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In 2014 the work of the Global Capacities Alert and Response Department (GCR) — and of many WHO programmes — was dominated by the response to the unprecedented Ebola virus disease outbreak in West Africa.

Working in close collaboration with the Department of Pandemic and Epidemic Diseases, who provided technical expertise, and the Emergency Risk and Crisis Management, who provided overall operations for crisis management, GCR supported response operations in collaboration with the UN Mission for Ebola Emergency Response (UNMEER), guidance on Ebola case management at ports, airports and grounds crossings and recommendations on international travel and transport, support to laboratory diagnostics and developed a comprehensive package of pre-deployment trainings.

A few figures illustrate the magnitude of the challenges posed by the Ebola outbreak (These figures are highlighted throughout this report in blue).

In 2014, 1.2 million sets of personal protective equipment (PPE) delivered to Guinea, Liberia and Sierra Leone.

2083 hours of coordination and response meetings facilitated by the WHO Strategic Health Operations Centre.

In addition to Ebola Virus Disease (EVD) operational support and guidance, a special unit was set up to scale up preparedness in countries at risk of EVD in West Africa. Between September and December, GCR deployed international preparedness strengthening teams to 14 countries to help them plan preparedness activities. The capacities that have been scaled up will be maintained to address all potential health risks following the IHR all-hazards approach.

While public attention was riveted on the Ebola response, WHO continued to monitor more than 300 public health events during the year, and posted over 400 updates and announcements on the IHR Event Information Site in relation to 79 public health events. Middle East Respiratory Syndrome Coronavirus (MERS-CoV), influenza A(H7N9) and influenza A(H5N1), which required constant monitoring and provision of technical expertise to support specific countries.

Support to countries in attaining the core capacities required under the International Health Regulations (2005) remained a top priority. Recognizing that many countries are still struggling towards attaining the minimum capacities, significant efforts have been made to bridge the gaps, through the development of educational materials, guidelines and tools to facilitate the implementation of the International Health Regulations (2005) across sectors, including online tutorials for national International Health Regulations focal points; guidance documents on implementation of an early warning and response system with a focus on event-based surveillance; web-based Laboratory Quality Stepwise Implementation tool, operational frameworks to facilitate collaboration at the interface between human and animal health sectors.

In its role as IHR Secretariat, GCR convened 9 IHR Emergency Committees for MERS-CoV, Polio and Ebola virus disease. In addition, an IHR Review Committee was convened at WHO headquarters in Geneva from 13-14 November 2014 to address how to better support countries in attaining the core capacities required under International Health Regulations (2005) and maintain these over the long term.

GCR is comprised of two technical units. One unit is based in Geneva and ensures the continuous surveillance of infectious diseases and public health events, and coordinates international response operations for major outbreaks. The second unit, located in Lyon, has the mission to provide guidance and support to countries for these to have more effective national public health systems. This unit is directly involved in the implementation of the International Health Regulations, the foundation for strengthening global health security.

This report presents highlights of the GCR department in 2014.
“The outbreak of Ebola virus disease in parts of West Africa is the largest, longest, most severe, and most complex in the nearly four-decade history of this disease. (…) Ebola is a tragedy that has taught the world, including WHO, many lessons, also about how to prevent similar events in the future.”

Dr Margaret Chan, Director-General, WHO
WHO’s work in coordinating IHR is led by the Department of Global Capacities, Alert and Response (GCR). GCR’s dual mandate is to protect health security by:

1. Helping countries build strong national public health capacities, so they can rapidly identify and investigate public health events, share information and implement public health control measures.

2. Maintaining an international system to continuously assess global context of public health risks and coordinate a rapid response to unexpected, internationally-spreading events.
International Health Regulations: Support to global outbreak alert and response, and building and maintaining national capacities
When a significant public health event takes place, WHO’s comprehensive global alert and response system ensures that information is available and response operations are coordinated effectively.

