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GUIDING PRINCIPLES FOR INTERNATIONAL OUTBREAK ALERT AND RESPONSE

Department Of Communicable Disease Surveillance
And Response Global Alert and Response

World Health Organization

GOARN
Global Outbreak Alert and Response Network

TABLE OF CONTENTS

ACRONYMS

CSR	Department Of Communicable Disease Surveillance And Response (WHO)
IGO	Inter Governmental Organization
FETP	Field Epidemiology Training Program
MOH	Ministry Of Health
NGO	Non Governmental Organization
OST	Operational Support Team
RO	Regional Office
UNO	United Nations Organization
WER	Weekly Epidemiological Record
WHO HQ	World Health Organization Headquarters
WRO	Who Country Representative

PREFACE

In order to improve global health security, there is an urgent need to strengthen global efforts to detect and contain epidemic disease threats.

The solution to this challenge does not lie with a single institution, but with an effective technical partnership of national and international institutions and networks.

In 1997 the outbreak verification mechanism was established as one component of an epidemic intelligence system at World Health Organization (WHO). Its goal is to strengthen rapid detection and response to outbreaks of international importance.

In April 2000 WHO brought together key partner institutions in global epidemic surveillance and response to discuss "Global Outbreak Alert and Response". Those present at the meeting agreed on the need for a global network, building on new and existing partnerships, to deal with the global threats of epidemic-prone and emerging diseases.

Flowing from this initial meeting, the Department of Communicable Disease Surveillance and Response (CSR) and an Interim Working Group moved forward to implement a series of planned activities to build the Global Outbreak Alert and Response Network (the "Network"), and to prepare for rapid deployment and coordination of international resources in response to an outbreak of international importance.

The Guiding Principles for International Outbreak Alert and Response is an articulation of the consensus of partners in the network on the clear and transparent principles that will guide how the Network prepares for field activity, is activated, responds and follows up outbreaks of international importance. It was developed through a consensus process of the Interim Working Group.

The Guiding Principles for International Outbreak Alert and Response do not attempt to deal with the whole spectrum of operational issues and will not solve all the problems of coordinated international response. Detailed protocols on communications, field research and evaluation are required to deal with operational issues.

The document is born out of a spirit of openness and cooperation, as a tool to enhance the effectiveness and quality of the international community's assistance to outbreaks and to make a significant difference to the lives of people affected by outbreaks.

The document recognises that lessons will be learned during outbreak responses that will need to be incorporated into the guiding principles and supporting operational protocols.

GENERAL PRINCIPLES

1. WHO ensures outbreaks of potential international importance are rapidly verified and information is quickly shared within the Network.
2. There is a rapid response coordinated by the Operational Support Team to requests for assistance from affected state(s).
3. The most appropriate experts reach the field in the least possible time to carry out coordinated and effective outbreak control activities.
4. The international team integrates and coordinates activities to support national efforts and existing public health infrastructure.
5. There is fair and equitable process for the participation of Network partners in international responses.
6. There is strong technical leadership and coordination in the field.
7. Partners make every effort to ensure the effective coordination of their participation and support of outbreak response.
8. There is recognition of the unique role of national and international NGOs in the area of health, including in the control of outbreaks. NGOs providing support that would not otherwise be available, particularly in reaching poor populations. While striving for effective collaboration and coordination, the Network will respect the independence and objectivity of all partners.
9. Responses will be used as a mechanism to build global capacity by the involvement of participants from field-based training programs in applied epidemiology and public health practice, e.g. Field Epidemiology Training Programs (FETPs).
10. There is commitment to national and regional capacity building as a follow up to international outbreak responses to improve preparedness and reduce future vulnerability to epidemic prone diseases.
11. All Network responses will proceed with full respect for:
    - ethical standards
    - human rights
    - national and local laws
    - cultural sensitivities and traditions

THE PHASES OF INTERNATIONAL OUTBREAK ALERT AND RESPONSE

International Outbreak Alert and Response has four phases:

1. **OUTBREAK ALERT**
2. **ACTIVATION OF AN INTERNATIONAL RESPONSE**
3. **INTERNATIONAL FIELD RESPONSE**
4. **POST RESPONSE ACTIVITIES**

Each of these phases will have specific operational principles and associated processes.

