PUBLIC HEALTH BULLETIN-PAKISTAN

Vol. 4 / Week 02
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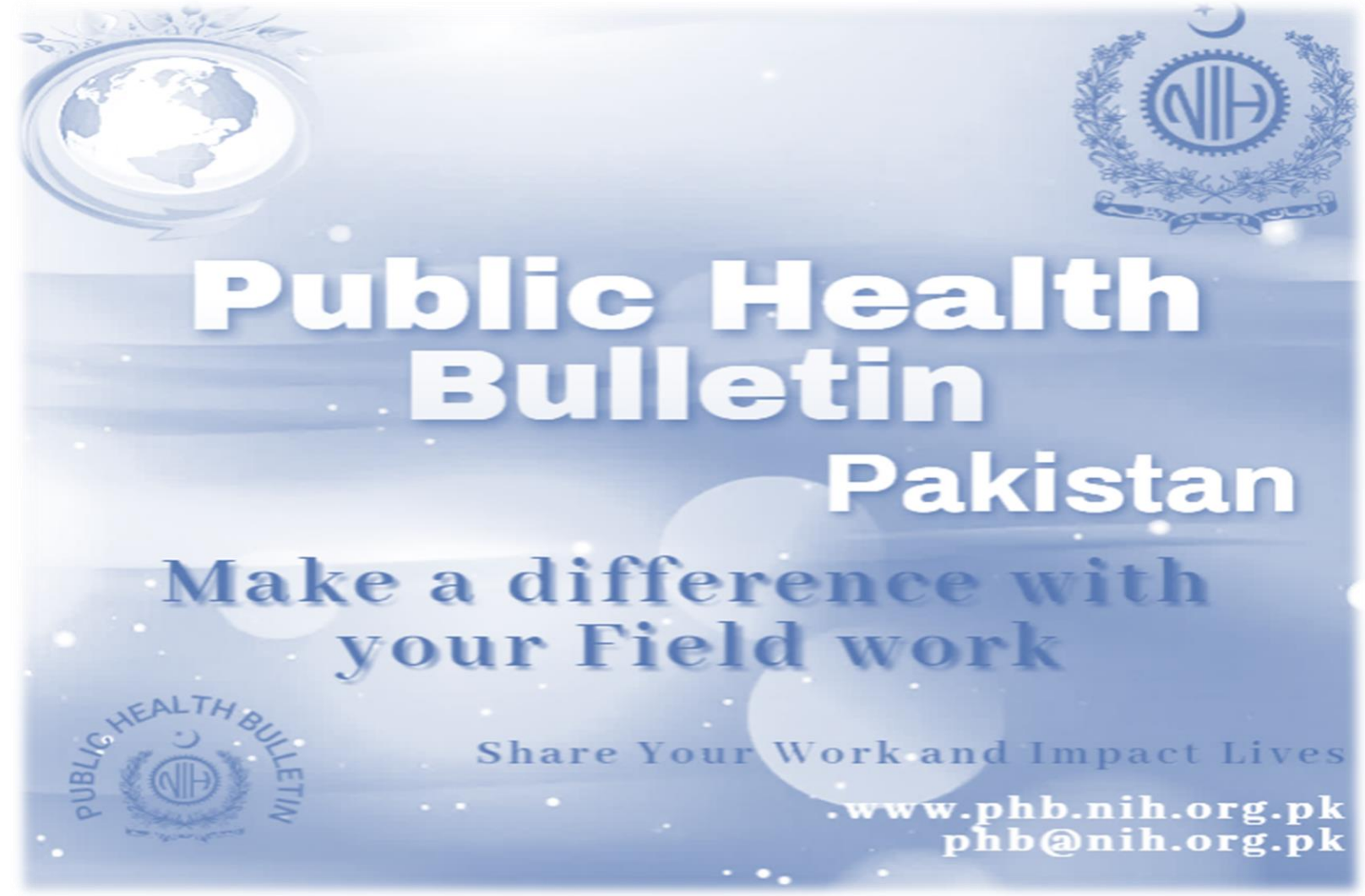
Integrated Disease Surveillance & Response (IDSR) Report

Center of Disease Control
National Institute of Health, Islamabad

http:/www.phb.nih.org.pk/

Integrated Disease Surveillance & Response (IDSR) Weekly Public Health Bulletin is your go-to resource for disease trends, outbreak alerts, and crucial public health information. By reading and sharing this bulletin, you can help increase awareness and promote preventive measures within your community.



Public Health Bulletin - Pakistan, Week 02, 2024

This week's bulletin reveals critical trends and insights relevant to public health in Pakistan:

The latest public health bulletin highlights critical trends and insights impacting Pakistan. This week, reported cases of Acute Diarrhea (Non-Cholera), Influenza-like Illness (ILI), and Malaria have reached concerning levels, prompting heightened public health vigilance. Suspected Brucellosis cases in Khyber Pakhtunkhwa (KP) warrants close monitoring. All reported cases are currently suspected and require thorough field investigation.

This edition showcases the remarkable evolution of Pakistan's public health system. It highlights the country's landmark initiative to enhance early outbreak detection and response, as well as its pioneering role in global pandemic preparedness, as evidenced by the inaugural Health Security Summit, 2024. The Islamabad Declaration of the Global Health Security Summit and report on the NID anti-polio campaign in Rawalpindi are included in this edition. Empowering individuals is crucial for disease control, and the editor provides an update on the One Health initiative, a holistic approach to global health security.

