

FOOD SAFETY CONSULTATIONS

WHO GLOBAL SALM-SURV STRATEGIC PLAN 2006–2010

Report of a meeting
Winnipeg, Canada
14–15 September 2005



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Summary

Foodborne and other infectious enteric diseases are an important cause of morbidity and mortality worldwide. Travel, migration, and distribution of food contribute to the global problem of foodborne diseases. The World Health Organization (WHO) estimates that each year over two million people die from diarrhoeal diseases, many of which are acquired from eating contaminated food. In response to the impact of foodborne and other infectious enteric diseases, WHO, and other collaborators created WHO Global Salm-Surv.

WHO Global Salm-Surv was launched in January 2000 and promotes integrated, laboratory-based surveillance and fosters inter-sectoral collaboration among human health, veterinary, and food-related disciplines, thereby enhancing the capacity of countries to detect, respond, and prevent foodborne and other infectious enteric diseases.

The second WHO Global Salm-Surv Strategic Planning Meeting was held in Winnipeg, Canada on 14-15 September 2005. The outcome of this meeting was the WHO Global Salm-Surv Strategic Plan 2006-2010, which included both a new vision statement and revision of the mission statement, and creation of the following five goals for 2006-2010:

Goal 1: To expand intersectoral partnerships

Goal 2: To measure and describe the impact of WHO Global Salm-Surv Activities

Goal 3: To establish and strengthen WHO Global Salm-Surv Regional Centers

Goal 4: To strengthen national capacities of foodborne and other infectious enteric disease detection and response

Goal 5: To promote interventions which reduce foodborne and other enteric diseases

Preamble

A five year WHO Global Salm-Surv Strategic Planning Meeting was held at the Public Health Agency of Canada in Winnipeg, Canada, from 14-15 September 2005. Twenty-four scientific experts from ten institutions participated in the meeting (Appendix A). The intended purpose of the meeting was to guide the next five years.

Opening remarks were given by Dr Frank Plummer, of the Public Health Agency of Canada, followed by remarks by Dr Peter Braam, on behalf of the World Health Organization. Dr Christopher Stallard was appointed Chair and moderator of the Meeting, with Dr John Threllfall and Ms Stephanie Delong acting as Rapporteur.

Background

The World Health Organization (WHO) estimates that each year over two million people die from diarrhoeal diseases, many of which are acquired from eating contaminated food. In response to the impact of foodborne and other infectious enteric diseases, WHO, in collaboration with other partners created WHO Global Salm-Surv. WHO Global Salm-Surv promotes integrated, laboratory-based surveillance and fosters inter-sectoral collaboration among human health, veterinary, and food-related disciplines, thereby enhancing the capacity of countries to detect, respond, and prevent foodborne and other infectious enteric diseases. (The WHO Global Salm-Surv Strategy Plan: 2001-2005 - WHO/CDS/CSR/EPH/2001.4)

Mission Statement 2001-2005

By initially focusing on *Salmonella*, WHO Global Salm-Surv strives to reduce the global burden of foodborne disease by strengthening national and regional foodborne disease and pathogen surveillance and response systems. As part of this mission, WHO Global Salm-Surv fosters collaboration among microbiologists and epidemiologists in national institutions working with foodborne diseases and pathogens including human health, veterinary and food-related disciplines. When national and regional surveillance systems have matured, their data can be used to assist evidence-based decisions.

Goals 2001-2005

- To **strengthen capacities** of national institutions, particularly national reference laboratories, involved in foodborne disease and pathogen surveillance, including antimicrobial resistance testing.
- To **establish regional centers**.
- To **foster global communication** about foodborne disease and pathogen surveillance, including antimicrobial resistance.
- To **gain political support** and recognition of the role of surveillance in reducing the burden of foodborne disease.

