

Regional Meeting of WHO Collaborating Centres working on Communicable Diseases

A Report
SEARO, New Delhi, India 2-4 June, 2010



**World Health
Organization**
Regional Office for South-East Asia

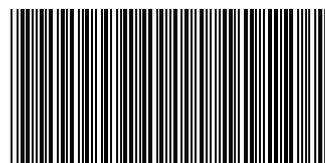
A WHO Collaborating Centre is “an institution designated by the WHO Director-General to form part of a collaborative network carrying out activities in support of the Organization’s programmes at all levels”. Currently there are over 800 WHO collaborating centres in over 80 Member States in areas such as nursing, occupational health, communicable diseases, nutrition, mental health, chronic diseases and health technologies. There are nearly 90 Collaborating Centres in the South-East Asia Region, 30 of which are engaged in the area of communicable diseases with the focus on research, training and capacity building. The country offices in India and Thailand have been supporting the interaction of difference WHO Collaborating Centres in their respective countries. In view of the recent increase in communicable diseases, it is necessary to combine and utilize fully the expertise of various WHO CCs in concerted actions.



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1. **Background: rationale and objectives**

A WHO Collaborating Centre is “an institution designated by the WHO Director-General to form part of a collaborative network carrying out activities in support of the Organization’s programmes at all levels”. The functions of a collaborating centre include collection, collation and dissemination of information, development of evidence-based technical guidance tools and resource material on various topics, development of appropriate technology, participation in collaborative research under WHO’s leadership, training including research training and capacity building at country level and provision of monitoring, preparedness and response services to deal with disease outbreaks and public health emergencies.

Currently there are over 800 WHO collaborating centres (CCs) in over 80 Member States in areas such as nursing, occupational health, communicable diseases, nutrition, mental health, chronic diseases and health technologies. All WHO collaborating centres, whether they deal with research or not (most of them do), have helped to enhance national participation in the Organization's activities.

Within the South-East Asia Region, there are nearly 90 Collaborating Centres, 30 of which are engaged in the area of communicable diseases with the focus on research, training and capacity building. In India and Thailand, the country offices of WHO have been supporting the interaction between collaborating centres located in the respective countries to harness available expertise for national benefit.

The functioning of collaborating centres can be further enhanced by improving collaboration and networking between them and providing seamless administrative support from WHO for intercountry activities. In view of the increase in communicable diseases in the recent past, it is necessary to utilize fully the expertise of various WHO CCs to fight against communicable diseases.

To discuss these issues, a Regional meeting of WHO Collaborating Centres working on communicable diseases was held in SEARO, New Delhi, on 2-4 June 2010.

The objectives of the meeting were to:

- review the activities of WHO CCs in the area of communicable diseases;
- identify the steps that can improve the collaborative activities of WHO CCs;
- develop ways to enhance networking and collaboration among WHO CCs and the national programmes; and
- agree on a way forward.

Nineteen of 22 WHO CCs participated from four countries (Annex 1). Dr Orapin Singhadej was appointed as Chair and Dr Shiv Lal as co-chair and Dr V. Kumaraswami as rapporteur. The programme consisted of plenary presentations, panel discussions and group work (Annex 2).

2. Opening session

Dr Jai Narain, Director, Communicable Diseases, WHO-SEARO, welcomed the participants on behalf of the Regional Director. He outlined the objectives of the meeting and gave an overview of the activities and the expected outcomes. The Region bears a disproportionate burden of communicable diseases. Control of communicable diseases has a significant impact on the attainment of the Millennium Development Goals (MDGs). WHO CCs play an important role in the control of communicable diseases. The meeting would help the collaborating centres to share experiences, identify challenges and build networks for the control of communicable diseases. Globally there were approximately 800 WHO CCs of which 85 were in the South-East Asia Region and 22 of them were working in the area of communicable diseases.

Dr V.M. Katoch, Secretary, Department of Health Research, Government of India, and Director-General, Indian Council of Medical Research (ICMR), in his inaugural address, emphasized the importance of the role played by WHO CCs. Innovations were required and the benefits

of such innovations should empower the end-users. Effective networks should be built to achieve such goals through knowledge sharing, he added.

