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Design & layout: Agence Crayon Bleu: +33 (0)4 72 61 09 99

Printed in Lyon, France
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Acronyms

ACI  Airports Council International
AFRO  WHO Regional Office for Africa
AMRO/PAHO  WHO Regional Office for the Americas
CAPSCA  Cooperative Agreement for Preventing the Spread of Communicable Diseases through Air Travel
CDC  United States Centers for Disease Control and Prevention
EMRO  WHO Regional Office for the Eastern Mediterranean
EQA  External Quality Assessment
EU  European Union
EURO  WHO Regional Office for Europe
FAO  Food and Agriculture Organization of the United Nations
FETP  Field Epidemiology Training Programme
GLaD  Global Laboratory Directory
IATA  The International Air Transport Association
ICAO  International Civil Aviation Organization
IHR  International Health Regulations
IVB  WHO Immunization, Vaccines and Biologicals Department
LBS  Laboratory Alliances and Biosafety Team
LQS  Laboratory Quality and Management Strengthening Team
LYO  WHO Lyon Office
NCM  National Capacity Monitoring Team
NFP  National IHR Focal Point
NSS  National Surveillance and Response Strengthening Team
OIE  International Office of Epizootics
PAG  Ports, Airports and Ground Crossings Team
PAG Net  Public Health and Ports, Airports and Ground Crossings Network
PHEIC  Public Health Emergency of International Concern
PoE  Points of Entry
REACT  Reaction to Emergency Alerts Using Voice and Clustering Technologies
RPI  Regulations, Procedures and Information Team
SEARO  WHO Regional Office for South-East Asia
SSC  Ship Sanitation Certificates
TEPHINET  Training Programmes in Epidemiology and Public Health Intervention Network
UNWTO  United Nations World Tourism Organization
USAID  United States Agency for International Development
WHO  World Health Organization
WPRO  WHO Regional Office for the Western Pacific
Foreword

In 2009, the International Health Regulations (IHR) Coordination team was faced with a double challenge. As we approached the first major deadline in IHR (2005) implementation, the 15 June 2009 deadline for all World Health Organization (WHO) Member States to assess their core capacities, a pandemic was declared. For the first time since their entry into force in 2007, the Regulations were used by the Director-General for the determination of a public health emergency of international concern (PHEIC), setting into motion the mechanisms laid out in the Regulations.

IHR Coordination played a critical role in the pandemic (H1N1) 2009 response as Secretariat for the Emergency Committee and through its many guidance and support activities. For a period of several months, staff were on-call around-the-clock supporting Member States in their obligation to “prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.”

The structure of the Health Security and Environment cluster, which includes IHR Coordination, the department of Global Alert and Response, the department of Public Health and Environment, the department of Food Safety, Zoonoses and Foodborne Diseases and two special programmes for Global Influenza and Polio Eradication, was created in 2007 and has remained unchanged.

This year the IHR Coordination Activity Report has been expanded to cover its offices in both Geneva and Lyon. Due to the large number of IHR activities carried out in Member States in collaboration with the six WHO regional offices, a selection of highlights from 2009 are presented. In addition to the focus on scaling up IHR implementation, the department provided crucial support to the WHO global response to influenza pandemic A (HINI) 2009, particularly in the area of laboratory capacity strengthening and guiding public health measures at ports, airports and ground crossings.

Implementing the International Health Regulations:
Preparedness for action

On 15 June 2007, the world began implementing the International Health Regulations (IHR). With the support of the World Health Organization (WHO), the 194 States Parties to the IHR have been working to meet the timeline challenge to implement these global rules to enhance national, regional and global public health security. In the beginning of the year, it seemed the main event would be reaching one of the key milestones of IHR implementation: the June 2009 deadline for States Parties to have assessed their national capacities against the IHR requirements. However, only two years after the official entry into force of the revised IHR, the world was faced with the first pandemic of the 21st century: pandemic (H1N1) 2009. IHR Coordination was thus challenged with the double task of maintaining momentum in IHR (2005) implementation, while playing a significant role in the pandemic response.

The IHR Coordination Department is housed within the Health Security and Environment cluster at WHO headquarters in Geneva, Switzerland.
with an office in Lyon, France. Its mission is, in collaboration with the WHO regional and country offices, to assist countries in strengthening their national surveillance and response systems to better detect, assess, and notify events and respond to public health emergencies of international concern (PHEICs) under the IHR. It is also home to the Regulations, Procedures and Information team, and plays a significant role in the WHO response to PHEICs, as determined by the Director-General.

**World Health Organization:**

193 Member States, 6 regional offices and 147 country offices

Under the IHR (2005), States Parties shall meet the core capacity requirements as soon as possible, but no later than five years from the entry into force of the Regulations. The following timeline has been set:
- as of 15 June 2007, States Parties have two years to assess their national structures and resources and develop national action plans;
- as of 15 June 2009, States Parties have three years to meet the core capacity requirements.
The IHR Coordination Department provides IHR-related legal and technical coordination and services to WHO Member States, relevant international organizations and across the entire WHO. The department develops and disseminates IHR-related tools and information, monitors progress and directly supports WHO regional and country offices in their effort to strengthen national core capacities required under the IHR.

The specific role of the WHO Lyon Office (LYO) is to support the six WHO regional offices in strengthening national public health capacities in countries through the following three areas:

- **National Surveillance and Response Strengthening (NSS):** provides support for IHR implementation through technical assistance on early warning, surveillance and response, risk communication and through training on the IHR, such as the online briefings for National IHR Focal Points (NFPs) and training packages to strengthen human resources for IHR implementation.

- **Ports, Airports and Ground Crossings (PAG):** brings together public health and transportation experts to develop standard operating procedures that may be applied at all points of entry (PoE) in all countries.

- **Laboratory Quality and Management Strengthening (LQS):** seeks to strengthen laboratory capacity through the development of quality management and external quality assessment, the development of laboratory training modules and the establishment of twinning projects between resource-limited laboratories and specialized institutions.

The activities carried out in Geneva focus on the following three areas:

- **Laboratory Alliances and Biosafety (LBS):** promotes and supports common cross-cutting laboratory based activities with the goal of ensuring global connectivity through networking, harmonization, and commitment to ensuring a safe and secure laboratory environment.

- **National Capacity Monitoring (NCM):** supports Member States in implementing the IHR through the development of guidelines and tools throughout the assessment and planning, monitoring and evaluation stages.

- **Regulations, Procedures and Information (RPI):** coordinates and supports IHR implementation by fulfilling key WHO IHR obligations, such as reporting to the World Health Assembly on IHR implementation, supporting the development of national legislation consistent with the IHR and strengthening public health activities related to both travel and trade.
“All countries should immediately now activate their pandemic preparedness plans. Countries should remain on high alert for unusual outbreaks of influenza-like illness and severe pneumonia.”

Dr. Margaret Chan, Director-General, WHO
24 April 2009, Geneva Switzerland

The revised IHR is all about preparedness, and in 2009 the world was given the chance to demonstrate how prepared it was to handle a PHEIC. Thanks to the timely reporting by States Parties to WHO through IHR NFPs, we were alerted to the emergence and international spread of a virus that would eventually lead to the first human pandemic since 1968. The Regulations’ requirements and procedures for detection, risk-assessment, information sharing and coordinated response provided an invaluable basis for action in the face of this global threat.

In response to the first reported cases and in accordance with the IHR, the WHO Director-General decided to convene, on 25 April 2009, the first meeting of the IHR Emergency Committee. Working closely with the Global Influenza Programme, IHR Coordination played a major role in the WHO response to the pandemic. As Secretariat for the H1N1 emergency committee, its role in supporting the NFP Network, ensuring access to the secure NFP web site and maintaining NFP contact details and the roster of IHR experts was put to the test. The administrative procedures developed during earlier global exercises were crucial for the successful organization and running of Emergency Committee meetings. With a total of six Emergency Committee meetings and numerous response activities, IHR Coordination staff was on call and working around-the-clock over a period spanning several months.

All six IHR Coordination teams were involved in the pandemic response at different levels. Seven technical and guidance documents were published, specific training sessions organized and networks mobilized. The teams provided support to Member States for drafting emergency response plans, regulations and documents on laboratory safety, diagnosis, travel, biohazards and risk communication to name only a few areas.

Thousands of calls and questions were answered, and guidance was continually provided. IHR activities towards the pandemic response will be described in greater detail throughout this report and highlighted as in this textbox.

Pandemic Managment Core Functions at WHO Headquarters

IHR Secretariat → Senior Policy Group → Policy, Partnerships, Equity and Access

Vaccine Supply and Deployment → Resource Mobilization → General Management

Special Adviser to the Director-General on Pandemic Influenza

Pandemic Coordination Group → Manager Pandemic Coordination

Antiviral Task Force → Media Communications

Scientific Knowledge Information Gaps

Regional and Country Liaison

Operations → Laboratory Capacity → Monitoring Assessment → Supporting Patient Care → Vaccines Development Planning → Societal and Individual Measures
IHR activities are carried out in partnership with the WHO regional offices in all WHO regions and in many countries thanks to the financial support of its main funding partners:

➔ The Government of France
➔ The Institut Pasteur
➔ The Institut de Veille Sanitaire (InVS)
➔ The Grand Lyon
➔ The Rhône Department
➔ The Rhône-Alpes Region
➔ The Gates Foundation
➔ The United States Centers for Disease Control and Prevention (CDC)
➔ The United States Agency for International Development (USAID)
Strengthening countries’ capacities for disease prevention, surveillance and response is fundamental for enhanced public health security. By strengthening national public health systems, particularly in the area of surveillance and response, countries can detect, assess and respond to public health risks in a timely manner and prevent their international spread.

The NSS team supports countries in strengthening their national strategies for disease surveillance and response via three strategic axes:

- Providing technical support to further WHO regional strategies for disease surveillance and response. Key activities include supporting countries in the assessment, planning and development or strengthening of core public health capacities under the scope of the IHR and promoting and assisting the development of inter-country surveillance and response networks.

- Fostering human resources development in countries to strengthen core public health capacities under the IHR. Through needs assessments, training needs are identified in relevant fields linked to IHR implementation such as national capacity assessment, PoE, legal requirements and IHR operations. As a function of these needs, training courses and materials, such as toolkits, are developed that target WHO staff, National IHR Focal Points (NFPs), decision-makers and professionals from all relevant sectors. Toolkits contain materials tailored to each target audience, together with information for trainers. Continuous education and distance learning provide access to relevant resources, such as links to documents, access to online training courses and relevant web sites. Finally, NSS plays a role in facilitating and fostering partnerships, to strengthen and develop training initiatives.

