

Strengthening national capacities for epidemic preparedness and response in support to national implementation of IHR(2005)

Report of a WHO meeting

Lyon, France
2–5 May 2006

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Acknowledgments

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CIEVS	Strategic Information Centre for Health Surveillance
CSR	Communicable disease surveillance and response
EMS	Electronic management system
EWAR	Early warning and response
FETP	Field Epidemiology Training Program
GPS	Global positioning system
HIV	Human immunodeficiency virus
ICP	IHR Contact Point [in WHO]
IEC	Information, education, communication
IHR(2005)	International Health Regulations (2005) [Resolution WHA58.3]
IT	Information technology
MBDS	Mekong Basin Disease Surveillance
NFP	National Focal Point
NTIC	New technologies for information and communication
PHEIC(s)	Public Health Emergency(ies) of International Concern
SARS	Severe acute respiratory syndrome
SOP	Standard operating procedure
WHA	World Health Assembly
WHO	World Health Organization

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Summary

The WHO Lyon Office for National Epidemic Preparedness and Response organized an International Consultation on "Strengthening National Capacities for Epidemic Preparedness and Response in Support to the National Implementation of the International Health Regulations (2005)" from 2–5 May 2006, in Lyon, France. The general objective of the consultation was to identify the best strategic approaches to improve national capacities for epidemic alert and response in the context of IHR(2005).

The specific objectives were to:

- define the key components and elements of national epidemic preparedness and response in the context of IHR(2005);
- identify needs, strategies and mechanisms for reinforcing national capacities in the context of IHR(2005), with a focus on epidemiological and laboratory capacities for surveillance, preparedness and response to epidemics and other public health risks and emergencies;
- determine the role of WHO and partners in supporting the development, strengthening and maintenance of national capacities for epidemic alert, response, and monitoring and evaluation in the framework of IHR(2005).

The consultation brought together over 100 health professionals from more than 30 countries, including staff from government, nongovernmental and academic institutions, and also staff from WHO headquarters, regional and country offices.

The meeting included presentations: (i) on the history and legal implications of IHR(2005); (ii) from technical experts in infectious disease epidemiology, laboratory support; and, (iii) from country representatives on their local experiences with epidemic disease surveillance and outbreaks.

In addition, participants spent time working in one of four groups to draw up conclusions and recommendations in the areas of: (i) early warning systems; (ii) laboratory support to outbreak detection and investigation; (iii) national response to public health emergencies; and, (iv) coordination and response during public health emergencies.

The general conclusions of the consultation included the consensus that: (i) IHR(2005) implementation should build on existing capacity in national surveillance and response systems and should support an improvement in these national systems; (ii) assessments should precede major investments in strengthening capacity to implement IHR(2005); (iii) technical capacity building must pay attention to cross-cutting issues such as training, communication, coordination, mobilizing relevant resources, and monitoring and evaluation; and, (iv) new technologies for information and communication, laboratory services and epidemiological surveillance should be incorporated as far as possible in implementing IHR(2005).

Many specific technical conclusions and recommendations came from the working groups and included emphasis on the following needs:

1. Both WHO and countries should implement, as soon as possible, an effective communication system between the IHR National Focal Point (NFP) at country level and the WHO IHR Contact Points (ICPs) within WHO for reporting and receiving information about public health emergencies of international concern (PHEIC).

2. Countries should give priority to developing a plan for implementing IHR(2005) which includes at least: (i) development of, or improvements to, routine surveillance systems that will support the early detection of unusual health events; (ii) a system of "rapid response" to investigate and facilitate assessments of suspect events and to initiate measures necessary to contain these threats; and (iii) the organization of a multidisciplinary, multisectoral, and multiministerial mechanism to coordinate national responses to a PHEIC.
3. Countries, with WHO assistance, should work to strengthen technical capacities in critical areas such as: (i) defining the procedures by which potential PHEICs will be identified and formally evaluated; (ii) logistics for supplies that may need to be stockpiled and facilities that may need to be mobilized; (iii) the role and functions of national laboratories in surveillance, detection and identification; and (iv) "surge needs" that may accompany PHEICs.

WHO was asked to direct especial efforts to provide assistance to countries in the implementation of IHR(2005) in the following areas:

1. Elaboration of the process and procedures by which ICP–NFP communications will be organized (e.g. data links; role of headquarters versus regional offices; reporting formats).
2. Assistance to mobilize resources from the international community for IHR(2005) implementation;
3. Development of important training programmes (e.g. for decision-makers and NFPs);
4. Development and dissemination of necessary technical guidelines, SOPs and checklists, especially for the assessment of technical capacities in the area of laboratory capabilities, detection of early warning signals in surveillance systems, and response to PHEICs.

The recommendations from the meeting are summarized thus:

1. Member States should develop a plan for confronting public health emergencies in the context of IHR(2005) that will ensure there are adequate legal authorities in place to address PHEICs (e.g. notification/reporting authority, public health control measures).
2. WHO should designate IHR Contact Points (ICPs) at the earliest possible time and develop guidance on modes and mechanisms of communication.

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