In 2014, despite the strain placed on GCR resources with the virulent, protracted Ebola virus disease outbreak in West Africa, the department continued to ensure support to countries for emergency risk management and response. Reports to WHO of Middle East respiratory syndrome coronavirus (MERS-CoV) in Saudi Arabia, human infection with avian influenza A(H7N9) virus in China, Marburg virus disease in Uganda, polio in Equatorial Guinea, to Cholera in South Sudan – to site only 5 examples – continued throughout the year.

These events were assessed, verified and communications with all regional, country and technical counterparts was maintained. Information for technical partners was shared via the Event Information Management System (EIS) and the public at large through Disease Outbreak News.

The key focus of GCR has been to support – and continue to support – the ongoing EVD epidemic. As of early 2014, the department deployed logisticians to Guinea, Liberia and Sierra Leone, ensuring safe burials, facilitating community engagement, coordinating global stockpiling of outbreak emergency items such as personal protective equipment. The Strategic Health Operations Centre continued to support surveillance, risk assessment and communications 24/7 as well as providing support to regional emergency operations centres. In its role as Secretariat of the Global Outbreak Alert and Response Network (GOARN), GCR deployed hundreds of experts to West Africa and maintained the annual GOARN stakeholders meeting in December 2014 to define strategies to reinforce its delivery of international assistance.
Providing outbreak response support to countries is a core commitment of WHO. To maintain capacity in this area, the GCR alert and response unit is comprised of four teams:

1. **GLOBAL SURVEILLANCE AND RISK ASSESSMENT (RAS)**

   Every year an increasing number of emergency events are recorded, affecting approximately 270 million people. Such events have significant effects on human health, on health infrastructure and on the delivery of health care services. Most countries experience a major emergency every five years. In addition, many countries suffer from protracted emergencies, which lead to poor health of individuals and the crippling of health systems in the long term.

   WHO provides support to countries for implementing multi-hazard emergency risk management, using a multisectoral approach. Although national authorities, not external bodies, are responsible for emergency risk management including emergency response, it is the role of WHO and other parts of the United Nations system to help them to build the required capacities to deal with the broad scope of emergency work.

   In 2014, despite the needs of staff and all resources required to support the Ebola virus disease response, 254 public health events were detected, verified and assessed by the WHO event-based surveillance and risk assessment system team. The team ensured timely and accurate information about these events to the international community and via the Event Information Site (EIS), and the Disease Outbreak News. GCR continued to provide effective information to support national and international response.

2. **GLOBAL OUTBREAK ALERT AND RESPONSE NETWORK (GOARN)**

   During outbreaks, the Global Outbreak Alert and Response Network (GOARN) ensures that the right technical expertise and skills are on the ground where and when they are needed most.

   GOARN is a collaboration of existing institutions and networks, constantly on alert and ready to respond. The network pools human and technical resources for rapid identification, confirmation and response to outbreaks of international importance. GOARN provides a global operational framework linking a broad range of public health capacities and expertise to keep the international community alert to the threat of outbreaks, and ready to coordinate support to countries and effectively deploy emergency response teams.

   As the Secretariat of GOARN, WHO/GCR coordinates international outbreak response using resources from the Network. A multidisciplinary technical collaboration of over 200 technical institutions and networks, GOARN works with over 600 partners worldwide, including
   - national public health institutions and hospitals;
   - ministries of health;
   - academic and research institutions;
   - technical institutions and networks, such as laboratories, surveillance initiatives and research agencies;
   - United Nations and international organizations;
   - nongovernmental organizations.

   In 2014, GCR facilitated the deployment of over 500 multisectoral experts from GOARN to Ebola-affected countries in West Africa and maintained the annual GOARN stakeholders’ meeting in December to decide strategies to reinforce its delivery of international assistance. The report of this meeting will be released in the first quarter of 2015.
To facilitate international cooperation during public health crises, WHO, together with Member States and partner organizations, set up EOC-NET, a global network of emergency operations centres and professionals. WHO’s Strategic Health Operations Centre (SHOC) is at the heart of this network. SHOC is a flexible operational platform for information sharing and response coordination to public health risks of potential international concern. By leveraging state-of-the-art technologies, SHOC supports Member States in their field activities.

Beyond response operations, SHOC is involved in identifying and tracking resources and appraising public health threats. In addition, it participates in global preparedness activities and provides technical advice for the establishment, management and assessment of emergency operations structures.