- Supporting Member States in the acquisition and maintenance of risk communication capacity for public health emergencies. Key elements include developing guidelines, training courses and materials and facilitating professional networking and coordination in this newly emerging field. The focus of the past year in this area was the publication of the WHO Outbreak Communication Planning Guide and the development of training modules and tools to help Member States apply its recommendations. A second area of focus was integrating risk communication as a core capacity of preparedness and response. This meant isolating the core elements, or abilities and assessment of frameworks needed to develop risk communication for public health emergency capacity under the IHR.
Surveillance and response support

Two new projects in 2009

Improving disease control by strengthening surveillance and response

Demonstration project in three countries in Central Africa: Cameroon, Central African Republic and Democratic Republic of Congo

WHO, in collaboration with staff from the US CDC and the Ministry of health in Cameroon, Central African Republic and the Democratic Republic of Congo, carried out four evaluation missions to test tools for the assessment of capacities and needs on epidemiological surveillance, laboratory, training and telecommunications:

- 1-15 July, 2009, Cameroon
- 7-18 September, 2009, Cameroon
- 1-15 October, 2009, Central African Republic
- 19-31 October 2009, Democratic Republic of Congo

Funded by the Bill and Melinda Gates Foundation in 2009, a five-year surveillance and response strengthening demonstration project was launched in the Central African subregion. The project is jointly coordinated by LYO and the WHO Programme for Immunization, Vaccines and Biologicals (IVB) in collaboration with the WHO Regional Office for Africa, the WHO Country Office in each of the three countries and the Centers for Disease Control and Prevention (CDC).

Central Africa is an area of epidemiological importance in terms of disease outbreaks and emerging infections, with significant gaps in the capacity to generate and use epidemiological data for decision-making about disease control. Three countries were chosen for the project: Cameroon, the Central African Republic and the Democratic Republic of Congo.

In addition to the aforementioned evaluation and assessment missions, face-to-face Project Management Team meetings and a Steering Committee meeting were held in April, in Brazzaville. Project Management Team meetings were also held in Geneva and Lyon, in August. Assessment tool testing was done in Cameroon, in July; needs and capacities assessment was carried out in Cameroon, in September, and in the Central African Republic and the Democratic Republic of Congo in October. Action plans have been under development since November and the implementation of activities starts in 2010.

Feasibility study to develop a quality management system for epidemiological surveillance

WHO relies heavily on national epidemiological surveillance systems in order to fulfil its role in alerting for epidemics and responding to public health events. National surveillance systems play a central role in the detection and risk analysis of events that may result in an epidemic. Despite the current evaluation method that is used to check these systems, there remain dysfunctions that impair their proper functioning and results.

Currently, surveillance systems are different in each country. Therefore WHO is exploring the possibility of creating a methodological reference system using a quality approach to the epidemiological surveillance process in order to:

- help continually improve surveillance systems; and
- increase confidence in the functioning of the system.

In 2009, a feasibility study for this scheme was developed in collaboration with the Agence Française de Normalisation (the French Branch of ISO).

In 2009, a working group of international experts from 10 scientific institutions in countries in the six WHO regions was constituted and two working group meetings were held to define the scope of the feasibility study. A bibliography study was carried out, and surveys to complement the bibliography were elaborated. The feasibility study will end in June 2010.
two-week face-to-face session, targets public health professionals, mainly IHR NFP staff and professionals from other related sectors from national or international organizations. Each cohort of participants will also include WHO staff from country offices and regional offices.

**Additional meetings and activities related to surveillance**

**7-13 June 2009, Martinique, France:** Participation in the 1st subregional workshop for the development of an integrated management strategy for Participation in the dengue prevention and control in the Caribbean.

**12-13 November 2009, Venice, Italy:** Participation in the 5th steering committee meeting of the network for communicable disease control in southern Europe and the Mediterranean countries (EPISOUTH) to review current projects as well as planned projects for 2010.

**29-30 November 2009, Amman, Jordan:** Participation in the working group meeting: Connecting health organizations for regional disease surveillance (CHORDS1), a programme of the Nuclear threats initiative/Global health security initiative.

**15-17 December 2009, Mauritius:** Training to identify needs and training capacities to strengthen human resources for disease surveillance and response in countries of the south-west Indian Ocean.

### Training

Training is an essential element in building human resources necessary for disease surveillance and response. As part of the core capacities required for implementing the IHR, the NSS team supports the development of field epidemiology training programmes (FETPs) as an essential element in quality surveillance systems. The team also works on other training programmes to strengthen human resource capacities for IHR implementation. A highlight this year was the launching, with a call for applications, of a new training course specifically designed to help countries implement the IHR. The team also collaborates with other teams in IHR and other WHO departments, such as the Global Influenza Programme and the Department of Reproductive Health and Research.

**Preparation for the new IHR implementation course – an innovative international partnership**

This year, the IHR Implementation Course, developed in collaboration between LYO, the University of Pretoria (South Africa), the Georgetown University Law Center (United States), and the University of Geneva (Switzerland) began accepting applications.

This on-the-job training course, combining a four-month distance learning module with a two-week face-to-face session, targets public health professionals, mainly IHR NFP staff and professionals from other related sectors from national or international organizations. Each cohort of participants will also include WHO staff from country offices and regional offices.

1 - [www.ghsi.org/projects/chords.html](http://www.ghsi.org/projects/chords.html)
Upon completing the course, participants will be able to contribute to capacity acquisition and strengthening required under the IHR and train other professionals in their institutions by:

• informing relevant stakeholders about the scope of the revised IHR;
• communicating with WHO as set out in the IHR;
• collecting, analyzing and disseminating critical public health information;
• leading or interacting with staff responsible for carrying out risk assessments;
• leading or interacting with sectors/staff engaged in the strengthening/acquisition of core public health capacities;
• triggering appropriate legislative, regulatory, and organizational reforms;
• planning, coordinating, monitoring and assessing IHR implementation;
• managing an emergency situation effectively;
• assessing national vulnerability in health systems for effective IHR implementation;
• assessing all actions in light of other areas of international law;
• training relevant professionals in IHR implementation.

As of 31 December 2009, over 100 applications were received. The first course, 22 March–30 July 2010, will accept 40 participants. The second course, 13 September 2010–21 January 2011, will be open for applications in March 2010.

➔ 8-11 July, in Lyon, France: Directors meeting of the Training programmes in epidemiology and public health interventions network (TEPHINET) and the workshop on building capacity in field epidemiology

In 2009, NSS continued its collaboration with TEPHINET, a non-profit, professional alliance of all field epidemiology training programmes (FETPs) with the aim of strengthening international public health capacity through the support and networking of field-based training programmes. Trainees master a set of core competencies, vital to the practice of public health, while providing a valuable public health service.

This year, under IHR Coordination, LYO hosted the TEPHINET Directors Meeting and the Workshop on Building Capacity in Field Epidemiology. This event brought together 70 participants from 40 countries, representing the main partners that work in the area of training and response to epidemics, the American and European Centres for Disease Control and Prevention and WHO. Subjects covered at the meeting included pandemic (H1N1) 2009 virus, implementation of the IHR, training programmes that bridge the epidemiology and laboratory fields, and future collaboration.

➔ Study on integrating a laboratory component in applied epidemiology training programmes

To strengthen collaboration between epidemiologists and laboratory technicians when a health event occurs, an increasing number of FETPs with an integrated laboratory training component have been developed. Different models of training sessions are currently proposed.

NSS is conducting a study on integrating laboratory components in applied epidemiology training programmes with the following objectives:

• describe the needs regarding the integration of laboratory and epidemiology in FETPs;
• describe existing models of training sessions integrating laboratory and epidemiology components;
• document the challenges of integrating laboratory and epidemiology components and the training strategies currently used;
• recommend the best way to implement training programmes integrating laboratory and epidemiology components.

A questionnaire was sent to all the Directors of the FETPs integrating a laboratory component. Collection of data is ongoing.

2 - http://tephinet.org/
Additional meetings and activities related to training


18–22 May 2009, Geneva, Switzerland: A CD-ROM version of the online self-learning module Introduction to the IHR (parts 1 & 2), available in English, French, Portuguese, Russian and Spanish was produced and distributed during the World Health Assembly. A CD-ROM version of the IHR e-library was distributed as well. The contents of the IHR e-library are maintained on a continuous basis.

7–13 June 2009, Martinique, France: 1st subregional workshop for the elaboration of an integrated management strategy for dengue prevention and control in the Caribbean.

December 2009: The online self-learning module on the IHR decision instrument “Annex 2,” became available in French and Spanish. The Arabic, Chinese and Russian versions are in production and will be made available in the first quarter of 2010.

Risk communication

WHO supports Member States in the acquisition and maintenance of risk communication capacity for public health emergencies. NSS began its work in risk communication in 2009 with the publication of the WHO Outbreak Communication Guidelines. The Guide was developed in consultation with over 120 experts and practitioners of various fields including risk communication, emergency management and epidemiology. The document is available on the web in English, French and Spanish, with plans for publication in the other official WHO languages (Arabic, Chinese and Russian) in 2010.

4–5 March 2009, Lyon, France: Risk communication working group meeting

Reflecting the designation of risk communication as a core capacity under the IHR, the IHR Risk Communication Working Group met for the first time in March 2009 to explore core elements, abilities and assessment frameworks needed for developing risk communication for public health emergency capacity. The resulting recommendations captured in the meeting report were subsequently reviewed and endorsed by the 4th Global Health Security Communication Network (GHS-CN) meeting held in December in Lyon, France.

3 December 2009, Lyon, France: 4th Global health security communication network coordination meeting

In the context of risk communication capacity building in countries under the IHR, 80 Network members from over 40 Member States, United Nations agencies and academic institutions participated and endorsed the recommendations of the IHR Risk Communication Working Group which met earlier in the year. Similarly important to the work in this emerging field, the Network web site - GHSCN.NET - was launched in 2009, providing a platform for information sharing and risk communication collaboration.
Additional capacity building activities related to risk communications

Risk communication capacity building for senior public health professionals:
21-24 April 2009, Kathmandu, Nepal
17-21 August 2009, Ho Chi Minh, Viet Nam
21-23 October 2009, Cotonou, Benin

21-25 September 2009, Bangkok, Thailand: Support to IHR/Thailand risk communication assessment project.