He remarked that a large number of ICMR Institutes are WHO CCs and they work in close collaboration with SEARO/WHO and jointly investigate outbreaks of unknown diseases. Some of these WHO CCs have the capacity to provide the diagnostic reagents and antisera through WHO to other agencies/institutions that require such help. The WHO CCs also impart training to health-care providers/physicians/researchers on various topics.

Dr Orapin Singhadej highlighted the strengths and weaknesses of a WHO CC. The network of WHO CCs in Thailand provided a fine example of the power of networking for combating communicable diseases. The real challenge would be the expansion of such country networks to international networks.

3. Overview of communicable diseases and how WHO CCs are contributing to disease prevention and control: (Dr Chusak Prasittisuk)

Communicable diseases are a major health problem in the Region. Half the deaths in some countries are due to infectious causes which also lead to considerable disability and disfigurement. The Region carries a disproportionate burden of infectious diseases with 80% of the global leprosy burden, 34% of the global tuberculosis burden and 64% of the global population at risk of LF. There are an estimated 2.9 million deaths due to infectious and parasitic diseases. Although HIV, TB and malaria are the dominant diseases, age-old diseases such as leprosy, visceral leishmaniasis and lymphatic filariasis are widely distributed in the countries. In addition, geographic expansion and increased pathogenicity were noted with dengue while the new and emerging diseases – SARS, avian influenza, virus disease and H5N1 posed a threat to international health security. SEAR countries were also emerging as epicentres of drug resistance.

The priorities of the Communicable Diseases Division of WHO-SEARO included surveillance, outbreak alert and response (CSR) with respect to emerging and re-emerging diseases, prevention and control of priority communicable diseases such as HIV/AIDS, TB and malaria (HTM),

and elimination and eradication of neglected tropical diseases (NTD) such as leprosy, LF, kala-azar and yaws. The global network of WHO CCs working on communicable diseases had been successful in combating threats posed by epidemic-prone viral and bacterial diseases, emerging infections and pathogens. WHO CCs in the Region working on communicable diseases could play an important role in networking and capacity building for effective control of such diseases.

4. WHO Collaborating Centres and their activities and lessons learnt

Dr Sujit K Bhattacharya presented an overview of a strategic framework for research in communicable diseases. Research and development are critical for effective communicable disease control, elimination or eradication since it helps in (a) identification of research priorities and provides an evidence base for policy development, (b) formulation of strategies and interventions and (c) evaluating the impact of these strategies and interventions. WHO has accorded research a high priority and assists Member States in the formulation and implementation of research projects. The guiding principles are: reversing the trend of communicable diseases, improving the quality of life, contributing towards achieving the Millennium Development Goals (MDGs) and poverty reduction in the coming decade. A unit (TDR) has been created for promoting and coordinating research in SEARO. Regional technical advisory groups have been established to provide technical guidance. The focus is on the application and scaling up of available know-how and technology, as well as development of new tools through public-private partnership.

4.1 Research

Research coordination in WHO-SEARO including M&E has been accorded high priority and each unit of CDS will identify their priority areas and allocate the required funds. Emphasis is placed on promoting the use of research to influence policy and supporting translational research to introduce new tools into programmes. The CDS department will allocate 5% of the annual budget of each unit for research. Advocacy documents will be prepared by individual units to tap additional funds from other

agencies. The SEARO/TDR Small Grants mechanism has been successful in promoting research in Member States.

Dr Polrat Wilairatana from the Department of Clinical Tropical Medicine, Mahidol University, Thailand and head of the WHO CC for Clinical Management of Malaria presented the research activities of the faculty of Tropical Medicine, Mahidol University, in the field of malaria control which include study of the efficacy of new anti-malarial drugs, monitoring of anti-malarial drug resistance in Thailand, use of adjuvant therapy in severe malaria and development of methods for better care in severe malaria. The department has published its research in leading peer-reviewed, high-impact journals. The rationale for the development of new drugs for malaria was discussed along with the importance of combination therapy. The research conducted by the department has resulted in the development of new knowledge that could be used in daily practice for better management of malaria and has also helped in changing the guidelines for the national programme. The research conducted by the department apart from helping in a better understanding of the pathophysiology of severe malaria had helped it to collaborate with the national programme and identify new international partners. WHO CCs could promote research, strengthen national programmes, and provide training, information, education and capacity building.

