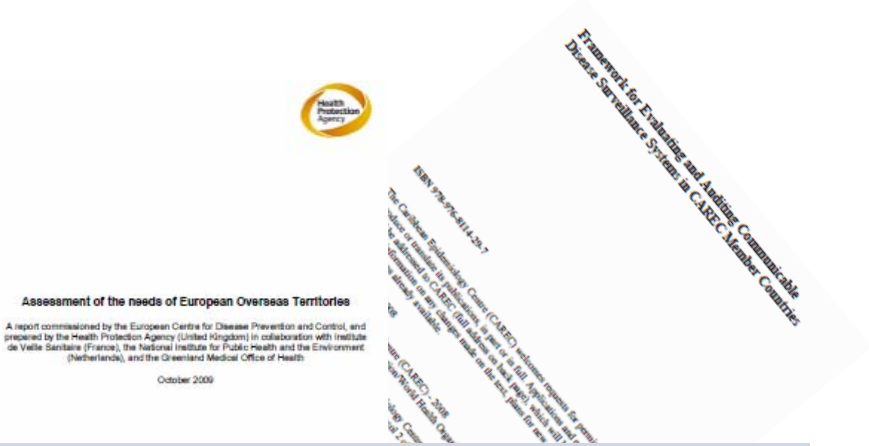
Decision making process to request the extension of the 2012 deadline to 2014

Procedural and technical options

MERCOSUR tool

Country	Sub-region	MERCOSUR tool	Date assessment	National IHR Action Plan	National IHR Action Plan budgeted
Bolivia	ANDEAN	si	Nov-09	si	no
Chile	ANDEAN	si	2009	si	in progress
Colombia	ANDEAN	si*	UNK	si*	?
Ecuador	ANDEAN	si	Dec-08	si	si
Peru	ANDEAN	si	Jun-10	si	in progress
Venezuela	ANDEAN	si*	UNK	si*	?
Argentina	MERCOSUR	si	Jul-08	si	in progress
Brazil	MERCOSUR	si	2009	si	in progress
Paraguay	MERCOSUR	si	Nov-08	si	si
Uruguay	MERCOSUR	si	2008	si	si
Costa Rica	RESSCAD	si		si - costos?	?
Dominican Republic	RESSCAD	si		si - costos?	?
El Salvador	RESSCAD	si		si	si
Guatemala	RESSCAD	si		si	si
Honduras	RESSCAD	si		no	si
Nicaragua	RESSCAD	si		si	si
Panama	RESSCAD	si		si	si

CAREC tool



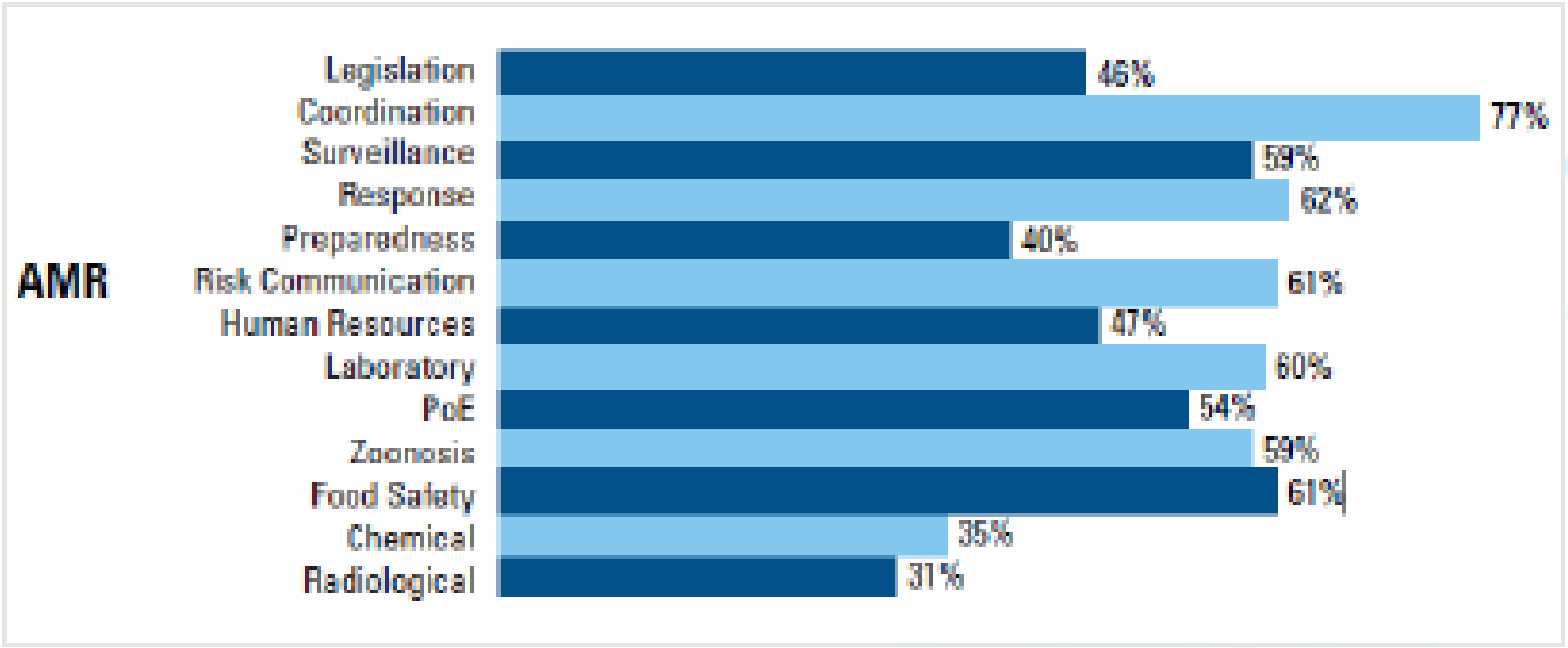
Country	Assessment	CAREC tool
Antigua and Barbuda	yes	yes
Belize	yes	no
Guyana	yes	no
Jamaica	yes	yes
Surinam	yes	no
Bahamas	yes	no
Barbados	yes	yes
Dominica	yes	yes
Grenada	yes	yes
Saint Lucia	yes	yes
St Kitts and Nevis	yes	yes
St Vincent and the Grenadines	yes	yes
Trinidad and Tobago	yes	yes

States Parties reports on IHR implementation Feb – Oct 2010

Globally: 63% (123/194; 120/123 SP used WHO/HQ format)

- AFRO 50%
- AMRO 54% (1 SP using MERCOSUR tool)
  89% en 2008 y 66% en 2009
- EMRO 82%
- EURO 60% (2 SP using other format)
- SEARO 100% (1 SP other format)
- WPRO 74%

Core capacity
Regional Average Attribute Scores



The scores, ranging from 0 to 100%, are automatically calculated using data analysis software embedded in the internet-based tool. For the sake of simplicity, all attributes are given the same weight. In calculating the attribute score, the numerator is the total number of attributes achieved in levels 1 and 2 combined, and the denominator is the sum of Level 1 and 2 attributes.