Public health logistics are an essential part of technical assistance during a public health emergency and cover a variety of functions including the maintenance and distribution of stockpiles; handling and managing the transport of infectious substances for laboratory testing; and coordinating operations during outbreaks.

WHO provides logistics support at the field level in humanitarian crises and during epidemics or pandemics, supporting countries through International Health Regulations (IHR).

WHO, through its logistics team, supports Member States in emergency field activities by
• coordinating the response supply chain;
• implementing infection control measures;
• transporting infectious substances for laboratory testing;
• establishing network communication systems and base camps; and,
• procuring and training human resources for logisticians.

In 2014, 1.2 million sets of personal protective equipment delivered to West Africa.
50 logisticians were in the field during the Ebola Virus Disease outbreak.
International Health Regulations: Support to global outbreak alert and response, and building and maintaining national capacities
WHO’s support focuses on the priority needs identified by the WHO Regional and Country Offices, in order to help each country meet its IHR commitment.

Given the rapidly evolving EVD situation in the second half of 2014, WHO set up a special unit on EVD preparedness targeting countries in West Africa at risk of EVD. The team developed a checklist that aims to assist countries to assess and test their level of readiness, and be used as a tool for identifying concrete actions to be taken by countries and identifying potential gaps. It outlines 11 key components and tasks for both countries and the international community that should be completed within 30, 60 and 90 days, respectively, from the date of assessment.

From September to December, international teams were deployed to 14 countries in West Africa at risk of EVD to help these countries strengthen or plan preparedness so that should a case of EVD be introduced into their countries - the virus could be contained and therefore avoid the development of a large outbreak.

The teams were comprised of national and international partners and networks such as the GOARN, the International Association of National Public Health Institutes and the United States Centers for Disease Control and Prevention (CDC). The teams visited countries to support them in developing operational readiness for EVD to the greatest degree possible.

Mass gatherings are events attended by a sufficient number of people to potentially strain the public health resources of a community, state or nation. The mass gatherings program provides guidance to countries hosting events that will draw unusually high numbers of people.

Mass gatherings can stretch health systems beyond their capacity; however, these events also present opportunities for long lasting positive legacy in the form of strengthened public health systems, • enhanced medical and hospital services, • improved living environment, and increased public health awareness.

Under the International Health Regulations (2005), WHO works with Member States and multiple partner organizations worldwide to develop the necessary policies, measures and instruments for managing the potential public health risks associated with mass gathering events. WHO’s Mass Gathering Group & Networks has partnered with mass gathering organizers for numerous events, including • the Summer and Winter Olympics • the Hajj and World Youth Days • cultural festivals

International travel can pose various risks to health, depending on the characteristics of both the traveller and the travel. Travellers may encounter sudden and significant changes in altitude, humidity, microbes, and temperature, which can result in ill health.

In addition, serious health risks may emerge in areas where accommodation is of poor quality, hygiene and sanitation are inadequate, medical services are not well developed and clean water is unavailable. Finally, travellers are at risk of dying or being injured in road traffic accidents.

Without proper advice and sufficient protection, travellers can expose themselves to all these health risks and bring back infectious agents to their countries of origin. By taking the necessary measures, however, it is possible to minimize those risks.

Under the International Health Regulations (2005), WHO works with Member States and partners to establish and implement the required policies and procedures for managing the potential public health risks associated with the international movement of people and goods.

Adopted by all WHO Member States, the International Health Regulations (2005) define the rights and obligations of countries to report public health events of international concern, including:

• notification to WHO of public health risks;
• rules on health measures for international travellers, trade and transportation;
• requirements for sanitary conditions at ports, airports and ground crossings;
• development of minimum capacities for surveillance, assessment, response and reporting for a broad range of health risks.

Member States need an appropriate legal framework to support and enable the efficient implementation of these regulations. Assessing and potentially revising or adopting new legislation in this context, while important, can be a complex and challenging task. Since the entry into force of the Regulations in 2007, WHO has been supporting Member States in their efforts to ensure the effective implementation of the Regulations into national legislation. Furthermore, WHO has been providing advice and guidance concerning the practical implementation of the Regulations.