WHO global response to pandemic (H1N1) 2009

→ 3-14 May 2009, Washington, DC, USA: Providing risk communication support to PAHO in the context of pandemic (H1N1) 2009.
Meeting the IHR requirements in travel and transport will provide a key benefit for countries by leading to better global public health protection and economic development, without unnecessary and undesirable interference with international traffic and trade.

The PAG team supports IHR implementation in close collaboration with the sister organizations of the United Nations and other international agencies to ensure that conveyances travelling internationally and facilities used by travellers at Points of Entry (PoE) are maintained in a sanitary condition and kept free of infection or contamination. Designated airports, ports and ground crossings must maintain their response capacity and routine health control measures in compliance with IHR requirements. This includes possible interventions with travellers, conveyances, cargo, goods and postal parcels as well as vectors and reservoirs.

Ports, Airports and Ground Crossings (PAG)

Guiding principles of IHR and international transport

➔ Keep ships sailing and ports operating
➔ Keep aircraft flying and airports running
➔ Keep ground transport moving and crossing borders

Coordination and international collaboration

WHO fosters awareness, partnerships and international collaboration among international organizations, public health authorities and experts responsible for global IHR implementation. Close working relationships have been developed with other organizations of the United Nations system, regional organizations and international agencies for air transport, for example with the Cooperative Agreement for Preventing the Spread of Communicable Diseases through Air Travel (CAPSCA) under the leadership of the International Civil Aviation Organization (ICAO) in Asia, Africa and the Americas. In the area of ship sanitation, WHO works in partnership with the European Union (EU) on the project for training in ship sanitation, SHIPSAN TRAINET. In the area of ground crossings, WHO also works with the EU on the Reaction to Emergency Alerts using Voice and Clustering Technologies (REACT) project.
9-11 December 2009, Lyon, France: Launch of the ports, airports and ground crossings Network (PAG Net)

A technical consultation on IHR implementation and public health measures in response to public health emergency at ports, airports and ground crossings was held in Lyon, France 9-11 December 2009 to review current measures, share experiences and to launch PAG Net, the network for IHR implementation at ports, airports and ground crossings.

The broad scope of the Regulations requires close collaboration with States Parties, other United Nations organizations, intergovernmental organizations, international bodies and industry associations. The creation of PAG Net is the direct response to the challenge of bringing together several sectors with the aim of supporting the harmonized implementation of the IHR. The objectives of PAG Net are to:

a) share information and data;
b) share expertise and resources;
c) promote harmonization of guidance for the common purpose of preventing international disease spread;
d) strengthen States Parties capacities required under the IHR (2005); and
e) support working collectively in a collaborative approach during public health emergencies.

Response to emerging infectious diseases with the assessment and development of Core Capacities and tools: the EU REACT project

9-10 March 2009, London, United Kingdom: Surveillance of health care workers and contact tracing

The EU REACT project aims to provide evidence and tools towards a common European standard for the response to emerging public health threats. Organized in work packages, the project addresses specific areas where the need for harmonization at the EU level has been identified. The first expert meeting for work package 5, “Surveillance of Health Care Workers” and 7, “Contact tracing,” took place on the 9-10 March 2009 in London. Work package 7 contains modules on passenger transport statistics, pathogens and risk assessment, and case scenarios contact tracing.

Cooperative agreement for preventing the spread of communicable diseases (CAPSCA)

12 February 2009, Abuja, Nigeria: 1st Steering committee meeting of the CAPSCA Africa project.

25–26 June 2009, Mexico City, Mexico: 1st meeting of the CAPSCA Americas project to launch the Agreement in the region.

3-4 September 2009, Bangkok, Thailand: 3rd meeting of the regional aviation medicine team of the CAPSCA in air transport

19-23 October 2009, Capetown, South Africa: 1st Regional aviation medicine team meeting and airport evaluation

The CAPSCA Project, under the leadership of the ICAO and in coordination with WHO, IATA, ACI and other partners; aims to help reduce the risk of serious spread of communicable diseases through air travel by means of cooperative arrangements between participating States. This involves the development and implementation of public health emergency response plans at airports. WHO supports CAPSCA while assisting States implement public health emergency response plans for air transport as part of the IHR core capacity requirements for PoE. The WHO and ICAO-CAPSCA collaboration also works towards the harmonization of technical guidance and procedures for the development and implementation of preparedness plans for public health emergencies involving air transport.

The EU SHIPSAN project

2-3 February 2009, Copenhagen, Denmark: SHIPSAN TRAINET meeting

11-12 November 2009, Luxembourg: 2nd EU SHIPSAN TRAINET collaborative group meeting

The overall aim of the EU SHIPSAN project is to develop a common European strategy and training network on ship sanitation inspections, outbreak investigations, surveillance and control of communicable diseases on board cruise ships and ferries. IHR LYO is a collaborative partner on the editorial working group and advisory board. SHIPSAN activities this year included the SHIPSAN TRAINET meeting, Copenhagen, 2-3 February 2009 and the 2nd EU SHIPSAN TRAINET Collaborative Group meeting, Luxembourg, 11-12 November 2009.
Support to WHO global response to pandemic (H1N1) 2009:

24–25 August 2009, Lyon, France: “Technical consultation for the development of a research protocol for public health measures at ports, airports and ground crossings” based on lessons learned during pandemic (H1N1) 2009:

During the initial phase of pandemic (H1N1) 2009, when few cases were reported in some countries and none in others, it is estimated (by media sources) that more than 100 countries applied various public health control measures to inbound and outbound passengers at PoE, aiming to at least delay and mitigate the spread of the disease. Within this context and to provide proper guidance to WHO Member States on how to handle this emergency at PoE, WHO established an informal advisory working group, in collaboration with country experts, collaborating centres and partners such as the CDC, the French Ministry of Health, and the Hamburg Port Health Centre as well as the international transport sector with ICAO, the International Air Transport Association (IATA), Airports Council International (ACI), the International Shipping Federation and the Cruise Lines International Association.

The objective of the technical consultation in August was to develop a framework for a survey, data analysis and the creation of four questionnaires targeting different audiences to capture responses of travellers regarding the different health control measures that had been put in place during this public health emergency. It is expected that the results of this research project will lead to a better understanding of the different types of public health control measures applied at PoE and their effectiveness; identification of the challenges in the application of public health control measures at PoE; identification of criteria to be used for decision making in the application of particular public health control measures at PoE, and possible guidance in the development of core capacities at PoE. The final results of this survey will be released in the first semester of 2010.

Support to the Tourism emergency response network

The Tourism emergency response network (TERN) is a group of the leading tourism associations around the world that was launched in April 2006, under the auspices of the United Nations World Tourism Organization (UNWTO). In the face of pandemic (H1N1) 2009, WHO supported UNWTO in the initiative of mobilizing the travel trade industries and has been convening regular teleconferences in coordination with WHO and other UN agencies and stakeholders in the travel and tourism industry. This joint effort facilitated the sharing of critical public health information in a timely and efficient manner during the pandemic (H1N1) 2009 throughout the travel and tourism industries.

25-27 August 2009, Madrid, Spain: H1N1 and IHR awareness workshop

From 25-27 August 2009, UNWTO convened the workshop “Travel and tourism under pandemic conditions.” The workshop brought together over 30 representatives from public administrations, the private sector and international organizations. WHO representatives were invited to provide guidance on the IHR in light of pandemic (H1N1) 2009. The overall objective of the workshop was to anticipate and plan for challenges that the current pandemic may or may not bring in the coming months.
Additional meetings and activities related to international collaboration

6-7 October 2009, London, the United Kingdom: Technical support to the aviation health conference, IATA on application of IHR in the aviation sector.

24-26 November 2009, Manila, the Philippines: Technical support to the WHO Association of South-East Asian Nations meeting on Public Health Measures at International Points of Entry.

Guidelines and tools

➔ May 2009: Release of film presentation on International Health Regulations implementation at Ports, Airports and Ground Crossings

This short film released during the 2009 World Health Assembly, addresses the IHR purpose, scope and core capacities requirements for ports, airports, ground crossings and international travel activities related to public health issues. It is intended to support meetings and training events targeting different audiences. It presents an overview of practical steps in applying the IHR at ports, airports and ground crossings.

➔ Assessment tool for core capacity requirements at designated ports, airports and ground crossings

This document was developed through international collaboration, WHO internal consultations and informal technical working group meetings of point of entry experts from different regions of the world. It is intended to serve as a support tool to help States Parties identify existing capacities and needs at PoE when deciding which airports, ports and ground crossing to designate under Article 20.1 and Annex 1B of the IHR. States Parties may also use it when deciding which airports, ports and ground crossing to designate under Article 19(a). It also will be used as the basis for future development of WHO guidance for certification of airports and ports, according to the IHR.


The third edition of the Guide addresses water, food, waste disposal, cleaning and disinfection, vector control and cargo safety. It was developed by the Department of Public Health and Environment in collaboration with IHR Coordination to assist all airport and aircraft operators and other responsible bodies in achieving high standards of hygiene and sanitation to protect travellers and crew engaged in air transport.

These guidelines lay out procedures and quality specifications that must be applied in domestic and international air travel.

1 - Links to all documents in this section are provided on p. 47, IHR publications and reference tools.
WHO Interim technical advice for case management of pandemic (H1N1) 2009 on ships, 11 December 2009, WHO, Geneva, Switzerland

This is part of a series of guidance documents on pandemic (H1N1) 2009 and the PHEIC determined by the WHO Director-General on 25 April 2009. The series is updated regularly and can be accessed on the WHO web site. The target audience includes NFPs, competent authorities at ports, and national public health officials, as well as ship operators, port administrators, other port personnel, ship crew members, and other port authorities and stakeholders involved in ship travel.

Case management of influenza A (H1N1) in air transport, 18 May 2009, WHO, Geneva, Switzerland

This document is the result of collaboration between the IHR Coordination Department and the Task Force for the pandemic (H1N1) 2009 response at WHO, the ICAO and the IATA. It compiles recommendations from existing guidelines for air travel and health as well as specific WHO guidelines related to the pandemic (H1N1) 2009 virus where applicable for air transport. It also outlines measures to be taken by aircraft operators, airport operators, airport personnel, crew members and national authorities. It can be used together with the document Guide to hygiene and sanitation in aviation, 3rd edition (please see below). Useful guidance related to this subject is also available from the ICAO web site.

Additional meetings and activities related to guidelines and tools


→ 12-15 October 2009, Lyon, France: Technical consultation on ship sanitation guidelines and on recommended procedures for inspection and issuance of ship sanitation certificates.