IHR Review Committee

Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009

Summary Conclusions

1. The IHR helped make the world better prepared to cope with public-health emergencies…but core capacities are not yet fully operational and not on a path to timely implementation worldwide

2. WHO performed well in many ways during the pandemic, confronted systemic difficulties and demonstrated some shortcomings. The Committee found no evidence of malfeasance

3. The world is ill-prepared to respond to a severe influenza pandemic or to any similarly global, sustained and threatening public-health emergency

Summary conclusion 2

WHO performed well in many ways but systemic difficulties and shortcomings…no evidence of malfeasance

- R5: Strengthen WHO's internal capacity for sustained response
- R6: Improve practices for appointment of an Emergency Committee
- R7: Revise pandemic preparedness guidance
- R8: Develop and apply measures to assess severity
- R9: Streamline management of guidance documents
- R10: Develop and implement a strategic, organization-wide communications policy
- R11: Encourage advance agreements for vaccine distribution and delivery

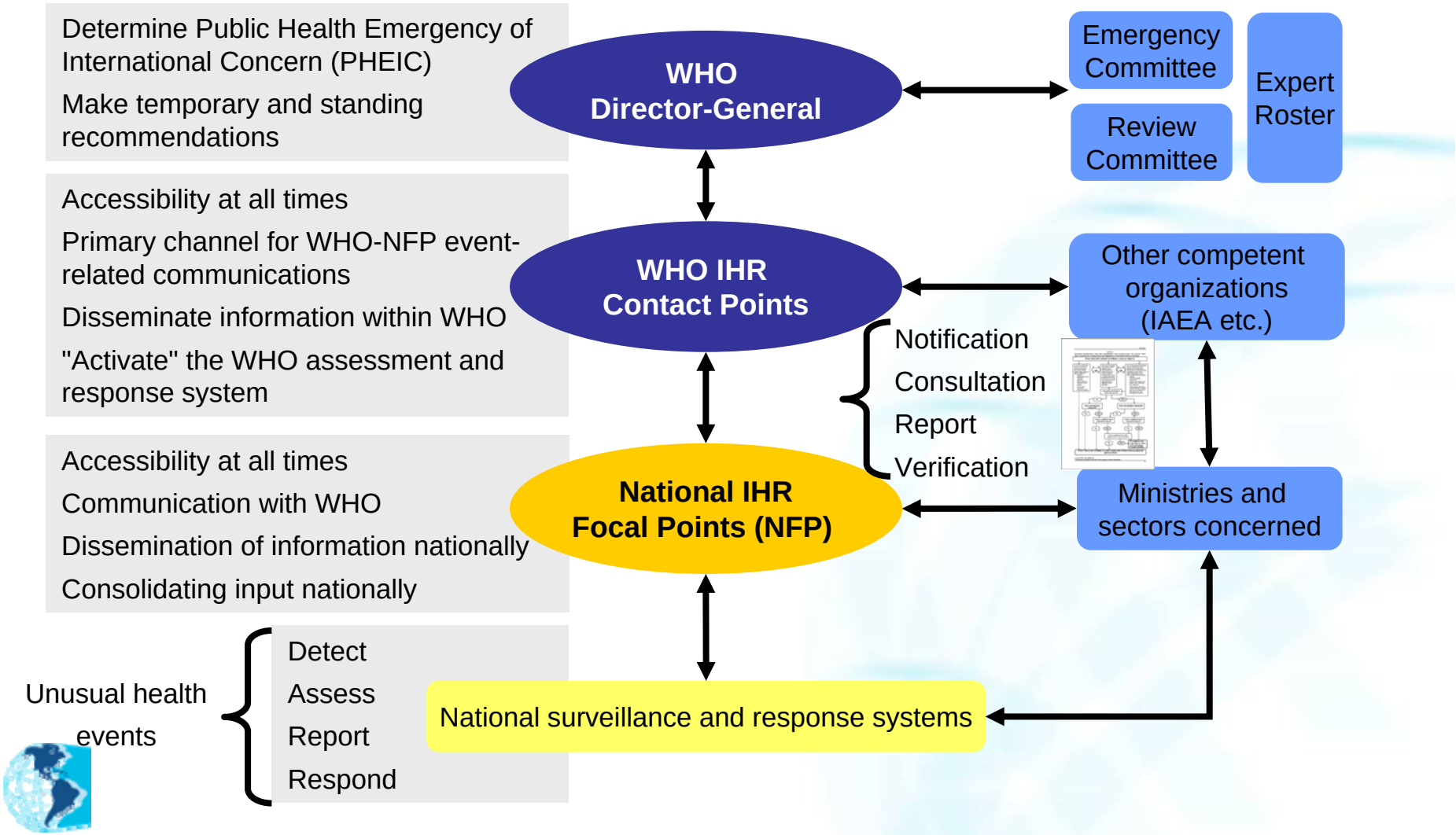
"Elusive transparency….."