PHASE I: Outbreak Alert

1.1 Epidemic Intelligence and Outbreak Verification

All outbreaks will be assessed in terms of their potential international importance. The criteria used to establish “international importance" are:

- high morbidity and/or high mortality
- potential to spread beyond national borders
- potential interference with international travel or trade
- unknown etiology
- suspected accidental or deliberate release of biologic agents
- need for international assistance

WHO will systematically gather and assess information on suspected outbreaks in the form of epidemic intelligence from a variety of sources (e.g. MoHs, WROs, Media, WHO Collaborating Centers, NGOs, IGOs and others). Verification of outbreaks will usually be sought through national Ministries of Health or through UN administration systems where they apply.

WHO will verify and confirm the existence of an outbreak in a timely manner, through systematic contact with WROs, MoHs, etc.

Network partners should, where consistent with their institutional mandate, share information on suspected outbreaks with the Operational Support Team.

WHO will gather key information (available maps, country profiles, surveillance assessments, and humanitarian situation reports) to aid determination of potential international importance.
The OST will endeavour to assist states where necessary in appropriate collection, transport and testing of clinical specimens for purposes of disease confirmation at national or international reference centres.

1.2 Dissemination of Information

The Operational Support Team will distribute information on confirmed outbreaks and outbreaks under verification to the Network and other key public health professionals globally.

Further information concerning these outbreaks will be regularly posted on a restricted access web site or will be communicated to the Network by email in order to keep partners informed of potentially important events and increase their preparedness for international response.
Information on confirmed outbreaks is made available to the public on WHO web pages and in the Weekly Epidemiological Record (WER).

The **Communications Protocol*** establishes the framework by which information will be disseminated within and beyond the Network.

1.3 Offer of Assistance to Affected Populations

The Operational Support Team will offer assistance to affected populations through national authorities or UN administrations as appropriate.

PHASE II: Activation of an International Response

2.1 Request for Assistance

The usual route for activation of an international response will be an official request for assistance from an affected state(s). Requests for assistance may also come from other sources such as a UN agency, NGO or WHO Collaborating Centre. In such cases, WHO will offer assistance to and seek a request for assistance from the empowered authority.

The Operational Support Team will assess the current outbreak situation and the request for assistance and then consult with partners to make an operational decision on the nature, scale and scope of the response.

There shall be a rapid response, normally within 24 hours, to the request for assistance from the affected state(s).

2.2 Outbreak Assessment and Activation of Network Response

The Operational Support Team will draw up the terms of reference to address the nature, scale and scope of the assistance needed.

The Operational Support Team may be able to provide assistance from human and financial resources existing within WHO and as such will respond directly to some requests for assistance.

The Operational Support Team shall inform the Network of such responses so as to avoid any duplication of efforts.

If an international team/expert is required, the Operational Support Team will communicate this call for participation as soon as possible to the Network via email and/or the Network's secure web site.

The communication will contain:

- background information on the outbreak or activity
- terms of reference for the international team/expert including anticipated date of dispatch and time period required
- type(s) of experts needed including language profile
- initial contact point at WHO

The response may require support in the following areas:

- technical advice; e.g. provision of guidelines, standards and tools
- technical support; e.g. laboratory services, expert consultants or international team
- logistic support; e.g. provision of supplies, vaccines, etc.
- financial support; e.g. emergency funds, launch of an appeal to donors

2.3 Response to Requests for Participation

Network partners who are in a position to offer support should respond directly to WHO, indicating their potential involvement and what type of assistance they can provide (e.g. experts, equipment, etc…) and including up-to-date résumés of potential consultants and/or team members.

WHO will promptly acknowledge receipt of the respective offer of assistance.

2.4 Bilateral Responses

Partners shall, where consistent with their mandate, inform the Network of bilateral responses so as to avoid duplication of efforts.