→ 30 November–1 December 2009, Geneva, Switzerland: Technical support to WHO consultation on areas where aircraft disinfection measures are recommended for conveyances (flights and ships). For more information please see page 46.

Capacity development and training

In coordination with regional offices, the PAG team provides technical advice and supports the planning, assessment, development and maintenance of core capacities for routine risk control and public health emergency contingency plan development at designated PoE. This also involves the harmonized, global implementation of ship inspection and issuance of the new ship sanitation certificates (SSCs), introduced by the IHR 2005, and includes updating the list of designated ports authorized to issue SSCs. As a result of this effort, by the end of 2009, 74 States Parties authorized more than 1700 ports to issue the new SSCs.

Emergency exercise Cartagena, Spain
Additional meetings and activities related to capacity development and training


➔ 19-23 October 2009, Cartagena, Spain: Provided training for quarantine health officers and field exercise/drill on public health emergency at PoE.

Missions to support implementation of IHR core capacities at PoE at the country level:
➔ 2-14 March 2009, Botswana
➔ 16-20 November 2009, Kenya
➔ 16-21 March 2009, Lebanon
➔ 18-22 April 2009, Oman

In addition, in 2009 work began on a series of training tools and programmes for IHR implementation at ports, airports and ground crossings including films and interactive audio-visual tools. These tools are based on a three-level strategy: 1) core capacity awareness, including designation of PoE for core capacities and ports for issuance of SSCs, inter-sectoral coordination and cooperation, and international obligations; 2) organization of PoE services, including administrative arrangements and the planning, management, assessment and evaluation of core capacities; and 3) operations, including inspections, issuance of SSCs, technical expertise, and other day to day operations. This strategy was field tested and refined in collaboration with WHO regional offices.

Moreover, a memorandum of understanding for developing training tools and supporting training activities was signed with the French Ministry of Health on 20 August 2009. As a result, a training tool for use by Port Health Authorities worldwide is being developed, including an interactive DVD on IHR core capacities, ship inspection and issuance of SSCs. The toolkit will be available in French and English.
Laboratory quality systems ensure the generation of accurate and reliable results. They are the keystone of laboratory credibility and confidence in the results. During disease outbreaks, laboratories are at the very heart of the public health investigation. Through the revised IHR, WHO requests that all Member States have the capacity (domestically or through collaborating centres) to detect and report any events that may constitute a potential public health emergency of international concern (PHEIC) through accurate and sufficiently detailed laboratory results. However, many countries still do not have laboratories that can perform a reliable diagnosis.

→ Laboratory Quality and Management Strengthening (LQS)

Three guiding principles of LQS

● Quality assurance: promoting laboratory quality systems that ensure reliable results, thus strengthening confidence in laboratory services. International efforts are underway to develop health laboratory standards for resource-limited countries.

● Cross-cutting horizontal activities: providing expertise on issues common to all laboratories, cutting across vertical disease specific programmes.

● Laboratory environment: considering the regulatory aspects, infrastructure and overall cost of laboratory quality systems within the broader context of health care delivery and public health systems.

The objective is to bring laboratories back to the centre of the public health system. To this end, activities are carried out according to three strategic axes:

• Laboratory quality systems
• Strengthening human resources
• Networking

In 2009, the LQS team continued to provide support in laboratory capacity building via global and regional projects on quality systems, human resource strengthening and networks to facilitate sharing of resources, knowledge and expertise. Highlights included expansion and development of collaborative external quality assessment (EQA) programmes, expansion of the International Laboratory Twinning Initiative and development of the United States Agency for International Development (USAID) partnership.

Laboratory quality systems

The WHO Laboratory Quality System programme aims at ensuring good standards, accuracy, timeliness and compatibility across laboratories in all countries.

EQA programmes play an important role in regulatory and accreditation processes; WHO supports the promotion of EQA programmes in all countries.

The WHO EQA programme in the Eastern Mediterranean region

→ 7-8 December 2009, Cairo, Egypt: WHO consultative meeting for review of EQA programme in the Eastern Mediterranean

One of the major recommendations issued from the public health laboratory directors of the WHO Eastern Mediterranean region Member States meeting held in Cairo in May 2004, was the organization and implementation of a regional external quality assessment scheme for communicable diseases. Under the joint management of the WHO Office for the Eastern Mediterranean and LYO, the Eastern Mediterranean region microbiology EQA programme was launched less than one year later, with a first survey in 2005 covering bacteriology (enteric and meningeal pathogens and antibiotic susceptibility testing), and parasitology (stool parasites, leishmaniosis and mycology).
Technical organization of the programme is done by two Eastern Mediterranean region country reference laboratories: the reference health laboratories of Iran and the Oman Central public health laboratory. Four referee laboratories from Europe, Africa and the Eastern Mediterranean region provide guidance and external quality control of materials sent to participating laboratories. Following structural and logistical refinements in 2006, surveys were sent out in 2007, 2008 and 2009.

A WHO consultative meeting was convened in Cairo on 7-8 December 2009 to review the programme. In 2009 the number of participating laboratories increased from 20 to 23 and two surveys were organized, compared to one in previous years. Analysis of the data will be completed in 2010. In 2009, the average turn-around time for the surveys was 25 days, compared to 34 days in 2008. The participation rate was stable and satisfactory, at 78% in 2009 versus 90% in 2008 and 76% in 2007. One laboratory scored 100% for all the parameters and four laboratories scored above 90%. The lowest score was 38%. Six laboratories scored between 40% and 60%, highlighting some areas for improvement.

The WHO EQA programme in the African region

Since 2002, the WHO Regional Office for Africa and LYO have jointly coordinated an African microbiology EQA programme. Technical organization of the programme is carried out by the National institute of communicable diseases, South Africa. In 2009, the programme was expanded to cover general bacteriology (diarrhoeal and meningeal pathogens and plague) and to test laboratory performance in processing other types of samples, such as wound swabs, or identifying and testing antibiotic susceptibility of other pathogens. A WHO consultative meeting will be convened in early 2010 to review the programme.

External global survey of laboratory quality standards and external quality assessment schemes

20 August 2009, Lyon, France: WHO, OIE and FAO - Launch of global survey on laboratory quality standards and laboratory external quality assessment schemes

In support of EQA programmes, WHO, in collaboration with the International Office of Epizootics (OIE), the Food and Agriculture Organization (FAO) and the International Atomic Energy Agency, launched, on 20 August 2009, an inventory of the existing written laboratory quality standards and guidelines, and the national and international laboratory external quality assessment schemes available worldwide. The global database will allow WHO, OIE, FAO and the International Atomic Energy Agency to better identify the resources and/or needs for developing laboratory quality standards and external quality assessment schemes, and guide the organizations in providing support to Member States where significant gaps are identified.

24-26 November 2009, Lyon, France: Technical consultation on feasibility of developing non-commercial EQA programme management software for use in resource-limited settings

WHO encourages its Member States to establish national EQA programmes to monitor the performance of their diagnostic laboratories, however, this is a challenge for many countries. The absence of commercially available EQA programme management software jeopardizes the successful management of EQA programmes. Non-commercial, free, flexible, multilingual and robust EQA programme management software would substantially facilitate the organization of EQA programmes in many countries. LYO convened a meeting, 24-26 November 2009, to study the feasibility of developing non-commercial EQA software for the benefit of the organizers of EQA programmes in resource limited settings. At the meeting, existing EQA software used in industrialized countries was reviewed, the needs in terms of EQA programme management software were determined and recommendations were made for the development, maintenance and implementation of such software.

Norms and standards

International efforts are underway to develop health laboratory standards that help to ensure quality. WHO supports the implementation of laboratory quality systems by mapping norms and standards in use worldwide and supporting countries in implementing internationally agreed standards according to country-specific needs.

In 2009 the LQS team launched a training toolkit developed through collaboration between LYO (LQS and NSS teams), the US CDC and the Clinical and laboratory standards institute. This toolkit is intended to provide comprehensive materials for designing and organizing training workshops for all stakeholders in health laboratory processes, from management to bench-work technicians.
Additional meetings and activities related to Laboratory quality systems

➔ 30 March-4 April 2009, Philadelphia, USA: Participation in the Clinical and laboratory standards Institute 2009 Leadership conference and subcommittee meeting on quality management systems.

➔ 30 August-4 September 2009, San Jose, Costa Rica: Participation in the Inter-American laboratory accreditation cooperation general assembly.

➔ 1-8 October 2009, Phoenix, Arizona, USA: Meeting of the Clinical and laboratory standards institute standing subcommittee on Quality management systems.

➔ 10-14 November 2009, Santo Domingo, the Dominican Republic: Workshop on Medical Laboratory Accreditation - Promoting Health and National Development. Hosted by the Inter-American Laboratory Accreditation Cooperation/Organization of American States/Caribbean Community and Common Market Regional Organization for Standards and Quality/EDF.


Strengthening human resources

A key element of laboratory quality and management strengthening is the development of partnerships and knowledge sharing between institutions. In 2009, LQS provided support to the finalization of a holistic approach to improving health laboratory services in the Asia-Pacific Region.

Support to the Asia-Pacific bi-regional strategy for strengthening health laboratory services (2010-2015)

➔ 23-25 June 2009, Bali, Indonesia: Asia-Pacific bi-regional strategy review meeting

To enhance visibility of health laboratories and advocate for development of national laboratory policy and plans, the WHO Regional Offices for South-East Asia and for the Western Pacific have drafted the Asia-Pacific Strategy for strengthening health laboratory services (2010-2015). The strategy advocates establishment of a sustainable and coherent national framework for laboratory services encompassing national laboratory policy, national regulatory mechanisms, an overall national laboratory plan with a designated focal point and an oversight mechanism that delivers safe and quality laboratory services. It also emphasizes building capacity for laboratory services including physical infrastructure, human resources, procurement and supply management, laboratory networks and information systems.

Given the synergy between WHO Headquarters activities and the bi-regional strategy for Asia-Pacific, a meeting with both regions was held 23-25 June in Bali, Indonesia. The status of health laboratories in the two Regions was reviewed and national mechanisms for the implementation of quality systems were identified. A major outcome of the meeting was finalization of the draft Asia-Pacific strategy.
Additional meetings and activities related to strengthening human resources

8-16 March 2009, Iraq and Jordan: Provided technical support to the meeting on the assessment of core capacities and plan of actions needed for the IHR implementation.

2-13 November 2009, Lyon, France: Organized the WHO Biosafety Level 3 Training Session for National Influenza Centres in collaboration with the French Food Safety Agency (AFSSA) and Emory University (USA).