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Sincerely,

The Chief Editor

- *During week 2, the most frequently reported cases were of Acute Diarrhea (Non-Cholera) followed by Malaria, ILI, ALRI <5 years, TB, VH (B, C & D), B. Diarrhea, Typhoid, SARI and dog bite.*
- *Twenty cases of AFP reported from KP and seven from Sindh. All are suspected cases and need field verification.*
- *Five suspected cases of Brucellosis reported from KP. Field investigation required to verify the cases.*

IDSR compliance attributes

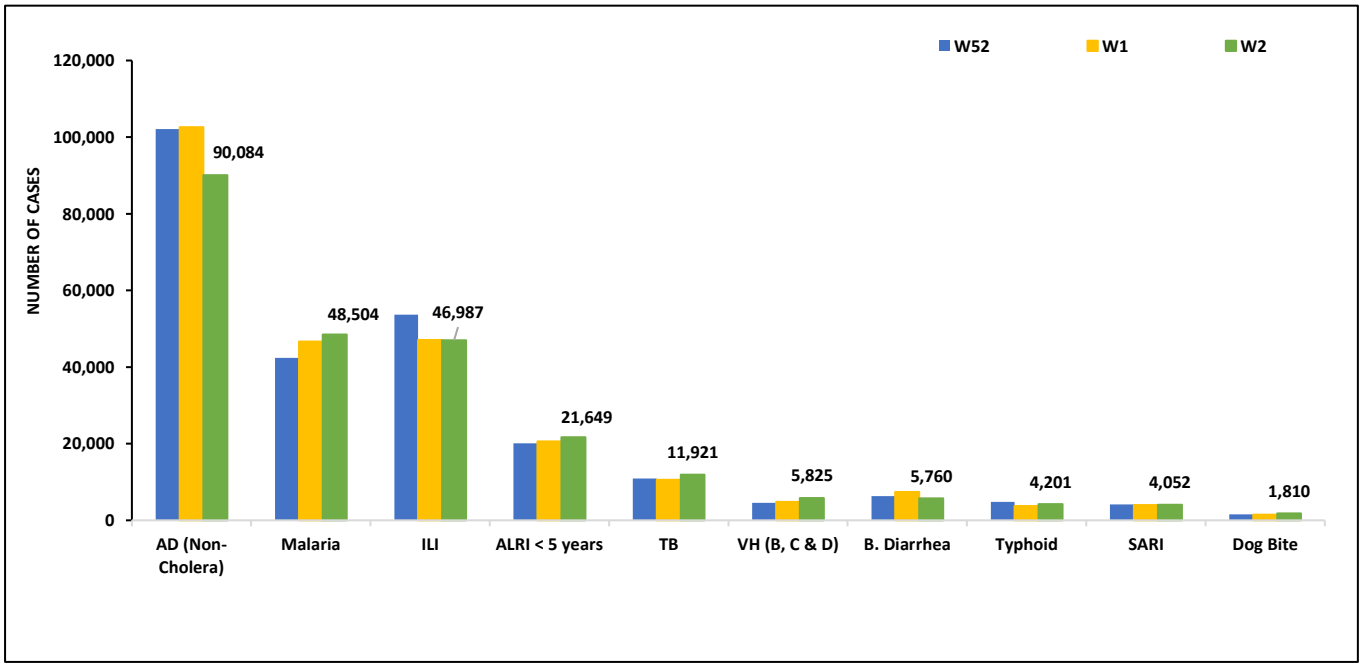
- *The national compliance rate for IDSR reporting in 124 implemented districts* is 73%
- *AJK, Gilgit Baltistan and Sindh are the top reporting regions with a compliance rate of 89% followed by Baluchistan 76%*
- *The lowest compliance rate was observed in KPK.*

Region	Expected Reports	Received Reports	Compliance (%)
Khyber Pakhtunkhwa	*2760*	*1512*	*55*
Azad Jammu Kashmir	*382*	*340*	*89*
Islamabad Capital Territory	*70*	*42*	*60*
Balochistan	*1179*	*899*	*76*
Gilgit Baltistan	*390*	*349*	*89*
Sindh	*2088*	*1855*	*89*
National	*6869*	*4993*	*73*

Table 1: Province/Area wise distribution of most frequently reported suspected cases during week 02, Pakistan.

Diseases	AJK	Balochistan	GB	ICT	KP	Punjab	Sindh	Total
AD (Non-Cholera)	1,067	5,068	418	176	10,147	42,744	30,464	90,084
Malaria	63	4,719	1	0	2,344	2,077	39,291	48,504
ILI	3,743	9,069	600	1,086	6,833	123	25,533	46,987
ALRI < 5 years	1,862	2,675	923	0	2,229	NR	13,969	21,649
TB	77	121	61	6	298	NR	11,349	11,921
VH (B, C & D)	18	103	2	0	53	NR	5,649	5,825
B.Diarrhea	55	1,188	54	1	476	982	3,004	5,760
Typhoid	17	670	54	0	444	1,906	1,110	4,201
SARI	534	1,243	445	0	1,423	NR	407	4,052
Dog Bite	22	122	0	0	180	NR	1,486	1,810
AVH(A&E)	26	26	8	0	158	NR	742	960
Measles	3	34	11	0	348	NR	75	471
CL	0	201	0	0	218	27	0	446
Mumps	18	74	18	0	50	NR	286	446
AWD (S. Cholera)	44	198	78	0	28	NR	0	348
Pertussis	4	181	11	0	42	NR	9	247
Dengue	0	0	12	0	4	NR	80	96
Chickenpox/ Varicella	0	11	6	1	49	49	24	91
Gonorrhea	0	36	7	0	10	NR	22	75
AFP	2	2	1	0	20	NR	7	32
Meningitis	1	0	0	0	5	NR	15	21
Syphilis	0	9	8	0	0	3	0	20
NT	0	0	0	0	10	NR	0	10
VL	0	1	0	0	4	NR	0	5
Diphtheria (Probable)	0	1	0	0	4	NR	0	5
Brucellosis	0	0	0	0	5	NR	0	5
HIV/AIDS	0	3	0	0	0	NR	0	3

Figure 1: Most frequently reported suspected cases during week 02, Pakistan.