2.5 Team Building and Leadership

WHO will build a technically strong and balanced international team as appropriate for the required response.

For each international response, WHO will designate a capable team leader to maximize the contributions of individual team members and to coordinate the response with local authorities, NGOs, IGOs and UN agencies.

The composition of the team may change during the course of the response, especially if the response extends over several months or if its focus changes over time. WHO, in consultation with Network partners and the international team leader, will decide upon rotation of team members as deemed appropriate.
The number of organizations participating in a response will depend on the scale and duration of the response. The fewest number of organizations needed to meet all facets of the response will be recruited.

2.5.1 Selection of the International Team Leader

WHO will designate the international team leader as early as possible and before the team leaves for the field.

The international team leader should be committed to be in the field for the whole duration of the outbreak response unless there are personal, professional or operational reasons for early departure.

WHO will select the international team leader on the basis of their skills to handle complex technical, political, cultural and managerial issues and experience in epidemic control. The criteria for selection include:

- appropriate technical knowledge
- previous field experience
- diplomatic skills
- language skills
- knowledge of UN system

Detailed knowledge of the UN mandate and procedures is required. However, where the international team leader is not WHO staff, WHO may designate a WHO staff person from HQ, RO or WRO to join the team to function as a liaison for UN-related issues.

2.5.2 Role of the International Team Leader

To work with the Operational Support Support Team to prepare for the mission and to select the team members.

To provide overall management, technical leadership and coordination for the team.

To work in partnership with the MoH national counterpart, WRO Office, NGOs, IGOs and other UN agencies.

To take responsibility for providing preliminary report to the MoH before the international team leaves the country.

To jointly draft the final report with the Operational Support Team.

2.5.3 Selection of International Team Members

The Operational Support Team and the international team leader will work together to select the most suitable team members for the international response.

The selection of international team members will be guided by consideration of technical skills and experience, language skills, and availability, as well as building capacity within the Network where appropriate.
WHO will inform all partner institutions offering assistance and selected team members of the selection results as quickly as possible. The Network, at large, will also be informed of the composition of the team.

Where appropriate, and in consultation with the team leader, the Operational Support Team will facilitate participation from field-based training programmes in applied epidemiology and public health practice.

2.6 Deployment

Selected team members and their institutions will work with the Operational Support Team to make the necessary arrangements for deployment of the team. Specific details of these arrangements may vary depending on the needs of the institution and the field situation.
The Operational Support Team in conjunction with the RO and WRO will provide administrative support as required with:

- UN travel authorisations, visas, travel advances
- UN certification
- insurance coverage for personnel and equipment
- travel arrangements (flights, airport collection, hotel on arrival)
- customs declarations for equipment carried.

Network partners will provide the Operational Support Team with the travel itineraries and other relevant travel details (e.g. hotel arrangements) of those persons from their institution participating in the response.

The Operational Support Team will inform the WRO, UN Resident Coordinator, and MoH of the anticipated arrival of the international team leader and team members.

The Operational Support Team will ensure that the RO, WRO, UN Resident Coordinator, and MoH are in agreement with the terms of reference for the response.

The Operational Support Team will ensure that each team member is familiar with the terms of reference of the mission, and that all administrative and logistic support is in place to sustain the response.

WHO and/or the international team leader will brief all team members prior to arrival in the field. This briefing may occur by email, facsimile, telephone and/or in person, as appropriate.

PHASE III: International Field Response

3.1 Arrival In-country

Rapid access to outbreaks is essential for the effective function of Network.

The WRO, in consultation with the international team leader will arrange a briefing with all relevant partners to expedite field activities.

Once in the country, the international team functions under the auspices of the MoH and WHO in accordance with the agreed terms of reference. Overall planning and coordination of the national outbreak response efforts are ultimately the responsibility of the host government. In particular the team leader should establish contact with the national "coordination/crisis committee".

Under the direction of the international team leader, the international team will integrate and coordinate activities to support national efforts and existing public health infrastructure.