Networking: The international laboratory twinning initiative

22-23 October 2009, Lyon, France: 3rd Meeting of the steering committee on the laboratory twinning initiative

The International Laboratory Twinning Initiative began in 2006 with the objective of contributing to the sustainable improvement of underdeveloped public health laboratory services through the establishment of twinning projects with developed laboratories. The twinned laboratories work on specific collaborative projects that address competencies needed to achieve this objective, based on an assessment of needs and mutually agreed priorities. Through laboratory twinning, reference laboratories from specialized institutions help resource-limited laboratories strengthen their diagnostic capability and scientific expertise so they can build their own capacities at the national level.

Thirteen twins were established in 2006, with start-up grants from WHO intended to help mobilize other resources for the projects; implementation of activities identified in the twinning projects started late 2007.

The progress made by twinning projects from the first call encouraged LYO to identify additional laboratories from developing and developed countries to engage in twinning partnerships. The third Meeting of the steering committee on the laboratory twinning initiative was held on 22-23 October 2009 at LYO. Updates were given on progress made and lessons learned by the 13 ongoing twinning projects from the first cycle; recommendations were made for twinning project management and the evaluation of seven new potential twinning proposals.

Additional meetings and activities related to Networking


12-13 November 2009 Buenos Aires, Argentina: Participation in the 2nd International strategic meeting of the Network of Public health and food regulatory agency laboratories (PulseNet) coordinated by the US CDC. Participants reviewed the six regional network updates and outlined network strategic plans on partnership and collaborations, strengthening relationships with epidemiologists, data sharing, communication and advocacy.

14-17 December 2009, Male, Maldives: Mission facilitated by LYO to explore collaboration under the umbrella of the laboratory twinning initiative between the Institute of Clinical Pathology and Medical Research at the University of Sydney, Australia, and Male public health laboratories.

1 - www.afssa.fr/
2 - www.emory.edu/home/index.html
3 - www.cdc.gov/pulsenet/
Special initiatives

USAID Emerging pandemic threats programme and the IDENTIFY project component on laboratory capacity building

Under its new Emerging pandemic threats five-year programme, USAID will work with WHO, the OIE and the FAO to support the development of animal and human health laboratory networks and strengthen diagnostic capacities in geographical hot-spots for emerging diseases. This umbrella project is composed of the following five awards: PREPARE (pandemic planning), PREDICT (wildlife surveillance), IDENTIFY (laboratory strengthening), RESPOND (field epidemiology) and PREVENT (communication and behaviour change).

As the focal point for the WHO Health Security and Environment cluster, the LQS team is leading the IDENTIFY project, contributing to the objective of pre-empting, or combating, at the source, emerging diseases of animal origin that could threaten human health. The hot-spot areas targeted for the first year of the project are the Congo Basin and Southeast Asia. A critical step in this effort will be the identification of candidate laboratories spanning the animal and human health sectors in each hot-spot. They will serve as a platform for integrated diagnostic networks for the rapid diagnosis and reporting of IHR/notifiable diseases, including an international reference laboratory network for the characterization of newly emerging agents.

Elements of a framework for the harmonization of international support for laboratory strengthening in resource limited settings

→ 28-30 October 2009, CDC, Atlanta, Georgia, USA: Technical consultation for harmonizing laboratory strengthening approaches in resource limited settings

With the increasing interest in strengthening laboratories in resource limited settings and in diseases of zoonotic origin that affect both human and animal health, a diverse group of experts met, 28-30 October 2009, to discuss and make recommendations for harmonization of approaches to laboratory strengthening.

A broader consultation is planned in 2010 to define the strategy and areas of work needed to foster support for global adoption of quality laboratory systems. Close collaboration among those responsible for human and animal health is essential for this initiative.

Partnership with the Mérieux Foundation

→ 20 March 2009, Dakar, Senegal: Technical support to the 1st Steering committee meeting of the West African laboratory network

WHO is supporting the Mérieux Foundation laboratory capacity strengthening effort through the West African laboratory network (Réseau d’Afrique de l’Ouest des Laboratoires) project conducted simultaneously in Mali, Burkina Faso and Senegal. In addition, there is an ongoing collaboration between the Mérieux Foundation and LYO on the continued development of an online platform supporting national laboratory capacity strengthening, the Global link for online biomedical expertise (GLOBE ), launched in April 2009.

Additional meetings and activities related to patient safety

LQS collaboration in the subregional demonstration project for strengthening surveillance and response in Central Africa

Within the scope of the five-year demonstration project in Central Africa supported by the Bill and Melinda Gates Foundation (see p. 12), LQS is part of the project management team and is involved in the assessment phase of the project in the selected countries: Cameroon, the Central African Republic and the Democratic Republic of Congo. In 2009, an assessment of the surveillance and public health laboratory system was carried out in the Democratic Republic of Congo, marking the starting point of the project. A comprehensive review of the surveillance systems and related laboratory capacity was conducted at the central level in three provinces by a multidisciplinary team from the Democratic Republic of Congo Ministry of health, WHO and the US CDC.
The main functions of the IHR communications group, based in Lyon, are to support the technical teams in Geneva and in Lyon in the production of their publications and other information products, raise IHR awareness and continue to identify opportunities for collaboration within Lyon’s extensive scientific community.

➔ Communications, local partnerships and networking

Information products and IHR awareness

To support WHO Member States in implementing the IHR, the IHR Coordination Department develops a wide variety of online training tools, CD-ROMs, videos and an IHR e-library tailored to the needs of different partners at all levels of the implementation process. It also has an extensive web site which seeks to provide all relevant tools in the six WHO official languages. The communications group supports the technical teams in the development of these tools. It also develops information products targeting general audiences to raise awareness about the IHR, and has set up an information line via e-mail to respond to individual queries from the general public as well as stakeholders and other partners. For more information on IHR information products and tools produced in 2009, please see page 47.

Collaboration with local partners

LYO grew out of the vision of the French Government, the Grand Lyon, the Fondation Mérieux and WHO. Lyon was chosen as the site of the WHO Office because of its scientific, institutional and industrial development strategy, centred on vaccinology, immuno-virology and biotechnology. Since its inception, the Office has sought to strengthen links with local institutions in Lyon and in France.

A new partnership agreement was signed on 13 April 2005 to maintain the WHO Lyon Office until 2010. Two new local partners - the Rhône-Alpes Region and the Rhône Department - have joined this endeavour for the next five years. The Institut Pasteur, which had already joined the initial partnership, also signed the new agreement. In 2009, LYO continued to build on these links and explore new areas for collaboration. Highlights of activities over the past year are presented below.
2009 highlight:

Further to the international technical consultation «Cities and public health crises» organized in October 2008 in Lyon in partnership with Lyon-biopôle, the Communications group worked with BioVision, the international life sciences forum, on two sessions for the BioVision 2009 event. The first was on “Managing urban epidemics,” with the participation of Dr David Heymann, then WHO Assistant Director-General, and Dr Guenaël Rodier, IHR Coordination Director. The second session “Communication during public health emergencies in cities,” included the participation of Professor Jean-Louis Touraine, First Deputy Major of the City of Lyon.

Collaboration with local partners in 2009

➔ 24 April 2009, Lyon, France: Presentation on management of public health crises in urban settings during the 2nd session in the series of Research Days organized by the Institute for strategic research (Institut de Recherche Stratégique Internationale (IRSI)).

➔ 18-19 September 2009, Lyon, France: For the third year since the opening of the Musée de sciences biologiques Dr Mérieux, staff from LYO participated in “European heritage days” by taking part in a question and answer session on infectious diseases and hosting a WHO information stand.

➔ 7 November 2009, Lyon, France: WHO participation in the inauguration of the temporary exhibition on tuberculosis at the Dr Mérieux Museum of biological sciences (Musée de sciences biologiques Dr Mérieux1).

ONLYLYON

Home to many scientific and international institutions including the International Agency for Research on Cancer, and the only biosafety level 4 laboratory in France, as well as many international institutions, the City of Lyon provides myriad opportunities for technical collaboration and partnerships.

To continue to make known its attributes and promote Lyon in the international arena, the City launched the ONLYLYON network of ambassadors. ONLYLYON is a unique initiative, founded by 12 partners in the metropolitan area. The LYO communications group has been a member of the ONLYLYON network since October 2008 and participates regularly in outreach activities and events.

1 - http://musee-science-merieux.musee-docteur-merieux.com/
Financial Summary for the Lyon Office

Total contributions for 2008-09 by source of funding US $ 12,133,000

- Grand Lyon: 9%
- Rhône Department: 8%
- Rhône-Alpes Region: 7%
- French Government: 5%
- WHO: 4%
- USAID: 3%
- Institut Pasteur: 11%
- Institut de Veille Sanitaire: 16%
- The Global Fund: 18%
- European Commission: 3%
- US CDC: 9%
- Gates Foundation: 6%

Expenditure by project area 2008-2009 biennium

- Management/Administration: 36%
- Communications: 20%
- Laboratory Quality and Management Strengthening: 18%
- National Surveillance and Response Strengthening: 14%
- Training design: 6%
- Ports, Airports and Ground Crossings: 4%
- Risk Communication: 2%
Each year LYO hosts interns from the local scientific institutions of higher learning. In 2009, the Office recruited four interns from the following institutions:

➔ Université Lumière Lyon 2;
➔ Faculté de Pharmacie Université Claude Bernard Lyon 1;
➔ Faculté de Médecine, Université Claude Bernard Lyon 1.

Today the office is comprised of 30 technical and support staff, recruited internationally and locally. Fourteen different nationalities are represented.
Activities run by the Geneva teams

Laboryatory Alliances and Biosafety (LBS)

The Laboratory Alliances and Biosafety (LBS) team promotes and supports common cross-cutting laboratory based activities with the goal of ensuring global connectivity through networking, harmonization, and commitment to ensuring a safe and secure laboratory environment.

LBS achieves this goal through connecting laboratory based networks and supporting organization-wide laboratory working groups, ensuring global commitment to biorisk management principles for safety and biosecurity in the laboratory and transport environments, developing cross-cutting collaborative projects that build IHR core capacities and providing technical support to public health events.