Organized in 2014:
• 9 IHR Emergency Committees in 2014
• 1 IHR Review Committee on future of IHR
• and 2 online tutorials for IHR National Focal Points were developed
SUPPORT TO NATIONAL CAPACITIES DEVELOPMENT AND MAINTENANCE

The mission of the Support to IHR Capacity Assessment, Development and Maintenance Unit is to provide guidance and support to countries to have in place more effective national public health systems. It is directly involved in the implementation of the International Health Regulations.

The unit is comprised of five technical teams, of which four are located in the WHO Lyon Office, with one team in Geneva:

- Laboratory Strengthening and Biorisk Management
- Ports, Airports and Ground Crossings
- Support to National Surveillance
- Learning Solutions and Training Support
- Monitoring and Assessment of National Capacities

In 2014, in the context of the protracted Ebola public health crisis, nearly the entirety of the WHO Lyon Office teams were involved in the EVD outbreak response, both in the development of interventions in the affected countries, but also for neighbouring countries deemed at risk. At the start of 2015, the teams continue to be mobilized to strengthen preparedness in all countries at risk, particularly those that share boundaries with areas in which transmission of the disease has been heavy, and those with international means of transport.
SUPPORT TO NATIONAL CAPACITIES DEVELOPMENT AND MAINTENANCE

1 LABORATORY STRENGTHENING AND BIORISK MANAGEMENT

Under the International Health Regulations (2005), countries are required to develop the capacity to identify, investigate and report potential public health emergencies of international concern. An efficient laboratory service is a cornerstone of any country’s capacity to investigate such events.

In many countries, however, laboratory confirmation of infectious diseases continues to be hindered by a lack of investment in several elements of the national laboratory services, such as quality assessment mechanisms, sustainable financing, suitable workforce or biosafety and biosecurity adequate practices.

WHO supports national processes aimed at building laboratory capability for the safe, reliable and timely detection, confirmation and reporting of public health events. WHO assists countries in:
- strengthening national laboratory system policies and strategic plans,
- implementing laboratory quality systems,
- enhancing biosafety and biosecurity,
- increasing domestic testing capacity in range and volume,
- developing highly qualified and well-trained laboratory workforces,
- supporting global, regional and national laboratory networks.

BIORISK MANAGEMENT

Through a range of training services, WHO helps countries to build capacity and expertise to carry out the safe collection and transportation of specimens for laboratory testing, while following appropriate biosafety and biosecurity measures.

This enables countries to meet their biorisk management commitments under IHR.

In 2014, 35 countries received laboratory capacity support work over US $5.5 million

2 PUBLIC HEALTH AT PORTS, AIRPORTS AND GROUND CROSSINGS

While international transport, travel and trade contribute to economic development and welfare of populations, they may also pose public health risks. Today’s high traffic at airports, ports and ground crossings – points of entry – can play a key role in the international spread of diseases through persons, conveyances and goods.

Under the IHR, Member States are requested to maintain effective standing public health measures and response capacity at designated airports, ports and ground crossings, in order to:
- protect the health of travellers and populations;
- keep ports, airports and ground crossings running as well as ships, aircraft and ground transportation travelling in a sanitary condition;
- contain risks at source, respond to emergencies and implement public health recommendations, limiting unnecessary health-based restrictions on international traffic and trade.

In 2014, 600 port health officers accessed WHO’s training courses on points of entry

3 SUPPORT TO NATIONAL SURVEILLANCE

Under the International Health Regulations (2005), adopted by the 58th World Health Assembly, WHO Member States have made a legally binding commitment to detect and communicate events that may constitute a potential public health emergency of international concern.

WHO’s Support to National Surveillance team works closely with WHO regional and country offices as well as with other WHO teams in assessing and supporting the acquisition or strengthening of core capacities for surveillance and response.

The team focuses on the most vulnerable countries and responds to the priorities they have identified.