The international team leader should arrange a detailed team briefing once the team is in the field.

The international team briefing will restate individual roles and responsibilities and outline immediate responsibilities in preparing for practical matters in the field. The issues addressed will include relevant information on:

- logistics, e.g. field equipment, transport, food, translators, etc.
- security arrangements, including contingency and evacuation plans
- planning of epidemiological and surveillance activities
- planning of laboratory services including the transport of samples, etc.
- existing measures to control the outbreak, by the MOH, NGOs, etc.
- health education and social mobilization
- planning of applied research activities and publications

Depending on the size and scope of the response, the international team leader should work with national and local authorities to establish teams responsible for various functions of the response (e.g. epidemiology, laboratory services, case management). In these circumstances a technical co-ordination committee should be established to ensure good communication and joint evaluation and planning between teams.

3.2 Information Management and Communication

The international team leader, working with national staff should establish procedures for information management early in the response. Information management includes:

- data management for surveillance and response activities
- data management for applied research activities
- daily reporting to the OST on operations/logistics, status on outbreak control, security issues etc.
- regular reporting to MoH and WHO on surveillance and response activities
- communications with the media

Timely communication of Epidemiological/Laboratory results to MoH and WRO is essential to effective epidemic management. The international team leader should consult with the MoH and WRO to establish agreed upon procedures for:

Epidemiological/Laboratory reporting to MoH and WHO

- content/detail/format (cases, deaths, contacts, tables, graphs, comment)
- frequency (daily weekly)
- method (e-mail, fax...)
- required clearances (signatures)

Communication with the media

- interactions with local and national media
- interactions with the international media

The established processes for information management should be adhered to strictly and should be adjusted only after mutual consent of the international team leader and MoH.

The international team leader may take responsibility for media relations (at the request of national authorities) or may designate this responsibility to a specified team member. No other individual team member should communicate with the media without explicit consent of the international team leader or the designated person responsible for media relations.

3.3 Epidemiology and Surveillance

Epidemiological and surveillance activities in the field are primarily aimed at guiding the implementation of outbreak control measures.

All epidemiological activities should be pre-planned. The tool and methods, once agreed upon by the epidemiology team, should be approved by the coordination committee.

All epidemiological activities should respect international and the respective national ethical standards.

All original records (hard copy, electronic) relating to surveillance and the outbreak investigation (e.g. questionnaires, reports, Excel-files, Epi-Info-files) are property of the affected country and should remain there. Members of the international team may take copies of records after approval from the international team leader or coordination committee.

3.4 Case Management

Provision of clinical care to patients should follow accepted protocols. The international team leader should ensure that appropriate infection control practices are in place to protect both patients and health care workers. Original copies of all clinical records should remain in the affected country. Members of the international team may take copies of records after approval from the international team leader or coordination committee.

3.5 Field Research

Field research is an integral part of outbreak responses. It provides invaluable data and information that increases our understanding of a disease, its transmission, clinical management and control. It is therefore encouraged and will be accommodated whenever possible.
Research into specific disease questions cannot take precedence over the primary goal to implement control measures to contain the outbreak.

In situations where a number of potential research projects are foreseen, the international team leader should appoint a representative group to approve research protocols, to oversee the design, implementation of these research activities, and to plan for the dissemination of research results (Note: see also Section 4.4 Publications).

All research activities should respect international and the respective national ethical standards.

3.6 Laboratory Services

Laboratory services are often essential for successful outbreak management and may be established at local, national and international level.

The international team leader should ensure that there is a systematic mechanism for sample collection, processing, transport, testing and reporting. Particular emphasis should be placed on establishing a case identification system for linking laboratory results with epidemiological and clinical data.

Laboratory samples/specimens should not be removed from the country without the agreement of the MoH.

Samples taken, for which the results will be used in clinical management of the patient, or to establish a cause of illness or death, do not require an approval process. All other laboratory samples/specimens may only be taken after the international team leader or the coordination committee has approved an investigation protocol.

