MEETING OF THE STATES PARTIES TO THE CONVENTION ON THE PROHIBITION OF THE DEVELOPMENT, PRODUCTION AND STOCKPILING OF BACTERIOLOGICAL (BIOLOGICAL) AND TOXIN WEAPONS AND ON THEIR DESTRUCTION

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Consideration of strengthening and broadening national and international institutional efforts and existing mechanisms for the surveillance, detection, diagnosis and combating of infectious diseases affecting humans, animals, and plants

Mechanisms being Implemented for Response to Outbreaks of Disease by Intergovernmental Organizations (World Health Organization (WHO), Food and Agricultural Organization (FAO), World Organization for Animal Health / Office International des Epizooties (OIE))

Background paper prepared by the Secretariat

CONTENTS

SECTION A: INTRODUCTION

1. This background paper broadly explores the response to disease outbreaks by intergovernmental organizations (World Health Organization (WHO), Food and Agriculture Organization (FAO) and the World Organization for Animal Health / Office International Epizooties (OIE). An overriding feature of this IGO triumvirate is that, despite their work to develop national contingency plans for rapidly responding to an infectious disease outbreak, none of the IGOs yet possess an internal strategy, including a chain of command, to deal with an alleged or confirmed deliberate release of disease.

SECTION B: GENERAL PRINCIPLES

2. Response activities begin even prior to an event/incident. These can include:

- Procedures containing a chain-of-command;
- Plans for epidemiological investigations;
- Procedures for handling affected samples;
- Field containment;
- Quarantine or isolation (if necessary);
- Vaccination;
- Prophylaxis;
- Decontamination;
- Disinfection; and
- Disinfestation

3. Epidemiological investigations should cover humans, animals, plants, conveyances, containers, cargo, or goods.

4. Early reaction to disease outbreaks is aimed at controlling and eliminating the disease to prevent it from becoming epidemic or even pandemic. Rapid and effective responses rely on testing standard operating procedures and training responsible officials in preparedness and emergency response. Each country will have disease-specific plans for those diseases considered high risk. Disease-specific plans can be used to supplement standard operating procedures for emergency response.

5. Contingency plans consider the development and adoption of suitable countermeasures into standard operating procedures to ensure safety, minimise disruption and maintain continuity of work in cases of naturally occurring endemic, epidemic outbreaks and accidental and intentional release of pathogenic micro-organisms and toxins within facilities, into the environment and during transit.

MONITORING

6. Once response procedures have begun and the disease outbreak is being contained and eliminated, on-going field and laboratory monitoring and surveillance of the affected area are necessary to confirm freedom from disease. Sometimes areas affected by a disease outbreak are required to obtain certification to demonstrate freedom from disease over a certain time frame so that essential services, trade and travel can resume to and from the affected area.

ANALYSIS

7. The performance of outcome data assessments are used to determine the efficacy of interventions and response methods, and the assessments can be employed to create case studies. These case studies can then be analysed to test standard operating procedures, training methods and interventions. Analysed data can then assist in identifying priority research and training areas within the public health, animal health and agricultural sectors, as well as in identifying training objectives for national emergency response officials in local and national government, the police, the media and possibly the military.

8. Geographical Information Systems (GIS)can provide scientists and human, animal and plant health officials with the tools necessary to predict outbreaks of disease, particularly those with insect vectors, for a given location, climate and season. GIS uses geographical data to create digital maps and models. GIS data collection comes from different sources, including: remote sensing (satellite and aerial photography), geographical positioning systems (GPS), tabular data from hospital records, census bureaus, farms, abattoirs, morgues, and port authorities.

9. GIS can provide a multi-layered approach to further understand a disease's epidemiology, including the distribution of that disease in relation to a number of variables, such as: species, age, sex, time, vector transmission and seasonal climatic changes. Predictive models can be simulated to assist in the development of contingency plans and identifying the possible need for surge capacity. GIS models could help in the identification of normal variations of the endemic nature of a disease against which deviations can be better detected.