Strengthening the skills and competencies of public health personnel has been set as a priority for the sustainment of public health surveillance and response at all levels of the health system and for the effective implementation of the IHR.
In order for countries to meet the IHR core capacity requirements, it is critical:

- to increase the mass of professionals who share a common approach to the application of the IHR framework,
- that IHR-specific issues are consistently and sustainably integrated into the existing and future learning programmes of the relevant professionals,
- that countries are empowered to take ownership of learning on IHR issues, adapting approaches and materials based on their respective national contexts.

WHO is setting-up a comprehensive approach to learning on “Health Security under the IHR framework” geared at both individual and institutional levels. This approach relies on a “virtual learning environment” providing Member States with methods and tools that can be used in preparing current and upcoming generations of public health leaders and professionals across a variety of sectors.

In 2014, 980 multisectoral professionals joined WHO’s Health Security Learning Platform

Launch of Health Security Learning Platform: https://extranet.who.int/hslp/training/

MONITORING AND ASSESSMENT OF NATIONAL CAPACITIES

IHR implementation is a long-term process that calls for countries to:

- develop and strengthen specific national public health capacities;
- identify priority areas for action;
- develop national IHR implementation plans;
- maintain these capacities and continue to build on and strengthen them as needed over time.

Countries are requested to report annually to the World Health Assembly on their capacities. Working in close collaboration with its six Regional Offices, WHO helps countries to review and monitor progress and to develop their national IHR implementation action plans.

GLOBAL HEALTH OBSERVATORY

With the coming into force of the International Health Regulations (2005), States Parties are required to assess core alert and response capacities, to develop a plan of action for implementing the revised IHR, and to monitor and evaluate progress towards achieving these capacities.

In 2014, 79% of IHR States Parties reported on the implementation of the IHR

The initial deadline set in the IHR for countries to have in place national core capacities ensuring public health surveillance and response was 15 June 2012. A total of 118 States Parties requested and received a two-year extension with a plan to meet core capacity requirements by 2014.

Seventy-one countries could not meet the 2014 deadline and requested a second extension until June 2016 for achieving IHR core capacities. There is an increasing demand for guidance and support to fill identified gaps and monitor progress in meeting IHR core capacity requirements.

WHO is working with its regional offices, national focal points (NFPs), and partner organizations to provide States Parties with the appropriate support to help them meet the minimum standards for public health preparedness. In addition, WHO is working on strategies for monitoring the maintenance and functionality of IHR capacities beyond 2016.
17 April 2014 marked the end of the WHO-OIE (World Organisation for Animal Health) project, financed by the World Bank and the European Commission Avian and Human Influenza Trust Fund. The objectives of the project were to join the benefits of the WHO IHR Monitoring Framework and the OIE Performance of Veterinary Services (PVS) Pathway to enable countries to carry out detailed assessments of their existing national capacities, identify bridges and gaps in human and animal health coordination and support countries in developing national strategies for capacity building in the human and animal health sectors. This initiative contributes to the implementation of the Tripartite (WHO, OIE, FAO) Agreement introduced in 2010.

The FAO-OIE-WHO Collaboration: Tripartite Concept Note Sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystems interface:

Under the scope of this project, OIE, jointly with WHO has published a guide for national human health and animal health authorities, “WHO-OIE Operational Framework for Governance at the Human-animal Interface: Bridging WHO and OIE tools for the assessment of national capacities”, available at:

International Health Regulations: Support to global outbreak alert and response, and building and maintaining national capacities
PUBLICATIONS, TRAINING AND REFERENCE TOOLS
EBOLA VIRUS DISEASE: GUIDANCE AND TOOLS SPECIFICALLY TAILORED TO EVD MANAGEMENT

LABORATORY


PORTS, AIRPORTS AND GROUND CROSSINGS

- WHO Interim guidance for Ebola event management at points of entry (September 2014): targets National IHR Focal Points (NFP), public health authorities at points of entry, PoE operators, conveyance operators, aircraft and ship crew members and other stakeholders involved in the management of public health events. The aim is to provide early detection of potentially infected persons; to assist in implementing WHO recommendations related to Ebola management; and to prevent the international spread of the disease while allowing PoE authorities to avoid unnecessary restrictions and delays.