Clinical/diagnostic laboratory results should be reported as quickly as possible by an agreed method (e.g. e-mail, fax) to specified individuals.

Projected delays in laboratory reporting should be shared with the international team leader and/or the coordination committee.

To expedite the availability of laboratory results to guide intervention activities, samples should be tested in country whenever possible. This will also help to strengthen the capacity of national laboratory services.

If reference laboratory testing is required outside of the country, the choice of an international reference laboratory will depend on a number of factors such as the following:

- presence of experts from laboratory in the field
- ability to carry out specific or range of tests depending on the diagnostic needs
- previous demonstrated proficiency in performing specific tests
- quality assurance - proximity (in transport time, not distance)
- ability of laboratory to report results quickly

The international team leader, the OST and the MoH will decide together on the selection of the international reference laboratory(ies).

When laboratory services are required outside of the country, aliquots of samples should remain in the national laboratory if it has adequate facilities to safely handle these samples.

3.7 Personnel Management

3.7.1 Rotation of Team Members

Although rotation of team members in the field should be kept to a minimum, rotation is advisable when:

- missions are of long duration
- specific tasks in the mission are stressful, and fatigue could lead to decreased quality of performance and accidents (e.g. laboratory workers, clinicians)
- mission objectives change

The international team leader, in consultation with WHO and local authorities, will plan for rotation of team members as required.

The OST, in consultation with the Network partners, will ensure adequate and timely replacement of international team members.

The international team leader and the OST will plan rotation of team members so as to allow an adequate hand-over period in the field between the in-coming and out-going team members.

3.7.2 Conduct of individual team members

The conduct of individual team members may reflect on the whole team, WHO and the Network. Individual team members should observe the *Code of Conduct for Team Members of an International Outbreak Response Team* (see Annex 1) and seek advice from the international team leader if in doubt as to a particular action or situation.

International team members should not:

- place themselves or other team members in danger
- be disruptive to the work process of the team
- be disrespectful to local staff or population, laws, customs, traditions and beliefs

When a team member's behaviour is judged by the international team leader to be unacceptable and does not improve despite adequate warning, the international team leader will contact the OST and the partner institution involved and request that the team member be recalled.

3.7.3 Conflict resolution

The international team leader should make all effort to resolve disputes locally.

The international team leader should inform the OST of all unresolved conflicts.

The OST will then seek a fair and workable solution through negotiations with the Network Partner(s) involved in the dispute.

3.8 Mission Completion

A mission will be considered to be completed once the following criteria have been met:

- threat of international spread has been averted
- reduction in disease incidence, morbidity and mortality, to a level considered to represent containment of the outbreak
- local health infrastructure can adequately deal with the problem without further international assistance
- all essential epidemiological, microbiological, clinical and ecological studies have been completed or adequately established
- the international team leader has produced a preliminary report that details the nature and scope of field activities, presents a summary of the analyses with conclusions and recommendations, and highlights follow-up actions to be taken after the mission.

3.8.1 Extraction of field team

The international team leader should ensure a planned withdrawal from the field and a hand-over, if necessary, to local authorities.

The international team leader should ensure that local staff are adequately trained and resourced to carry out follow-up surveillance and control activities.

3.8.2 Debriefing procedures

At the end of the mission, the international team leader should debrief the MoH, WRO and other involved agencies at the national level.

Before leaving the country, the international team leader should submit a preliminary mission report (hard and electronic copies) to MoH and WRO.

PHASE IV: Post-Response Activities

4.1 Final Report

The international team leader will produce the final mission report with the assistance of OST.

This final report should be submitted as soon as possible after the completion of the mission and the receipt of all laboratory results. If laboratory results will be delayed then a final report should be prepared, pending those results.

The final report should address all operational aspects of the outbreak response (Phases I-IV) and make specific recommendations to the MoH, WHO and the Network on improvements in national and international outbreak alert and response.

WHO will ensure that the report is shared with the MoH of the affected state.

WHO will make the final report available to the Network partners.