Dr V. Kumaraswami, Director, Tuberculosis Research Centre, which is also a WHO CC for Tuberculosis Research and Training, stated that the mandate of the Tuberculosis Research Centre was research for TB control. The centre had always been responsive to the needs of the global and national TB control programmes. The research activities of the centre were focused on mapping the disease, sharpening existing tools and developing of new tools, monitoring and evaluation, operational research and building capacity. Randomized controlled trials were being conducted to identify regimens that could shorten the duration of treatment used for the management of MDRTB and in HIV TB co-infections. Operational research was designed to identify the factors impacting effective control of TB. Working closely with national and global programmes for the control of TB the centre had trained several thousand health personnel in better method for TB control. Diminishing opportunities for classical RCTs, increasing regulatory and QC pressures and effective management of partnerships were important challenges faced by the centre.

4.2 Capacity building

Dr P. Jambulingam, Director, Vector Control Research Centre (ICMR), which is a WHO CC for Research and Training in Lymphatic Filariasis & Integrated Methods for Vector Control, presented the work being carried out by the WHO CC in the area of training. Conducting relevant training courses on lymphatic filariasis elimination was one of the terms of reference for the WHO CC. Research was being conducted on various aspects of lymphatic filariasis such as mapping of the disease, evaluation of different strategies for control, development of efficient vector control methods and improved monitoring and evaluation. It had successfully developed a regional training course on IVM in consultation with SEARO. Collaborative activities need to be closely linked to the needs of the regional/national programmes so that regional and country-level programmes benefit from training activities. More efforts on capacity building are needed to combat emerging vector-borne diseases. Steps should be taken to strengthen/promote WHO fellowships on an annual basis along with an exchange of expertise between CCs.

Dr Boonchai Kowadisaiburana from the Bamrasnaradura Institute which is also a WHO CC for training and research for HIV/AIDS clinical management and counseling, said that the Bamrasnaradura hospital which was founded in 1959 as an infectious disease hospital provided patient care, engaged in training and carried out research. HIV care in the institute was guided by the use of standard precautions and all patients were treated without discrimination or stigmatization. All the staff had been trained to provide HIV care including HAART and the management of opportunistic infections and could carry out invasive procedures if indicated. The hospital trained Thai health care workers and medical students and also provided training for international health care workers. It had important linkages with other agencies such as Family Health International (FHI), AIDS Access Foundation and Thailand USA Collaboration (TUC).

Dr V.S. Salhotra from the SAARC Tuberculosis and HIV/AIDS Centre, which is a WHO CC for TB and TB/HIV Research and Training, stated that the centre had been established to work for the prevention and control of TB and HIV/AIDS in the Region by coordinating the efforts of national TB control programmes (NTPs) and national AIDS control programmes (NACPs) of Member States in the SAARC region. Capacity building programmes and activities are demand-driven or need-based on the current policy/strategy.

They are formulated through annual programme managers' meetings and finalized after consultations. WHO CCs could develop linkages to contribute through their respective competencies while WHO could play a more pro-active role not only for the development of WHO CCs but in also providing technical assistance. Capacity building is a continuous process and human resource development is the key for successful disease prevention and control.

4.3 Epidemiology and surveillance

Dr Chakrarat Pittayawonganon from the Bureau of Ministry of Public Health, which is a WHO CC for field epidemiology in Thailand explained that the two-year, on-the-job training in field epidemiology provides health practitioners with skills and experience in field epidemiology to become competent leaders in public health services. The centre also conducts national and international short training on surveillance and outbreak investigation. It serves as the coordinator in epidemiology network and human capacity building among Mekong Basin countries in response to public health emergencies and is a key player in public health emergency responses in Thailand. It has developed a 10-year Master Plan for FETP and proposes to train 200 field medical epidemiologists to work in the major health offices nationwide. Scholars of the FETP course are experienced in outbreak investigation and have significant research capabilities.

Dr Veena Mittal from the National Centre for Diseases Control (NCDC) which is a WHO CC for epidemiology and training, presented the activities carried out by the centre. The national centre serves as a technical resource centre for communicable diseases surveillance and control and provides technical support to the countries of the Region. It develops training materials and conducts field-oriented training programmes and operational research on the application of new epidemiological tools and development of cost effective disease surveillance and control strategies. The centre conducts a three-month Regional Field Epidemiology Training Programme that uses several innovative approaches. It also provides training on tropical diseases of public health importance in the South-East Asia Region. WHO fellows in the Region are also provided training in appropriate laboratory technology as applied to the diagnosis of emerging zoonotic infections. The centre collaborates with other institutes through faculty exchange and networking and participation in quality assurance programmes.