AW4: Strengthen WHO global alert and response systems

WHO global alert and response systems

- Decentralized Structure & Capacity
  - 6 regional and 142 country offices
- Collective experience in managing public health events
  - Consistency
  - Timeliness
  - Technical Excellence
  - Transparency and Accountability
- Networks and Partnerships (e.g. GOARN, regional and sub-regional networks, specialist networks, WHO CCs; GISN)

IHR operational framework

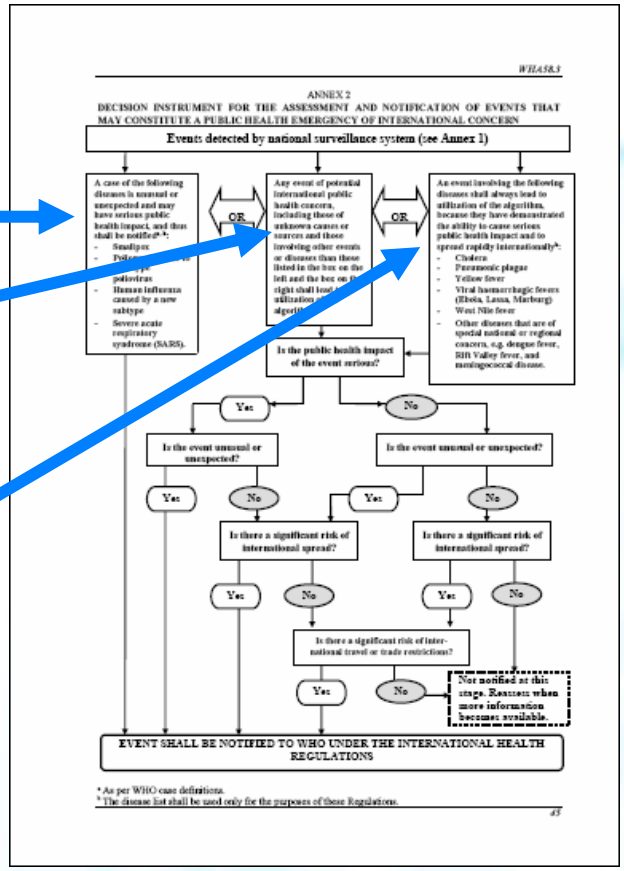


Decision instrument (Annex 2)

Notifiable diseases:
- Poliomyelitis, wild-type virus
- Human influenza, new subtype
- SARS
- Smallpox

Any event of potential international public health concern

Diseases that shall always lead to utilization of the algorithm:
Cholera, pneumonic plague, yellow fever, viral haemorrhagic fevers (Ebola, Lassa, Marburg), West Nile fever, other diseases of special national or regional concern (e.g. dengue fever, Rift Valley fever and meningococcal disease)


WHA58.3

ANNEX 2

DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

Events detected by national surveillance system (see Annex 1)

A case of the following diseases is unusual or unexpected and may have serious public health impact, and thus shall be notified*,*:
- Smallpox
- Poliomyelitis caused by poliovirus
- Human influenza caused by a new subtype
- Severe acute respiratory syndrome (SARS).

OR

Any event of potential international public health concern, including those of unknown causes or sources and those involving other events or diseases than those listed in the box on the left and the box on the right shall lead to utilization of the algorithm

OR

An event involving the following diseases shall always lead to utilization of the algorithm, because they have demonstrated the ability to cause serious public health impact and to spread rapidly internationally*:
- Cholera
- Pneumonic plague
- Yellow fever
- Viral haemorrhagic fevers (Ebola, Lassa, Marburg)
- West Nile fever
- Other diseases that are of special national or regional concern, e.g. dengue fever, Rift Valley fever, and meningococcal disease.

Is the public health impact of the event serious?

Yes / No

Is the event unusual or unexpected?

Yes / No

Is there a significant risk of international spread?

Yes / No

Is there a significant risk of international travel or trade restrictions?

Yes / No

Not notified at this stage. Reassess when more information becomes available.

EVENT SHALL BE NOTIFIED TO WHO UNDER THE INTERNATIONAL HEALTH REGULATIONS

* As per WHO case definitions.
* The disease list shall be used only for the purposes of these Regulations.

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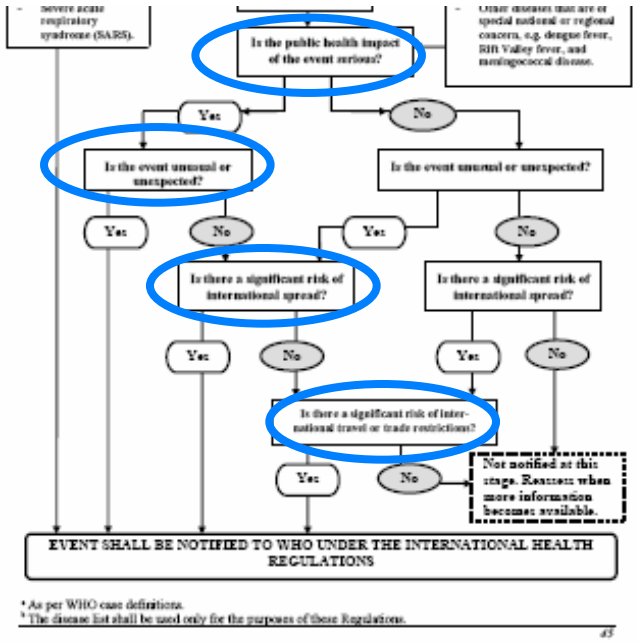
Decision instrument (Annex 2)
Two of the following criteria…but

- Is the public health impact of the event serious?
- Is the event unusual or unexpected?
- Is there a significant risk of international spread?
- Is there a significant risk of international travel or trade restrictions?