4.2 National and International Capacity-Building and Preparedness

After consultation with the MoH, WHO and Network partners will endeavour to strengthen national capacity-building and preparedness activities in the affected country both during the response and as a follow-up activity.

4.3 Advocacy and Fund-raising

WHO will co-ordinate/initiate appropriate fund-raising activities during outbreak responses and support follow up activities aimed at strengthening epidemic preparedness.

Where possible WHO will endeavour to reimburse partners for the costs of the their contribution to the response which they find difficult to sustain from their own resources.

WHO and the Network partners should acknowledge the participation of the Network when communicating about the mission (e.g. at meetings, in presentations, reports, press releases, etc).

4.4 Publications

Publication of investigation/research findings is an important aspect of international response and should be carried out in a pre-agreed and transparent manner with due participation and credit to individuals and organizations involved.

The international team leader or an appointed research coordinator should establish the list of principal investigators before any research activities take place.

Individuals who have been substantially involved in the design, implementation, analysis, or write-up of a study should be included as authors in publications.

The MoH of the affected state should have an opportunity to comment on all manuscripts prior to submission for publication.

4.5 Evaluation of International Outbreak Responses

The OST will ensure that there is an operational review of all international outbreak responses.

Independent evaluation of outbreak responses is essential for improved functioning of the Network.

An in-depth evaluation exercise, conducted under the auspices of the Network Steering Committee may take place after the acute phase of the outbreak.

Criteria for evaluation will include the timeliness, scale, impact and appropriateness of the response as well as the deployment and use of human and material resources.

ANNEX 1: CODE OF CONDUCT FOR MEMBERS OF AN INTERNATIONAL OUTBREAK RESPONSE TEAM

The objective of the Code of Conduct is to provide team members with guidance on how to work to the highest ethical and professional standards in an International Outbreak Response.

In this way International Outbreak Responses can be timely and effective, the aims and objectives of the mission can be accomplished, and the Team Members, their home institutions and the Global Outbreak Alert and Response Network (GOARN) will remain internationally respected as authorities and leaders in their field.

It should be borne in mind that individual misconduct and unprofessional behaviour may lead to damage and loss of credibility of the International Response Team, the home institution of that individual and GOARN in general.

Therefore, the International Team Member should:

- Abide by the Terms of Reference given to the individual by the Operational Support Team and the International Team Leader, and should strive to achieve the goals and objectives of his/her mission in cooperation with all others involved in the International Response.
- Accept and respect the roles of other Team Members and the roles and authority of the International Team Leader and national and local authorities.
- Respect national and local laws. Respect local customs, traditions and beliefs.
- Abide by the security guidelines and advice, as provided by the International Team Leader and the team security/logistics expert/UN security officer in the field.
- Only interact with the press/media after agreement of the International Team Leader and/or the Ministry of Health.
- Respect the established reporting, communications and decision-making processes, procedures and protocols.
- Only undertake field epidemiological investigations after agreement of the International Team Leader and/or Ministry of Health, and this in accordance with international ethical and professional standards.
- Only remove any original data from the country after agreement of the International Team Leader and/or the Ministry of Health, and ensure copies of all data are left with nationa authorities/institutions.
- Only collect and distribute any laboratory samples from the field after agreement of the International Team Leader and/or the Ministry of Health.
- Only undertake field research activities by agreement of the International Team Leader and/or Ministry of Health, according to international ethical and professional standards.
- Only take samples from the local population for research goals after appropriate procedures for the use of human research subjects have been implemented, and this in accordance with the appropriate international and national ethical standards.
- Consult the International Team Leader when conflicts (might) arise between tea members, or others involved in an international outbreak response, including the local authorities and population.
- Debrief in a timely, accurate manner with the relevant persons and partners (MoH, WRO, International Technical Team Leader) in order to assure continuity of activities, team operations and the International Response in general.
- Contribute to the final report as agreed with the International Team Leader.
- Only publish (scientific) papers, articles, publications or abstracts after agreement and clearance through established and appropriate mechanisms.

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