The role of WHO CCs is changing from being national centres to international ones. There is an increasing awareness of linking diagnosis to surveillance needs. Increasing the standards and maintaining a high quality through collaborative networks and innovative methods will ensure effective functioning of CCs. The new CCs being set up will address emerging infections, zoonosis and vector-borne diseases and will be multi-disciplinary in their approach. Innovations are bound to emerge when representatives of WHO CCs meet and discuss issues.

4.4 Disease detection and laboratory support

Dr Rajesh Bhatia, Regional Adviser-Blood Safety and Laboratory Technology provided an overview of laboratory aspects and explained how WHO and the collaborating centres were involved in joint activities that are normative, assist in enhancing technical capacity of countries, assure quality of lab results, promote research and development, support national programmes, provide advocacy and regional leadership and assist in emergency responses. Several documents have been developed and assistance has been provided in drafting and reviewing documents. Referral diagnostic services had been established for influenza, SARS, nipah and JE. On-site training and regional training had been provided for fellows along with consultancy for infrastructural developments including biosafety and supply of critical non-commercial reagents/kits. Other activities include assurance of quality of kits, support to national programmes and advocacy and regional leadership. Future challenges include strengthening and expansion of activities to address International health security and IHR (2005), MDGs and generating evidence for effective public health actions.

Dr G B Nair, Director, National Institute of Cholera and Enteric Diseases and a WHO CC for Research and Training in Diarrhoeal Diseases presented the work of the centre. The Institute develops training methodologies, teaching modules and conducts workshops for better management, prevention, and control and laboratory diagnosis using classical and molecular techniques for diarrhoeal diseases. Besides conducting epidemiological investigations of cholera/diarrhoea epidemic(s) it also supplies diagnostic anti-sera when required by Member States and serves as the WHO vibrio phage reference centre. The centre has an active surveillance programme for diarrhoea and maintains a vibrio cholerae PFGE. The centre is also examining key issues relating to vaccine policy such as target populations, choice of vaccines and assessment of efficacy.

Ms Surang Dejsirilert from the National Institute of Health which is the WHO CC for antimicrobial resistance surveillance and training, said that the centre serves as the national and regional reference laboratory for detection of antimicrobial resistance. Through its web site and newsletter, it disseminates scientific and technical information. It has provided a wide range of services for disease detection and laboratory diagnosis through its technical collaboration programmes. The research programmes have provided important leads for the development of genetic methods for disease detection. The centre conducts training and holds workshops for disease detection and laboratory diagnosis of antimicrobial resistance. It plays a lead role in linking both national and international laboratories. The Thailand Culture Collection unit in the Department of Medical Sciences (DMST-CC) is one unit in the Biomedical Bioresource Centre that preserves more than 30,000 strains including 660 species of medically important bacteria.

5. Contribution of WHO CCs in supporting national programmes: perspectives from a WHO Country Office

Dr Sawat Ramaboot in his presentation mentioned that 11 of the 34 WHO CCs in Thailand are in the area of communicable diseases and cover a gamut of diseases and laboratory activities. The centres support country programmes through national and international training and development of manuals and guidelines. In addition, they serve as reference laboratories and assist in programme evaluation. A recent review revealed that the WHO CCs were underutilized and one WHO staff member is responsible for more than one CC. Budgets are limited and there is no country budget for some programme areas. Many centres are not internationally recognized, and are limited to only national activities. Some CCs are still not clear about WHO concepts, role and functions and also experience difficulty in the designation and re-designation process (eCC). Many CCs are not aware of the work plan. The lack of systematic and frequent communication between WHO programmes and CCs limits relevance, alignment, and utilization of CCs. There is insufficient systematic involvement of WHO country offices (WCOs) in the technical aspects of the designation/re-designation process. With some notable exceptions in a few larger countries, there is a lack of active utilization of CCs at country level.

6. New health developments: overview and regional perspectives

Progress Towards the Health-related Millennium Development Goals (Dr Nani Nair)

MDCs are based on the eight chapters of the United Nations Millennium Declaration with 21 targets, and a series of measurable indicators for each target. All MDGs influence health.