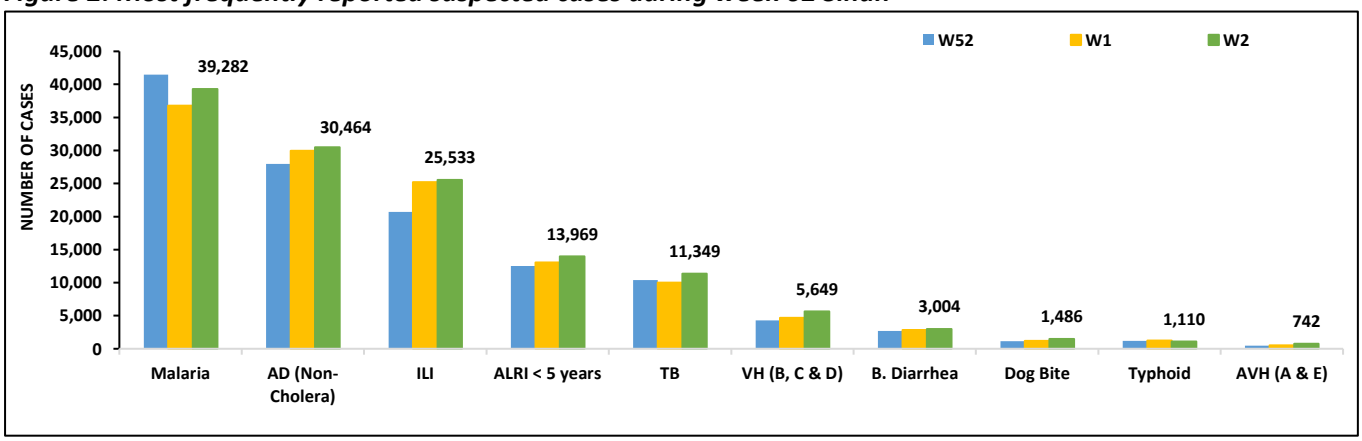
Sindh

- Malaria cases were maximum followed by AD (Non-Cholera), ILI, ALRI<5 Years, TB, VH (B, C, D), B. Diarrhea, dog bite, Typhoid and AVH (A&E).
- Malaria cases are from Larkana, Khairpur and Dadu whereas AD cases are mostly from Dadu, Khairpur and Badin.
- Seven cases of AFP reported from Sindh. All are suspected cases and need field verification.
- There is an increasing trend in cases observed for Malaria, AD (Non- Cholera), ILI, ALRI<5 Years, and VH (B, C, D) cases this week.

Table 2: District wise distribution of most frequently reported suspected cases during week 02, Sindh

DISTRICTS	Malaria	AD (Non-Cholera)	ILI	ALRI < 5 years	TB	VH (B, C & D)	B. Diarrhea	Dog Bite	Typhoid	AVH(A&E)
Badin	1,875	1,871	657	801	862	297	203	61	37	4
Dadu	3,271	2,619	230	1,175	474	6	445	76	233	15
Ghotki	271	431	0	633	161	243	65	154	0	1
Hyderabad	167	903	781	98	127	43	35	0	19	0
Jacobabad	1,328	640	507	753	173	565	108	111	18	0
Jamshoro	1,657	1,122	91	290	288	104	55	12	49	4
Kamber	2,968	1,150	0	530	906	284	144	48	57	0
Karachi Central	44	1,020	2,540	150	848	382	14	0	78	5
Karachi East	108	673	496	75	14	0	13	6	0	0
Karachi Keamari	6	232	131	39	1	0	0	0	6	0
Karachi Korangi	56	206	109	4	1	0	0	0	1	0
Karachi Malir	59	631	2,574	322	64	17	59	29	25	3
Karachi South	24	104	14	0	0	0	0	0	0	0
Karachi West	145	811	749	167	93	24	38	43	27	9
Kashmore	1,659	449	964	347	245	28	46	212	13	0
Khairpur	4,312	2,571	4,309	1,483	880	661	568	178	189	5
Larkana	5,139	1,410	5	881	820	161	199	0	3	0
Matiari	998	1,025	13	634	588	502	64	30	11	1
Mirpurkhas	2,047	1,818	4,008	937	651	164	70	55	12	2
Naushero Feroze	689	563	999	185	360	79	48	96	62	0
Sanghar	2,369	1,535	54	558	1268	806	58	176	39	3
Shaheed Benazirabad	1,191	1,438	0	596	328	123	71	31	143	0
Shikarpur	1,662	708	3	198	94	200	82	108	2	0
Sujawal	454	154	0	108	53	0	27	0	0	0
Sukkur	1,814	899	2,033	387	426	152	162	32	5	0
Tando Allahyar	821	1,054	1,122	399	412	259	107	2	12	2
Tando Muhammad Khan	557	520	0	200	397	36	54	2	1	0
Tharparkar	1,749	1,833	2,060	991	535	30	108	0	30	11
Thatta	1,039	989	1,084	581	14	149	80	24	9	677
Umerkot	803	1,085	0	447	266	334	81	0	29	0
Total	39,282	30,464	25,533	13,969	11,349	5,649	3,004	1,486	1,110	742

Figure 2: Most frequently reported suspected cases during week 02 Sindh



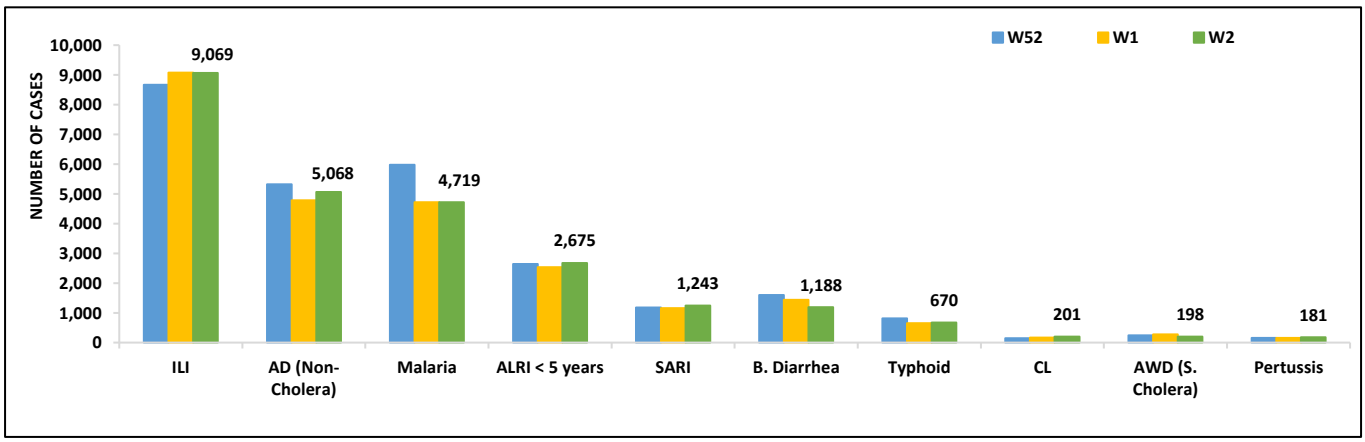
Balochistan

- ILI, AD (Non-Cholera), Malaria, ALRI <5 years, SARI, B. Diarrhea, Typhoid, CL, AWD (S. Cholera) and Pertussis were the most frequently reported diseases from Balochistan province.
- Trend for ILI, Malaria and ALRI <5 years cases remained almost same this week.
- Cases of Pertussis were reported in high numbers from Kohlu and Jhal Magsi and CL from Quetta and Jaffarabad. All are suspected cases and need field investigation to verify the cases.

