

Summary report on the

**Intercountry meeting on strengthening
surveillance and response capacities under the
International Health Regulations (2005)**

Beirut, Lebanon
26–28 March 2012



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1. Introduction

Articles 5 and 13 of the International Health Regulations (IHR) (2005) mandate all States Parties to develop, strengthen and maintain capacities to detect, assess, notify, report and respond promptly and effectively to all public health risks and emergencies of international concern.

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean organized a meeting on strengthening surveillance and response capacities under the IHR (2005) in Beirut, Lebanon from 26 to 28 March 2012. National IHR focal points and representatives of regional and global public health networks and key partners such as the U.S. Naval Medical Research Unit No. 3 (NAMRU-3) were invited to discuss and share ideas, experiences and challenges in building, improving and sustaining surveillance and response capacities required for implementation of IHR (2005).

In an opening message to the meeting, Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, indicated that the meeting would help guide the way forward for WHO and Member States in strengthening country core capacities related to surveillance and response, drawing up a regional picture of what the situation would be by 15 June 2012, and mapping country needs for support in building and improving surveillance and response capacities for the extended target date of 15 June 2014.

The meeting was divided into several parts: technical presentations on meeting requirements under the IHR, presentations on the experiences of networks and countries in fulfilling surveillance and response requirements and group work covering different aspects of building and sustaining surveillance and response capacities as per

IHR requirements, including those for other potential hazards and points of entry.

2. Summary of discussions

During the discussions, participants emphasized that more advocacy is needed with all national partners to involve other sectors and institutions as well decision- and policy-makers in their activities related to IHR (2005) implementation. Countries need more information and tools to guide them in fulfilling different aspects of IHR requirements. WHO will identify a list of needed guidelines and standard operating procedures on aspects of IHR (2005) implementation through discussions and meetings. These guidelines and standard operating procedures will be developed, translated into appropriate languages and shared with countries.

The roles and functions of national IHR focal points need to be strengthened and better defined. WHO will update national focal points on all IHR-related activities including the purpose and outcomes. More involvement is also needed by major donors and networks in regional IHR meetings to help provide support to countries to meet all the technical requirements for IHR (2005) implementation.

It was agreed that WHO would conduct a regional workshop on event-based surveillance. WHO will also make available guidance documents and related tools to develop/modify emergency preparedness and response plans at the designated ports of entry.

3. Recommendations

To Member States

1. Develop plans to strengthen capacities of surveillance and response teams at all levels for notification, verification, analysis, interpretation and action.
2. Develop or amend national public health legislation to reflect the country's obligations for IHR implementation through appropriate use of the decision instrument in Annex 2 (risk assessment, notification, verification and early consultation).
3. Integrate activities between points of entry and the national surveillance system.
4. Coordinate cross-border activities at all designated points of entry and encourage joint designation among neighbouring countries.
5. Encourage operational research programmes to find solutions for identified gaps related to core capacities required for IHR (2005) implementation.
6. Define the country's position in terms of meeting the technical requirements for IHR (2005) implementation by 15 June 2012 and send a request for extension of the deadline for an additional of two years if necessary.
7. Develop national plans for IHR (2005) in support of requests for extension of the deadline for an additional two years.

To WHO

8. Conduct meetings and workshops, involving other regions, on specific technical areas to assist countries in fulfilling all the requirements for IHR (2005) implementation based on gaps identified in the submitted national plans.
9. Include IHR (2005) implementation as a cross-cutting issue in related WHO meetings.

10. Develop a guidance document on expanding the existing surveillance and response system to include event-based surveillance and response within the context of IHR (2005).
11. Develop guidelines on strengthening coordination among neighbouring countries for surveillance and response, including cross-border activities, through sharing existing tools and mechanisms.
12. Map the existing regional and international networks, including their capacities, and define a mechanism for collaboration with national focal points and to share needed information.
13. Provide technical guidance including training to support countries in strengthening their surveillance and response capacities at points of entry.
14. Map national laboratory capacities and needs and identify a list of regional reference laboratories, WHO collaborating centres and laboratory networks as per the requirements of IHR (2005).
15. Support training for countries on laboratory quality management issues including bio-risk activities.
16. Identify and share a list of accredited techniques and diagnostics in collaboration with WHO collaborating centres and other regional reference laboratories.