Four strategic axes:

• Building laboratory connectivity: Using the Global laboratory directory (GLaD) platform as a support system for building, connecting and sustaining laboratory and laboratory based surveillance networks.
• Consensus building among the WHO programmes with laboratory components: Supporting the WHO organization-wide laboratory working group to articulate and formulate strategies to strengthen laboratory systems.
• Ensuring biosafety and laboratory biosecurity: Helping Member States understand, adopt and implement biorisk management strategies to minimize the risk of infection through safe and secure practices in laboratory and transport environments and helping them accomplish these goals in a cost-effective manner.
• Providing assistance to WHO programmes and developing cross-cutting projects: Working with stakeholders to conceptualize and develop topical projects that contribute to implementation of laboratory-related IHR capacities.
Laboratory alliances and networks

➔ 7-8 December 2009, Geneva, Switzerland: GLaD platform strategic plan and steering committee stakeholders consultation

The LBS team promotes and supports global alliances and collaboration through the GLaD platform. The GLaD project supports the operational capacity of laboratory networks, providing a system that encourages networks to be part of a global community of peers. The project includes three key components:

1) maintaining a directory of global laboratory networks (GLaDMap), 2) initiating, facilitating and providing guidance to laboratory networks (GLaDNet) and 3) archiving resources including lessons learned, protocols and templates related to network operability (GLaDResource).

At the GLaD stakeholders consultation, the GLaD components and strategic plan were reviewed, and the project was endorsed. Participants saw a demonstration of the GLaDMap mapping tool; a plan of action and timeline were formulated for launching GLaDMap globally after completion of the pilot evaluation in the first quarter of 2010.

➔ 25-28 March, 2009, Bangkok, Thailand: Creation and launching of laboratory networks for cholera and other acute diarrhoeal diseases

With GLaDNet serving as a catalyst, representatives from relevant WHO programmes from three of the most affected WHO regions the African Region, the South-East Asia Region and the Western Pacific Region, WHO collaborating centre staff and key global experts in cholera and diarrhoeal diseases met in March 2009, in Bangkok, Thailand, to discuss the issues and challenges of the creation of a laboratory network.

➔ 21-22 June 2009, Geneva, Switzerland: Global laboratory network for cholera and other diarrhoeal infections

A second meeting was held in June, 2009, in Geneva, Switzerland, launching the Global laboratory network for cholera and other diarrhoeal infections. Since then, promotional outreach information has been created including a web site, brochure and presentations; key activities for the network have been identified and fundraising efforts have begun.

➔ 30-31 October 2009, Kolkata, India: Evaluation on use of rapid diagnostic tests for diagnosis of cholera during outbreaks

The network is currently undertaking an evaluation study on the use of rapid diagnostic tests for diagnosis of cholera during outbreaks. A task group for the study met in October 2009, in Kolkata, India, and developed a rapid diagnosis test evaluation protocol.

Participation in additional meetings

➔ 23-26 June, 2009, Umeå, Sweden: Co-organized and facilitated with the Swedish defence institute wet-laboratory exercise workshop with seven participating country teams was hosted by the Swedish defence institute.

➔ 15-16 October 2009, Annecy, France: Participated on a panel discussion during the 2nd Annual Global laboratory initiative meeting; presented on laboratory networks and GladNet.

➔ 28-29 October, 2009, CDC, Atlanta, Georgia, USA: Participated in international consultation on laboratory systems strengthening.
Activities run by the Geneva teams

Biosafety and laboratory security

In 2009, WHO addressed biosafety issues with the Global biosafety and laboratory biosecurity programme, which is supported by five WHO Collaborating centres: the CDC, USA; the National institutes of health, USA; the Office of laboratory security, Health Canada, Canada; the Swedish Institute for infectious disease control, Sweden; and the Victoria infectious diseases reference laboratory, Australia. Each nominates a focal point to be a member of the WHO Biosafety advisory group, which is consulted regularly to address global biosafety and laboratory biosecurity issues and to discuss activities, projects and collaborations. Additionally, a representative from each of the regional biosafety associations, the American, European, Asian-Pacific, Africa and Central Asian/Caucasus, are invited to participate in the Biosafety Advisory Group meetings.

Guidance on Regulations for the transport of infectious substances – 2009-2010

In January 2009, WHO released new guidelines for the transport of infectious substances, based on a completely new system providing information for classifying infectious substances for transportation and ensuring they are safely packaged. They stress the importance of developing a working relationship between those involved – the sender, the carrier and the receiver – in order to provide for the safe and expeditious transport of these materials.

Guidance on Regulations for the Transport of Infectious Substances – 2009–2010 is now available in English, French, Japanese and Spanish.

Other guidance and training materials produced in 2009 include:
→ A guide for shipping infectious substances
→ Index cards for shipping infectious substances
→ Infectious substances shipping training

More detailed information on the above documents is listed (on page 47) in the IHR publications and reference tools section.

Laboratory working group meetings in support of WHO global response to pandemic (H1N1) 2009

Information sharing and coordination are essential to avoid duplication or divergent activities and better address the needs in this resource-limited area of work. Under the IHR, coordination and information sharing are the first steps to improving resource leverage and harmonization of the cross-cutting functions of laboratories.

The WHO laboratory working group, launched in 2008 in Lyon, France, organized briefings from May through December on a regular basis to identify laboratory needs in line with the pandemic response.
WHO transport of infectious substances training and certification

In 2009, after several years of negotiation, WHO obtained the endorsement of both ICAO and IATA for its infectious substances training. As a result, in the future, successful trainees will receive a universally accepted certificate with WHO, ICAO and IATA logos. Electronic re-training is being developed, which will also be free of charge and accessible to those who have received infectious substances certification. This will help to ensure that shipping and packaging personnel can easily maintain their validity status without added costs to the individual or their institutions.

Additional activities and meetings related to biosafety and laboratory security

➔ 21 September - 2 October 2009, Geneva, Switzerland: Development of the programme for the biorisk management, advanced training programme development session.


➔ 2–3 November 2009, Lyon, France: Support to WHO biosafety Level 3 training for national influenza centres in collaboration with the LQS team, the WHO Global influenza programme and the French Food safety agency.

➔ 2–6 November 2009, Jakarta, Indonesia and Hanoi, Viet Nam: Co-facilitated the biorisk management awareness training programme in collaboration with the Norwegian agency, Det norske Veritas (DNV).

➔ 7–9 December 2009, Johannesburg, South Africa: Co-organized and co-facilitated training course on strengthening laboratory biosafety and biosecurity with the African Centre for integrated laboratory training, National health laboratory service, South Africa.

➔ 17–18 December 2009, Frankfurt, Germany: Participation in European Committee for standardization (CEN) workshop to develop an international agreement on the biosafety international competency.

Support to other WHO programmes

In 2009, the LBS team collaborated with the WHO Global Polio Eradication Initiative in the development and implementation of post-eradication containment guidelines (Global action plan III) for the containment of Mycobacterium tuberculosis and with the Stop Tuberculosis Programme in the development and implementation of guidance on biosafety related to tuberculosis laboratory diagnostic procedures. Towards the safekeeping of eradicated dangerous pathogens, LBS supports the Protocol for biosafety and laboratory biosecurity by providing guidance for and visiting the two official WHO variola virus repositories; the Vector state research center of virology and biotechnology, the Russian Federation, and the CDC, USA.
In 2009, in collaboration with the Tropical disease research department, LBS organized and participated in the training of medical entomologists on the safety and security issues of working with genetically modified vectors.

21 August 2009, Geneva, Switzerland: IHR awareness workshop on national core capacities
Organized for Biological toxin and weapons convention delegations at the Palais des Nations, this workshop took place just before the Biological toxin and weapons convention expert meeting on disease surveillance and response which was held 24-28 August 2009. The workshop raised awareness and understanding of the IHR as a platform for countries to build up core capacities (to detect, assess, verify and report public health events). More than 68 delegates actively participated in the workshop.

Support to WHO global response to pandemic (H1N1) 2009
In 2009, LBS collaborated with the Global Influenza Programme, supporting the laboratory capacity building efforts for the diagnosis of pandemic (H1N1) 2009, with special training sessions and in the development and implementation of guidance documents recommending containment conditions for work with pandemic (H1N1) 2009 as well as viral subtypes of avian (H5N1).

Pandemic (H1N1) 2009 guidance released in 2009
- Action plan for strengthening influenza laboratory capacity
- Laboratory biorisk management for laboratories handling human specimens suspected or confirmed to contain pandemic (H1N1) 2009 causing the current international epidemics
- Instructions for transport of virus cultures (i.e. virus isolates) of candidate reassortant vaccine viruses of pandemic (H1N1) 2009
- Instructions for shipments of pandemic (H1N1) 2009 specimens and virus isolates to WHO collaborating centres for influenza
- Instructions for storage and transport of suspected or confirmed human and animal specimens and virus isolates of pandemic (H1N1) 2009
Additional activities and meetings

→ 16-20 March 2009, Asuncion, Paraguay and 30 November-4 December 2009, Abu Dhabi, the United Arab Emirates: Participation in the Interpol bioterrorism train-the-trainers sessions. These were the 7th and 8th sessions in a series that addresses security and public health issues in the event of a suspected deliberate biological agent use.

→ 22-27 March 2009, CDC, Atlanta, Georgia, USA and 30 November-4 December 2009, Vector state research center of virology and biotechnology, Koltsovo, Novosibirsk, the Russian Federation: Biosafety visits of the variola virus repository under the mandate of WHO.


→ 21-22 June 2009, Annecy, France: Participation in the Biosafety and biosecurity workshop, organized by the Ukrainian Science and technology centre.

→ 29-30 June 2009, Amman, Jordan: Participation the meeting, hosted by the US International council for life sciences, for the creation of the Biosafety and biosecurity network in the MINA region (Middle Eastern and North African region).


The NCM team supports Member States with IHR implementation through the development of guidelines, standards and tools, IHR core capacity assessment and planning, and monitoring and evaluation.

→ National Capacity Monitoring (NCM)

1. Assessment: the first step in implementing the IHR is determining a baseline of existing national surveillance and response capacities in accordance with Annex 1A of the Regulations. Based on this assessment, a plan of action for strengthening national IHR core capacities can be developed. A focus of NCM activity this year was the 15 June deadline for Member States to have assessed their core capacities and drafted plans of action.

2. Monitoring: once the national baseline capacity has been determined and plans of action developed, NCM supports Member States in monitoring progress in the implementation of IHR core capacities. In 2009, a monitoring tool, including a checklist and indicators for monitoring progress in the implementation of IHR core capacities was developed, and pilot testing of the tool began.

3. Evaluation: evaluation will be necessary to ensure that core capacities are present and functioning. This phase of NCM activity is foreseen in the coming years.