- Not a risk assessment framework per se
- Guidance to inform the decision to communicate with WHO
- When in doubt
- Potential benefits
- Anything that you would want to know from others

WHO Event Management Process

Information and Public Health Response

States Parties

WHO

Others sources

Formal reports

Verification

Disseminate information

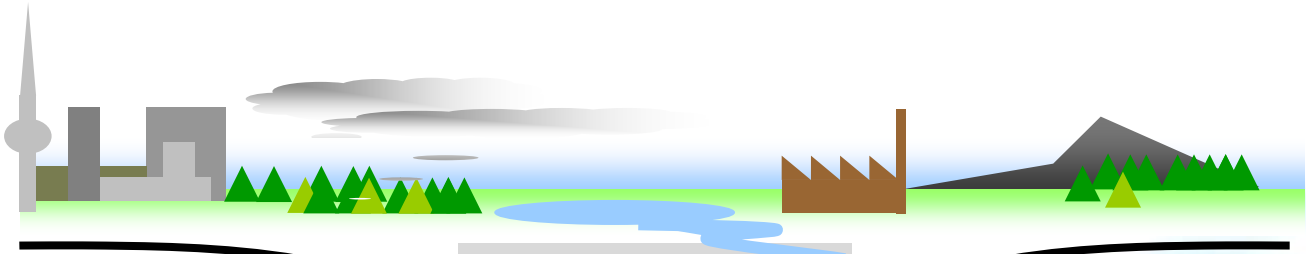
Initial screening

Event's Risk assessment

Assist Respond

Informal/ Unofficial information

Early warning function of the public health surveillance system
100% coverage, 100% sensitivity, 100% flexibility



Complementary

Indicator-based surveillance (discrete variables)

- Case based (aggregated, individual)
- Laboratory results
- Environmental measurements
- Drug sales
- Absenteeism
- Etc.

Core Capacity	3	Surveillance[2]
Component	3.1	Indicator based[2] surveillance[2] (also referred to as structured surveillance, surveillance or surveillance for defined conditions)
Indicator	3.1.1	"Indicator-based surveillance includes an early warning[34] function for the early detection of a public health event

Event-based surveillance (unstructured information)

- Media reports
- Hotlines (community, professionals, etc.)
- NGOs
- Diplomatic channels
- Military channels
- Etc.

Core Capacity	3	Surveillance[2]
Component	3.2	Event-Based Surveillance[34]
Indicator	3.2.1	"Event-Based Surveillance is established