The program elements were also developed during the first two years of the program and included:

- International Training Courses
- An External Quality Assurance System
- A Country Databank
- An Electronic Discussion Group
- Reference Testing
- Regional and National Projects

Accomplishments 2000-2005

From 2000-2005, WHO Global Salm-Surv:

1. Conducted 30 International Training Courses. Courses were conducted in South America (3), Central America (3), the Caribbean (3), Middle and Eastern Europe (3), The Russian Federation (3), People's republic of China (3), Brazil (1), Francophone Africa (3), the Eastern Mediterranean (3), and Southeast Asia (4); 628 scientists from 92 nations were trained at these courses. Courses were conducted in Arabic, Chinese, English, French, Portuguese, Russian and Spanish. At these courses, participants were provided with antisera kits and a standardized WHO Global Salm-Surv Laboratory Manual in one of five different languages.
2. Conducted an annual External Quality Assurance System from 2000-2004. Correct serotyping results were measured through the External Quality Assurance System and increased from 76% to over 80% from 2000 to 2003 among the over 200 participating National Reference Laboratories. Furthermore, up to 93% of the antimicrobial susceptibility testing results were in agreement with expected outcomes.
3. Identified *Salmonella* Enteritidis, *Salmonella* Typhimurium, and *Salmonella* Newport as the most common serotypes among the over one million human and 100,000 non-human *Salmonella* isolates reported to the WHO Global Salm-Surv Country Databank.
4. Disseminated over 170 messages via the WHO Global Salm-Surv Electronic Discussion Group. Through this discussion group, the global laboratory capabilities for *Bacillus anthracis* isolation and identification were determined in response to the 2001 anthrax outbreak in the United States of America.
5. Provided Reference Testing on over 2200 strains.
6. Established numerous surveillance and applied research projects including two Regional Projects and five National Projects (three Burden of Illness Projects and two Enhanced Surveillance Projects).

Report of the meeting

A. Introduction

The Public Health Agency of Canada (PHAC) welcomed the WHO Global Salm-Surv Steering Committee Members to Canada. In his introductory remarks Dr Frank Plummer, Scientific Director General PHAC, stressed that the Public Health Agency of Canada is committed to reducing the incidence and impact of foodborne illnesses nationally and globally. As pathogens do not respect borders international partnerships are essential for reducing the foodborne disease burden. Dr Plummer mentioned that PHAC will continue to collaborate with WHO Global Salm-Surv to foster collaboration among microbiologists and epidemiologists in national institutions working with foodborne pathogens. PHAC will support WHO in building capacity globally to respond to contamination of the food supply. This expertise, as well as a global response plan, will be important in providing surge capacity to respond in case of a widespread event.

This welcome was followed by that of Dr Peter Braam, on behalf of the World Health Organization, Department of Food Safety, Zoonoses and Foodborne Diseases. Dr Braam underlined the importance of WHO's collaboration with PHAC Microbiology Laboratory in Winnipeg and the PHAC Foodborne Infections Division in Guelph. Reference was made to the first 5-year strategic planning meeting of WHO Global Salm-Surv in Copenhagen in 2001 when a very ambitious strategic plan was then developed. To be discussed today is again what the core functions for the next 5 years are, and how the activities should be organized in order to strengthen the capacities at the national institutions in the detection of foodborne outbreaks, in the regions and countries WHO Global Salm-Surv is active in.

B. Goals for the Meeting

Participants set the following goals at the beginning of the meeting:

1. Creation of a Strategic Plan 2006-2010 that defined new goals, measurable objectives, and mechanisms to achieve the objectives, with established follow-up
2. Creation of the Vision Statement for WHO Global Salm-Surv
3. Refinement of the Mission Statement for WHO Global Salm-Surv
4. A clear strategy for resource mobilization and long term sustainability
5. Creation of a new list of potential partners
6. Acknowledgment of the regional situations, how to help the Regional Centers, and Performance Measures

C. Presentations and Discussions

Update on the progress of the WHO Global Salm-Surv Program

Dr Peter Braam provided an update on the progress made during the past six years by WHO Global Salm-Surv. He reviewed the tools used to achieve the strategic goals, discussed the main donor countries and institutions contributing to the program, noted the increase in WHO Global Salm-Surv Members, Steering Committee Partners and the average number of training courses (six annually), and pointed out the increase of the annual budget. Nikki Maxwell, followed this presentation, providing an update on the Progress Report Document, which summarizes WHO Global Salm-Surv activity during 2000-2005.

