# **EARLY WARNING AND RESPONSE**

### Why implement EWAR into the public health surveillance system?

▶ IHR (2005) State Parties have committed to detect all events with potential public health risk in a timely manner, and report and respond to them immediately. This required capacity is also known as Early Warning and Response: EWAR

### What are the benefits of EWAR?

- **Earlier detection of acute public health events**
- **Earlier and more effective response**
- Reduced impact on health
- **Fewer resources needed to respond**
- **Greater trust of the population in the health system**
- Respect of the commitments to the IHR (2005)

# What resources are needed for EWAR?

- **HUMAN:** skilled trained human resources
- **ORGANIZATIONAL:** strong coordination, multisectoral collaboration and political commitment
- **FINANCIAL:** specific budget for both investment and recurrent costs
- **EQUIPMENT** including data management system

EWAR IS EMBEDDED IN THE NATIONAL SURVEILLANCE SYSTEM

WHO provides national health authorities, and stakeholders supporting them, with guidance for implementing or enhancing all-hazards EWAR within the national surveillance system.

This guidance should not be seen as a model to implement, but rather as a "toolbox" from which countries can select the most relevant elements to address their own needs.

To download the complete guidance on EWAR, including the guide, "EARLY DETECTION, ASSESSMENT AND RESPONSE TO ACUTE PUBLIC HEALTH EVENTS: Implementation of Early Warning and Response with a focus on Event-Based Surveillance"

www.who.int/ihr/publications/WHO\_HSE\_GCR\_LYO\_2014.4/en/

### For more information

www.who.int/ihr/lyon/surveillance/en/ www.who.int/ihr/en/ E-mail: ihrinfo@who.int



World Health Organization Avenue Appia 20 - CH-1211 Geneva 27, Switzerland

# **ACUTE PUBLIC HEALTH EVENTS**

# **A NEW CONTEXT FOR PUBLIC HEALTH SURVEILLANCE**

# Emergence or re-emergence of international disease threats



**2** Other public health risks: radiological, chemical, etc.



# **3** Faster spread of public health risks

- Increased urbanization
- · Growth in international travel and trade

### 2005. REVISION OF THE INTERNATIONAL HEALTH REGULATIONS

The IHR (2005) are a legal agreement between countries to work together for global health security. The IHR (2005) contain a range of innovations. Among them:

- A scope not limited to any specific disease, but covering any type of event that represents a threat to human health
- · Each State Party has to meet core capacity requirements for surveillance and response





World Health

### DETECTION **OF RAW DATA & INFORMATION**

Sources of information have to go beyond traditional surveillance data generated by the national health system

### SYSTEMATIC AND **REGULAR DATA TRANSMISSION**

- Pre-defined list of structured data for specific diseases or conditions
- Regularly reported (weekly, monthly)
- Including usual surveillance data generated by the national health system

### INDICATOR-BASED SURVEILLANCE (IBS)

Specific and reliable data

**ADDITIONAL** SURVEILLANCE INFORMATION Available through multiple sources (rumours, social community, media, etc.)



- Unstructured information for all types of public health events
- Actively collected

### EVENT-BASED SURVEILLANCE (EBS)

Sensitive and timely information





## MONITORING - EVALUATION - OPTIMIZATION

# a tailored and effective response

# COMMUNICATION

### Communication between partners for effective response

- National contact list with names, phone numbers, fax, e-mail. etc.
- Ad-hoc feedback, weekly newsletters or guarterly bulletins

### **Communication to the public** to inform and increase trust and commitment for cooperation

- Social mobilization
- Media communication



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