Country assessments of IHR core capacities

- 5-15 January 2009, Yemen
- 9-15 February 2009, Sierra Leone
- 7-13 March 2009, Jordan
- 13-24 June 2009, Kenya

WHO provided support to the AFRO and EMRO Regional Offices for the assessment of national IHR core capacities for surveillance and response:

→ A WHO team comprised of technical experts from EMRO, the WHO Country Office in Yemen and IHR Coordination, Geneva and Lyon supported the health authorities in Yemen on 5-15 January to conduct an assessment of national surveillance and response capacities for IHR.

→ The mission to Sierra Leone on 9-15 February was comprised of a WHO team, technical experts from AFRO, the WHO Country Office and IHR Coordination, Geneva, who worked in collaboration with the national health authorities.

→ The objectives of the mission in Amman, Jordan on 7-13 March were to identify core capacities for IHR implementation and to provide guidance on the use of assessment tools and identify ways to integrate IHR requirements into existing public health laws in Iraq.

→ The mission to assess IHR core capacities in Kenya from 13-24 June 2009 was carried out in collaboration with a team from AFRO, the Country Office and the Ministry of public health and sanitation. Assessments were made in all of the provinces in the country, including Nairobi province. The results were shared with major stakeholders and partners, and a plan of action for strengthening IHR core capacities will be developed shortly based on the findings and recommendations.

Upon request by the WHO Regional Offices for Africa and for the Eastern Mediterranean, an in-depth assessment tool for assessing national surveillance and response capacities for IHR, the Protocol for assessing national surveillance and response capacities for the international health regulations in accordance with Annex 1 of the Regulations, was initiated in 2008 and finalized in 2009.

As the 2009 deadline for Member States assessing national capacity and creating action plans approached, NCM, upon request, supported Member States more directly with their country assessments. Eight countries in two WHO regions (four African and four Eastern Mediterranean) requested NCM support with their assessments: Afghanistan, Cameroon, Kenya, Morocco, Oman, Sierra Leone, Uganda and Yemen. A WHO team comprised of technical experts from the respective region, the WHO Country Office and the IHR Coordination Department, WHO-Geneva, supported the national health authorities in this exercise.
15–22 June 2009, Johannesburg, South Africa: Review of preparedness and response capacity during mass gatherings
The NCM team provided support to an assessment mission in Johannesburg, South Africa led by the WHO Global Alert and Response Department to review public health aspects of preparedness and response concerning public health risks in the country in the context of mass gatherings, pandemic (H1N1) 2009 virus and IHR core capacities. The team assessed health measures implemented for mass gatherings using WHO mass gatherings tools, observed mass gathering health measures implemented during the 2009 Confederations Cup and made several site visits to airports, hospitals and stadia. It also met with national health authorities and the FIFA/local organizing committees to discuss and make recommendations for the 2010 world cup in South Africa.

4–6 August 2009, Lyon, France: Technical consultation on checklist and indicators for monitoring progress in the implementation of IHR core capacities in Member States
In consultation with experts in chemical, radiological, nuclear and zoonotic diseases and food safety, NCM has developed a monitoring tool to better monitor country progress in the implementation of the core surveillance capacities set out in the Regulations. This tool was reviewed and assessed in August by a group of international experts including representatives from the six WHO regional offices and technical partners. Selected Member States, international public health agencies and other partners attended the consultation. The expert review included the capacity building models proposed, the indicators (see textbox below), the attributes, and the analysis of monitoring results. Technical institutions included the CDC Atlanta, the European Centre for Disease Control, the Japanese National Institute of Infectious Diseases, the Institut de Veille Sanitaire, the African Field Epidemiology Network, the National Centre for Epidemiology and Population Health, the Australian National University, the University of Massachusetts, and consultants and technical experts from WHO Member States (Brazil, Canada, Democratic Republic of the Congo, France, Georgia, Japan, Kenya, Lebanon, the Philippines, Thailand, Uganda, the United States of America and Yemen).

Pilot testing of the finalized tool is being carried out in one to two countries per WHO region. Tests began in October, with Bahrain, Ghana and Uganda, and continued in December with China, India and Nepal. Field testing will continue with Cambodia, Canada, Egypt and Lao people’s Democratic Republic in January 2010.

Additional key meetings

Capacity Monitoring


2–4 December 2009, Brazzaville, the Congo: AFRO review meeting on Integrated disease surveillance (IDSR) to finalize the revised Technical guidelines for integrated disease surveillance and response in the African region, which now reflect the requirements under the revised IHR. The meeting was held in collaboration with the US CDC, WHO Headquarters and representatives from WHO intercountry teams and country offices.

Additional key meetings

5-15 October 2009, Kampala, Uganda: Integrated disease surveillance (IDSR) review meeting, assessment of national IHR surveillance and response capacities.

2-4 December 2009, Brazzaville, the Congo: AFRO review meeting on Integrated disease surveillance (IDSR) to finalize the revised Technical guidelines for integrated disease surveillance and response in the African region, which now reflect the requirements under the revised IHR. The meeting was held in collaboration with the US CDC, WHO Headquarters and representatives from WHO intercountry teams and country offices.

INDICATORS FOR MONITORING IHR IMPLEMENTATION

The following 20 indicators have been selected for monitoring IHR implementation in countries:

1. Laws, regulations, administrative requirements, policies or other government instruments in place sufficient for implementation of obligations under the IHR
2. Mechanism established for the coordination of relevant sectors in the implementation of IHR
3. IHR NFP functions and operations in place as defined by IHR(2005)
4. Indicator based (Routine) Surveillance includes early warning function for early detection of public health events
5. Event Based Surveillance established
6. Public Health Emergency Response mechanisms established
7. Infection Prevention and Control (IPC) established at national and hospital levels
9. Public Health Risks and Resources mapped
10. Mechanisms for effective risk communication during a public health emergency are established
11. Human resources available to implement IHR Core Capacity requirements
12. Laboratory services available and accessible to test for priority health threats
13. Laboratory biosafety and biosecurity practices in place
14. General obligations at PoE fulfilled
15. Effective surveillance established at PoE
16. Effective response established at PoE
17. Mechanisms established for detecting and responding to zoonoses and potential zoonoses
18. Mechanisms established for detecting and responding to foodborne disease and food contamination
19. Mechanisms established for detection, alert and response to chemical emergencies
20. Mechanisms established for detecting and responding to radiological and nuclear events

1 - Allows fulfillment of obligations.
2 - Relevant sectors and disciplines include: all levels of the health care system (peripheral, intermediate, central) as well as NGOs, INGOs and ministries of Agriculture (zoonosis, veterinary laboratory), Transport (transport policy, civil aviation, ports and maritime transport), Trade and/or Industry (Food safety and quality control), Foreign Trade or Department, Industry (Consumer protection, control of compulsory standard enforcement), for Communication, of Defence (Information about migration flow), Treasury or Ministry of Finance (Customs) of the Environment, of the Interior, or Home Office, Health, Tourism.
3 - Early warning component detects departures from normal.
4 - PoE Surveillance is considered as part of national surveillance system or as otherwise defined by the country.
Additional meetings and activities related to assessments and monitoring

→ 30 August-3 September, 2009, Atlanta, Georgia, USA: Presentation by NCM team on the IHR monitoring web-based tools at the Public health informatics network conference.

→ 16-20 November 2009, Nairobi, Kenya: IHR Coordination support to AFRO for the training of consultants for the assessment of national surveillance and response capacities.

IHR implementation research agenda
In 2009, the NCM team drafted an IHR implementation research agenda to pool ongoing research efforts, country feedback, results of dedicated research programmes and the best evidence on matters related to the implementation of the IHR. The agenda is designed to provide the following benefits:

1 - the evidence base needed to guide IHR implementation taking advantage of experience and lessons learned;

2 - a better understanding of both the public health and economic implications of implementing the IHR;

3 - the promotion and operation of a knowledge sharing platform and collaborative network of individuals, institutions and government bodies working on IHR related matters.

EC/ACP/WHO Partnership project on Health millennium development goals


→ 7-16 March 2009, Guyana
→ 10-23 June 2009, Angola
→ 4-7 September 2009, Kenya
→ 12-17 October 2009, Burkina Faso

In 2006, The European Commission and WHO created the EC/ACP/WHO Partnership project on Health millennium development goals. The main objectives are to reduce poverty, improve access to quality health services and better health policies.

In 2009, IHR Coordination provided technical support to the project on the following: review of project implementation in participating countries; review of national workplans; development of a film, “A long walk”, to raise awareness of the urgent need to improve access to quality health services in developing countries.
Activities run by the Geneva teams

The RPI team supports IHR implementation through four strategic areas:
1. fulfilling key WHO IHR obligations;
2. supporting the development of national legislation consistent with the IHR;
3. reporting on IHR implementation to WHO governing bodies and maintaining the IHR web site;
4. international travel and health.

➔ Regulations, Procedures and Information (RPI)

Fulfilling key WHO IHR obligations

The IHR provides the legal framework for the management of the global response to acute public health risks including those determined by the Director-General of WHO to constitute a PHEIC.

RPI supports countries in fulfilling key WHO obligations under the IHR by:
➔ providing IHR related advice and support to all WHO technical units and regional and country offices regarding the application and implementation of IHR requirements in their work;
➔ providing IHR related advice and support to IHR States Parties concerning application and implementation of the IHR (this is separate from and in addition to support for capacity building provided by other units);
➔ maintaining and supporting the NFP Network;
➔ managing access to the secure WHO event information site for NFPs and key partner organizations;
➔ maintaining and developing the NFP contact database and the IHR experts roster;
➔ supporting the entire process and activities relating to the IHR emergency committee and PHEICs, including the current ongoing pandemic (H1N1) 2009;
➔ managing the IHR review committee and emergency committees.

Secretariat of the pandemic (H1N1) 2009 emergency committee

In 2009, thanks to the timely reporting by States Parties to WHO through IHR NFPs, the world was alerted to the emergence and international spread of a virus that would eventually lead to the first pandemic of the 21st century and the first human pandemic since 1968. The Regulations’ requirements and procedures for detection, risk-assessment, information sharing and coordinated response provided an invaluable basis for action in the face of this global threat.

For the first time since their entry into force in 2007, the key elements of the Regulations were used by the Director-General to determine that the events occurring in Canada, Mexico and the USA in April 2009 constituted a PHEIC under the IHR. The RPI team played (and continues to play) a significant role in the WHO response to the pandemic. Its role in supporting the NFP network, providing access to the secure NFP/event information site, maintaining NFP contact details and maintaining and developing the IHR experts roster, was put to the test. The guidance materials and procedures prepared by RPI in light of earlier global exercises and in anticipation of the first PHEIC were crucial for the successful organization and administration of the emergency committee and related activities, particularly in light of the many legal and technical requirements in the IHR concerning PHEICs.

