DEAR READER,

A famous African proverb says, “It takes a village to raise a child.” As a member of the EIOS initiative, you are part of our “village”: A global community dedicated to strengthening health surveillance across all levels and domains. Collectively, we aim to “raise” global health security to better protect the world from emerging health threats.

In this edition’s Spotlight article, we delve into the concept of Collaborative Surveillance. We will explore what it entails and how we can, as a “village”, approach it together to make a greater impact now and for future generations.

We are also thrilled to announce the location of our next EIOS Global Technical Meeting. The fifth “GTM,” as we affectionately call our main EIOS community event, will take place at the end of the year. Our title image provides a generous hint about the location. For the full reveal, however, you’ll need to read on. Curious? Dive in!

Happy reading,
The EIOS Core Team
The concept of Collaborative Surveillance is defined as "the systematic strengthening of capacity and collaboration among diverse stakeholders, both within and beyond the health sector, with the ultimate goal of enhancing public health intelligence and improving evidence for decision making." As a member of the EIOS initiative, you are already supporting the idea of collaborative surveillance across domains and sectors and are aware of the challenge that no individual surveillance system can meet all requirements necessary for risk assessment of health threats and to inform decision-making.

Collaborative Surveillance is one of the key components for strengthening the global architecture for health emergency prevention, preparedness, response, and resilience (HEPR). But how can we turn this concept into reality? What will it take to translate it into concrete guidance and actions that will help stakeholders to understand what is required to implement it on the ground?

These were the types of questions participants from across all WHO regions and levels were tackling in the recent "Advancing Collaborative Surveillance" workshop. Hosted by the WHO Hub for Pandemic and Epidemic Intelligence, the workshop convened WHO experts involved in health emergency surveillance and laboratory strengthening. Together, they discussed priorities for implementing Collaborative Surveillance in their respective areas, and explored synergies, opportunities, and next steps on engaging key stakeholders.

While there will be no one-size-fits all solution, all regions emphasized the potential for Collaborative Surveillance to be furthered as part of their regional strategies, alongside ongoing initiatives such as EIOS or the Mosaic Framework. Participants agreed that for the approach of Collaborative Surveillance to be implemented, it needed to leverage and further build on existing efforts of surveillance systems that currently exist in Member States.

Building upon this momentum, a Collaborative Surveillance Policy Makers Forum was held on the fringes of the seventy-seventh World Health Assembly, bringing together national leaders, partners, and other stakeholders to discuss ongoing activities, resource mobilization, and strategies for fostering an enabling environment for Collaborative Surveillance.

Discover further insights into the goals of Collaborative Surveillance as outlined in Defining Collaborative Surveillance.
Training Updates: Webinars, clinics and more

In the realm of global public health intelligence (PHI), the EIOS initiative continues to expand globally. During the first quarter of 2024, nine EIOS System workshops were facilitated across five WHO Regions, in which more than 200 professionals involved in PHI were equipped with vital skills, enhancing the early detection of public health threats. This brings the total number of EIOS System trainings conducted since 2019 to 212 workshops.

Furthermore, two EIOS community webinars took place in January and March 2024. In the webinars, representatives from four EIOS communities, i.e. the Morocco Ministry of Health and Social Protection, the Qatar Ministry of Public Health, the WHO Regional Office for the Americas and the United Kingdom Health Security Agency, shared their experiences with the global EIOS community.

The EIOS Core Team continues hosting monthly EIOS clinics in English and French, providing an opportunity for direct support from our EIOS expert trainers. For clinic dates, keep an eye on your emails or visit the "Training"-tab in the EIOS system.

WOAH: Crafting One Health case study

The World Organisation for Animal Health (WOAH) has been a long-standing collaborator of the EIOS initiative. In recent months, WOAH, in partnership with WHO and FAO through the GLEWS+ (Global Early Warning System) team has been crafting a One Health case study for EIOS trainings, that aims to demonstrate epidemic intelligence practices and its application to EIOS system use from a One Health perspective.

Furthermore, EIOS data has been instrumental in supporting WOAH’s efforts in estimating sensitivity for official disease reporting using capture-recapture models. A joint manuscript documenting its results is being prepared for submission to a peer-reviewed journal. WOAH is also improving the categories for some priority diseases in the Asia-Pacific region and developing new categories for tracking rumours related to wildlife diseases. There is a particular focus on diseases non-listed by WOAH that impact wild species, including zoonotic and transboundary diseases, as well as those directly affecting biodiversity conservation.

2024 EIOS GTM: The Future of PHI

We are thrilled to announce the highly anticipated 2024 EIOS Global Technical Meeting (GTM) will take place in Dakar, Senegal. The fifth GTM will be co-hosted by the WHO Regional Office for Africa (AFRO) and the WHO Country Office in Senegal through the newly inaugurated WHO Emergency Hub located in Dakar.

