

Summary report on the

Meeting to establish a regional network for outbreak alert and response

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Casablanca, Morocco
19–21 October 2015



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

For several years, WHO's Global Outbreak Alert and Response Network (GOARN) has provided expertise and technical resources globally for field investigation, detection and response to outbreaks and public health emergencies. The network has been used since 2000 to coordinate international outbreak response to public health events across the globe and over the years, regional activities of the network has also been expanded across various WHO regions.

In recent years, WHO's Eastern Mediterranean Region has faced an increasing number of epidemics from emerging and re-emerging infectious diseases. Their frequency, duration and scale continue to grow, amid series of unprecedented conflicts and crises and other complex emergencies.

In view of these repeated events and public health threats occurring across various countries in the region, one of the priorities of WHO Regional Office for the Eastern Mediterranean has been to establish a regional network of technical institutions in the Region within the organizational and operational framework of GOARN. The establishment of such a network would facilitate creating a reserve pool of technical experts in various disciplines of public health who could be deployed for international outbreak response in any country in the Region within the operational and technical mandates of WHO to prevent, detect and contain public health threats of international concern. The establishment of this network would also mean that the Regional Office has adequate surge capacity to respond to the needs of the countries for managing and responding to their acute health threats and has enhanced organizational readiness for responding to acute public health emergencies in the Region. The network can also leverage on new initiatives of WHO such as the emergency health

work force and the on-call rapid response teams to support the countries effectively for timely investigation, detection and response to the outbreaks and other public health events.

As part of this goal, the Regional Office organized a meeting in Casablanca, Morocco, on 19–21 October 2015. The objectives of the meeting were:

- to promote and strengthen the work of GOARN in the Region;
- to map existing technical resources and identify new partners for the regional outbreak alert and response network;
- to identify and define the needs for engagement of technical partners in the proposed regional network; and
- to define activities and propose a work plan for the network for 2016–2017.

The participants included representatives of health ministries in countries of the Region, focal points from GOARN partners and experts from academic institutions, reference laboratories and other centres of veterinary and public health expertise in the Region.

The meeting was opened by Dr Yves Souteyrand, WHO Representative to Morocco, who acknowledged the support of the Ministry of Health of Morocco and the Defence Threat Reduction Agency (DTRA) of the United States of America for holding the meeting. He noted that the increasing burden and scale of epidemics of emerging infectious diseases occurring in the Eastern Mediterranean Region underlined the need to forge greater partnerships with public health institutions and other centres of expertise, both within and outside the Region, in order to effectively to manage and respond to these emerging public health threats. Establishment of a regional network of experts would help in

identifying appropriate technical and human resources and facilitate rapid field deployment of experts across the Region for investigation and response to emerging health events of potential concern.

2. Summary of discussions

Public health events of concern

Almost half the countries and territories in the Region report outbreaks on a regular basis; cholera, Crimean–Congo haemorrhagic fever, dengue, Middle East respiratory syndrome (MERS) and influenza A(H5N1) are major current concerns. The risk of transmission of infectious pathogens through growing international travel and trade adds to the public health concern, and outbreaks of emerging and re-emerging infectious diseases are fuelled by uncontrolled growth in urban and peri-urban areas. Country surveillance systems and capacity to respond to outbreaks are generally limited and vary across the Region. The main diseases seen are influenza due to new subtypes such as avian influenza A (H5N1), influenza caused by A (H1N1) pdm09, meningococcal meningitis, zoonotic diseases including MERS, vector-borne diseases such as dengue, Chikungunya and yellow fever and other viral haemorrhagic fevers, in particular Crimean–Congo haemorrhagic fever. It was noted that one of the first recognized outbreaks of Ebola virus disease in 1976 occurred in the South Sudan which was part of the Region until 2012.

Further threats stem from the humanitarian emergencies and conflicts. Large mass gatherings such as pilgrimages also pose a risk of epidemics of infectious disease, and these special events require special operational considerations.

The WHO Regional Committee for the Eastern Mediterranean has adopted several resolutions on the prevention and control of infectious diseases calling for urgent interventions against the spread of these diseases.

GOARN's function in the Region

The Network is a global partnership, coordinated by WHO, of institutions and networks that can provide rapid, coordinated, international and multidisciplinary assistance to countries in responding to outbreaks. Since 2000, it has attracted more than 200 partners and through network hubs and informal contacts has acquired an additional 500 members. Partners and hubs are located in most countries in five continents, and in the Eastern Mediterranean Region it has five partners, three network hubs and 36 members.

A 21-member Steering Committee, which meets twice a year, oversees the planning, implementation and evaluation of the Network's activities, including approving both the work plan and applications from new institutions, organizations and networks to join the Network. Members of the Committee, which has some regional representation and includes representatives of civil society, rotate every three years (apart from WHO which has a permanent seat). WHO headquarters provides the secretariat, which also functions as an operational support team. The Network's finances, which come from WHO's extrabudgetary funds, are used to cover the costs of the secretariat, Steering Committee meetings, training, information management and communications, and the development of field tools.

During its existence GOARN has organized some 2500 deployments of experts to the field for more than 130 operations or missions in more than 80 countries. Some 623 operations in 2000–2015 have been

in the Eastern Mediterranean Region, mostly in response to outbreaks of pandemic influenza (H1N1), avian influenza, severe acute respiratory syndrome (SARS), cholera, Rift Valley fever, dengue and yellow fever. GOARN itself does not normally keep rosters of potential deployees, which should be held and maintained in national partner institutions.