Signal
Unusual health event

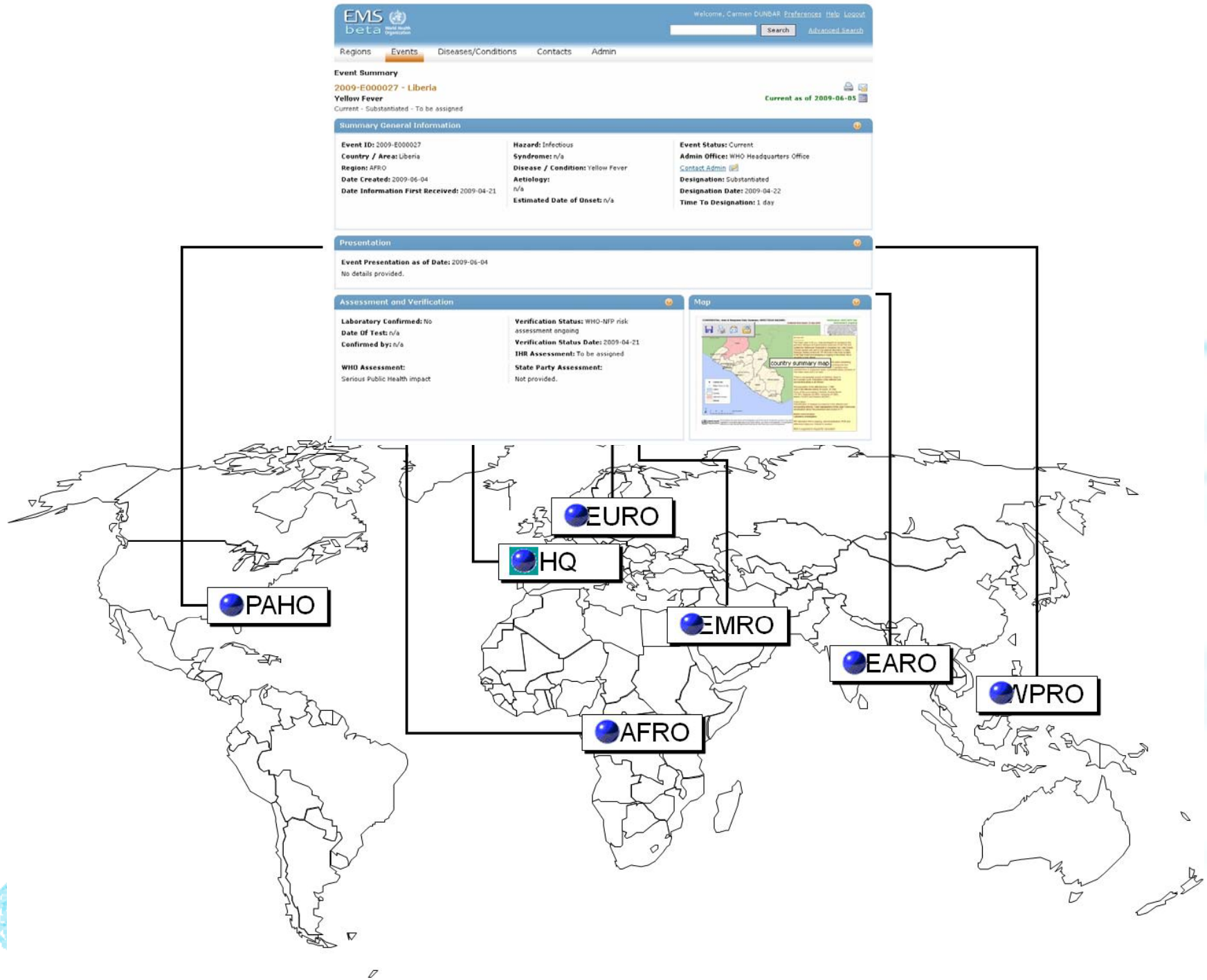
Triangulation des sources

Verification

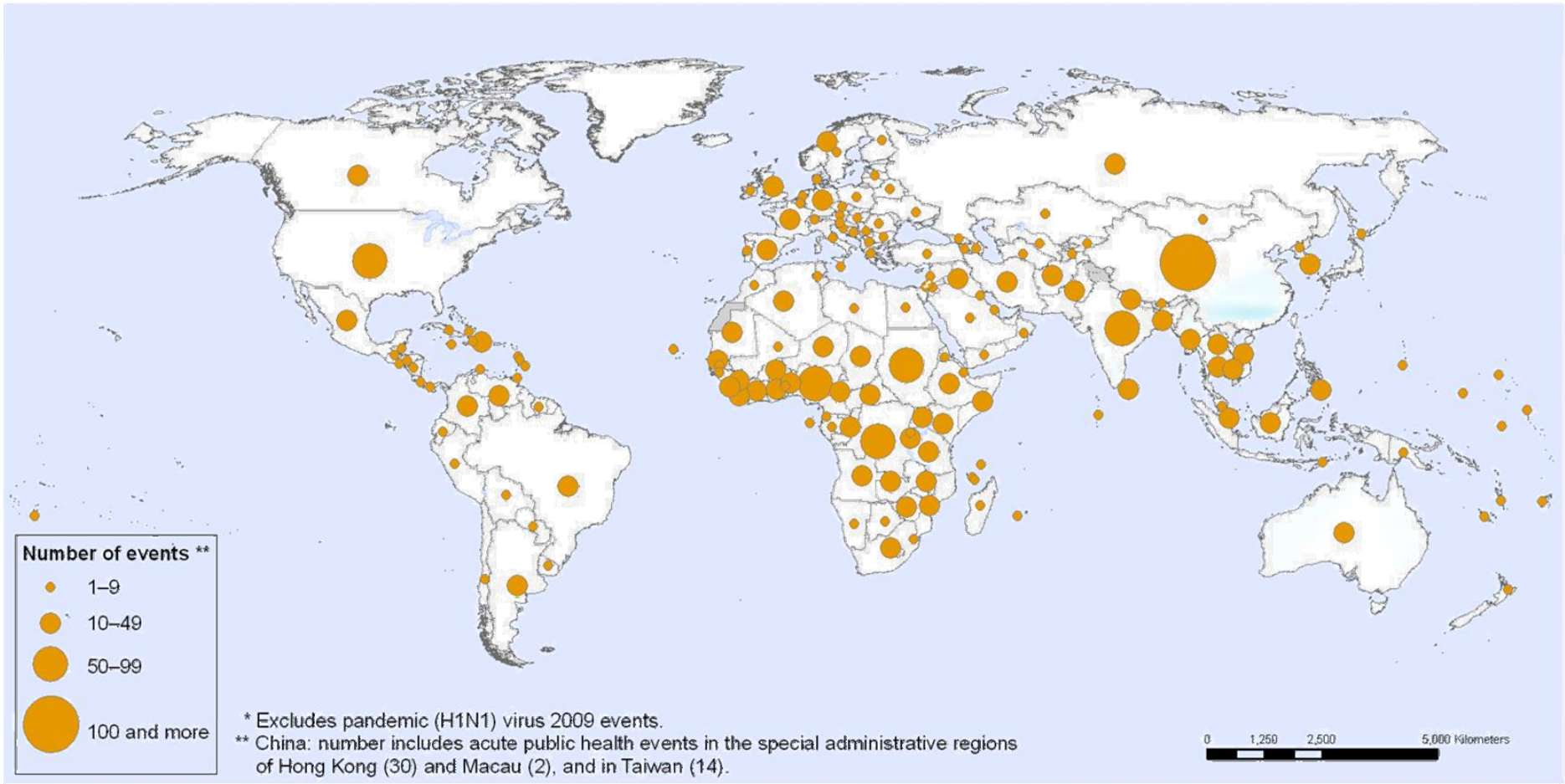
↓

Response

Core Capacity	4	Response
Component	4.1	Rapid Response Capacity
Indicator	4.1.1	"Public health emergency[34] response mechanisms are established


EMS beta
Welcome, Carmen DUNBAR Preferences Help Logout
Search
Advanced Search
Regions
Events
Diseases/Conditions
Contacts
Admin
Event Summary
2009-E000027 - Liberia
Yellow Fever
Current - Substantiated - To be assigned
Current as of 2009-06-05
Summary General Information
Event ID: 2009-E000027
Country / Area: Liberia
Region: AFRO
Date Created: 2009-06-04
Date Information First Received: 2009-04-21
Hazard: Infectious
Syndrome: n/a
Disease / Condition: Yellow Fever
Aetiology: n/a
Estimated Date of Onset: n/a
Event Status: Current
Admin Office: WHO Headquarters Office
Contact Admin
Designation: Substantiated
Designation Date: 2009-04-22
Time To Designation: 1 day
Presentation
Event Presentation as of Date: 2009-06-04
No details provided.
Assessment and Verification
Laboratory Confirmed: No
Date Of Test: n/a
Confirmed by: n/a
WHO Assessment:
Serious Public Health impact
Verification Status: WHO-NFP risk assessment ongoing
Verification Status Date: 2009-04-21
IHR Assessment: To be assigned
State Party Assessment:
Not provided.
Map
country summary map
EURO
HQ
PAHO
EMRO
EARO
WPRO
AFRO