Table 3: District wise distribution of most frequently reported suspected cases during week 02, Balochistan

Districts	ILI	AD Non-Cholera)	Malaria	ALRI < 5 years	SARI	B. Diarrhea	Typhoid	CL	AWD (S.Cholera)	Pertussis
Awaran	46	40	61	1	3	13	6	0	2	2
Barkhan	182	90	27	163	11	5	56	0	23	5
Chagai	397	142	21	5	0	49	25	0	15	2
Chaman	172	78	5	21	54	60	38	4	7	20
Dera Bugti	51	56	171	42	11	49	15	0	0	0
Duki	64	93	12	48	56	47	5	2	8	2
Gwadar	652	306	62	5	3	32	3	3	0	0
Harnai	19	80	57	173	0	18	1	0	10	0
Hub	249	199	199	98	82	52	5	9	0	0
Jaffarabad	157	184	477	51	22	48	7	46	0	2
Jhal Magsi	344	283	541	47	12	5	4	0	1	27
Kachhi (Bolan)	107	231	199	19	101	17	46	1	3	0
Kalat	3	21	20	11	3	14	25	10	0	0
Kech (Turbat)	1,194	332	238	151	1	40	1	1	NR	NR
Kharan	429	117	22	3	4	42	3	0	9	0
Khuzdar	108	60	26	0	3	30	9	0	0	1
Killa Saifullah	7	103	112	136	32	62	21	9	1	8
Kohlu	631	250	89	53	165	77	32	9	8	53
Lasbella	111	245	397	141	47	24	1	15	0	0
Loralai	388	121	55	46	114	54	33	3	0	3
Mastung	302	175	55	105	105	35	35	7	12	16
Musa Khel	143	64	94	50	21	27	26	0	17	16
Naseerabad	1	243	327	41	1	19	54	1	0	1
Panjgur	115	116	100	154	10	36	8	2	27	4
Pishin	203	4	2	32	4	15	5	4	0	0
Quetta	1,289	356	19	99	4	50	25	56	5	0
Sherani	165	56	0	0	144	25	13	0	1	0
Sibi	282	169	292	75	33	37	35	10	25	12
Sohbat pur	31	242	520	182	37	34	51	5	2	0
Surab	126	72	27	18	23	2	36	0	0	0
Usta Muhammad	209	285	369	294	10	52	18	4	0	0
Washuk	315	66	36	0	4	47	1	0	0	0
Zhob	303	112	68	385	121	43	9	0	2	7
Ziarat	274	77	19	26	2	28	18	0	20	0
Total	9,069	5,068	4,719	2,675	1,243	1,188	670	201	198	181

Figure 3: Most frequently reported suspected cases during week 02, Balochistan



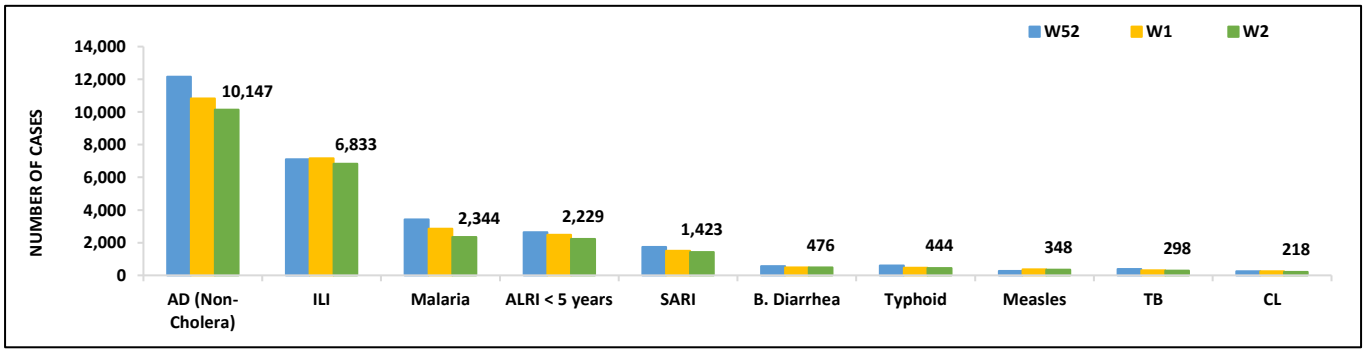
Khyber Pakhtunkhwa

- Cases of AD (Non-Cholera) were maximum followed by ILI, Malaria, ALRI<5 Years, SARI, B. Diarrhea, Typhoid, Measles, TB and CL cases.
- AD (Non-Cholera), ILI, and Malaria cases showed a decline trend this week.
- Twenty suspected cases of AFP reported from KP this week. Field investigation required to verify the cases.
- Five suspected cases of Brucellosis reported from KP. Field investigation required to verify the cases.

