

# Global Threats and Regional Responses:

## Security and Epidemiological Surveillance in Andean Countries

**Presenter:** Walter Mendoza, MD

Rio de Janeiro, 8 – 10 December 2006

# Plan of the presentation

- ✓ *Rationale:*
  - Growing global(ized) concern on out-breaks, both “natural” and/or man-made;
- ✓ *Regional background:*
  - Long-term commercial agreement (Andean Pact);
  - Epidemiological surveillance network, mostly in national borders;
- ✓ *Moving ahead:*
  - Sharing experiences and capacities;
  - Epi surveillance as part of national security activities, no militarized, though.

# Global Concern

- ✓ Emerging infectious diseases (mid 1990s):
  - More “*scientific*” rationale;
- ✓ Biosecurity & Bioterrorism (2006):
  - Openly political (e.g. Grinwich, Fukuyama);
- ✓ Transition from biosafety to biosecurity?
- ✓ From international to global health;

# Major Regional Agreements in South America

## *Andean Community*

Meeting of Ministries of Health of Andean Countries

- Bolivia
- Colombia
- Chile
- Ecuador
- Peru
- Venezuela



## *MERCOSUR*

Meeting of Ministries of Health of MERCOSUR and Associated States

- Argentina
- Bolivia
- Brazil
- Chile
- Paraguay
- Peru
- Uruguay
- Venezuela

# Epidemiological Surveillance

- ✓ *At national borders:*
  - Limited coordination and epidemiological control according to plans;
  - Little knowledge of agreements, limited knowledge and experience sharing among countries;
- ✓ *Epidemiological reports:*
  - Need to standardize report formats, and data bases;
- ✓ *International Health Regulation:*
  - Limited knowledge of IHR in epi surveillance at borders and national entries (ports, airports);
  - Preparedness to be assessed in case of global/regional outbreaks.

# Equator and Colombia – I

- ✓ Joint activities in the three borders' corridors in 2005:
  - GIS maps of towns in both borders;
  - Socio-demographic and human resources assessment;
  - Standardization of events of epi concern;
  - Technical committees in the three borders' corridors;
  - Events of binational mandatory notification;
  - Selection of notification points in each corridor;

# Equator and Colombia – II

- Consolidation of information from all corridors;
- Prompt notification of events per corridor;
- Weekly exchange information;
- Notification, analysis and investigation of events through proper systems;
- Information on morbidity and mortality;
- Consolidation of information of 10 top causes of morbidity and mortality;
- Pending a common methodology for health assessment; outbreaks control, training, epidemics and attention to peoples.

# Applying the decision algorithm for international notification – Peru

*Year 2004:*

- *Bartonella* at the Peru – Brazil border;

*Year 2005:*

- Cesium case in Lima;

*Year 2006:*

- Training to Health Directorate staff at the borders of international notification



# Epidemiological Surveillance

- ✓ *Bi/multinational epidemiological surveillance in the Andes:*
  - Not to be confined to borders, but to the whole epi surveillance across the countries: protocol to assess preparedness of epi surveillance systems, incl. labs;
  - Seen as a health sector activity, not necessarily involving others;
  - Vaccination campaigns launched by PAHO/WHO.
  - Military not always involved in epi surveillance;
  - National security most influenced by the military, civilians not involved in security issues;
  - Growing inter-country and international commerce.

# Enhancing Preparedness

## ✓ *Opportunities?:*

- Foreign policy: Bi/multinational cooperation for peace building: not only sharing experiences at meetings, but by exchanging professional teams;
- Health as a development variable: commerce–disease–security links, PH within a human security framework;
- Biodefense or human security? Epidemiological surveillance networks should be part of national security systems, considering “natural” or man-made out-breaks or epidemics a threat to their populations, though not in military terms but in civil-defense grounds;

# Some issues to be addressed

- ✓ Inform policy and decision makers:
  - Political issues: Institutional development, int'l cooperation, accountability;
  - Technical issues: Training, technology, surveillance of dual research;
  - Social issues: Media messages, public education;
  - Cultural issues: religious fundamentalism;
- ✓ Evidence-based advocacy: gains of investing in dual research?; loses (actual/potential) by not investing?;
- ✓ Who are the champions of change?

# The champions of change

- ✓ *Who are the champions of change?:*
  - Should they be public?
  - Should they be private?
  - Should they be public-private?

	Biosafety	Biosecurity/ Biodefense	Human security/PH
Microbiologists	+++	++	+
Military	+	+++	+
Policy makers	+	++	+++