Highlights from the WHO Global Salm-Surv Denmark Meeting

Dr Danilo Lo Fo Wong presented highlights from the Strategic Meeting for the WHO Global Salm-Surv Regional Centers and Training Sites held from 18-21 April 2005 in Copenhagen.

The objectives of the meeting were as follows:

- Develop terms of reference for Regional Centers and Training Sites
- Develop regional plans of action
- Identify regional projects
- Discuss future training cycles
- Initiate the formal evaluation of WHO Global Salm-Surv

Participants of the meeting included WHO Global Salm-Surv Steering Committee Members (Animal Sciences Group ID Lelystad (ASG), US Centers for Disease Control and Prevention (US CDC), the Danish Institute for Food and Veterinary Research (DFVF), Reseaux International des Instituts Pasteur, the Public Health Agency of Canada (PHAC), OzFoodNet Australia, US Food and Drug Administration (US FDA), and the World Health Organization - Headquarters and WHO Regional Office for Africa (AFRO Office). WHO Global Salm-Surv Regional Centers present at the meeting included Argentina, Mexico, Poland, Thailand, and CAREC. Training Sites present at the meeting included Brazil, Cameroon, St Petersburg, Moscow, Kazakhstan, and China.

The vital role of the Regional Centers/Training Sites and the need for a regional experienced and leading institution in each region was stressed. Terms of Reference for the Steering Committee, Regional Centers and Training Sites were also created or modified. The need for enhanced mentoring of the centers/sites was noted.

Preliminary results from the WHO Global Salm-Surv Program Evaluation

Preliminary Results from the WHO Global Salm-Surv Participant Program Evaluation were presented. Microbiology and Epidemiology Participants at WHO Global Salm-Surv Training Courses were asked to complete a survey in one of five languages, responding to questions about impact of training received. Initial results suggested that training had impact on the skill level of microbiologists and epidemiologists and that these individuals passed on the skills and materials from the courses to others in their places of work. Results also suggested communication was occurring between training course participants and Regional Centers/Training Sites, course trainers, microbiologists and epidemiologists in the region, and microbiologists and epidemiologists within a country.

Challenges and Opportunities, 2006 -2010

Presentations were offered by participants from different institutions discussing anticipated involvement for the upcoming five years. Institutional challenges and opportunities within some of the Steering Committee Organizations were noted.

The DFVF stated institutional concerns about finances, internal competition with other international activities, human resources, and recruitment and retention of staff. US CDC mentioned concern regarding institutional reorganization, the uncertainty of continuing to provide finances, and the challenge of demonstrating impact. PHAC mentioned concerns over prioritization of international activities (competition for funding within PHAC), the ongoing need to clearly demonstrate the impact and benefit of activities to Canada, the potential to have to limit program activities to targeted regions designated by PHAC, and retirements and staff changes within the Enteric Diseases Program. Challenges noted by the Animal Sciences Group include that the government institution changed into a contract research organization, that all hours and travel donated to WHO Global Salm-Surv must deal with a project, and

that funds have to be obtained outside of the institute as the institute will not invest in the program. Enter-net noted its challenges were in its structure-that it was a network, not an institute, with cyclical funding. As a result of being a network, there would be limited ability to send trainers since funding would rely on money from Enter-net institutions.

The participants also cited a number of potential opportunities occurring within their organizations over the next five years. WHO Regional Office for the Americas (WHO-AMRO) stated that Food Safety would be a priority for their region, that the location of their technical group in food safety, and the plan to foster new modalities in technical cooperation-building capacity in national institutions and horizontal cooperation-would be assets. DFVF mentioned a number of European Union collaborations or organizations as potential opportunities. US CDC noted the OIE Collaborative Center for Zoonoses, the Food-security partnership with US FDA and USDA, and continued partnership with TEPHINET, as potential opportunities.

PHAC cited the following as potential opportunities for PHAC to continue or increase its involvement in WHO Global Salm-Surv:

- increased appreciation that Canadian health objectives cannot be achieved without international cooperation and engagement,
- the development of an agency- wide Strategic Framework for International Collaboration,
- an MOU to be signed between PHAC and WHO outlining its participation in WHO Global Salm-Surv,
- new recruits into the Canadian National Microbiology Laboratory,
- keen interest among epidemiology staff,
- integration of programs increasing efficiencies (resulting in more capacity to participate in new activities),
- strong collaborations with other national reference laboratories,
- and improved IT support and tools for communication with other organizations.