Significant progress has been made in the attainment of MDGs. The number of children dying before 5 years decreased by 30%; from 12.4 million to 8.8 million between 1990 and 2008. Under-nutrition is an underlying cause for a third of deaths among children. On the other hand less than 50% of women receive skilled care during child birth in Africa and South-East Asia. New HIV infections declined by 60% between 2000 and 2008 and 4.5 million of the 9.5 million people who need ART have access to treatment. The proportion of women receiving ART treatment to prevent mother-to-child transmission of HIV increased to 40% in 2008. Of the 108 malaria affected countries, 38 reduced malaria cases by 50% or more between 2000 and 2008. The global incidence of TB has declined since 2004, but the estimated number of multidrug-resistant cases increased to 440 000 in 2008. Unfortunately, 85 countries representing 66% of the world's population do not have reliable health statistics, including cause of death statistics.

Important challenges include linking policy to outcomes, establishment of reliable management information systems, optimal use of technology and ensuring effective dissemination. The MDGs have been a powerful force to reduce poverty and inequity and while progress is being made it is unequal. The need to reduce maternal and newborn deaths emerges as an urgent priority in the Region and improving health outcomes requires effective policies, strategies and interventions to deliver results. Since progress is limited by the capacity of national health systems efforts are needed to strengthen health systems, mobilize and deploy necessary resources, address broader social and economic determinants of health and double health spending by 2015.

Health impact of climate change (Ms Payden)

There has been a global anthropogenic increase in green-house gas emissions and the South-East Asia Region is particularly vulnerable to climate change. More cyclones, storms and floods are being seen (2005 Mumbai flood, 2008 Kosi river flood, 2007 Sidr, 2008 Nargis, 2009 Aila, 2010 Laila). Other associations include diarrhoea and cholera outbreaks, increase in the number of deaths and injuries (numbers are not properly recorded) due to heat changes. Public health systems should be strengthened to address issues related to climate change. WHO collaborating centres can help in the development of research protocols, conducting research on climate sensitive diseases, training of health professionals on climate change and health, conducting health vulnerability and public health adaptation assessments and through links with meteorology data develop climate-sensitive disease surveillance and monitoring.

Revitalization of PHC (Dr Nyoman Kumara Rai)

The basic tenets of primary health care enshrined in the Alma Ata Declaration (1978) are: essential health care, practical, scientifically sound, socially acceptable, affordable, universally accessible, community participation. However, there are many misconceptions that it is low quality care and is for developing countries only. Public health care encompasses several elements such as universal coverage, inter-sectoral collaboration and the use of appropriate technology. Unfortunately, current health care is too medically oriented and emphasizes curative rather than preventive / promotive care leading to high out-of-pocket payments. Revitalizing PHC will help to combat the widening inequity within and across countries and curb spiralling health care cost. The focus should be on preventive health (preventive/promotive) and a good balance with medical care (curative/rehabilitative). A good referral back-up system along with a balanced health insurance plan to reduce out-of-pocket expenses needs to be adopted. Service delivery should be people-centered and more responsive. Universal coverage will improve equity along with effective public policy and leadership.

Regional strategy for the prevention of acute diarrhoea and respiratory infection (Dr Madhu Prasad Ghimire)

These illnesses impose a high burden on impoverished and malnourished persons in the Region despite the availability of simple, safe, effective and inexpensive interventions chiefly due to the limited access and utilization of these interventions. New initiatives at SEARO include coordinated (integrated and intersectoral) approaches to prevention and control of acute diarrhoea and respiratory infections, establishment of an internal working group and a Regional Technical Advisory Group in 2008. A regional strategy was formulated in 2009 that envisaged (i) the integration of prevention and control of pneumonia with that of diarrhoea (ii) strengthening case management at the community and facility levels (iii) Integration of case management with preventive interventions (nutrition, immunization, handwashing, water quality at point of use, environmental sanitation) and (iv) strengthening surveillance, training, research, M&E, community mobilization and empowerment, advocacy.