The GTM is an opportunity to bring together representatives from our global community of practice with collaborators and experts spanning a range of disciplines, sectors and geographies. With generous support provided by the European Commission’s Health Emergency Preparedness and Response Authority (HERA), we aim to explore “The Future of Public Health Intelligence” together, while further strengthening and expanding our networks and collaborations. Invitations and final dates will be shared over the coming weeks as we are eagerly counting down the time to kick off the 2024 GTM.

New Faces in the EIOS Team

Welcome to Maria Eugenia Romo Ventura, who has taken on the EIOS categories work succeeding Alastair Donachie, and Munyaradzo Gore, who is providing administrative support as part of her Short-Term Developmental Assignment at the WHO Pandemic Hub in Berlin.
PAHO/WHO: Welcoming El Salvador and Dominican Republic

To reinforce event-based surveillance to quickly detect and assess public health risks and to strengthen epidemic intelligence with an early warning objective, the team at PAHO/WHO recently conducted two virtual EIOS trainings, for El Salvador and the Dominican Republic. This brings the total to 19 countries trained on EIOS in the Region of the Americas. Furthermore, PAHO has been supporting the expansion of EIOS to subnational levels in Cuba and Colombia.

The PAHO/WHO team has also been working to improve the quality of EIOS-related monitoring activities. This includes identifying sources and broken links in the system using an R script, liaising with PAHO/WHO country offices and governmental counterparts to manage access and lists of active users, and providing weekly EIOS clinic sessions in Spanish.

WHO EURO: Gearing up for the Paris Olympics and UEFA 2024

In February 2024, WHO EURO conducted an EIOS training at RIVM, Netherlands, at the Dutch National Institute for Public Health and the Environment (RIVM). Participants from institutions including RIVM, the Public Health Service of Amsterdam, and the National Coordination Centre for Travel Advice convened for fruitful discussions on collaborative strategies.

Besides expanding EIOS in the European region, the team is gearing up for two upcoming mass gathering events: the Paris Olympics and UEFA 2024. These occasions provide excellent opportunities to enhance EIOS collaboration with Member States and other relevant stakeholders.

WHO WPPO: Boosting AMR surveillance

In WPPO, Member States have faced Antimicrobial resistance (AMR)-related outbreaks like methicillin-resistant Staphylococcus aureus and Multi-Drug Resistant Acinetobacter Baumannii infections. Early detection of these outbreaks in healthcare facilities is crucial due to the need for rapid response to mitigate nosocomial infections and their consequences. WPPO is now gearing up to gather AMR data in the Western Pacific region using EIOS to enable swiftly detecting AMR outbreaks, gather current information on occurrence, trends, and interventions related to AMR.

WHO EMRO: EIOS Follow-up Strategy

EMRO’s EIOS follow-up strategy includes ongoing analysis of community engagements and monthly calls to ensure optimal system use. This proactive approach has significantly improved threat detection specificity, facilitating swift prevention measures.

The team at EMRO recently conducted an EIOS refresher training in Riyadh, Saudi Arabia, strengthening the national Event-Based Surveillance (EBS) Framework. The training aimed to bolster surveillance efforts during the annual Hajj pilgrimage. Furthermore, an EBS training was conducted for Somalia with the support of Africa CDC in Nairobi, Kenya.

WHO SEARO: Enhancing animal surveillance systems

The Department of Livestock Development (DLD) and the Ministry of Agriculture and Cooperatives organized an EIOS system workshop in March 2024, supported by FAO’s Regional Office for Asia and the Pacific, the MOH Thailand and WHO SEARO. The workshop primarily aimed to enhance the capacity of animal surveillance systems, with a particular focus on early warning functions and animal health intelligence to inform timely response.

WHO AFRO: Expansion and enhancement

As WHO AFRO works towards onboarding all Member States in the region by the end of 2024, its EIOS strategy remains dedicated to both expanding the initiative and enhancing the operational capacities of existing communities.

Recently, the team at WHO AFRO undertook efforts to strengthen the EIOS system in Senegal, which joined in September 2021. Responding to a request from Senegal’s Ministry of Health, a refresher training session was conducted by AFRO in February 2024, with support from the US CDC. These collaborative efforts are testimony to AFRO’s commitment to ensuring robust surveillance capabilities across the region.
Quarterly system update

Over the past quarter, our technical team has directed their efforts towards developing the following modules within the upcoming EIOS V2:

1. **Monitoring (Board Detail / Articles List):** New Category Filter (AND/Exclude criteria) including a revised vocabularies/classification of categories

2. **User-Management:** Enhanced Import/Export functionality for bulk-Excel usability

3. **Expanded Roles and Permissions** with increased Community/Team management functionality for Community and Team Managers

4. **Enhanced User Interface** for a more intuitive user experience including date/time selection.