SECTION C: DISEASE EMERGENCIES: CONSEQUENCE MANAGEMENT

10. Consequence management is the co-ordinated emergency response unique to effective mitigation of safety and security consequences of naturally occurring epidemic outbreaks, accidents or incidents involving pathogenic micro-organisms and toxins. Emergency management is generally a local or national responsibility, however, WHO, OIE and FAO are able to provide their Member States with assistance in prevention, preparedness, response and recovery in the event of a disease outbreak that could overwhelm local or national capacity.

11. Since emergency management procedures require updating and continual review, disease surveillance activities provide necessary information for responsible local and national disaster officials to assess priority risks and how to manage them. Since it is not feasible to prepare for all contingencies, WHO, OIE and FAO all support generalised/standardised risk assessment and

emergency response principles and maintain lists of experts both in the field and within laboratories. Additionally, some disease-specific procedures are also in place. Acceptable levels of risk are established domestically. Divergence between levels of risk can complicate ensuring a homogenous national response. Such problems can also occur internationally, as divergence of risk levels between the initial country affected and contiguous countries may also occur.

12. WHO, OIE and FAO will treat all disease outbreaks as natural unless otherwise proven or specified due to overt threats. Disease-specific plans, vulnerability and threat assessments can supplement existing national emergency preparedness and response plans. The difference will be in response measures taken once it is determined whether an outbreak is intentional versus unintentional. Emergencies arising from possible deliberate use — whether they have actually occurred or have yet to occur — would fundamentally transform the context in which the public health, animal or plant health services must be delivered in order to ensure human, animal or plant safety and security.

SECTION D: THE WHO, OIE AND FAO

THE WORLD HEALTH ORGANIZATION (WHO)

13. The World Health Organization (WHO) is the United Nations specialized agency for health. Health is defined in WHO's Constitution as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

14. WHO is governed by 192 Member States through the World Health Assembly, whose main tasks are the approval of budgetary and major policy issues. Any change in WHO’s mandate requires consensus from its Member State constituency during a World Health Assembly meeting.

15. WHO's Secretariat headquarters in Geneva is supported by six regional offices:

- Regional Office for Africa - located in Brazzaville, Republic of Congo;
- Regional Office for Europe - located in Copenhagen, Denmark;
- Regional Office for South-East Asia - located in New Delhi, India;
- Regional Office for the Americas/Pan-American Health Organization -located in Washington D.C., USA;
- Regional Office for the Eastern Mediterranean - located in Cairo, Egypt; and a
- Regional Office for the Western Pacific - located in Manila, Philippines.

16. WHO also designates Collaborating Centres. Such Centres are national institutions designated by the Director-General of the World Health Organization to form part of an international collaborative network carrying out activities in support of WHO’s mandate for international health work and its programme priorities. These Centres contain expertise in communicable and zoonotic disease diagnosis and epidemiology. An entire institution, or a department or laboratory within an institution, or a group of facilities for reference, research or training belonging to different institutions, may be designated as a "WHO Collaborating Centre".

17. These Collaborating Centres are vital for WHO's Department for Communicable Disease Surveillance and Response (CSR) to investigate, confirm and control outbreaks of communicable disease, to carry out laboratory diagnosis, to develop and improve diagnostic tests, to produce and distribute diagnostic reagents and standards, to organise and provide specialized training and transfer of technology, and also to prepare, conduct and evaluate research.

18. The WHO's Communicable Disease Surveillance and Response (CSR) actively works with its partners to contain known risks, respond to the unexpected and improve preparedness. To this end it works with Member States at their request to improve their capacity to detect, verify rapidly and respond appropriately to epidemic-prone and emerging disease threats when they arise, to minimize their impact on the health and economy of the world's population.

19. In 2001, the World Health Assembly recognized the security threats to public health posed by epidemic prone and emerging infections. It adopted the resolution "global health security - epidemic alert and response" (WHA54.14) which made specific recommendations to WHO and its Member States (text included in Annex I).