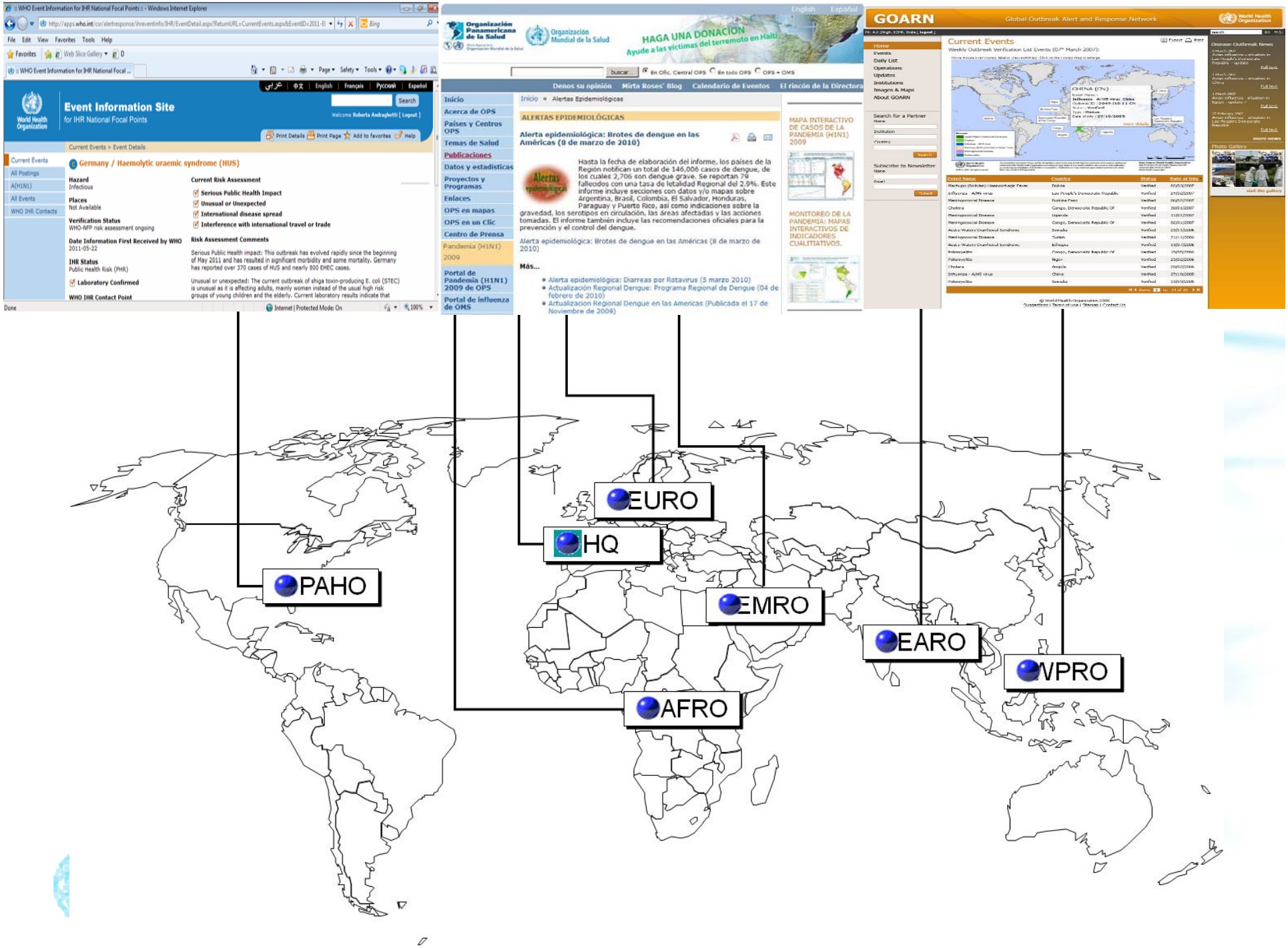
Substantiated acute public health events, by country (EMS, 1 January 2001 – 9 June 2010, n=1,945) *



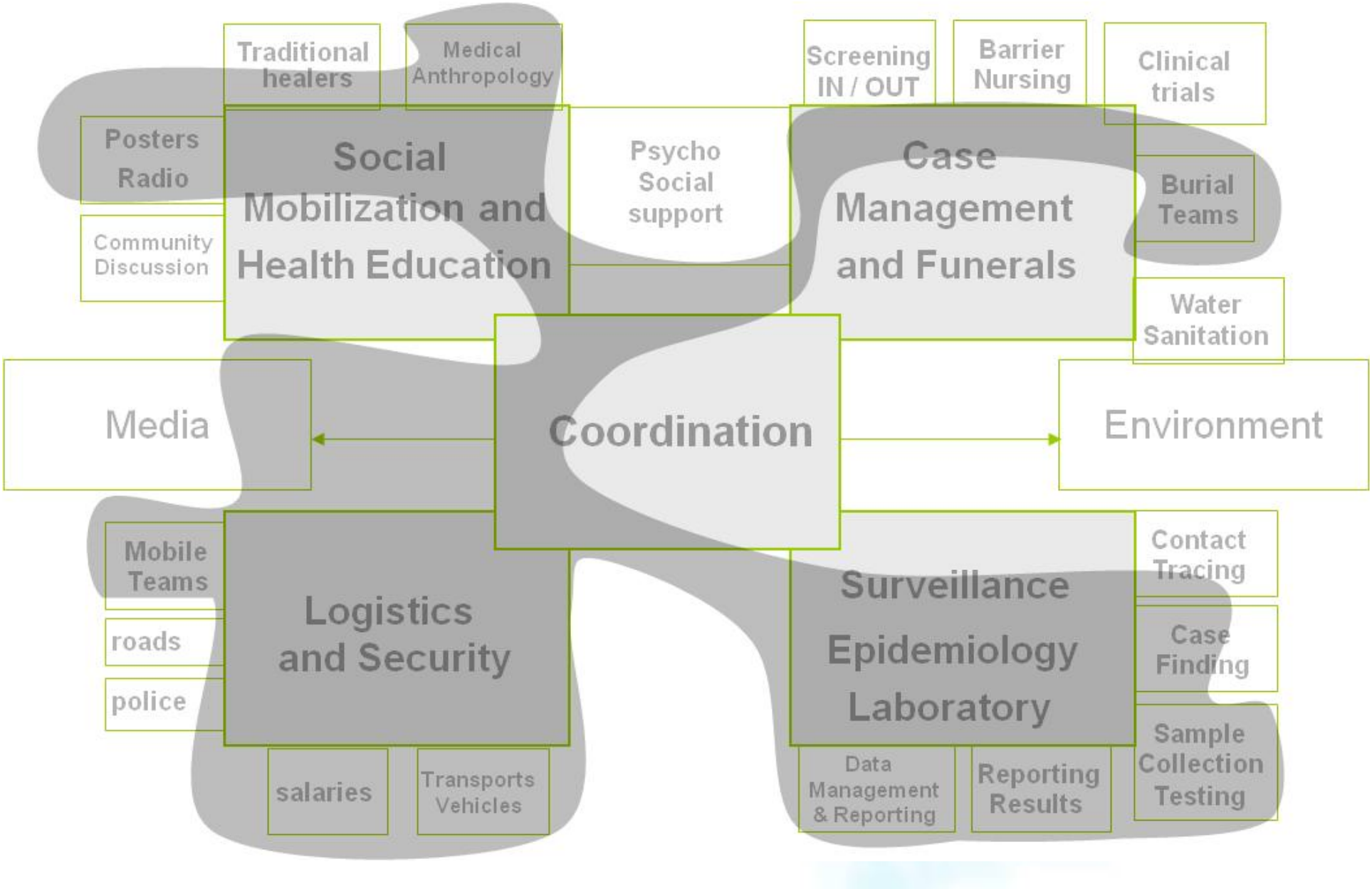
* Excludes pandemic (H1N1) virus 2009 events.
** China: number includes acute public health events in the special administrative regions of Hong Kong (30) and Macau (2), and in Taiwan (14).