➔ suite p 44
On 25 April 2009, the first IHR emergency committee, successfully organized and convened at short notice and under emergency conditions, provided expert advice to the Director-General, who then made the determination that a public health emergency was occurring and issued the first IHR temporary recommendations. RPI facilitated the dissemination of the first IHR temporary recommendations for intensified surveillance to all States Parties. The emergency committee met a total of six times in 2009. Moreover, RPI contributed to the legal travel and trade related aspects of WHO’s response in support of Member States, particularly in terms of guidance regarding the application of IHR provisions to the pandemic situation.

Provisions of the Regulations dealing with the additional health measures States Parties may take that vary from WHO recommendations were brought into play. In particular, certain States Parties provided reports of measures that could significantly interfere with international travel and trade. Such information was shared with all countries through the IHR Event Information Site. RPI followed up, where appropriate, regarding certain measures.

Supporting the assessment and development of national legislation and regulations to implement the IHR

The 2005 Regulations are much broader in scope and contain a considerable shift in focus from the previous versions. Countries need guidance to understand the legal provisions set out in the revised IHR and take on this shift in focus. Accurate knowledge and understanding of the IHR provisions is crucial to ensure their accurate implementation.

Development of IHR guidance materials

In 2009, RPI developed detailed tools and guidance materials to support countries in assessing and potentially revising their domestic legislation, regulations and other governmental instruments to facilitate IHR implementation in national legislation:

1. Questions and answers, legislative reference and assessment tool, and examples. This toolkit for IHR implementation in national legislation includes guidance on legislative/regulatory assessment, follow-up and implementation; a legislative reference and assessment tool; examples of national legislation, regulations and other governmental instruments implementing the IHR from many countries; and additional references on assessing, revising and implementing public health legislation.

2. A brief introduction to implementation in national legislation. An essential introduction to legislative implementation of the IHR (2005) to assist States Parties in understanding and initiating these processes.

3. The National IHR Focal Point. This toolkit for IHR implementation in national legislation includes background and guidance.

These guidance documents are available online at: http://www.who.int/ihr/legal_issues/legislation/en/index.html

1 - Under Article 43 of the IHR, significant interference (with international traffic) means «the refusal of entry or departure of international travellers, baggage, cargo, containers, conveyances, goods, and the like, or their delay for more than 24 hours.»
Additional meetings and activities related to national legislation

➔ 22-23 January 2009, Barbados: Support to PAHO workshop on IHR implementation in national legislation in the Caribbean subregion.

Reporting on IHR implementation to WHO governing bodies and the IHR multilingual web site

Article 54 of the IHR requires States Parties and the WHO Director-General to report to the World Health Assembly on the implementation of the Regulations. World Health Assembly resolution WHA61.2 further states that such reports must be made on an annual basis. In 2009, RPI fulfilled this obligation for the WHO Director-General by reporting to the WHO Secretariat’s two governing bodies: the Executive Board of WHO and the World Health Assembly.

Core capacity questionnaire

In order to facilitate the required reporting of WHO and States Parties to the World Health Assembly, in 2008 and 2009 RPI prepared questionnaires regarding key activities for implementation in State Parties. The questionnaires were completed by the countries and the results collated and summarized in the report to the World Health Assembly. A summary of the results from these questionnaires can be found in official WHO documentation released in 2009².

The IHR multilingual web site

The IHR web site³ is available in the six official languages of the WHO.

This web site is updated on a regular basis and has until now been maintained by RPI in close collaboration with WHO’s corporate web site administration.

International travel and health

The RPI team is the WHO focal point on travel medicine, a new and growing area of medical specialization. The book International travel and health, updated annually, is a WHO bestseller. It covers all the main health risks to travelers and describes the relevant infectious diseases, including causative agents, modes of transmission, clinical features, geographical distribution and prophylactic and preventive measures. In 2009, the web site complementary to the book was redesigned to include an interactive map with information on malaria and yellow fever⁴.

1 - www.who.int/ihr/A61_R2-en.pdf
3 - www.who.int/ihr
4 - www.who.int/ith/en/
Yellow fever risk mapping revision working group
A WHO-led informal working group of experts on country specific mapping of yellow fever risk finalized its review of the list and maps of countries and/or areas with risk of transmission in accordance with Annex 7 of the Regulations. The recommendations of the group will be presented to an international consultation, scheduled to be held in 2010, shared with Member States and published in the 2011 edition of International Travel and Health.

➔ 30 November–1 December 2009, Geneva, Switzerland: WHO consultation on areas where aircraft disinfection measures are recommended for conveyances
In December an expert consultation was organized to review the criteria for determining the list of countries or areas for which WHO might recommend disinsection for departing conveyances, as set out in Annex 5 of the Regulations. A working group is being formed to finalize the list.

Ports, airports and ground crossings
RPI also works closely with the PAG team in support of IHR key obligations in this area of work. In 2009, the two teams organized several technical meetings to develop practical guidance for IHR implementation at PoE. These are described in greater detail under the PAG section on pages 17-22. The team also contributes to the work of the WHO unit responsible for mass gatherings events and contributed to the preparation of public health recommendations for the Hajj Pilgrimage as well as the WHO Global Forum on Mass Gatherings in Rome, 26-29 October, 2009.

In 2009 RPI also presented WHO work and policies on travel and health at the following international conferences:

➔ 22 May 2009, Hungary, Budapest: 11th Conference of the international society of travel medicine (CISTM11)
➔ 6-10 September 2009, Verona, Italy: 6th European congress on tropical medicine and international health and 1st Mediterranean conference on migration and travel health
➔ 18-22 November 2009, Washington, DC, USA: American society of tropical medicine and hygiene (ASTMH) 58th annual meeting
The IHR Coordination Department regularly develops tools to assist countries to strengthen their national capacity and to assist them in implementing the IHR. The development of these instruments is often done in partnership with other organizations. A list of tools released in 2009 is provided below.

**IHR publications and reference tools**

**General IHR information**

**IHR E-library:**
CD-ROM containing the entire e-library as of May 2009 for distribution at the World Health Assembly. While some documents are available in English only, many are available in French, Russian and Spanish:
www.who.int/ihr/elibrary/en/index.html

**Introduction to the Decision Instrument – Annex 2**
The online self-learning module on the IHR decision instrument “Annex 2,” became available in French and Spanish. The Arabic, Chinese and Russian versions are in production and will be made available in the first quarter of 2010:
https://extranet.who.int/ihr/training/

**Introduction to the IHR**
CD-ROM version of the online self-learning module Introduction to the IHR (parts 1 & 2), available in English, French, Portuguese, Russian and Spanish.

**IHR news**
The WHO quarterly bulletin provides updates on new guidance, tools and other relevant information to assist countries and other implementing partners with IHR implementation. No’s 6-9:

**Legal issues**

**A brief introduction to implementation in national legislation**
This document provides a brief introduction to legislative implementation of the IHR to assist countries in initiating these processes. Available in Chinese, English, French, Russian and Spanish:

**Toolkit for implementation in national legislation: The National IHR Focal Point (NFP)**
This toolkit provides guidance on (NFP) related IHR requirements in national legislation. Available in English only:
www.who.int/ihr/NFP_Toolkit.pdf

**Toolkit for implementation in national legislation**
Questions and answers, legislative reference and assessment tool and examples of national IHR (2005). Available in English only:
www.who.int/ihr/elibrary/legal/en/index.html

**Travel and Health**

**International travel and health (ITH)**
This yearly publication covers all the main health risks to travellers. It describes the relevant infectious diseases, including causative agents, modes of transmission, clinical features, geographical distribution and prophylactic and preventive measures. Available online in Arabic, Chinese, English, French, Spanish and Russian:
www.who.int/ith/en/
Ports, airports and ground crossings

**Assessment tool for core capacity requirements at designated airports, ports and ground crossings**
Developed to support countries in assessing existing IHR core capacities and capacity needs at points of entry:
www.who.int/ihr/ports_airports/PoE/en/index.html

**Guide to hygiene and sanitation in aviation, 3rd edition**
Developed in collaboration with the WHO Department of public health and environment:
www.who.int/water_sanitation_health/hygiene/ships/guide_hygiene_sanitation_aviation_3_edi

Laboratory quality and biosafety

**Laboratory quality management system training toolkit**
Developed by the WHO Lyon Office, the US Centers for disease control and prevention (CDC) - Division of laboratory systems: www.cdc.gov/dls/ and the Clinical and laboratory standards institute (CLSI): www.clsi.org
Available both on CD-ROM and online at:
www.who.int/ihr/training/laboratory_quality/en/index.html

A Guide for shipping infectious substances
Developed to assist shippers with classifying, documenting, marking, labelling, and packaging infectious substances:

Risk communication

**WHO outbreak communication planning guide**
The Guide first released in English, was developed in collaboration with more than 120 experts and practitioners and provides detailed capacity building recommendations for national public health authorities. The French and Spanish versions were published in 2009:

Response to public health emergencies in urban settings

**Cities and public health crises**
www.who.int/ihr/lyon/FRWHO_HSE_IHR_LYON_2009.5.pdf

**H1N1**

**Guidance on pandemic (H1N1) 2009**

**Case management of influenza A(H1N1) in air transport**
Developed in cooperation with the International civil aviation organization and the International air transport association, WHO, Geneva: www.who.int/ihr/travel/A(H1N1)_air_transport_guidance.pdf

**WHO Interim technical advice for case management of pandemic (H1N1) 2009 on ships**
Developed in collaboration with the Task force for pandemic (H1N1) 2009 response at WHO and with experts from countries and international organizations, WHO Geneva: www.who.int/csr/resources/publications/swineflu/cp011_2009_1029_who_guidance_H1N1_ships.pdf

**Pandemic influenza as 21st century urban public health crisis**
www.cdc.gov/eid/content/15/12/pdfs/1963.pdf
## IHR Collaborating Institutions

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<tr>
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* Location following the Rotation of the presidency
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IHR COORDINATION DEPARTMENT

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NATIONAL SURVEILLANCE & RESPONSE STRENGTHENING (NSS)

REGULATIONS, PROCEDURES & INFORMATION (RPI)

PORTS, AIRPORTS & GROUND CROSSINGS (PAG)

Department wide

Activities run by the Lyon teams

Activities run by the Geneva teams

Lyon duty station

Geneva duty station
ACTIVITY REPORT
2009

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