20. In 2002 the World Health Assembly adopted resolution WHA55.16 which requested the WHO's Director-General to strengthen activities on global public health preparedness and response to deliberate use of biological and chemical agents or radionuclear material that affect health (see Annex II).

International Health Regulations (IHR)

21. In 1951, shortly after the establishment of a UN specialized agency for human health, the Member States of the WHO adopted what are known as the International Sanitary Regulations (ISR). The aim of the ISR was to provide a set of rules to protect against 'quarantinable diseases'. These rules were updated in 1969 and were renamed the International Health Regulations (IHR). Diseases requiring reporting in the 1960s-70s were reduced from six to three due to the success of active WHO disease eradication programmes. In 1981 the three diseases that necessitated reporting under the IHR included cholera, plague and yellow fever. The guiding principle of the IHR is to 'prevent international disease spread by early detection of events that threaten public health' and to do this in real time.

22. In 1995 consideration of the IHR's scope led to a revision process that is seeking to create 'a framework within which WHO and others can actively assist States in responding to international public health risks by directly linking the revised Regulations to WHO's alert and response activities'. In May 2003, Resolution WHA56.28 Revision of the IHR decided to "establish an intergovernmental working group open to all Member States to review and recommend a draft revision of the International Health Regulations for consideration by the Health Assembly under Article 21 of the WHO Constitution."

23. The draft proposal for revision of the IHR[1] was circulated to Member States in January 2004. States views on these proposals are now being ascertained through a series of regional consultations. A new draft of the proposals, based on the results of these consultations, will be subject to negotiation at the intergovernmental working group meeting in November 2004. The revised Regulations will then serve as the legal framework for WHO's global health security and epidemic alert and response strategy (Annex V). Implementation of the IHR is the responsibility of Member States, WHO and other partners (e.g. conveyance operators). Each Member State should designate a National Focal Point for the IHR to act as the contact for WHO in all matters relating to the application of the regulations. Together with WHO, the National Focal Point will participate in the notification of potential public health emergencies of international concern. In the event of the need for specific temporary recommendations, WHO can communicate to national health administrations through the National Focal Point.

Response

24. The IHR indicates a set of minimum core response capacities required at the national level. Each health administration should 'develop and maintain the capacity to detect and report' in accordance with the Regulations those events and public health risks that could potentially constitute public health emergencies of international concern.

25. In April 2000, WHO formally launched the Global Outbreak Alert and Response Network (GOARN) as an operational mechanism for effectively coordinating international response and assistance to keep the evolving infectious disease threat under close surveillance and facilitate the rapid containment of outbreaks. GOARN is comprised of 110 existing networks that are electronically linked to provide real-time alerts of outbreaks and support to response activities to assist Member States.

26. GOARN strengthens the response of existing capabilities of national, regional and disease-specific networks such as: the Global Public Health Intelligence Network (GPHIN) which continuously scans electronic sources; WHO's influenza surveillance network (FluNet); the Pacific Public Health Surveillance Network (PACNET) which links Pacific health ministries and allied institutions to harmonise surveillance data; the Centers for Disease Prevention and Control Alert Systems which includes domestic and international networks looking at foodborne outbreaks; WHO's Alert and Response Operations which is in place to assist Member States on request to verify disease outbreaks which are then shared through the weekly WHO Outbreak Verification List (OVL) and distributed through the WHO/CSR website and the Weekly Epidemiological Record.

27. The response to communicable disease events consists of intervention activities to control the outbreak event. These intervention activities can be preceded by an investigation and research phase if little or nothing is known about the aetiology and the impact of the event.