Furthermore, a multi-year Request for Proposals was distributed for vendor bids to provide future system development, end-user support, and infrastructure operations and maintenance. We are hopeful to conclude and award a winning vendor later in Q2. This is in alignment with the EIOS Expansion and Sustainability strategy, to ensure a stable system with specialized support for continuous improvement.

Category Corner

During the first quarter of 2024, we developed, tested, and added 20 new categories into the EIOS system. Several of them are focusing on infectious diseases: respiratory infections such as Chlamydia pneumoniae; vector-borne diseases like Tick-borne relapsing fever, Louse-borne relapsing fever, and Rat-bite fever; waterborne diseases such as Mycobacterium ulcerans and Balantidiasis, and other categories like Ciguatera fish poisoning, Dysentery, Congenital rubella syndrome, and Relapsing Fever.

Also, we expanded language coverage for over 60 categories within the EIOS system by adding translations in Arabic, Kurdish, Thai, and Nepali.

From the source

Advancements in source management are promising, notably the integration of a shared database for sources across various organisations and initiatives. This will enrich the sources pool, eliminate redundancies, and reduce workload. Trained users will be able to propose new or modifications to existing sources directly in the editor. A new web scraping tool is under development, designed to enhance data ingestion by supporting more source types. This advanced tool can extract text and figures from various formats, including PDFs and images. New approaches are being developed to reduce workload for source maintenance. Testing by power users is slated for Q3/2024.
UPDATES FROM BERLIN

Enhancing PHI Collaboration in Germany

The WHO Hub for Pandemic and Epidemic Intelligence (WHO Pandemic Hub), together with the Germany’s Federal Ministry of Health (BMG) and the Robert Koch Institute (RKI), conducted a workshop for the German stakeholders who perform PHI with an international focus on 15-16 April 2024. Aimed at enhancing Public Health Intelligence (PHI) efforts, the workshop introduced the EIOS initiative as a potential means to foster collaboration among diverse stakeholders in Germany.

Over two fruitful days, participants dove into the intricacies of PHI, early warning systems, and epidemic intelligence, exploring how the EIOS initiative could enhance information sharing. The first day, hosted at the RKI, focused on introducing the main responsibilities of participants as part of their institutions and understanding how health-related information or PHI informs their work. Convening at the WHO Pandemic Hub, the second day provided a hands-on exploration of the EIOS system, elucidating its set-up and functionalities through real-world scenarios.

As the workshop drew to a close, discussions centered on leveraging newfound knowledge for enhanced collaboration, emphasizing sustainability and future growth.

Plans for a cohesive German PHI community, possibly incorporating AI advancements and interdisciplinary collaborations, underscored the commitment to bolstering public health surveillance and response capabilities.

As participants transition from training to engagement, the vision for a robust, interconnected network positioned to address emerging health threats remains paramount, paving the way for a more resilient and proactive approach to safeguarding public health.

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<thead>
<tr>
<th>Name of Community: Indonesia</th>
<th>Active on EIOS since: October 2022</th>
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<tr>
<td>Number of members: 41</td>
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HOW MANY DIFFERENT ENTITIES ARE REPRESENTED IN YOUR COMMUNITY?

Currently, there are three entities: the Public Health Emergency Operation Center, the Port Health Office, and the ASEAN Biodiaspora Virtual Center.

WHAT DO YOU USE EIOS FOR?

To enhance their public health intelligence, Indonesia aims to bolster the existing Event-Based Surveillance (EBS) system with EIOS. This system does not only address biological threats but also encompasses natural hazards, including natural disasters, adopting an all-hazards approach. On the EIOS system, the Indonesia community has developed six boards covering various domains: Direct Contact Diseases (including respiratory infections), Waterborne and Foodborne Diseases, Vector-borne Diseases, Zoonotic Diseases and Emerging Infections, Disaster/Humanitarian Emergencies, and Potential Emerging Infectious Diseases with potential for importation.

WHAT DO YOU LIKE BEST ABOUT EIOS?

It complements the current media monitoring system for EBS in the country, offering a wide range of filters and the flexibility to set up monitoring boards as needed. Additionally, the system continuously evolves to capture more online databases in various languages. As a community, members can actively provide feedback to enhance the system. Certainly, this will improve its functionality in supporting the country’s EBS.

Compiled by Mushtofa Kamal, WHO CO Indonesia