ASG noted potential unique opportunities to seek funding, while US FDA noted that a recent External Review-panel had supported international work including WHO Global Salm-Surv. Potential opportunities from Enter-net included: a fully functioning international surveillance network, outputs from the databases for the Country Databank, and a public domain document which can be included directly into WHO Global Salm-Surv.

The institutions also cited a number of programmatic challenges in the next five years. The main challenges noted included funding, human resources, epidemiology participation at courses, regional/global sustainability, political commitment, accessing underserved regions, demonstrating impact, partnerships, governance, surveillance data and outbreak detection and response. Additional programmatic challenges included: establishing national focal points, creating a listserv for outbreak alert, completing Country Databank Data Collection, completing current training cycles and establishing new training cycles at new sites, interacting with food safety managers, applying skills learnt at training courses on projects, increasing developing countries' participation, expansion into antimicrobial resistance monitoring data, helping training sites move to Regional Center Status, and providing antisera to National Reference Laboratories.

A list of programmatic opportunities was made by the participants for the next five years, as well. These included creation of annual Country Databank Reports, demonstrating impact, cataloguing publications and collaborations, determining

laboratory capacities globally, encouraging food safety managers to attend Level III Courses, fostering projects between Steering Committee Members and Country Member Institutions, and encouraging in country policy development.

Demonstrating Impact

Noted as both a challenge and an opportunity, participants stressed the importance of demonstrating the impact that WHO Global Salm-Surv Training had on the national Ministries of Health and National Reference Laboratories. Measuring impact was seen as an important way to assess whether training had been effective, and was noted as an important tool needed for marketing.

Participants felt the following means could be used to help demonstrate impact:

- Data from the WHO Global Salm-Surv Program Evaluation and Progress Report
- Appropriate clinical diagnosis
- Establishing a baseline of epidemiologic and microbiologic skills before and after training
- Recognizing outbreaks owing to skills learned or refined at training courses
- The transition from syndromic to laboratory-based surveillance
- Creation of annual reports
- Documentation of success stories
- Considering how Steering Committee Members measure impact in their own countries
- Teaching countries to measure baselines in their own nations to determine their own impact
- Use of specific intervention control programs that had not been used before

Sustainability of the WHO Global Salm-Surv Program

Sustainability of the WHO Global Salm-Surv Program was discussed. The following terms were said to be associated with sustainability:

- Commitment
- Evolution
- Longevity
- Skills
- Resources
- Human Resources
- Documenting Impact
- Independence
- Feasibility

Longevity was felt to involve political and financial considerations, human resources, a need for central support, and evolution. Resources were seen as money, in kind support, subject matter expertise, reputation (individuals and organizations), brand status, and WHO Global Salm-Surv Members.

The following were felt to be required for sustainability of the program to be achieved:

- Expertise
- Human resources
- Financial resources
- Other resources/systems
- Infrastructure
- Institutional support
- Opportunity
- Capability

Partnerships

One of the greatest challenges and concerns to WHO Global Salm-Surv is funding, and consequently, a portion of the meeting was devoted to discussing partnerships. The participants determined it wanted to expand its intersectoral partnerships in order to increase support and in-kind support, to increase program exposure and visibility, and to increase involvement. Participants felt marketing, specifically, establishing work groups, developing a marketing strategy, creating market tools, as well as recruiting marketing experts, would enable them to solicit new partnerships.

Types of general partnerships were discussed initially, followed by discussions on current partnerships. Types of general partnerships listed included governments, UN/intergovernmental agencies, intergovernmental networks, non-governmental organizations, foundational organizations, non-profit organizations, academia, private organizations, private healthcare, individuals, trade organizations, agribusiness, tourism, the pharmaceutical industry, professional groups, food producers and biotechnology companies. Current partnerships for WHO Global Salm-Surv included governments, UN intergovernmental agencies, non-governmental organizations, intergovernmental networks, academia, private organizations, foundation/non-profit and public organizations, and non-governmental organizations. In particular, it was noted that WHO Global Salm-Surv relies heavily on government agencies and intergovernmental networks.