Table 4: District wise distribution of most frequently reported suspected cases during week 02, KP

Districts	AD (Non-Cholera)	ILI	Malaria	ALRI <5 Years	SARI	B. Diarrhea	Typhoid	Measles	TB	CL
Abbottabad	281	117	1	17	30	4	4	0	24	0
Bajaur	89	31	31	20	15	14	3	4	1	0
Bannu	407	0	659	25	5	6	46	2	26	0
Battagram	78	391	7	0	0	0	0	1	0	2
Buner	140	1	121	71	0	2	1	0	3	0
Charsadda	479	687	196	216	98	19	22	4	0	1
Chitral Lower	164	93	5	22	77	13	8	1	6	7
Chitral Upper	49	17	1	26	9	2	13	0	6	0
D.I. Khan	473	0	130	41	34	10	0	63	18	0
Dir Lower	655	4	462	266	1	62	21	20	17	2
Dir Upper	206	213	2	16	11	1	19	5	19	0
Hangu	83	175	181	5	56	3	3	11	8	13
Haripur	646	691	1	156	56	5	24	4	25	0
Karak	201	93	43	26	0	0	8	49	11	45
Khyber	66	160	7	21	5	14	3	4	3	11
Kohat	69	46	23	0	8	0	0	0	0	0
Kohistan Lower	59	0	0	4	0	2	0	5	0	0
Kohistan Upper	174	55	0	9	0	8	0	8	0	0
Kolai Palas	65	0	0	8	29	0	1	0	0	0
L & C Kurram	2	86	0	0	0	4	0	0	0	0
Lakki Marwat	214	3	97	88	0	9	9	9	1	2
Malakand	395	18	10	63	32	53	21	21	1	15
Mansehra	255	467	0	39	50	9	20	5	7	0
Mardan	511	96	16	357	2	21	0	7	13	0
Mohmand	89	87	46	12	27	13	13	0	0	54
Nowshera	492	250	48	26	21	11	8	18	20	23
Orakzai	1	9	2	5	0	1	0	0	0	0
Peshawar	1,504	978	16	245	136	92	36	43	3	24
SD DI Khan	6	0	1	0	0	0	0	0	0	0
SD Peshawar	0	32	3	0	0	0	0	0	0	0
SD Tank	1	0	1	0	0	0	1	0	0	0
Shangla	191	0	38	13	0	0	15	2	28	0
SWA	31	334	63	94	61	16	45	3	0	5
Swabi	455	844	9	176	31	5	7	23	28	0
Swat	1,135	383	11	95	0	50	0	21	24	0
Tank	359	108	84	28	0	1	76	5	4	6
Tor Ghar	57	0	29	20	15	9	11	0	0	8
Upper Kurram	65	364	0	19	614	17	6	10	2	0
Total	10,147	6,833	2,344	2,229	1,423	476	444	348	298	218

Figure 4: Most frequently reported suspected cases during week 02, KP



ICT, AJK & GB

ICT: The most frequently reported cases from Islamabad were ILI followed by AD (Non-Cholera). ILI cases showed a downward trend in cases this week.

AJK: ILI cases were maximum followed by ALRI <5 years, AD (Non-Cholera), SARI, TB, Malaria, B. Diarrhea, AWD (S. Cholera), AVH (A&E) and dog bite cases. Cases of ILI, AD (Non-Cholera), and SARI showed an almost same trend in cases this week.

GB: ALRI<5 years cases were the most frequently reported diseases followed by ILI, SARI, AD (Non-Cholera), AWD (S. Cholera), TB, B. Diarrhea and Typhoid. Increasing trend for ALRI<5 years, SARI and AD (Non-Cholera) cases observed this week.

