WHO’s activities to assist countries to manage biological threats

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WHO’s Mandate

• Preamble of the *WHO Constitution* of 1948
  – “THE STATES Parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and *security* of all peoples.”
  – According to article 2(d) of the Constitution WHO shall “... *furnish appropriate technical assistance and, in emergencies, necessary aid* upon the request or acceptance of Governments;... (This may require WHO to provide support to emergencies that might be caused by CBW.)
“Global public health response to natural occurrence, accidental release or deliberate use of biological and chemical agents or radionuclear material that affect health”  WHA55.16 (18 may 2002)

URGES Member States

- to treat any deliberate use as a global public health threat, and to respond to such a threat in other countries by sharing expertise, supplies and resources...;

REQUESTS the Director-General

- to strengthen global surveillance of infectious diseases, and contribute to any international response, as required;
- to provide tools and support for Member States, particularly developing countries, in strengthening their national health systems, with regard to emergency preparedness and response plans, including disease surveillance...;
- to continue to issue international guidance and technical information ...;
- to examine the possible development of new tools, .... and collective mechanisms concerning the global public health response”
World Health Assembly resolution WHA54.14 (21 May 2001)
World Health Assembly resolution WHA54.14 (21 May 2001)
Disease specific networks
(selected BW agents)

**BACTERIA**
- Anthrax (*Bacillus anthracis*)
- Brucellosis (*Brucella abortus, Brucella suis and Brucella melitensis*)
- Glanders (*Burkholderia mallei*)
- Melioidosis (*Burkholderia pseudomallei*)
- Tularaemia (*Francisella tularensis*)
- Plague (*Yersinia pestis*)
- Q Fever (*Coxiella burnetii*)
- Typhus Fever (*Rickettsia prowazekii*)

**FUNGI**
- Coccidioidomycosis (*Coccidiodes immitis*)

**VIRUSES**
- Venezuelan equine encephalomyelitis
- Smallpox (*Variola virus*)
Contain known risks

Activities on selected B agents

- Guidelines for surveillance and control
- Information materials
- Network of international experts
- Network of reference laboratories
- Training modules
- Epidemic intelligence and verification
World Health Assembly resolution WHA54.14 (21 May 2001)
Improve preparedness

Direct support to countries activities (2001-2002)

CSR Lyon Office

- 26 laboratories from Africa, Middle East, Eastern Europe strengthened (training, infrastructure, QA/QC)
- Biosafety programme operational
- Close support provided to intervention epidemiology training programmes (e.g. EPIET, TEPHINET)
- 31 National Plans for surveillance and early warning systems developed
Policy guidance on CBW

More than 100 experts from all WHO regions which act as in their personal capacities

- WHO’s chemical and biological scientific advisory group.

International Organizations and NGOs (FAO, ICRC, OIE, OPCW, WFP, UN, Harvard-Sussex Program, Pugwash).

9 informal meetings between February 1998 and November 2002.

Final publication expected to be released by June 2003.
**Current gap:** technical tools and mechanisms for supporting Member States in implementing the policy guidance provided by the 2nd edition “Public health response to biological and chemical weapons: WHO guidance”.

- Field manual
- Training
- Network of experts
World Health Assembly resolution WHA54.14 (21 May 2001)
Respond to the unexpected

International Public Health Authorities

National/District Public Health Authorities

Health Care System

Event

NGOs

Media

Private Sector

Effectively bypassing Public Health Authorities
Respond to the unexpected

Alert and response operations

Intelligence

Verification

Response

Follow-up
Respond to the unexpected

Initial Reporting Source (n=267): 1 January 2001 - 31 March 2002

- GPHIN: 43%
- MoH: 29%
- News media: 8%
- NGOs: 4%
- NGOs: 4%
- Other organisations: 1%
- Other UN agencies: 5%
- ProMED: 5%
- WHO: 5%
Respond to the unexpected

Verified Events: from March 2001 to Feb 2002

Number of events verified

N = 195

1
2
3
4
7
11
Respond to the unexpected

Dissemination of information
Respond to the unexpected

WHO operations

Alert and Response Operations
- Alert
- Logistic support
- Coordination of Response

Global Outbreak Alert and Response Network

Information Management
- Public Media

Operations Centre

Disease Specific Programmes
- Viral Haemorrhagic Fevers
- Food safety
- Epidemic Diarrhoeal Diseases
- Zoonoses
- Chemicals
- BCR working group
- Others

WHO Collaborating Centres and Reference Laboratories

WHO Regional Offices, Country Offices and Ministries of Health
- National Preparedness
- Laboratory strengthening
- Biosafety
- Epidemiology training
Respond to the unexpected

Gulu, Uganda, 2000-2001

- 425 cases and 6000 contacts over a 30,000 km² area
- 500 national and local staff and volunteers
- 120 international staff from 22 institutions
- Coordinated investigation, control and research
- First ever Ebola field laboratory
- Effective information management
- Targeted advisory notices on appropriate precautions and response
Respond to the unexpected

Activities of International Experts

Gulu, Uganda, 2000-2001

Person-day

0 200 400 600 800

Total
Laboratory
Case Mgmt.
Epidemiology
Coordination/Logistics

CDC MSF WHO ISS-Italy Canada UK Japan Others
Respond to the unexpected

Some WHO-facilitated epidemic response missions in the field, 1998-2001

No single institution has all the capacity!

Source: WHO, 2001
Respond to the unexpected

World Health Assembly resolution WHA54.14 (21 May 2001)
“...The purpose of the IHR is to ensure maximum security against international spread of diseases with minimum interference with world traffic and trade.”

Notification to WHO
- Cases cholera, plague and yellow fever, and when the area is free from infection
- Mechanism for sharing epidemiological information

Health Measures
Maximum measures to be applicable to international traffic - at point of arrival and departure (e.g. ports, etc.) for travellers and for transportation of goods (e.g. ships, aircraft, etc.) - which a Country may require for its protection against cholera, plague and yellow fever.
The revised IHR

Core concepts

- “public health emergencies of international concern”
- Core Capacities for national surveillance systems
- Option for confidential/provisional notification
- Implementation of tailored, evidence based, measures aiming at preventing unnecessary economic losses

- Rapid assistance to Member States
- Transparency in issuing evidence based recommendations
- National focal point for rapid exchange of information and verification of possible outbreaks or other PH emergencies
Thank you

http://www.who.int/