Marketing

Currently, WHO Global Salm-Surv does not have a marketing strategy. In order to seek new partnerships, a marketing plan should be developed. A Marketing Subcommittee will be created in 2006 for this purpose.

Communication

Participants were asked to evaluate four types of communication that occurred within the program: that between Steering Committee Members themselves, that between Steering Committee Members and Regional Centers/Training Sites, that between Steering Committee Members and WHO Global Salm-Surv Members, and that between Regional Centers and WHO Global Salm-Surv Members. Scores were awarded 1-10, with 1 being the lowest.

The Steering Committee scored communication between Steering Committee Members themselves as an 8, with a range of 6-10. In general, communication was felt to be good between Steering Committee Members.

Communication between Steering Committee Members and the Regional Centers/Training Sites was ranked between 2-8, with most scores being between 2-5. The conclusion from these scores was that communication can improve between Steering Committee Members and Regional Centers/Training Sites.

The Steering Committee scored communication between Steering Committee Members and WHO Global Salm-Surv Members as very low. However, this is acceptable as the Steering Committee Members should not ordinarily be communicating with individual WHO Global Salm-Surv Members. The Regional Centers and Training Sites should be their primary contacts.

A decision was made not to rank communication between Regional Centers and WHO Global Salm-Surv Members, it was felt that this area needed attention.

Governance

Governance of WHO Global Salm-Surv was discussed. Participants felt that governance entailed working groups, leadership, affiliated member boards, roles, democracy, rules, procedures, and standards, organization/structure, management, quality assurance/compliance, communication and strategic planning. When speaking specifically about WHO Global Salm-Surv, participants noted that they were happy with current leadership and program coordination efforts. No changes were suggested.

Name Change Discussion

As WHO Global Salm-Surv has expanded to include infectious enteric diseases in addition to *Salmonella*, it has been suggested that the name for the program, "WHO Global Salm-Surv", be changed to reflect a more accurate view of the program. As a result, the following name suggestions were made:

- WHO Global Enteric Diseases network
- WHO Global *Salmonella* Surveillance
- WHO Enteric Surveillance Program (WHO-ESP)
- WHO Integrated Foodborne Diseases Program
- WHO Global Salm-Surv
- WHO Global Foodborne and Other Enteric Diseases Surveillance Program (WHO GeSS)
- WHO Foodborne and Other Enteric Diseases Network (WHO-GEN)
- WHO Global FoodNet (WHO GFN)
- WHO Global FoodSNet
- WHO Global Foodborne Disease Surveillance Network
- WHO-GSS: A global Foodborne and Other Enteric Disease Surveillance Program
- WHO Foodborne and Other Enteric Diseases Surveillance Program (WHO-FEDS)

Both the names WHO Global Salm-Surv (the current name) and the Global Foodborne and Other Enteric Diseases Surveillance Program (WHO GeSS) were popular. It was felt that maintaining a part of the name, WHO-GSS, was important. Despite these discussions, no decision was made on whether the name of the program would be changed.

D. WHO Global Salm-Surv Strategic Plan 2006-2010

Agreed upon at this meeting, the WHO Global Salm-Surv Strategic Plan includes the Vision Statement, Revised Mission Statement, Terms of Reference, and Goals for WHO Global Salm-Surv in 2006-2010. This plan outlines the direction for WHO Global Salm-Surv in the next five years and will be provided to the WHO Global Salm-Surv Regional Centers and Training Sites, other important stakeholders, and future partners.

Vision

Foodborne and other enteric infectious diseases are a common cause of illness, disability, and death worldwide. We believe they are preventable, and therefore, place an unnecessary burden on society. Our vision is that all countries will prevent and control these diseases.

Mission

To promote integrated, laboratory-based surveillance and foster inter-sectoral collaboration among human health, veterinary, and food-related disciplines, thereby enhancing the capacity of countries to detect, respond, and prevent foodborne and other infectious enteric diseases.

WHO Global Salm-Surv Terms of Reference

Drafted at the Strategic Meeting for the WHO Global Salm-Surv Regional Centers and Training Sites in Copenhagen, Denmark in April 2005, Terms of Reference were created to define and guide the WHO Global Salm-Surv Steering Committee Members, Affiliate Organizations, Regional Centers and Training Sites in their roles and responsibilities as a part of the WHO Global Salm-Surv Program.