Figure 5: Week wise reported suspected cases of ILI, ICT

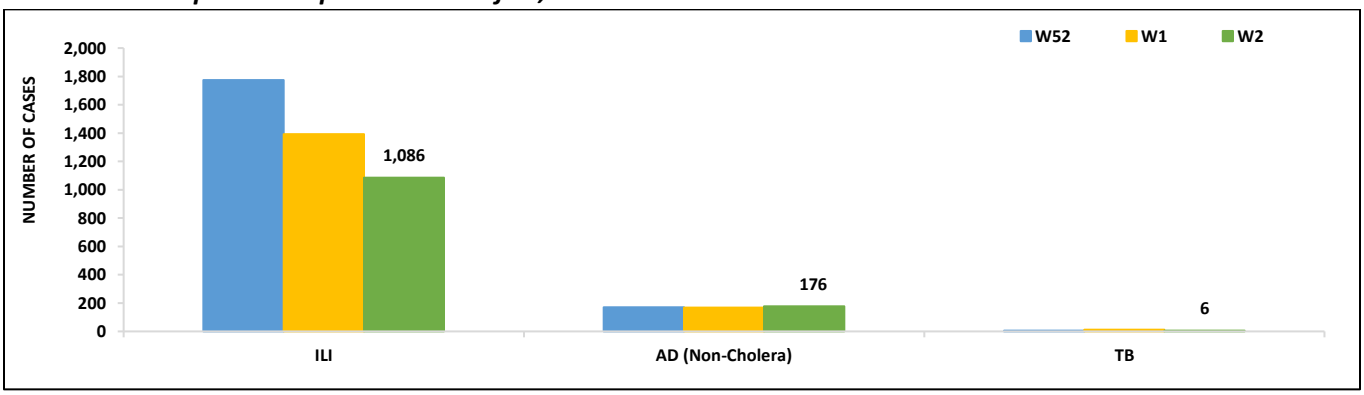


Figure 6: Week wise reported suspected cases of ILI, ICT

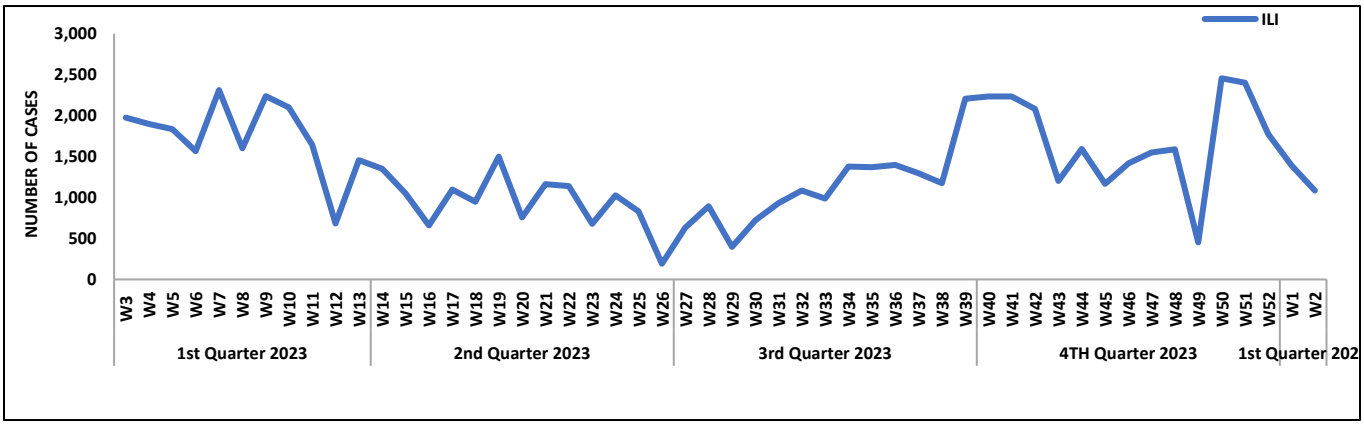


Figure 7: Most frequently reported suspected cases during week 02, AJK

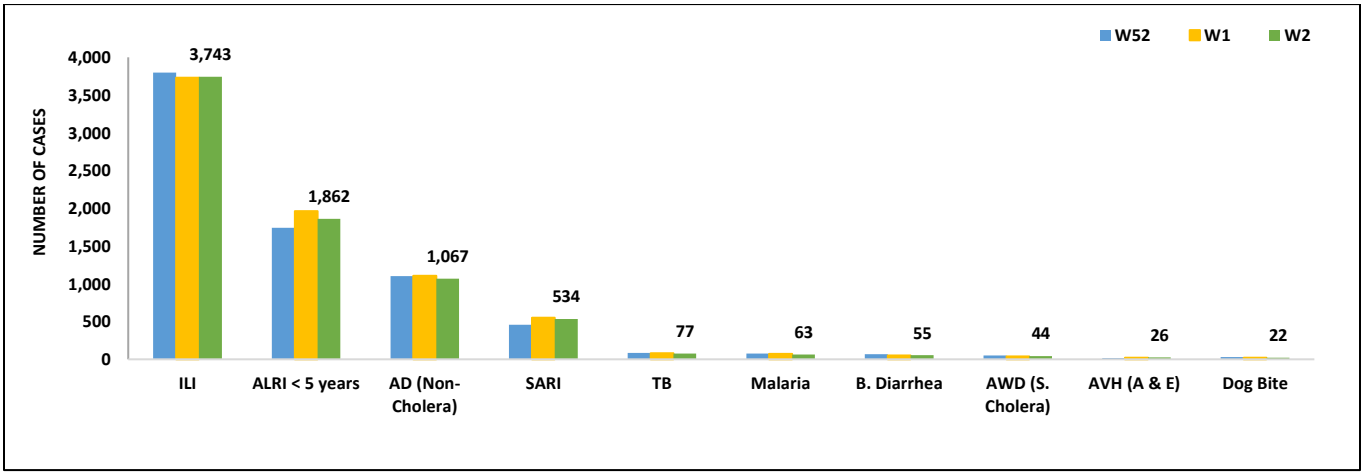


Figure 8: Week wise reported suspected cases of ILI and ALRI<5 years AJK

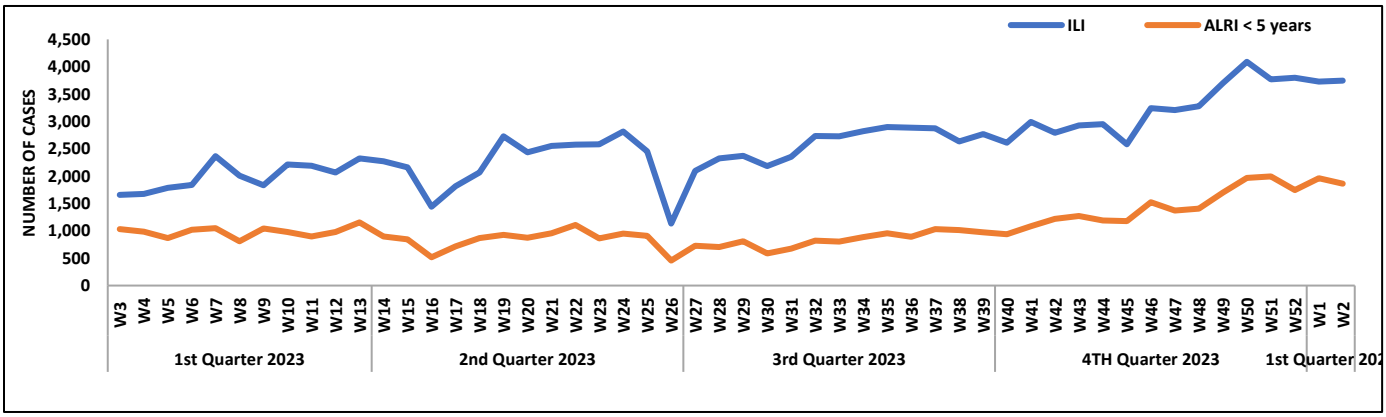


Figure 9: Most frequent cases reported during Wk 02, GB

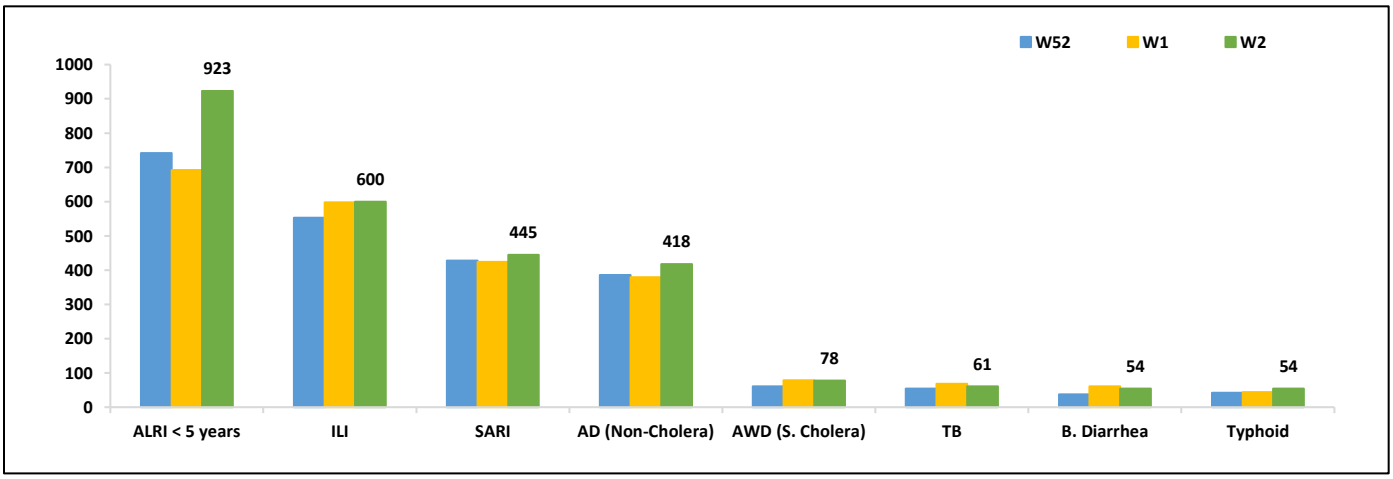