7. Networking and collaboration among WHO CCs and with WHO: options and opportunities to be exploited

Thailand (Dr Orapin Singhadej)

Networks are a valuable tool for strengthening research and for capacity building. WHO-SEARO has instituted a network of collaborating centres in Thailand. The next logical step is to create such a network in the other countries of the Region. Once the network structure has been determined discussion must turn to more practical aspects such as: the location for the network secretariat office, potential members, governing board, administrative structure, charter guidelines, and a strategic plan. Depending on the scope and nature of the network it may be beneficial to have the secretariat office located in geographic proximity to a WHO country office or Ministry of Health. Finally, a network must provide some value in order to maintain sustainability. Therefore, the network's performance should be regularly evaluated. Some methods of evaluation include self-evaluation, external evaluation, or feedback from members.

India (Dr Yonas Tegegn)

Globally there are over 800 WHO CCs, with about 12 % in the South-East Asia Region. Over 40 are active WCC in India and about half of SEAR CCs are in India. Although over 25% are working in the CDS area these are too few for such a big country. A recent meeting discussed the role of WHO CCs in strengthening country resources and recommended periodic dissemination and active participation of WHO CCs in capacity building activities for national health programmes. Important challenges that were identified included difficulties in coordination, development of national versus sub-national networks and maintaining momentum and cohesion. WHO CCs should work closely with WHO and be involved in the formulation of the biennium workplan.

8. Administrative aspects relating to designation and re-designation of WHO CCs and lessons learnt (Dr Ong-arj Viputsiri)

An analytical review of the functioning of WHO CCs conducted in 1998 led to a revision of the designation and re-designation of WHO CCs and also to increase the number of CCs. A zonal mechanism at WHO headquarters and regional levels was also reported. A new set of guidelines for WHO staff working with WHO CCs was under preparation. It has become clear that the majority of findings of the review of 1998, which are related to the strategic issues of WHO's work with CCs, are still valid. The absence of strategic planning affects many aspects of WHO's work with CCs, including weakening the link between the needs of WHO and the expertise and services of CCs. CCs are seen as a tremendous asset to WHO, with a wealth of human resources, information, knowledge and activities that contribute to and supplement WHO's work. Several programmes have established active and successful CC networks. CCs that are members of networks were overall very positive about the experience. The evaluation encourages WHO to further promote and support networking initiatives. The following factors related to successful networks were identified: (1) strong leadership; (2) strategic plans and detailed workplan to guide the CCs network; (3) strong coordination; (4) regular meetings; (5) provision of limited funding to support the network when required.

9. Conclusions and recommendations

The participants made the following recommendations:

- (1) WHO should expand the number of WHO CCs particularly in countries such as Bangladesh, Indonesia, Nepal and Sri Lanka.
- (2) WHO should prepare a data base of experts, institutions, and training modules etc
- (3) For better communication between WHO CCs, WHO should facilitate networking and collaboration at regional and national levels among the WHO CCs working in similar areas such as laboratory support.
- (4) The Thailand network of CCs should also take the responsibility of managing a regional network of WHO CCs on communicable diseases.
- (5) A network of CCs in India should be established and a sub-network among those working on communicable diseases in the country coordinated by the Tuberculosis Research Centre (TRC).
- (6) WHO India and SEARO can assist in establishing the network in India.
- (7) WHO should prepare a user guide on eCC procedures especially steps required for designation or re-designation and share it with all CCs.
- (8) The implications of eCC re-designation should be discussed at the global DPMs meeting or even at the GPG meeting.
- (9) One issue raised by many CCs was their role in outbreak investigation or in any emergency. What mechanism can be put in place so that WHO CCs could be mobilized quickly with an accelerated and rapid approval process in the government system? WHO should draft a possible mechanism for rapid mobilization of expertise available in CCs to support countries in outbreaks and obtain agreement of the national authorities.

Annex 1

Agenda

Wednesday, 2 June 2010

- Opening Session
- Group Photograph
- Overview of Communicable Diseases in the SEA Region and how WHO CCs are contributing to disease prevention and control

Panel discussion

- WHO CCs and Research in Communicable Diseases: activities and lessons learnt
- WHO CCs and Capacity Building for communicable disease prevention and control

Panel discussion

- WHO CCs, Epidemiology and Surveillance
- Tea/Coffee Break
- Role of WHO CCs in disease detection and laboratory diagnosis
- Contribution of WHO CCs in supporting national programmes: perspectives from a WHO Country Office

Thursday, 3 June 2010

Plenary: New Health Developments: overview & regional perspectives

Panel discussion:

- Networking and Collaboration among WHO CCs and with WHO: option and opportunities to be exploited

Plenary: Administrative aspects relating to designation and re-designation of WHO CCs and lessons learnt

Group work:

- How to further enhance WHO CC role in technical aspects e.g. research and training
- How to further improve WHO CC managerial/ administrative aspects
- How to network and collaborate better

Friday, 4 June 2010

Plenary: Research and Policy Interface: options and opportunities

Group work (Continued...)