WHO Global Salm-Surv Steering Committee

The WHO Global Salm-Surv Steering Committee determines the strategic direction of WHO Global Salm-Surv, reviews the activities of and mentors Regional Centers and Training Sites, and assists Regional Centers and Training Sites in reviewing and mentoring activities at the national and sub-national level. The WHO Global Salm-Surv Steering Committee regularly reviews activities of a Training Site, usually after completion of two successful training courses, to determine whether a Training Site meets the Regional Center Terms of Reference. The WHO Global Salm-Surv Steering Committee will also regularly reevaluate designated Regional Centers to identify gaps and create plans to address these gaps.

WHO Global Salm-Surv Steering Committee Members

Institutions with demonstrated technical competency and leadership in foodborne disease surveillance and outbreak detection and response may be invited or petition to serve on the WHO Global Salm-Surv Steering Committee. The WHO Global Salm-Surv Steering Committee Membership is designated by WHO in consultation with the WHO Global Salm-Surv Steering Committee.

WHO Global Salm-Surv Steering Committee Members Terms of Reference

WHO Global Salm-Surv Steering Committee Members should:

1. Actively participate in monthly Steering Committee Conference Calls, subcommittees, annual strategic meetings, and, as appropriate, represent WHO Global Salm-Surv at scientific conferences and meetings.
2. Assist and coordinate training and other activities including providing and financially supporting trainers for training courses.

3. Seek and obtain resources for training courses and other WHO Global Salm-Surv activities including national and regional research projects and Strategic Meetings.
4. Support and facilitate implementation of the WHO Global Salm-Surv Goals and Strategic Plan.
5. Host a Strategic Meeting, rotating with other partners.
6. Review and develop WHO Global Salm-Surv Training Materials

WHO Global Salm-Surv Affiliate Organizations

WHO Global Salm-Surv Affiliate Organizations are organizations invited to be associated with WHO Global Salm-Surv by WHO in consultation with the WHO Global Salm-Surv Steering Committee. These organizations are involved in microbiology and epidemiology, including public health surveillance and outbreak detection and response.

WHO Global Salm-Surv Affiliate Organizations Terms of Reference

WHO Global Salm-Surv Affiliate Organizations should participate in designated calls and meetings, providing requested input to the WHO Global Salm-Surv Steering Committee.

WHO Global Salm-Surv Regional Centers

WHO Global Salm-Surv Regional Centers are designated by WHO in consultation with the WHO Global Salm-Surv Steering Committee and often begin as WHO Global Salm-Surv Training Sites. WHO Global Salm-Surv Regional Centers may or may not be recognized by a Memorandum of Understanding between WHO and the Regional Centers.

WHO Global Salm-Surv Regional Centers Terms of Reference

WHO Global Salm-Surv Regional Centers should:

1. Develop, promote, advocate for, and implement a regional strategy for enhancing foodborne disease surveillance and outbreak detection and response by countries in the region.
2. Facilitate regular communication in the region related to WHO Global Salm-Surv activities including foodborne disease and pathogen surveillance. Centers should foster communication between microbiologists, epidemiologists, and other specialists working in multiple disciplines such as human health, veterinary and food-related disciplines within the region. It should also serve as a liaison between the different networks related to foodborne disease and pathogen surveillance in the region. To facilitate these activities, the Regional Centers should form a WHO Global Salm-Surv Regional Working Group with representatives from appropriate disciplines.
3. Identify and promote region-relevant research projects.

4. Provide training for national foodborne disease microbiologists and epidemiologists within the region, including individual fellowships and one WHO Global Salm-Surv International Training Course or workshop at least once every two years. The Centers should also promote national training activities by countries in the region.
5. Participate in the development and translation of appropriate WHO Global Salm-Surv training materials for the region and promote the use of these materials in the region.
6. Identify appropriate collaborators in countries in the region and actively assist in selection and recruitment of appropriate participants in WHO Global Salm-Surv International Training Courses.
7. Promote active participation by countries in the region in WHO Global Salm-Surv, including the External Quality Assurance System and Country Databank, and contact training course participants to follow-up on participants' plan-of-action.
8. Serve as regional reference centers for national reference laboratories related to *Salmonella* and other foodborne pathogens in the region; this role includes establishing regional quality control programs and reference testing services.
9. Develop a regional strategy to provide high quality antisera and other appropriate materials for national reference laboratories for *Salmonella* and other foodborne pathogens.