[1] International Health Regulations – Working paper for regional consultations. Intergovernmental Working Group on the Revision of the International Health Regulations. World Health Organization, Geneva. Document IGWG/IHR/Working paper/12.2003, 12 January 2003, accessible in all WHO official languages at the following Web address: http://www.who.int/csr/ihr/revisionprocess/working_paper/en/

28. Currently, WHO's role in an outbreak response is to:

- Provide authorative technical advice and support to affected States;
- Provide immediate expertise from WHO staff as well as from experts of the GOARN partners; mobilise and facilitate an international response, including fund raising and risk communication;
- Coordinate the scientific efforts for etiological investigation and disease characterization.

29. WHO is also the source for accurate and timely information for the press and the general public. Response mechanisms are co-ordinated either bilaterally, multilaterally or through United Nations co-ordination. The advantage of a WHO co-ordinated response is that WHO provides an element of neutrality and has international networks—again, this issue requires more consideration in the event that WHO is called on to investigate a suspected covert or overt deliberate disease outbreak.

30. WHO is also the source for accurate and timely information for the press and the general public. Response mechanisms are co-ordinated either bilaterally, multilaterally or through UN co-ordination. The advantage of a WHO co-ordinated response is that WHO provides an element of neutrality and has international networks—again, this issue requires more consideration in the event that WHO is called on to investigate a suspected covert or overt deliberate disease outbreak.

31. During emergencies, outbreak alert and response can take longer. Several constraints impede an efficient response, such as: breakdown of health services, lack of governance, limited access, multiple agencies, and logistic difficulties. Moreover, outbreaks that occur in emergencies where there is no internationally recognized government also pose a problem for reporting under the IHR.

32. To co-ordinate an efficient response to an outbreak in an emergency the following challenges ought to be addressed beforehand in national emergency preparedness and response plans: the need for rapid assessment of main epidemic threats, for putting early warning systems in place, for emergency laboratory support, for trained international and local staff, and for co-ordination of international teams of experts. The message here is that to improve response, there needs to be adequate focus on preparedness at the local, national, regional and international levels. Although disease emergencies are specific disasters, standard operating procedures like those generated by the WHO Department of Emergency and Humanitarian Action (EHA), Health Action in Crises (HAC) cluster, provide models for Member States.

Responding to intentional use of biological agents

33. In the absence of an international organization to monitor and implement the BTWC, the international community is looking to WHO, among others, for guidance. Following the adoption of WHA55.16 on Deliberate Disease in 2002, WHO put together an inter-cluster working group on preparedness and response to natural occurrence, accidental release or deliberate use of biological and chemical agents or radionuclear materials that affect health. The WHO Programme for Preparedness for Deliberate Epidemics (PDE), in close collaboration with other departments in headquarters and regional offices, focuses on facilitating preparations for

such contingencies that are attuned to the different risk and threat assessments and levels of preparedness of individual WHO Member States.

34. WHO will assess preparedness and response programmes that address the following:

- Procedures for command, control and communication;
- Plans for epidemiological investigations;
- Guidance for the clinical management of cases, including mass-causalities management;
- Guidance for the management of deceased;
- Pre-hospital and hospital activities
- Procedures for handling samples;
- Guidance for laboratory diagnosis;
- Quarantine or isolation (if necessary);
- Public information and risk communication;
- Treatment, prophylaxis, decontamination, disinfection, and disinfestation;
- Mental health;
- Environmental health and sanitation;
- Community support, welfare and temporary settlements.

35. PDE activities also include the drafting of guidelines to assess national health preparedness and response programmes for the deliberate use of biological and chemical agents, along with the development of networks of laboratories and experts. Guidelines have been field-tested in two countries to date.

36. The publication of WHO's *Public health response to biological and chemical weapons: WHO guidance* addresses procedures to respond to the deliberate use of biological and chemical weapons and recounts lessons learnt from historical incidents where biological or chemical agents have been used.

THE FOOD AND AGRICULTURAL ORGANIZATION (FAO)

37. Transboundary animal and plant pest diseases fall under the rubric of the FAO's mandate and are covered by the Emergency Prevention System (EMPRES-Livestock component) and the International Plant Protection Convention (IPPC), respectively. Both EMPRES and IPPC rely on risk analyses to prevent, respond and communicate the occurrence, and/or outbreak of infectious animal and plant diseases as well as to assist in the verification of freedom of disease.