Presentation by Groups

Conclusions and Recommendations

Closing

Annex 2

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Annex 3

Message from Dr Samlee Plianbangchang, WHO, Regional Director for South-East Asia

(To be read by Dr Jai P Narain, Director, CDS, WHO-SEARO)

Climate change is a threat to global public health. The United Nations Framework Convention on Climate Change (UNFCCC) defines climate change as a change in climate that is attributable directly or indirectly to human activities that alter the global atmosphere, and which is in addition to natural climate variability observed over comparable time periods. Newer and stronger evidence shows that most of the global warming observed over the last 50 years is attributable to various human activities. The effects of climate change are illustrated in many different sectors such as agriculture and food production, availability of fresh water, clean environment and balanced ecology – all of which ultimately affect human health. Thus, it is essential to understand the negative impacts of climate change, both early and long-term, to overcome the impending health hazards.

Unfortunately, the ill effects of climate change on human health occur disproportionately among underserved populations especially in developing countries. Rapid economic development along with growing urbanization of the poorer countries not only increase their vulnerability to different health hazards but also turn them into increasing contributors to the problem. Catastrophic weather events such as floods, droughts and other natural disasters are bound to increase as a result of changes in climate. According to an estimate, 3.5 million deaths occur each year solely on account of droughts, which occur periodically in the vulnerable areas. It is likely that future tropical cyclones (typhoons and hurricanes) will become more intense, with larger peak wind speeds and heavier precipitation, along with ongoing increases in the sea surface temperature. Changing temperature and rainfall are certain to alter the geographical distribution of insect vectors associated with diseases in humans, such as malaria, dengue and chikungunya. An increased number of deaths is also expected due to extremes of temperature, which on one hand will produce heat waves resulting in heat strokes, and on the other hand will produce cold waves

resulting in frost bite, hypothermia and shock. The occurrence and intensity of cardiovascular and respiratory diseases such as asthma may be exacerbated. WHO has produced several documents highlighting that infectious diseases e.g. (diarrhoea, cholera, severe and acute respiratory syndrome) vector-borne diseases (malaria, dengue) and respiratory diseases (asthma, bronchitis and chronic obstructive pulmonary diseases) are expected to be affected by climate change.

WHO is coordinating and supporting research and assessment on the most effective measures to protect health from climate change, particularly for vulnerable populations such as women and children in developing countries. In 2008, World Health Day focused on the need to protect health from climate change. WHO selected this theme in recognition that climate change poses a growing threat to global public health security.

However, to identify and adopt effective protective measures, it is necessary to have sufficient evidence on patterns of climate change over time and contributing factors, the impact of such changes on human health, and ways to mitigate such impacts. Despite a plethora of information generated over past decades, there still exists a deficiency in clearly understanding the exact nature and magnitude of the climate: disease relationships which hinders the policy-makers in taking effective decisions to tackle the problem. This has happened mainly due to lack of uniformity in data collection and analysis procedures, since different studies used different methodologies to assess these relationships. Thus, it has become imperative to develop and use generic multi-country protocols to assess the association between climate change and communicable diseases, especially diarrhoea/cholera and vector-borne diseases, and to identify actions to meet the challenges. The present protocol is an initial effort in this direction, keeping in view the needs of the South-East Asia Region.

This informal consultation on climate change and its negative impact on human health is meant specifically to assess the impacts on vector-borne diseases and diarrhoeal diseases using the generic protocol developed by the WHO Regional Office for South-East Asia. The objective of this consultation is to sensitize scientists and public health specialists to the generic protocol and to identify potential institutions/investigators who may be interested in carrying out such studies. WHO will initially concentrate on using secondary data, which may be easily available, to understand the health impacts of climate change for the identified diseases in the Region.

To accomplish this, grants of \$10 000 to \$15 000 will be provided to each institution. We sincerely hope that this endeavour will produce sound evidence that will allow decision-makers to develop and adopt more effective and efficient policies to mitigate this important public health problem.