WHO Global Salm-Surv Training Site

WHO Global Salm-Surv Training Sites are designated by WHO in consultation with the WHO Global Salm-Surv Steering Committee based upon priorities, available resources, experience of the proposed training site with hosting training courses in related subjects, and the ability of the proposed training site to meet the WHO Global Salm-Surv Training Sites Terms of Reference.

WHO Global Salm-Surv Training Sites Terms of Reference

WHO Global Salm-Surv Training Sites should:

1. Have appropriate facilities for the training being offered (laboratory, conference and lecture rooms, computers, internet connection) and be in an appropriate location, with availability of adequate lodging to host a training course.
2. Have facilities for potentially supporting a regional network.
3. Have sufficient human resources including dedicated lead organizers, appropriate expert scientists, and available technicians and support staff to organize and facilitate training courses.
4. Be active participants in WHO Global Salm-Surv, including participation in the External Quality Assurance System and Country Databank, have the support of management locally and centrally and be, preferably, designated as national reference institutes.
5. Coordinate activities with other WHO Global Salm-Surv Training Centers

WHO Global Salm-Surv Goals, Objectives and Proposed Activities 2006-2010

To help set the direction for the WHO Global Salm-Surv Program in 2006-2010, five goals have been set. These goals build upon the progress made from the 2001-2005 goals. During these next five years, the program will work to continue to strengthen relationships and skills fostered, assess impact of training, and promote interventions.

Goal 1: To expand inter-sectoral partnerships

Goal 2: To measure and describe the impact of WHO Global Salm-Surv activities

Goal 3: To establish and strengthen WHO Global Salm-Surv Regional Centers

Goal 4: To strengthen national capacities of foodborne and other infectious enteric disease detection and response

Goal 5: To promote interventions which reduce foodborne and other enteric diseases

Goal 1: To expand inter-sectoral partnerships

Objective 1: To increase financial support and in-kind support

Objective 2: To increase exposure and visibility

Objective 3: To involve new partners

Goal 2: To measure and describe the impact of WHO Global Salm-Surv Activities

Objective 1: To identify indicators of impact

Objective 2: To establish a system for recurrent data collection

Goal 3: To establish and strengthen WHO Global Salm-Surv Regional Centers

Objective 1: Evaluate Regional Centers and Training Sites against Terms of Reference

Objective 2: Identify new training needs

Objective 3: Develop, finalize, and implement plan for provision of antisera

Objective 4: To recognize National Reference Laboratories as active members of the program through a letter or certificate

Objective 5: Develop a plan to foster recurring WHO Global Salm-Surv Regional Center communication, leadership, networking, and mentoring

Objective 6: Encourage WHO Regional Offices to be champions of WHO Global Salm-Surv in their regions

Goal 4: To strengthen national capacities of foodborne and other infectious enteric disease detection and response

Objective 1: Continue and expand training

Objective 2: Review the training cycle

Objective 3: Identify country-specific projects to provide hands-on training

Objective 4: Focus on response capabilities

Objective 5: Initiate training cycles in new regions

Objective 6: Identify specific projects to incorporate into training

Objective 7: Identify a plan for follow-up

Objective 8: Identify tools for enhanced surveillance systems

Objective 9: Improve the process for identifying epidemiologists to participate in training courses (including veterinary epidemiologists)

Objective 10: Provide WHO Global Salm-Surv expert consultations to WHO Global Salm-Surv Regional Centers for specific country needs

Objective 11: Review trainers' reports and revise as necessary or discontinue

Goal 5: To promote interventions which reduce foodborne and other enteric diseases

Objective 1: Catalogue top five evidence-based interventions

Objective 2: Develop plans for countries to control *Salmonella* Enteritidis in eggs and implement pasteurization of milk