Emergency Prevention System for Transboundary Animal and Plant Pests and Diseases (EMPRES)

38. The Emergency Prevention System for epidemic animal diseases (EMPRES) was established as a priority programme within FAO by the Director General in 1994, and focuses on the control and elimination of transboundary animal diseases as well as detecting and responding to emerging pathogens. The plant component of EMPRES focuses on early warning and reaction to avert the devastation caused by the desert locust. The mission of the animal health

component of EMPRES, and the activities of FAO that preceded its creation, were to promote the effective containment and control of the most serious livestock diseases by progressive elimination on a regional and global basis through international co-operation. Specifically, EMPRES precepts focus on Early Warning, Early/Rapid Reaction, Enabling Research and Co-ordination of activities among countries and regions or among the private and private sectors involved in animal health and related animal products.

39. Early warning and early reaction combined with FAO's Good Emergency Management Practice (GEMP) is a an attempt to manage transboundary animal diseases to promote safe and healthy animal production around the world.

Good Emergency Management Practice (GEMP)

40. Good Emergency Management Practice, in animal health, is the sum total of organised procedures, structures and resource management that lead to early detection of disease or infection in an animal population. It also includes prediction of the likely spread, prompt limitation, targeted control and elimination, with subsequent re-establishment of verifiable freedom from infection in accordance with the (OIE) International Animal Health Code; recently renamed as the *Terrestrial Animal Health Code*.

41. The GEMP programme is organised according to a theory such that the end result should be a measurable contribution made by the program to define and implement "Good Emergency Management Practice". The GEMP programme is organised using the following modules: "Planning", "Recognising", "Responding" and "Recovering".

42. The model for this goal parallels that of the international success of Good Clinical Practice (GCP) over the past three decades. Since its introduction, GCP has come to regulate the conduct of clinical research worldwide. GCP works through protocols and procedures, and has an interest in "adverse events" and "serious adverse events", both of which have many affinities with GEMP and the emergency situations in case of animal disease epidemics, with or without public health implications.

43. The GEMP program for transboundary animal and plant pests and diseases offers standard control measures to be implemented during an emergency from the first suspicion of the case, to the investigation, identification, control, and eradication of the disease. It has been published as a multimedia and internet-based resource (http://www.fao.org/ag/AGA/AGAH/EMPRES/e_gemp.htm). It provides two types of services: (1) operational assistance in setting up emergency prevention and response capabilities; and (2) comprehensive, peer-reviewed documentation written by experts in the field with extensive senior management experience in the field of Emergency and Contingency planning.

44. The GEMP programme contains:

- Comprehensive descriptions of best policies and practices;
- Authoritative manuals, written or adapted for GEMP;
- Standard Operating Procedures with interactive checklists for emergency preparedness planning and response;

- Example overview programs on important transboundary animal diseases (i.e. African swine fever, foot-and-mouth disease, Rinderpest);
- Information on laboratory techniques for agent detection and identification;
- Diagnostic photographic aids, training materials, video clips, diagrams and maps;
- Links to laboratories worldwide as well as organizations involved in emergency management.

45. FAO recommends that it be compulsory to notify all transboundary and other emergency animal diseases within a country, and offers expert assistance to countries where investigative work, sample collection, and dispatch are difficult.

Early Warning Systems

46. Early warning is identified as all disease initiatives, based predominantly on epidemiological surveillance, that would lead to improved awareness and knowledge of the distribution of disease or infection and that might permit forecasting further evolution of an outbreak. Early warning systems encompass:

- Disease surveillance;
- Training;
- Awareness/Education programmes;
- Specialist diagnostic teams; and
- Laboratory diagnostic capabilities.