Data Source: World Health Organization
Map Production: Public Health Information and Geographic Information Systems (GIS)
World Health Organization

World Health Organization


:: WHO Event Information for IHR National Focal Points :: - Windows Internet Explorer
Event Information Site
for IHR National Focal Points
Germany / Haemolytic uraemic syndrome (HUS)
Hazard
Infectious
Places
Not Available
Verification Status
WHO-NFP risk assessment ongoing
Date Information First Received by WHO
2011-05-22
IHR Status
Public Health Risk (PHR)
Laboratory Confirmed
WHO IHR Contact Point
Current Risk Assessment
Serious Public Health Impact
Unusual or Unexpected
International disease spread
Interference with international travel or trade
Risk Assessment Comments
Serious Public Health impact: This outbreak has evolved rapidly since the beginning of May 2011 and has resulted in significant morbidity and some mortality. Germany has reported over 370 cases of HUS and nearly 800 EHEC cases.
Unusual or unexpected: The current outbreak of shiga toxin-producing E. coli (STEC) is unusual as it is affecting adults, mainly women instead of the usual high risk groups of young children and the elderly. Current laboratory results indicate that
Organización Panamericana de la Salud
Organización Mundial de la Salud
HAGA UNA DONACION
Ayude a las víctimas del terremoto en Haití
ALERTAS EPIDEMIOLÓGICAS
Alerta epidemiológica: Brotes de dengue en las Américas (8 de marzo de 2010)
Hasta la fecha de elaboración del informe, los países de la Región notifican un total de 146,006 casos de dengue, de los cuales 2,706 son dengue grave. Se reportan 79 fallecidos con una tasa de letalidad Regional del 2.9%. Este informe incluye secciones con datos y/o mapas sobre Argentina, Brasil, Colombia, El Salvador, Honduras, Paraguay y Puerto Rico, así como indicaciones sobre la gravedad, los serotipos en circulación, las áreas afectadas y las acciones tomadas. El informe también incluye las recomendaciones oficiales para la prevención y el control del dengue.
Alerta epidemiológica: Brotes de dengue en las Américas (8 de marzo de 2010)
Más...
Alerta epidemiológica: Diarreas por Rotavirus (5 marzo 2010)
Actualización Regional Dengue: Programa Regional de Dengue (04 de febrero de 2010)
Actualización Regional Dengue en las Americas (Publicada el 17 de Noviembre de 2009)
MAPA INTERACTIVO DE CASOS DE LA PANDEMIA (H1N1) 2009
MONITOREO DE LA PANDEMIA: MAPAS INTERACTIVOS DE INDICADORES CUALITIATIVOS.
GOARN
Global Outbreak Alert and Response Network
Current Events
Weekly Outbreak Verification List Events (07th March 2007):
CHINA (CN)
PAHO
EURO
HQ
EMRO
EARO
WPRO
AFRO

Field operations framework



Field operations framework

Medical

Psycho Social support

Community Discussion

Water

Mobile Teams

roads

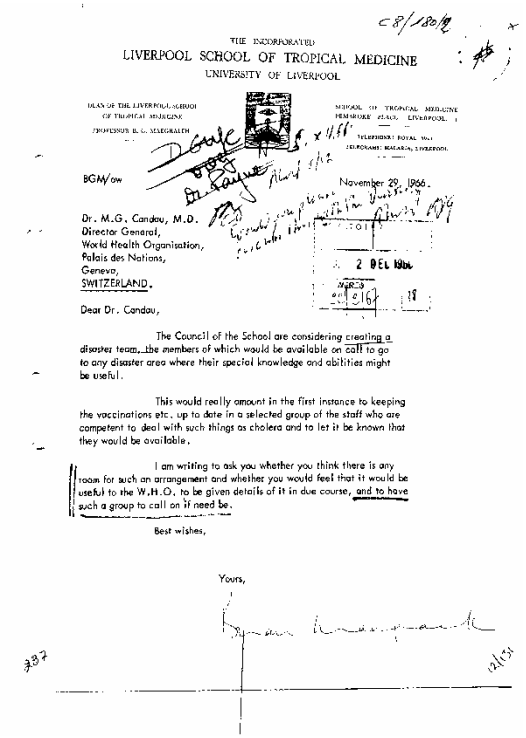
police

salaries

Transports Vehicles

Reporting Results

Sample Collection Testing



THE INCORPORATED
LIVERPOOL SCHOOL OF TROPICAL MEDICINE
UNIVERSITY OF LIVERPOOL

BGM/ow

November 29, 1966.

Dr. M.G. Candau, M.D.
Director General,
World Health Organisation,
Palais des Nations,
Geneva,
SWITZERLAND.

Dear Dr. Candau,

The Council of the School are considering creating a disaster team, the members of which would be available on call to go to any disaster area where their special knowledge and abilities might be useful.

This would really amount in the first instance to keeping the vaccinations etc. up to date in a selected group of the staff who are competent to deal with such things as cholera and to let it be known that they would be available.

I am writing to ask you whether you think there is any room for such an arrangement and whether you would feel that it would be useful to the W.H.O. to be given details of it in due course, and to have such a group to call on if need be.