Objective 3: Help countries translate data into usable information for use by policymakers and other stakeholders

Appendix A: List of Meeting Participants

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Appendix B: Program for the WHO Global Salm-Surv Strategic Meeting 2005, Canada

Agenda		
Time	Wednesday, September 14	Thursday, September 15
8:00	Welcome, Introductions, Purpose of Meeting, Election of Chair and Rapporteur (8:00) (15 min) Frank Plummer (PHAC), Peter Braam (WHO)	Recap of previous day (8:00) (15 min)
	Progress Report of WHO Global Salm-Surv (8:15) (25 min) Peter Braam	Begin Facilitated Discussions, Christopher Stallard
	Update on the Progress Report Document (8:40)(10 min) Nikki Maxwell	GSS: Capacity, Sustainability (8:15) (45 min) Continued from Wednesday
9:00	Outcome of the Regional Centers and Training Sites Meeting (8:50) (20 min) Danilo Lo Fo Wong (DFVF)	GSS: Partnerships (9:00) (1 hr and 30 min)
	Preliminary Results of the Participant Program Evaluation (9:10) (20 min) Stephanie DeLong	-What is a partner? What are the characteristics of an ideal partner?
9:30	Introductory remarks-Christopher Stallard (9:30)(10 min), Presentation of WHO Regional Offices and Steering Committee Members	-What do partners offer GSS?
10:00	1. (9:40) WHO (10 min)-Peter Braam 2. WHO-AMRO (10 min)-Enrique Perez 3. WHO-EURO (10 min)-Cristina Tirado 4. DFVF (10 min)-Henrik Wegener 5. CDC (10 min)-Fred Angulo	-What does GSS offer partners?
10:30	Break, Group Picture (10:45) (15 min)	-With whom do we currently have a partner relationship?
		-Different types of partners
		-Who could/should be partners?
		Break (10:30) (15 min)
11:00	Presentation of WHO Regional Offices and Steering Committee Members Continued (11:00)	GSS: Partnerships (10:45) (1 hr and 15 min) Continued
11:30	5. Institut Pasteur (10 min)-Marc Jouan 6. PHAC (10 min)-Lai King Ng/Andrea Ellis 7. ASG (10 min)-Jaap Wagenaar 8. FDA (10 min)-Pat McDermott	
12:00	9. Enter-net (10 min)-Bill Reilly 10. Concluding remarks-Christopher Stallard	Lunch brought in for the meeting (12:00) (30 min)
	Tour of facilities/Lunch brought in for the meeting (12:15) (1 hr and 15 min)	
12:30		Working Lunch-GSS: Marketing and Communication Strategies (12:30) (2 hrs)
1:00		-What are the current marketing and communication strategies for WHO Global Salm-Surv?

		-Who is the target audience that WHO Global Salm-Surv serves? -What should the marketing and communication strategies for WHO Global Salm-Surv be?
1:30	Begin Facilitated Discussions, Christopher Stallard GSS: Challenges: Barriers: Opportunities (1:30) (1 hr and 30 min)	
2:00	-What are the challenges that WHO Global Salm-Surv is encountering or may encounter? -What are the opportunities that exist or may exist?	
2:30		GSS: Future Directions and Implementation of the Five-Year Plan (2:30) (1 hr) -What is the future direction for WHO Global Salm-Surv?
3:00	Break (3:00) (15 min)	
	GSS: Purpose/Vision/Mission (3:15) (1 hr and 45 min)	
3:30	-What is the purpose, vision, and mission of WHO Global Salm-Surv?	Break (3:30) (15 min)
4:00		GSS: Future Directions and Implementation of the Five-Year Plan (3:45) (1 hr and 15 min) -How do we assimilate and implement the Five-Year Plan?
4:30		
5:00	Break (5:00) (15 min)	Governance of WHO Global Salm-Surv (5:00) (1 hr)
	GSS: Capacity, Sustainability (5:15) (1 hr and 15 min)	-How should WHO Global Salm-Surv be structured/organized?
5:30	-What is capacity? -What is sustainability?	
6:00		Discussion of name change for the program (6:00) (30 min) Christopher Stallard
6:30	Conclusion of meeting for the day	Conclusion of meeting for the day