- Travel and transport risk assessment: guidance for public health authorities and the transport sector (September 2014): includes background information on Ebola virus disease, Ebola emergency committee recommendations, risks for different groups, and information for travellers from and to affected countries.


- Ebola: points of entry online training toolkits: provides guidance to countries to strengthen their knowledge and abilities on initial risk assessment and management of Ebola events, in preparation of entry / exit screening if warranted to be part of national preparedness and response planning, at ports, airports and ground crossings, following a multisectoral approach. Upon completion of these courses, participants are also better able to indicate critical steps and actions to cope with Ebola at points of entry. https://extranet.who.int/hslp/training/course/index.php?categoryid=28
  - Ebola Event Management at Points of Entry, Available in English, French and Portuguese
  - Ebola - Exit Screening at Ports, Airports and Land Crossings (English)
  - Ebola - Entry Screening at Ports, Airports and Land Crossings (English)

- Exit screening at airports, ports and land crossings: Interim guidance for Ebola virus disease (November 2014): intended for use in countries with Ebola transmission. It may also be used as a reference and as a planning tool for all countries.


- Entry screening for Ebola at airports, ports and land crossings: Technical note for preparedness planning (1 December 2014): provides recommendations for planning entry screening at Points of Entry (PoE). It was developed in collaboration with the US Centers for Disease Control and Prevention, the International Civil Aviation Organization and the International Air Transport Association. It includes: Planning for entry screening, overview of entry screening operations, data management, sample checklists, template declaration and other forms.


PREPAREDNESS

- Consolidated Ebola virus disease preparedness checklist. Aims to assist countries assess and test their level of readiness, and be used as a tool for identifying concrete actions to be taken by countries and identifying potential gaps. It outlines 11 key components and tasks for both countries and the international community that should be completed within 30, 60 and 90 days, respectively, from the date of assessment. This checklist has been revised based on feedback from multi-partner Preparedness Strengthening missions, by various national and international institutions, including WHO, CDC and UN OCHA.


- Preparedness: country visit reports. From September to December 2014, WHO deployed international preparedness strengthening teams to help unaffected countries strengthen or plan preparedness. The teams were national and international partners and networks such as the Global Outbreak Alert and Response Network, the International Association of National Public Health Institutes and the United States Centers for Disease Control and Prevention (CDC). The teams visit countries to support them in developing operational readiness for EVD to the greatest degree possible.

http://apps.who.int/ebola/our-work/preparedness/country-visit-reports

LEARNING SOLUTIONS AND TRAINING

- PROTECT – Basic occupational health and safety pre-deployment training. A requirement for any staff deployed to West Africa in support of the EVD response – to infection prevention and control training packages, to training for health authorities and other relevant staff at ports, airports and ground crossings. The topics covered range from EVD infection prevention and control to training for health authorities and other relevant staff at ports, airports and ground crossings.

TRAINING PACKAGES AVAILABLE AT: https://extranet.who.int/hslp/training/
PUBLICATIONS AND REFERENCE TOOLS

LABORATORY

Health laboratory strengthening: Laboratory Quality Stepwise Implementation tool (LQSI)

Strengthening laboratory services and systems is essential for universal access to high quality laboratory diagnostic services. This web-based tool provides a stepwise plan to guide medical laboratories towards implementing a quality management system in accordance with the requirements of ISO 15189. It was developed in collaboration with the Royal Tropical Institute from the Netherlands.

Laboratory Testing for Middle East Respiratory Syndrome Coronavirus: Interim recommendations (revised), September 2014

This document provides interim recommendations to laboratories and stakeholders involved in laboratory testing for Middle East respiratory syndrome coronavirus (MERS-CoV). The first version of these recommendations was published in December 2012 and since then the understanding of the virus and the disease it causes in humans and animals has increased significantly. The recommendations were updated in September 2013 to incorporate new information on diagnostic assays. In June 2014 WHO hosted an international meeting of laboratory experts in Lyon, France to present the latest information on laboratory testing for MERS-CoV and to use this information to review the interim recommendations. This version of the laboratory testing recommendations is the result of those discussions. It is available for downloading:

www.who.int/lyon/his_losgi/en/

TRAVEL AND TRANSPORT

Health conditions for travelers to Saudi Arabia for the pilgrimage to Mecca (Hajj)

