

Regional Infectious Disease Surveillance Networks and their Potential to Facilitate the Implementation of the International Health Regulations

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KEYWORDS

- Surveillance • International health regulations
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The implementation of the new International Health Regulations (IHR) requires the proactive establishment of competence within all World Health Organization (WHO) member countries to control infectious diseases within their territories. Some investigators have contended that the establishment of regional networks for disease surveillance actually may diminish the ability of low resource settings to establish such competence.¹ This article examines this theoretic possibility by closely describing the experience of regional networks, focusing on two such networks, the Middle East Consortium on Infectious Disease Surveillance (MECIDS) and the Mekong Basin Disease Surveillance (MBDS) networks. These two cases clarify the contribution of such networks to the successful implementation of the IHR.

The past 2 decades have witnessed increasing globalization of commerce, travel, financial flows, production chains, and services. The market forces behind this globalization do not always apply to public safety and protection; thus, the public health sector has been slow to globalize and too few within the economic and trade sectors embrace the urgency of supporting the transnationalization of public health. While globalization of the health sector inches along, extension of production chains and intensification of agriculture stress public health security at the point of origin (commonly in resource poor settings).² High-profile pandemics (eg, HIV/AIDS and severe acute respiratory syndrome [SARS]) point to the lack of an effective global public health safety net. **Fig. 1** illustrates the challenge of transnational infection and the need for transnational response. Resource poor settings continue to struggle with high levels of preventable and treatable endemic and epidemic diseases. Given the lack of economic incentive to globalize public health protection, the task of realizing this global public good rests with national governments, international agencies, and philanthropic interests.³ As travel and commerce so thoroughly interconnect the globe that an outbreak in Asia today may be an outbreak in North America tomorrow, or vice versa, the rhetoric of global disease security has become more urgent.

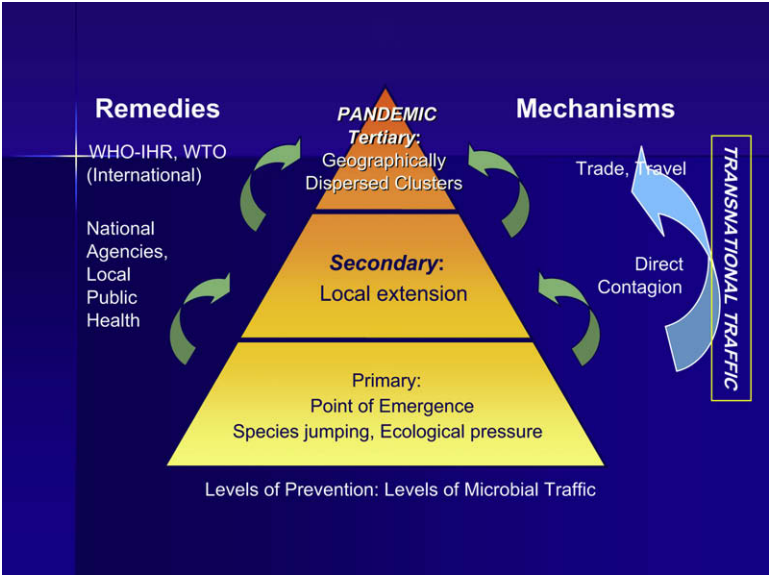


Fig. 1. Transnationalization of infection through trade and travel.

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