Best wishes,

Yours,

November 1966

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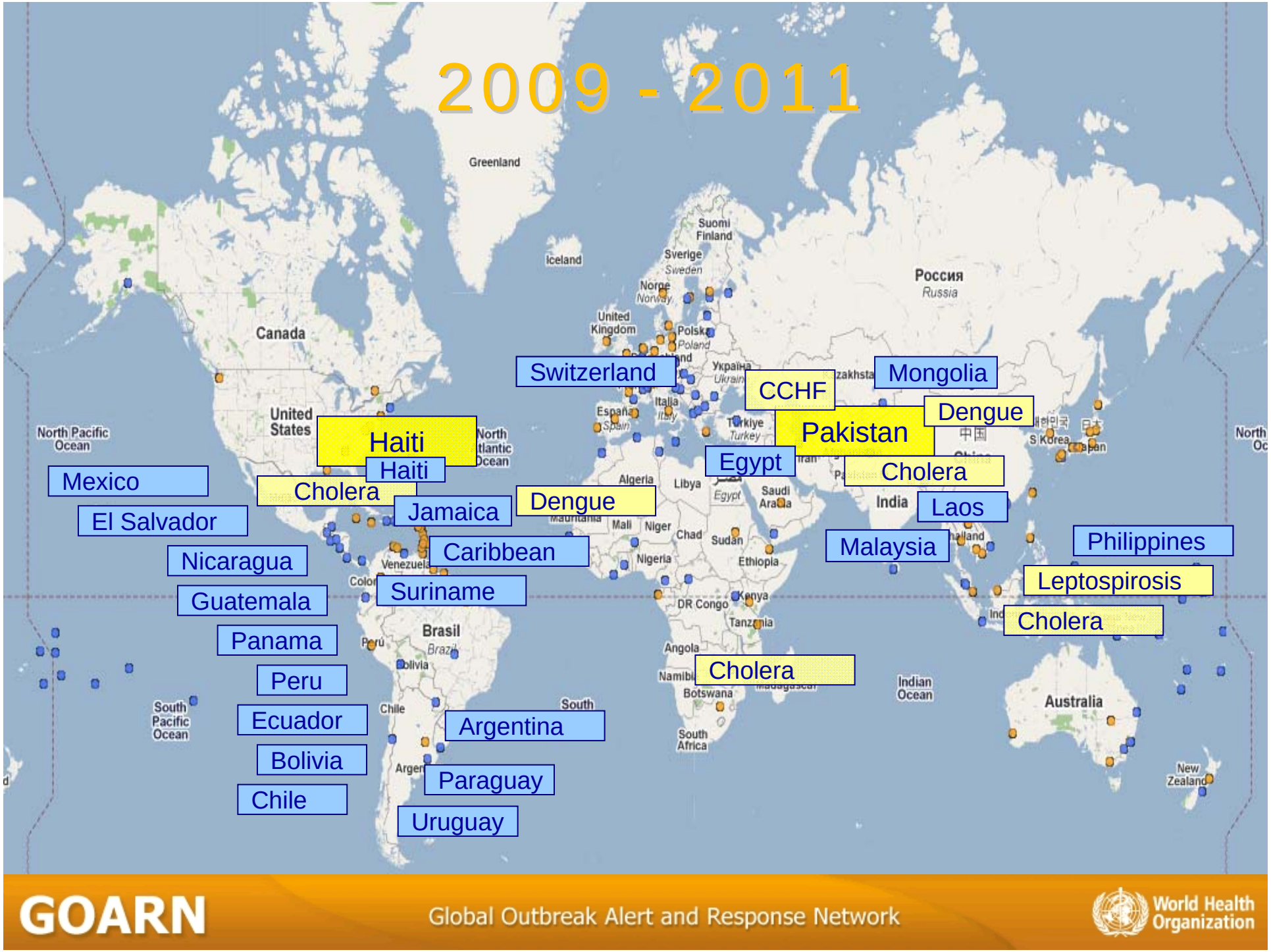
April 2010

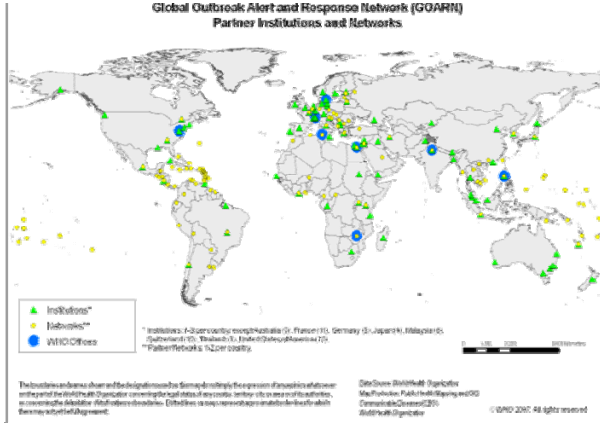
- No single institution has all the capacity!
- Coordinate and supported rapid international team support to countries for outbreak response
- To focus and coordinate global resources - local > regional > global

GLOBAL RESPONSE
GLOBAL ALERT


2009 - 2011
Haiti
Haiti
Cholera
Mexico
El Salvador
Nicaragua
Guatemala
Panama
Peru
Ecuador
Bolivia
Chile
Jamaica
Caribbean
Suriname
Argentina
Paraguay
Uruguay
Switzerland
Dengue
Egypt
CCHF
Pakistan
Cholera
Mongolia
Dengue
Cholera
Laos
Malaysia
Philippines
Leptospirosis
Cholera
Cholera
GOARN
Global Outbreak Alert and Response Network
World Health Organization

Build the Puzzle	Mexico Response	Regional Response
•Gathering intelligence •Risk Assessment •IHR channel •Trilateral agreement •Few people involved	•Complex •Multiple external players: PAHO, WHO, CDC, PHAC, GOARN, Bilateral, Trilateral,….. •Difficult access to key domestic players, •2 approaches: - support MOH and Governement response, - gather / analyze information, field investigations	•Monitor the spread of the disease •Direct technical assistance to prioritized countries and countries with epidemics •Readiness assessment teams versus Rapid Response Teams; •Two rounds in central America May-June / October-December.
April 10th – April 23rd	**April 23rd – Mid May**	**Mid May – December**

New context



- Lessons were learnt

- Greater/Formal Regionalization of "Operations"
  - WHO Global Team, and Global Event Management System
  - Strategic Health Operations Centre and Regional Operations Hubs at Regional Offices, and in priority country offices

Ultimate network
National IHR Focal Points

Needs
- Equitable and appropriate participation in field missions
- Early Alert and Request for Assistance
- Clear Terms of Reference for International Missions
- Clear Terms of Reference for Experts
- Rapid, transparent, consistent decision-making
- Professional administration and contracting
- Dependable field logistics and consistent operational support
- Geographical, linguistic and cultural proximity

Thank you