

**TRANSCRIPT OF THE STATEMENT BY THE
WORLD HEALTH ORGANIZATION TO THE 2007
MEETING OF STATES PARTIES OF THE
BIOLOGICAL WEAPONS CONVENTION**

It is clear in the world today that the infectious disease situation is complex, is dynamic and is ever changing. More human infections often develop from a breach in the barrier between animals and humans and a new organism infects humans and in some instances can transmit from human to human causing disease outbreaks and, in some instances, pandemics.

Infectious diseases, once they enter human populations, can travel very easily around today's world. They travel in humans, many asymptomatic in the incubation period of a disease, they travel in insects, they travel in food, as Mr. Suhpsi said, and they travel in livestock. And so international travel and international trade are very important in infectious diseases today.

WHO set up an emerging infections programme in 1995 and one of the first undertakings of this programme was to modify and to update its framework for global surveillance and response, the International Health Regulations. The International Health Regulations were developed in 1969 and these Regulations governed three infectious diseases in 1995. Those diseases were cholera, plague and yellow fever. Any country that had one of these diseases was required under the International Health Regulations to report this disease to WHO. And then a series of pre-determined measures would be undertaken by member countries, such as requiring a yellow fever vaccination card from a country where a yellow fever outbreak was occurring. This system did not work. As you know, WHO cannot legally enforce its regulations and countries did not often report diseases because it was damaging for their economies. In addition, these Regulations covered only three infectious diseases and were not up to date with all the emerging infectious diseases that are occurring today and at risk to travel internationally. So a decision was made to update these, to revise these Regulations, and one of the first groups that was consulted, one of the first persons in fact that was consulted when the Regulation revision was undertaken, was Ambassador Tibor Toth and many of you here of the Parties to the Biological Weapons Convention. We consulted with Ambassador Tibor Toth because we wanted to be sure that, as we revised these Regulations, they would not only be useful for naturally incurring infectious diseases but for those that might be occurring because they were deliberately caused. And we had very valuable guidance from many of you in this room.

We understood from those discussions clearly that there were two issues which we had to be careful of as we revised the International Health Regulations. One of those was that the systems that were necessary to detect and to respond to naturally occurring infectious diseases were also the same systems that could and would detect a public health emergency from a deliberately caused infectious disease.

The second, we understood from our discussions with Ambassador Toth and many of you, was that WHO's neutrality was its strength, and that we needed, as we revised the

Regulations, to be sure that that remained a neutral system, not favouring any one group including Parties to the Biological Weapons Convention. We decided then to revise the Regulations from a bottom-up approach, and that was first to set up a network of networks which would help WHO detect and respond to infectious disease outbreaks that were occurring in member countries and for which member countries requested support. This network of networks was set up from 120 existing institutions and networks around the world that were doing surveillance and response activities for infectious diseases. They included groups such as the Red Cross and Red Crescents, the Federation; it included NGOs such as Médecins Sans Frontières; and it included many developing country and industrialized country institutions such as the Institutes Pasteur and their network, the Centres for Disease Control in the US and its network; and many other industrialized and developing country networks managed by groups such as APEC, ASEAN and others. Those networks are constantly providing information to WHO and, when a request comes from a country for a response to an outbreak, WHO, through this network of networks, mobilizes technical partners to assist in that response.

One of the most important surveillance networks in this global outbreak alert and response network is managed by Health Canada, the Ministry of Health of Canada. This is called the Global Public Health Intelligence Network and it is a Web application, crawling the Web in seven different languages, constantly looking for keywords that might indicate either a naturally, or a deliberately caused, outbreak of infectious disease or other public health emergency. This information comes into the WHO network along with information from all other 120 networks and, when developing countries request help in a response to these outbreaks, that response is mobilized through the network.

Now this mechanism has been formally in place since 1999 and 2000 and each year approximately 40-50 outbreaks in developing countries were responded to by this network. Now the response to these outbreaks was a national response because these outbreaks did in no way threaten international spread; they were only occurring nationally and therefore they did not fall under our International Health Regulations but they did fall under our Global Outbreak Alert and Response Network.

It was this network, the Global Outbreak Alert and Response Network, that was in place when first an outbreak of atypical pneumonia was detected in Asia which we now know as SARS and it was through this Global Outbreak Alert and Response Network that the containment activity was managed which provided real-time information to WHO to make recommendations, sometimes travel recommendations, that stopped this outbreak within a period of four months. After the SARS outbreak, the revision of the International Health Regulations picked up great momentum because the world understood the importance of these Regulations and the Regulation revision was completed in May of 2005. The Regulations came into effect this year, two years later, in June of 2007, and the Revised International Health Regulations consist of three different parts. The first is a requirement of all Member countries—and there are 193 Member countries of WHO—to establish core capacity in surveillance and response, the ultimate goal of the Regulations therefore being that countries throughout the world can detect and respond to outbreaks rapidly so that they do not cause an international threat.

The second part and the third part of the Regulations are a safety net in case national alert and response fails, and that safety net, through the mechanisms of GORN (the Global Outbreak and Response Network), will detect and respond to diseases which are not reported or picked up nationally. The second part of those Regulations therefore is continuing global surveillance through the Global Outbreak Alert and Response Network but not just limiting to those three diseases (cholera, plague and yellow fever) but to any public health emergency of international concern, decided by a decision tree which is in the International Health Regulations. So the first part of the Regulations is core capacity, the second part is a safety net to ensure collective detection and collective response worldwide to an outbreak, and the third is measures required at airports and seaports to prevent vectors that might be carrying infectious diseases from proliferating and entering countries.

Now, in addition to the International Health Regulations which give WHO its mandate to respond to naturally occurring or deliberately caused infectious disease outbreaks, WHO also maintains stockpiles of vaccines, and one of those is a smallpox vaccine stockpile which was recommended by our Member States in 2002. In addition, WHO has updated all its guidelines on diseases which are of great importance to the Parties to the Biological Weapons Convention. This includes our updates on anthrax, our updates on many other diseases, and it also includes our guidelines to a public health response to biological or chemical weapons. So all of these guidelines have recently been updated as well and are available at our Website.

Now WHO will continue to respond to any outbreak of international importance or of national importance and we will respond in the normal way that we do to a public health emergency. Should the investigation determine that the outbreak is not being caused by a natural occurrence, that it is being caused by a deliberate occurrence, WHO would continue with the Member countries with our public health response and transfer responsibility for further investigation to the United Nations system through the Security Council. We recently established very close working relationships, as Mr. Suhpsi has said, with OIE and the FAO. This is recognized through a tripartite agreement where we meet on a regular basis to discuss issues of importance to our three agencies and respond jointly to epidemics, such as we are doing presently to an epidemic of Rift Valley fever, a joint response from the three agencies. Of course, this tripartite arrangement and agreement has been strengthened because of the threat of avian influenza, the pandemic threat from avian influenza, which is, as Mr. Suhpsi said, the major naturally occurring public health threat that we have today. We will continue working with our partners in OIE and FAO and also are grateful for the guidance which has been provided in the past from the States Parties to the Biological Weapons Convention and will continue to call on you for guidance in the future.
