



WORLD HEALTH ORGANIZATION

**INTERGOVERNMENTAL WORKING
GROUP ON REVISION OF THE
INTERNATIONAL HEALTH REGULATIONS**

Second session

Provisional agenda item 2

A/IHR/IGWG/2/INF.DOC./1

27 January 2005

Review and approval of proposed amendments to the International Health Regulations

Alert and response operations

Report by the Secretariat

1. The Intergovernmental Working Group on Revision of the International Health Regulations, at its first session in November 2004, requested a document with information on WHO's alert and response operations, which will play an important role in the implementation of the Regulations. The request was made in the light of discussions in subgroup A on Part II of the draft revised Regulations contained in document A/IHR/IGWG/3.

MANDATE

2. Under Article 2 of the Constitution, the functions of WHO include "to act as the directing and coordinating authority on international health work" and "to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments". Numerous Health Assembly resolutions have reinforced this mandate. In 1995, resolution WHA48.13 requested the Director-General inter alia "to draw up plans for improved national, regional and international surveillance of infectious diseases and their causative agents, including accurate laboratory diagnosis and prompt dissemination of case definition, and surveillance information" and "to establish strategies enabling rapid national and international action to investigate and to combat infectious disease outbreaks and epidemics".¹ The Health Assembly supported the resulting mechanisms for epidemic alert and response in 2001 by resolution WHA54.14, which further requested the Director-General inter alia "to devise relevant international tools, and to provide technical support to Member States for developing or strengthening preparedness and response activities against risks posed by biological agents" and "to make available relevant information on public health risks to Member States, relevant intergovernmental organizations and technical partners".

¹ The Forty-eighth World Health Assembly, in resolution WHA48.7, also requested the Director-General "to take steps to prepare a revision of the International Health Regulations ...".

3. These mechanisms were severely tested by the global severe acute respiratory syndrome (SARS) outbreak of 2003. Resolution WHA56.28 on revision of the International Health Regulations acknowledged “the close links between the Regulations and WHO’s outbreak alert and response activities, which have identified the principal challenges to be met in revising the Regulations” and “the inadequacy of the current Regulations, and the urgent need for WHO and its international partners to undertake specific actions not addressed by the Regulations”. In this context, the Health Assembly underlined the key importance of these alert and response functions, and requested the Director-General:

“(1) to take into account reports from sources other than official notifications, and to validate those reports according to established epidemiological principles;

(2) to alert, when necessary and after informing the government concerned, the international community, on the basis of criteria and procedures jointly developed with Member States, to the presence of a public health threat that may constitute a serious threat to neighbouring countries or to international health; and

(3) to collaborate with national authorities in assessing the severity of the threat and the adequacy of control measures ...”.

COLLECTION OF PUBLIC HEALTH INFORMATION

4. The earliest indications of potential outbreaks come from several sources, including Member States, regional and country offices, WHO collaborating centres, United Nations agencies, nongovernmental organizations, electronic discussion groups, media reports, and a very small number of individual communications. The largest initial source of information is the global news media, which, through accessible electronic databases, can be efficiently monitored by information technology tools on a daily basis. Accordingly, this information from news sources is already in the public domain.

SELECTING REPORTS FOR VERIFICATION

5. Since 2001, WHO has received more than 20 000 reports of disease outbreak events. These equate to about 5000 reports per year or about 100 per week. WHO screens out more than 90% of these reports as either not significant from an international public health perspective or not credible. The reports excluded are not subject to further action by WHO, unless (and until) additional information may indicate that they merit further review.

6. In selecting reports for verification with Member States, the five following criteria are used; their application depends on a detailed understanding of the relevant diseases and syndromes, and the context in which the event arises.

- (1) unknown or unusual illness;
- (2) serious health impact or unexpectedly high mortality or morbidity;
- (3) risk of international disease spread;

- (4) risk of interference with international travel or trade;
- (5) need for international assistance to assess the event or to implement adequate control measures.

Although some diseases or syndromes will almost always be regarded as having important consequences for international public health, others may or may not be so regarded, depending on the circumstances in which they occur.

7. Of about 20 000 events reviewed by WHO since 2001, 1336 (i.e. less than 10%), were selected for follow-up and verification by Member States, amounting to about 330 verification requests per year for the world as a whole.¹

VERIFICATION BY MEMBER STATES

8. For the limited number of reports that pass the screening process, the Secretariat then contacts the Member State concerned in order to obtain verification of the event, sharing the content of the report with the Member State and asking for information about the event described in the report and any control measures undertaken. In this process, the Secretariat works in concert with the Member State in assessing the report and other relevant information; as necessary, both parties may continue to review the event against the above criteria.

9. Of the 1336 events selected for verification by Member States in the four years since 2001, 870 (approximately two thirds, or about 220 per year) were verified by the State as involving actual public health events of some type. Unverified events include instances in which WHO received reports that proved to be unfounded, as well as those where no information was received from the Member State. It is expected that the revised International Health Regulations will enhance communications between the Secretariat and Member States with regard to verification.

PUBLIC HEALTH RESPONSE

10. As part of the verification process, the Secretariat may offer technical support to the Member State's assessment and (where necessary) response efforts. Where the Member State wishes to receive support in evaluating and/or responding to the event, the Secretariat has developed response assistance mechanisms at the country, regional and headquarters levels.

11. In practical terms, the Secretariat may supply technical support in the form of advice, guidelines, materials, medicines and assistance in arranging for, or coordination of, international public health response. When necessary, it can call on the technical expertise of more than 120 partner institutions worldwide in the Global Outbreak Alert and Response Network. Since 2000, this mechanism has mobilized international responses to 32 events in 28 countries.

¹ This average figure is elevated by the many verification requests resulting from the SARS and avian influenza events of 2003-2004.