



STRENGTHENING NATIONAL HEALTH PREPAREDNESS AND RESPONSE FOR CHEMICAL AND BIOLOGICAL WEAPONS THREATS

Background. In most of the world, the public health infrastructure is stretched to its limits coping with natural health hazards. Against such a background, the additional threat to public health of disease caused by the possible use of chemical and biological weapons (CBW) may impose just a moderate addition to the existing burden. Alternatively, a CBW event may completely overwhelm existing health care systems and resources. Widespread panic and fear are expected to follow any attack, whatever the actual number of casualties it may provoke, leading to increased demand for medical and other emergency services (e.g., worried well). Remedies or countermeasures may be beyond the resources of many countries and therefore only available, if at all, through international cooperation. Prevention, the cornerstone of Public Health, requires a considerable investment in resources at local and national levels to ensure surveillance systems are in place to promptly identify syndromes that may suggest a covert CBW event. Rapid identification is essential for the deployment and distribution of appropriate stockpiles of pharmaceuticals, the establishment of clear zones, containment measures, and implementation of appropriate remediation.

The initial response to a deliberate release of infective or toxic agents against civilian populations is largely a local responsibility in many parts of the world (although it could rapidly escalate beyond borders if the agent is contagious – i.e., smallpox). Local authorities are in the best position to take action, and will generally be held accountable should the incident be mishandled (e.g., SARS in China – albeit not a deliberate event). While national and international resources will play an important long-term role, it is important that local officials have preparedness plans in place before an incident occurs in order to be able to effectively respond.

WHO's role. In May 2002 the 55th World Health Assembly adopted resolution WHA55.16 on the *Global public health response to natural occurrence, accidental release or deliberate use of biological and chemical agents or radionuclear material that affect health*¹, which provides the mandate for WHO's work in this field. WHO has been providing policy guidance to Member States on preparedness and response to CBW threats through its 2nd edition of *the Public health response to biological and chemical weapons: WHO guidance*². This project will operationalize the policy advice provided by this publication by responding to the request made to WHO by Member States in resolution WHA55.16: "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...". WHO is responding to this request by implementing relevant activities through the existing framework of the *Global Health Security: Epidemic Alert and Response* strategy (resolution WHA54.20), which focuses action in 3 areas: a) containing known risks, b) responding to the unexpected, and c) improving national preparedness. This proposal brings together all these three elements into one activity focused on technical support to countries.

Enhancing national preparedness and response for CBW threats. WHO has been requested by several Ministries of Health of Member States to assess and provide advice for improvement of their national programmes. In the very last months of 2002 and beginning of 2003, several countries from the WHO's Eastern Mediterranean (EMRO) and European (EURO) Regional Offices (i.e. Islamic Republic of Iran, Jordan, Kuwait, Saudi Arabia, Syrian Arab Republic, Turkey) have requested technical assistance to WHO for assessing their national health CBW preparedness and response activities and for training of staff on CBW health risks (these requests because of the perceived threat of possible use of CBW during the Iraq crisis).

¹ http://www.who.int/gb/EB_WHA/PDF/WHA55/ewha5516.pdf

² <http://www.who.int/csr/delibepidemics/biochemguide/en/index.html>



In addition, the Inter-country Meeting on CBRN Emergency Preparedness Strategies, Bangkok, Thailand, 17-20 March 2003, including several countries of the WHO's South-East Asia (SEARO) and Western Pacific (WPRO) Regional Offices, also called for WHO to provide technical assistance in this field. Preparedness plans should be evaluated by using a systematic and logical framework to identify gaps and areas that require attention. Adopting a risk analysis approach can provide this. Essential components of such plans are the identification of the possible risks and threats (risk and threat assessment); from this, determinations of the most effective public health actions and medical interventions, and resource allocations, can then be taken (risk management). Essential to these plans is effective communication to the public and other stakeholders (risk communication).

Effective preparedness for emergencies caused by the possible use of CBW require both improving public health and improving coordination and communication between the medical and public health sectors, and other sectors such as civil defence, agriculture, water, animal health, the military and the law-enforcement community at all levels. Novel cooperative agreements between these different sectors and agencies at national level would need to be operationalized well in advance in order to be effective. Improved surveillance systems (e.g., emergency rooms, poison center calls) specifically designed to rapidly identify common symptoms and alert appropriate personnel are necessary. Sufficient infrastructure to respond, contain, and mitigate an incident is required.

Objective. The objective of this project is to respond to the increased number of requests for technical assistance by the health sector of selected Member States for the assessment of their national CBW preparedness and response programmes and capacity building. To meet this objective a multi-phase plan is proposed. **Phase 1.** Achieving technical consensus. The meeting on *Strengthening National Preparedness and Response to Biological Weapons*, Institute for Infectious Diseases L. Spallanzani, Rome, Italy, 6–8 March 2002 provided guidance to WHO on the delivery of its technical support. Recommendations were issued on development of guidelines, expert networks and training. **Phase 2**³. Assuring a framework for advocacy. This phase includes establishing a mechanism through which interested organizations with technical and financial capabilities will explore collaborative agreements with interested countries, WHO and other relevant organizations. **Phase 3**⁴. Developing the necessary tools and processes. This phase aims to (a) develop a guideline for the evaluation of national CBW preparedness and response programmes; (b) establish a group of experts to technically contribute to the project; and (c) develop a training package for implementing the guidelines. This phase will include field-testing of the guidelines in 6 countries (one of each WHO Region) by teams of experts with background in various areas of relevance for CBW preparedness. It is expected that a scientific meeting will be necessary during this phase to address technical and scientific gaps identified during field-testing. **Phase 4.** Implementation. This phase include the provision of the technical assistance to Member States through multilateral (i.e. WHO and other relevant international organizations) and/or bilateral activities to assure the sustainability of the project. The scope of this activity will largely depend on the outcome of phase 2 and will be considered in a later project proposal.

Key Partners. The project will be implemented in coordination with all relevant sections of WHO through the inter-cluster CBW Working Group. External partners includes the Organization for the Prohibition of Chemical Weapons, The Hague, Netherlands, Centres for Disease Control and Prevention, Atlanta, USA; Public Health Laboratory Service, London, UK; Swiss Humanitarian Aid, Bern, Switzerland; Institute for Infectious Diseases L. Spallanzani, Rome, Italy; Landau Network-Centro Volta, Como, Italy; Chemical and Biological Arms Control Institute, Washington DC, US.

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³ Current status. A meeting with interested parties to be held in Geneva in October/November 2003.

⁴ Current status. Work started in June 2003 on drafting the assessment guidelines.