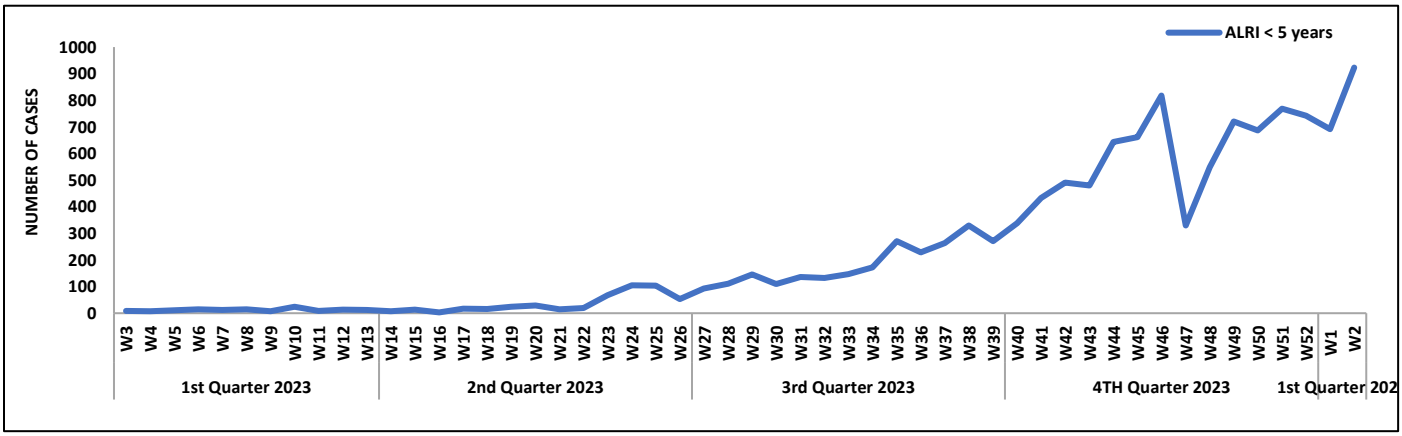


Figure 10: Week wise reported suspected cases of ALRI, GB



Punjab

- Cases of AD (Non-Cholera) were the most frequently reported followed by Malaria, Typhoid, B. Diarrhea, Chickenpox and ILI.
- AD (Non-Cholera) and Typhoid cases showed a decline trend this week.

Figure 11: District wise distribution of most frequently reported suspected cases during week 02, Punjab

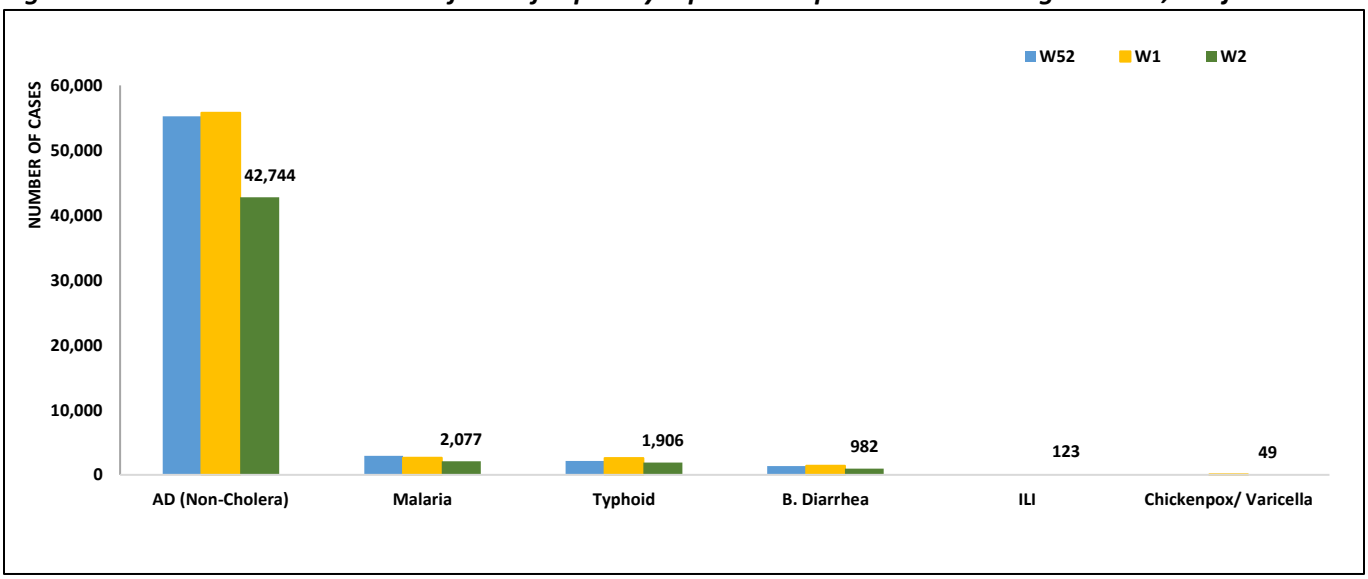


Table 5: Public Health Laboratories confirmed cases of IDSR Priority Diseases during Epid Week 02