Early Reaction Systems

47. The concept of early reaction incorporates all actions that would rapidly and effectively contain, or lead to the elimination of, a disease outbreak, including contingency planning and emergency preparedness. It is designed to prevent an outbreak from becoming an epidemic. EMPRES publishes a number of manuals on emergency preparedness and contingency planning and conducts workshops on national animal disease surveillance and emergency planning in Africa, Central Europe, the Americas and Asia. Early reaction systems encompass:

- Contingency planning;
- Specific disease plans;
- Standard operating procedures;
- Enterprise manual;
- Support plans; and
- Testing the plans and training.

WORLD ORGANIZATION FOR ANIMAL HEALTH / OFFICE INTERNATIONAL DES EPIZOOTIES (OIE)

48. OIE is not specifically involved in the response to contain and control animal disease outbreaks (livestock and/or wildlife populations). Advice on standard operating procedures to be used by national veterinary authorities is provided by the OIE in the *International Animal Health*

Code, but OIE does not involve itself in epidemiological investigations and response.

Emergency Preparedness

49. Information on Disease Emergency Preparedness in OIE Member Countries can be found on the OIE website (http://www.oie.int) which describes National Disease Contingency Plans and Disease Introduction Simulation Exercises between OIE Member Countries. Its objective is to serve as a template for sharing experience among OIE Member Countries in the development and testing of national disease contingency plans. Again, there appears to be a degree of overlap here as with FAO's EMPRES model.

50. In June 2003, the Director-General of OIE stated that, "The OIE, being the international reference scientific organization for animal health issues and zoonoses, has not remained oblivious to this situation. An international conference on 'Emergency management preparedness and response' will be organised soon with the participation of the 164 Member Countries of the OIE. The ultimate goal is to protect and improve public and animal health conditions in all countries, including in circumstances involving deliberate introduction of diseases, while facilitating and ensuring the safety of international trade in animals and animal products.

51. Many countries share a common concern about the natural occurrence or deliberate misuse of pathogenic biological agents that could affect public health, food and animal production. Existing methods of disease prevention and containment, regulations, guidelines and standards are being extended at both national and international levels to improve the ability of countries to prevent, manage and recover from natural, accidental or deliberate introduction of animal diseases. However, there are, at present, substantial differences between countries in the perception of national threat from the deliberate use of pathogenic biological agents.

Annex I

EXTRACT FROM THE FIFTY-FOURTH WORLD HEALTH ASSEMBLY (WHA54.14)

Agenda item 13.3 21 May 2001

Global health security: epidemic alert and response

The Fifty-fourth World Health Assembly,

Recalling resolutions WHA48.7 on the International Health Regulations, WHA48.13 on new, emerging and re-emerging infectious diseases, and WHA51.17 on antimicrobial resistance;

Recalling that public health is a priority for development and that combating communicable diseases, which are a major burden in terms of human mortality and morbidity, provides important and immediate opportunities for progress;

Mindful of the globalization of trade and of the movement of people, animals, goods and food products, as well as the speed with which these take place;

Recognizing that, as a result, any upsurge in cases of infectious disease in a given country is potentially of concern for the international community,

EXPRESSES its support for:

(1) ongoing work on the revision of the International Health Regulations, including criteria to define what constitutes a health emergency of international concern;

(2) development of a global strategy for containment and, where possible, prevention of antimicrobial drug resistance;

(3) collaboration between WHO and all potential technical partners in the area of epidemic alert and response, including relevant public sectors, intergovernmental organizations, nongovernmental organizations and the private sector;

URGES Member States:

(1) to participate actively in the verification and validation of surveillance data and information concerning health emergencies of international concern, together with WHO and other technical partners;

(2) to develop and update national preparation and response plans;

(3) to develop training for the staff involved and the exchange of good practice between specialists in response to alerts;

(4) to update regularly information on the resources available for the surveillance and control of infectious diseases;

(5) to designate a focal point for the International Health Regulations;

REQUESTS the Director-General:

(1) to devise relevant international tools, and to provide technical support to Member States for developing or strengthening preparedness and response activities against risks posed by biological agents, as an integral part of their emergency management programmes;

(2) to provide technical support to Member States for developing intervention programmes that prevent epidemics and respond to communicable disease threats and emergencies, particularly with regard to epidemiological investigations, laboratory diagnoses and community and clinical management of cases;

(3) to make appropriate arrangements for the development of regional preparedness and response plans;

(4) to provide support to Member States for strengthening their capacity to detect and respond rapidly to communicable disease threats and emergencies, especially by developing the laboratory skills needed for diagnosis and providing training in epidemiological methods for use in the field, particularly in the most exposed countries;

(5) to make available relevant information on public health risks to Member States, relevant intergovernmental organizations and technical partners;

(6) to provide technical support to Member States in the implementation of national efforts to contain and prevent resistance to antimicrobials.

Annex II

EXTRACT FROM THE FIFTY-FIFTH WORLD HEALTH ASSEMBLY (WHA55.16)

Agenda item 13.15 18 May 2002

Global public health response to natural occurrence, accidental release or deliberate use of biological and chemical agents or radionuclear material that affect health

The Fifty-fifth World Health Assembly,

Underlining that the World Health Organization focuses on the possible public health consequences of an incident involving biological and chemical agents and radionuclear material, regardless of whether it is characterized as a natural occurrence, accidental release or a deliberate act;

Having reviewed the report on the deliberate use of biological and chemical agents to cause harm: public health response (Document A55/20);

Seriously concerned about threats against civilian populations, including those caused by natural occurrence or accidental release of biological or chemical agents or radionuclear material as well as their deliberate use to cause illness and death in target populations;

Noting that such agents can be disseminated through a range of mechanisms, including the food- and water-supply chains, thereby threatening the integrity of public health systems;

Acknowledging that natural occurrence or accidental release of biological, chemical agents and radionuclear material could have serious global public health implications and jeopardise the public health achievements of the past decades;

Acknowledging also that the local release of biological, chemical and radionuclear material designed to cause harm could have serious global public health implications and jeopardize the public health achievements of the past decades;

Recalling resolution WHA54.14 on global health security: epidemic alert and response, which stresses the need for all Member States to work together, with WHO and with other technical partners, in addressing health emergencies of international concern, and resolution WHA45.32 on the International Programme on Chemical Safety, which emphasized the need to establish or strengthen national and local capacities to respond to chemical incidents;

Recognizing that one of the most effective methods of preparing for deliberately caused disease is to strengthen public health surveillance and response activities for naturally or accidentally occurring diseases,

URGES Member States:

(1) to ensure they have in place national disease-surveillance plans which are complementary to regional and global disease-surveillance mechanisms, and to collaborate in the rapid analysis and sharing of surveillance data of international humanitarian concern;

(2) to collaborate and provide mutual support in order to enhance national capacity in field epidemiology, laboratory diagnoses, toxicology and case management;

(3) to treat any deliberate use, including local, of biological and chemical agents and radionuclear attack to cause harm also as a global public health threat, and to respond to such a threat in other countries by sharing expertise, supplies and resources in order rapidly to contain the event and mitigate its effects;

REQUESTS the Director-General:

(1) to continue, in consultation with relevant intergovernmental agencies and other international organizations, to strengthen global surveillance of infectious diseases, water quality, and food safety, and related activities such as revision of the International Health Regulations and development of WHO's food safety strategy, by coordinating information gathering on potential health risks and disease outbreaks, data verification, analysis and dissemination, by providing support to laboratory networks, and by making a strong contribution to any international humanitarian response, as required;

(2) to provide tools and support for Member States, particularly developing countries, in strengthening their national health systems, notably with regard to emergency preparedness and response plans, including disease surveillance and toxicology, risk communication, and psychosocial consequences of emergencies;

(3) to continue to issue international guidance and technical information on recommended public health measures to deal with the deliberate use of biological and chemical agents to cause harm, and to make this information available on WHO's web site;

(4) to examine the possible development of new tools, within the mandate of WHO, including modelling of possible scenarios of natural occurrence, accidental release or deliberate use of biological, chemical agents and radionuclear material that affect health, and collective mechanisms concerning the global public health response to contain or mitigate the effects of natural occurrence, accidental release or deliberate use of biological, chemical agents and radionuclear material that affect health.