Since 2000, the Regional Office has organized 14 missions of experts through GOARN to eight countries to undertake risk assessment and outbreak response for cholera and to respond to outbreaks of yellow fever, MERS, dengue and Crimean–Congo haemorrhagic fever. GOARN's first outbreak response training course was held in the Region in 2014. Its objectives included understanding deployment procedures, roles and responsibilities; familiarization with WHO's approach; adapting to working in a diverse team; appreciating the importance of good communication; and learning how to overcome technical and operational challenges during a mission.

Mapping of technical resources in the Region

A mapping exercise of institutions and technical resources had been initiated before the meeting. The results of the exercise showed that the Region has considerable numbers of public health experts and specialists in clinical medicine, is rich in nurses and is able to furnish a reasonable supply of medical doctors. The exercise also identified considerable gaps in skills and resources: for instance, entomologists and experts in social mobilization, anthropology, food safety, mental health and communications are in short supply. Further work is needed to identify the resources available in more detail and to register, store and share this information.

Identifying needs for active engagements of technical partners in the network

The participants reviewed the GOARN's guiding principles for participation of technical partners in the network including its current deployment mechanisms and made several suggestions with regard to attracting more partners and promoting their active engagement in the proposed network. The participants also identified factors that would favourably influence successful launching of the regional arm of GOARN. Issues that came out from the discussion included preparation and dissemination of case studies of the various missions that GOARN had completed. These case studies could form valuable advocacy tools and stimulate more institutions to be involved in the activities of the network. There were also discussions on framing appropriate memorandums of understanding/letters of agreement between WHO and the technical partner institutions to formalize the network, and on adapting the guiding principles of GOARN into a technical document outlining the rules of engagement for the technical partners in this proposed network with a set of defined operational objectives. Additionally, the following points were flagged by the participants for consideration while formalizing the regional network.

- The network should be regarded as a regional arm of GOARN.
- Formalization of such a network will require strong leadership and good governance from the WHO Regional Office.
- There will be need for increased engagement of academic institutions in the network.
- Mapping of institutional capabilities, including laboratories would need to be continued.
- Documentation and publications as well as information sharing frequently between WHO and partner institutions would increase the visibility of the network.

- Efforts must be undertaken to advance knowledge management, for experience sharing as well as for identifying and documenting best practices.
- Pre-deployment briefing/training will be required to be organized for the new partner institutions.
- In addition to institutional partners, individuals who possess expertise in various specialized fields and representing various ministries in the Region and not available within any technical institution in the Region may also be considered for deployment through the network once they complete WHO's pre-deployment training.

Workplan for the network during 2016–2017

The participants agreed on a plan of work for the network for 2016 and beyond. Objectives and specific outputs were defined, covering expansion of the network within the Region, enhancing regional capabilities to use the network, establishing a regional operational support team and exchanging information among the partner agencies.

3. The way forward

An operational plan was elaborated on the basis of the discussions. It set out the objectives and a set of proposed activities for 2016 and possibly beyond. The major activities that proposed are as follows.

- Organize a consultative meeting to develop/adapt a documentary basis for participation in the network, such as rules of engagement, membership, structure and other organizational and operational framework of the network.
- Organize annual meetings of the network and use the forum for improving regional collaboration and partnerships.

- Advocate for establishing such a regional network and promoting its use.
- Host regular pre-deployment briefings/training for the technical partner institutions.
- Set up and maintain a regional operational support team at the WHO Regional Office to manage the activities of the network and to simplify the deployment process.

The first steps envisaged in the work plan centre on building and consolidating the regional network by attracting more members. In the last two months of 2015 work should be completed on: identifying, further profiling and mapping potential institutional members; establishing a regional operational support team with an identified focal point and some deployments handled through the Regional Office; drafting the appropriate documents for formalizing the link between institutions and the network (i.e. a memorandum of understanding, a signed letter of agreement or a set of agreed procedures); and the revision and subsequent signing of membership application forms. A consultative meeting of partners to finalize documents of agreement and the revised or clarified guiding principles would be held during the first quarter of 2016.

Work should also start as soon as possible after the meeting on information exchange and communication, with a development period of six months. In January 2016, work is scheduled to commence on advocacy for the regional network. Strategies and tactics for sensitizing stakeholders need to be developed. Opportunities for advocating the regional and global networks need to be identified and realized. These could include side meetings at regional committee sessions, meetings of WHO Representatives, and promotion at professional conferences and meetings.

Developing and expanding the capacities and capabilities of the regional network should begin after the first quarter of 2016, with training being given primordial importance in the second quarter. The medium for training could be electronic or face to face through workshops. A strenuous plea was made for the writing of case studies of previous missions as well as the use of scenario-based training for outbreak and rapid response teams, clarification at the personal level of the realities of deployment (for instance through debriefings and oral histories), and sensitization about the primacy of the national authorities in the response to any outbreak.

Another approach to enhancing the capabilities of the network was knowledge and technology transfer, work on which should continue throughout 2016. The concept of twinning centres was proposed: laboratories and centres in the Region could identify potential mentoring bodies. For example the Region lacks a clinical centre of excellence on cholera; institutions in the Region could approach the International Centre for Diarrhoeal Disease Research, Bangladesh, with a view to twinning arrangements. A forthcoming workshop on Crimean–Congo haemorrhagic fever, due to be held in Oman in December 2015, could be used to map appropriate laboratories and identify the needs for technical support and collaboration.



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