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**Government of Pakistan
Ministry of National Health Services Regulations & Coordination
Islamabad.**

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NOTIFICATION

F.No.1-23/2014-DD(P-II)- The competent authority i.e. Secretary, Ministry of NHR&C has been pleased to constitute the following Technical Working Group for Disease Surveillance and Response at national level for an integrated approach.

1.	Director General Health, M/o NHR&C, Islamabad	-	Chairman
2.	Executive Director, NIH, Islamabad	-	Member
3.	Director General Health, Punjab, Lahore	-	Member
4.	Director General Health, Sindh, Karachi	-	Member
5.	Director General Health, KP, Peshawar	-	Member
6.	Director General Health, Balochistan, KP	-	Member
7.	Director General Health, Gilgit Baltistan	-	Member
8.	Director General Health, AJK, Muzaffarabad	-	Member
9.	Director Health Services, FATA	-	Member
10.	District Health Officer, ICT	-	Member
11.	Country Representative WHO	-	Member
12.	Director Health USAID	-	Member
13.	Representative of Health, DFID	-	Member
14.	Representative of Health, World Bank	-	Member
15.	Representative of CDC, Atlanta	-	Member
16.	Director Programs, M/O NHR&C, Islamabad.	-	Member
17.	Deputy Director (P-II) M/O NHR&C	-	Member/ Secretary

TORs of the Technical Working Group are as under;

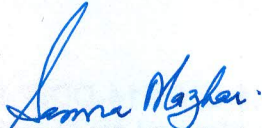
1. To assess the existing systems to review strengths, weaknesses, and opportunities for strengthening the systems.
2. To prioritize the public health threats to ensure that surveillance is limited to the important public health events.
3. To define elements of a common framework for strengthening national capacity for surveillance, response and control, and recommend steps for its implementation.
4. To coordinate for response readiness through identification of emergency focal points and placement of experts -at -field at the target site.
5. Any other matter as suggested by the members.


(Samra Mazhar)
Deputy Director (P-II)

The Manager,
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Distribution:

1. All Members.
2. PIO, PID, Islamabad.
3. SPS to Secretary, Ministry of NHR&C, Islamabad.
4. PS to Director General, Ministry of NHR&C, Islamabad.


(Samra Mazhar)
Deputy Director (P-II)

Terms of Reference

Technical Working Group (TWG) for Disease Surveillance & Response Ministry of National Health Services Regulations & Coordination Pakistan

Background Considerations:

Communicable Disease (CD) Surveillance is a critical need of every country in the world; and Pakistan, as the sixth most populous country with inadequate public health services, is no exception. The infectious disease panorama is changing with new and reemerging diseases due to old or new microorganisms posing threat to the Global Health Security, predisposing to and enhancing the risk of Pandemics. An effective Communicable Disease Surveillance and Response System can ensure early detection of the threats, save lives, prevent disease, and contribute to rationalizing resources and fulfilling global responsibilities.

Pakistan has a frequent history of seasonal episodes of disease outbreaks; and, owing to the socio economic situation is particularly vulnerable to infectious diseases including measles, cholera, Dengue, Malaria, Hepatitis, and Respiratory Infections. The country experiences frequent natural disasters such as earthquakes and massive floods as well as internal conflicts leading to temporary displacement of population, predisposing to occurrence of disease outbreaks. Pakistan is also prone to the challenge of emerging and reemerging communicable diseases such as CCHF, Cutaneous Leishmaniasis, Dengue Fever.

These disease outbreaks have significant consequences not only on the health sector, but also adversely affect the economic and social aspects of the country as a whole. It is therefore important to establish a reliable efficient integrated disease surveillance and response (IDSR) network in the country. The aim is to strengthen early warning and reporting capacities, improve responses, and mitigate infectious diseases effectively through developing strategies, key interventions and input needs for Surveillance. There is a dire need to establish a comprehensive and integrated disease surveillance and response system that can promptly identify, track and control future outbreaks. The initiative is also of vital significance in the context of International Health Regulations (IHR) 2005 requiring all member states to improve their detection, identification, characterization and reporting capabilities

The creation of a strategic environment that enables the Ministry of National Health Services Regulations & Coordination to effectively curtail and manage incidences of epidemics will directly improve the efficiency of the Ministry. Additionally, it will ensure more effective coordination and regulation on the provision of improved health services in terms of the requisite need and timeliness to ensure effective prevention, control and management of disease outbreak events.

In this context, The Ministry of NHR&C intends to establish a Technical Working Group (TWG) with suitable Provincial level representation and inclusion of existing technical bodies on disease surveillance and response. It is proposed that the province specific stakeholders may be included in consultation with DGHS and WHO Provincial Offices and representation from the development partners.

Mapping of the stakeholders at Federal and Provincial level is necessary to sustain the Disease Surveillance and Response in Pakistan. Currently these entities at the Federal level include NHEPRN, Federal Disease Surveillance and Response Unit (FDSRU)-NIH and Disaster Management Authority. While the Provincial set ups include the Departments of Health, Academia, Provincial Disease Surveillance and Response Units (PDSRU), PITB (DSS) and WHO.

There is need to define and establish clarity on the roles and responsibilities and the scope of work of the stakeholders currently involved in Disease Surveillance and Response in Pakistan. The rules of business for the new stakeholders must be defined and, in this context seeking approval of the TWG on the scope of work should be made mandatory.

There is also a critical need to regulate the ongoing surveillance activities in the provinces. Currently, some vertical programs like EPI, NACP, NTP, etc. have their program specific surveillance systems. Special Field Epidemiology and Laboratory Training Program (FELTP) is supporting the provincial Health Departments for establishing Disease surveillance systems. WHO is working in collaboration with provincial CDC department. However, there is need for integration of all the surveillance activities along with developing synergies and complementarity.

Terms of Reference: Technical Working Group

- Review the existing systems involved in Disease Surveillance and Response in Pakistan;
- Develop/define the mechanism on data collection and reporting and communication mechanism. (from reporting units to districts, provinces, Federal level to WHO and other stakeholders)
- Provide technical guidance and oversight for development of out-break containment strategies, including frameworks and tools for early warning systems to prevent rapid spread of infectious diseases
- Develop the list of Notifiable communicable Diseases for immediate notification
- Establish general reference guidelines for surveillance activities across all levels with defined roles and responsibilities of units and personnel (HR) for implementation within the Health Department
- Define stand-alone reference for level-specific guidelines;
- Develop a set of standard case definitions and define thresholds that trigger some action for responding to specific diseases;
- Work with relevant institutions (in consultation with international bodies like WHO & CDC) to identify resource for development of trainings, supervision and evaluation of surveillance and response activities;
- Define and establish guidelines for improving early detection and preparedness for outbreak response;
- Develop and define surveillance SOPs and guidelines for diseases and conditions to guide collection of data on Communicable and non-communicable diseases and events of public health concern
- Update tools for preparedness and response such as recommended stock lists for outbreak response, laboratory supplies, and personal protective equipment;
- Define surveillance system monitoring and evaluation indicators including performance indicators for each level of the health system;
- Explore the use of mobile technology to report surveillance data and make feasible recommendations of incorporation in DHIS/ integrated disease surveillance system;
- Analyze and use surveillance data to derive evidence based conclusions for policy guidance; and,
- Develop mechanism and advocate for resource mobilization for the establishment and sustainability of the Surveillance and Response System.