Annex IIII

EXTRACTS FROM THE WORLD HEALTH ORGANIZATION'S DRAFT INTERNATIONAL HEALTH REGULATIONS

ARTICLE 5 NOTIFICATION

1. Health administrators shall notify WHO by the most rapid means of communication available, through the Nation IHR Focal Point, of all events potentially contributing a public health emergency of international concern within their territories according to the decision instrument contained in Annex 2, as well as any public health measure implemented in response to those events.

2. WHO shall retain notifications under this article and other information provided to it under Article 6 for its use in verification and other purposes under these Regulations and not make it publicly available, until such time as:

a. the event is determined to be a public health emergency of international concern in accordance with Article 9;
b. the notifying or consulting health administration agrees to the public availability of the information;
c. information evidencing the international spread of the infection or contamination has been confirmed by WHO in accordance with established epidemiological principles;
d. there is evidence that:
    i. control measures against the international spread are unlikely to succeed because of the nature of the contamination, disease agent or vector; or
    ii. the health administration lacks the operational capacity to carry out necessary measures to prevent further spread of disease; or
e. the nature and scope of the international movement of travellers, conveyances, containers, cargo or goods that may be affected by the infection or contamination requires the immediate application of international control measures.

3. Following a notification, the health administration shall continue to communicate to WHO timely, accurate and sufficiently detailed epidemiological information, including: case definitions, laboratory results, sources and type of the risk, number of cases and deaths, conditions affecting the spread of disease and the health measures employed.

ARTICLE 8 VERIFICATION

1. WHO, in consultation with the health administration of the State concerned, shall verify rumours of public health risks which may involve or result in international spread of disease and/or possible interference with international traffic, subject to these Regulations.

2. Each health administration, when requested by WHO, shall verify as rapidly as possible, and provide information on, the status of public health risks occurring in its territory. Each health administration shall continue to communicate to WHO such information, including relevant information as described in paragraph 3 of Article 5.

3. When WHO, through its surveillance activities, detects evidence of a possible public health emergency of international concern:

WHO shall contact the health administration in whose territory the alleged event occurred or is occurring and request information thereon, which the health administration shall promptly provide;
the health administration in whose territory the alleged event occurred or is occurring shall collaborate with WHO in assessing the potential for international disease spread and possible interference with international traffic and the adequacy of control measures and, when necessary, in conducting on-the-spot studies by a team sent by WHO, with the purpose of ensuring that appropriate control measures are being employed.

ARTICLE 10 RESPONSE

1. Health administrations shall develop and maintain the capacity to respond promptly and effectively to public health risks and public health emergencies of international concern as set out in Annex I.

2. At the request of the health administration of a State experiencing a public health emergency of international concern, WHO shall collaborate in the response by providing technical guidance and assistance and by verifying the effectiveness of the control and containment measures in place, including the mobilization of on-site experts, if appropriate.

3. In the absence of such a request, WHO may offer assistance to the health administration of a State in responding to the public health emergency of international concern, and the health administration shall collaborate with WHO in assessing the severity of the threat and the adequacy of control measures and, when necessary, in conducting on-the-spot studies by a team sent by WHO, with the purpose of ensuring the appropriate control measures are being employed.

4. WHO shall provide appropriate guidance and assistance to other States impacted by the public health emergency of international concern.

ARTICLE 41 INFORMATION SHARING DURING A SUSPECTED INTENTIONAL RELEASE

In the context of a suspected intentional release of a biological, chemical or radionuclear agent, States shall immediately provide WHO all relevant public health information, materials and samples, for verification and response purposes.

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