The requirements and recommendations of the Ministry of Health of Saudi Arabia for the Hajj and Umra seasons in 2014 have been published in the WHO Weekly Epidemiological Record:

www.who.int/wer/2014/wer6832_33/en/

SURVEILLANCE

Early detection, assessment and response to acute public health events: Implementation of Early Warning and Response with a focus on Event-Based Surveillance

This document seeks to provide national health authorities, and stakeholders supporting them, with guidance for implementing or enhancing all-hazards early warning and response mechanisms within national surveillance systems. It aims to provide direction regarding the implementation of surveillance capacities, especially event-based surveillance, in order to detect and to respond rapidly to all acute health events and risks from any origin.

Available in English, French and Russian.


Coordinated public health surveillance between points of entry and national health surveillance systems: Advising principles

The purpose of this document is to support competent authorities in charge of IHR implementation to improve national capacities for the prevention, detection and control of events, by strengthening communications and coordination between points of entry and the national health surveillance system provides steps for implementing/strengthening communication mechanisms and defines criteria for deciding what and how events should be reported between points of entry and the national health surveillance system.

Launch of Global Health Security Learning Platform

Building on the IHR training site with training targeting NFPs, WHO staff in the regional and country offices and others professional responsible for IHR implementation, 2014 saw the launch of the Health Security Learning Platform, which continues to develop IHR specific packages, such as Ship sanitation inspection and issuance of ship sanitation certificates learning programme, but has broadened its scope beyond IHR to encompass health security. The site also includes EVD-specific training packages covering a broad range of topics, from basic occupational health and safety pre-deployment training, to infection prevention and control, to packages specifically designed to manage EVD at ports, airports and ground crossings.

https://extranet.who.int/help/training/

IHR MONITORING

Launch of IHR theme page on the WHO Global Health Observatory

In May 2014, GCR launched the IHR Monitoring Framework theme page on the Global Health Observatory, the WHO portal that provides data and analyses on global health priorities. The objective is to make information about IHR implementation in countries accessible to a wider audience. The IHR core capacity scores are now shared by capacity by country, downloadable as data tables, charts and maps.

www.who.int/ihr/ports_airports/ru/

HUMAN-ANIMAL INTERFACE

WHO-OIE Operational Framework for Governance at the Human-animal Interface: Bridging WHO and OIE tools for the assessment of national capacities

The WHO and the World Organization for Animal Health (OIE) have developed frameworks to help their Member States assess the capacities in respectively the human and animal health sectors and identify gaps to comply with both the IHR (2005) requirements and the OIE standards. Taking advantage of the experience in overseeing implementation of the IHR (2005) and the OIE’s Performance of Veterinary Services (PVS) programme, they have jointly published the Operational Framework, which uses their outcomes and outputs in a structured methodology enabling the identification of synergies and opportunities for intersectoral collaboration.

www.who.int/gho/ihr/en/
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<th>ACRONYMS</th>
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<tr>
<td>AFRO</td>
<td>WHO Regional Office for Africa</td>
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<td>AMRO/PAHO</td>
<td>WHO Regional Office for the Americas</td>
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<td>CDC</td>
<td>United States Centers for Disease Control and Prevention</td>
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<td>CLSI</td>
<td>Clinical &amp; Laboratory Standards Institute</td>
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<td>EIS</td>
<td>Event Information Site</td>
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<td>WHO Regional Office for the Eastern Mediterranean</td>
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<td>EQA</td>
<td>External Quality Assessment</td>
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<td>IDSR</td>
<td>Integrated Disease Surveillance and Response</td>
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<td>PAGNet</td>
<td>Public Health and Ports, Airports and Ground Crossings Network</td>
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<td>PHEIC</td>
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<td>PVS</td>
<td>Performance of Veterinary Services</td>
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<td>QMS</td>
<td>Quality Management System</td>
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<td>Ship Sanitation Certificate</td>
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