Diseases	Sindh		Balochistan		KPK		ISL		GB		Punjab	
	Total Test	Total Positive	Total Test	Total Positive	Total Test	Total Positive	Total Test	Total Positive	Total Test	Total Positive	Total Test	Total Positive
AWD (S. Cholera)	95	0	-	-	3	0	0	0	-	-	-	-
AD (Non-Cholera)	95	0	-	-	0	0	1	0	-	-	-	-
Malaria	2,697	735	-	-	0	0	0	0	0	0	-	-
CCHF	-	-	5	0	1	0	0	0	-	-	-	-
Dengue	6	2	-	-	0	0	3	0	-	-	-	-
MPOX	-	-	-	-	1	0	0	0	-	-	-	-
Acute Viral Hepatitis(B)	582	129	-	-	0	0	1	0	132	0	-	-
Acute Viral Hepatitis(A)	-	-	-	-	0	0	1	0	-	-	-	-
Acute Viral Hepatitis(E)	-	-	-	-	0	0	36	0	-	-	-	-
Acute Viral Hepatitis(C)	1,222	252	-	-	0	0	35	2	132	0	-	-
Typhoid	516	2	-	-	0	0	9	0	-	-	-	-
Covid-19	-	-	81	15	6	0	460	1	-	-	-	-
HIV	91	0	-	-	0	0	8	0	-	-	-	-
Measles	-	-	-	-	0	0	1	0	-	-	-	-
Pertussis	-	-	-	-	0	0	5	0	-	-	-	-
Diphtheria	-	-	-	-	1	0	2	0	-	-	-	-
Influenza A	-	-	-	-	40	3	643	77	-	-	-	-
TB	158	15	-	-	0	0	-	-	-	-	4	2

IDSR Reports Compliance

- Out OF 125 IDSR implemented districts, compliance is low from KPK. Green color showing >50% compliance while red color is <50% compliance

Table 6: IDSR reporting districts Week 02, 2024

Provinces/Regions	Districts	Total Number of Reporting Sites	Number of Reported Sites for current week	Compliance Rate (%)
Khyber Pakhtunkhwa	Abbottabad	110	104	95%
	Bannu	244	105	43%
	Battagram	63	20	32%
	Buner	34	26	76%
	Bajaur	44	16	36%
	Charsadda	59	54	92%
	Chitral Upper	34	27	79%
	Chitral Lower	35	34	97%
	D.I. Khan	94	88	94%
	Dir Lower	74	74	100%
	Dir Upper	52	38	73%
	Hangu	22	22	100%
	Haripur	71	59	83%
	Karak	35	32	91%
	Khyber	64	14	22%
	Kohat	61	61	100%
	Kohistan Lower	11	11	100%
	Kohistan Upper	20	20	100%
	Kolai Palas	10	10	100%
	Lakki Marwat	70	70	100%
	Lower & Central Kurram	40	4	10%
	Upper Kurram	42	9	21%
	Malakand	48	37	77%
	Mansehra	136	71	56%
	Mardan	80	57	88%
	Nowshera	54	54	91%
	North Waziristan	380	0	0%
	Peshawar	153	123	80%
	Shangla	65	13	20%
	Swabi	63	62	98%
	Swat	76	71	93%
	South Waziristan	134	42	31%
	Tank	34	30	88%
	Torghar	14	14	100%
	Mohmand	86	25	29%
	SD DI Khan	19	2	11%
	SD Peshawar	5	3	60%
	SD Tank	58	1	2%
	Orakzai	68	9	13%
	Mirpur	37	37	100%
	Bhimber	20	20	100%
	Kotli	60	60	100%
	Muzaffarabad	45	43	96%
	Poonch	46	46	100%

Azad Jammu Kashmir	Haveli	39	34	87%
	Bagh	40	40	100%
	Neelum	39	37	95%
	Jhelum Vellay	29	29	100%
	Sudhnooti	27	27	100%
Islamabad Capital Territory	ICT	35	21	60%
	CDA	35	21	60%
Balochistan	Gwadar	25	23	92%
	Kech	39	27	69%
	Khuzdar	20	18	90%
	Killa Abdullah	20	0	0%
	Lasbella	55	54	98%
	Pishin	62	6	10%
	Quetta	43	18	42%
	Sibi	36	35	97%
	Zhob	39	33	85%
	Jaffarabad	16	16	100%
	Naserabad	32	32	100%
	Kharan	30	29	97%
	Sherani	15	15	100%
	Kohlu	75	71	95%
	Chagi	35	30	86%
	Kalat	41	40	98%
	Harnai	17	17	100%
	Kachhi (Bolan)	35	35	100%
	Jhal Magsi	26	24	92%
	Sohbat pur	25	25	100%
	Surab	32	32	100%
	Mastung	45	44	98%
	Loralai	33	28	85%
	Killa Saifullah	28	27	96%
	Ziarat	29	20	69%
	Duki	31	26	84%
	Nushki	32	0	0%
	Dera Bugti	45	21	47%
	Washuk	46	19	41%
	Panjgur	38	18	47%
	Awaran	23	7	41%
	Chaman	24	22	92%
	Barkhan	20	20	100%
	Hub	33	33	100%
	Usta Muhammad	34	34	100%
Gilgit Baltistan	Hunza	32	29	91%
	Nagar	20	20	100%
	Ghizer	40	40	100%
	Gilgit	40	40	100%
	Diamer	78	41	53%
	Astore	54	54	100%
	Shigar	27	27	100%

	Skardu	52	51	98%
	Ganche	29	29	100%
	Kharmang	18	18	100%
Sindh	Hyderabad	73	32	44%
	Ghotki	64	64	100%
	Umerkot	43	31	72%
	Naushahro Feroze	107	62	58%
	Tharparkar	282	248	88%
	Shikarpur	60	60	100%
	Thatta	53	52	98%
	Larkana	67	67	100%
	Kamber Shadadkot	71	71	100%
	Karachi-East	23	22	96%
	Karachi-West	20	20	100%
	Karachi-Malir	37	17	46%
	Karachi-Kemari	18	7	39%
	Karachi-Central	11	11	100%
	Karachi-Korangi	18	9	50%
	Karachi-South	4	4	100%
	Sujawal	54	29	54%
	Mirpur Khas	106	104	98%
	Badin	127	113	89%
	Sukkur	64	59	92%
	Dadu	90	89	99%
	Sanghar	100	100	100%
	Jacobabad	44	41	93%
	Khairpur	169	165	98%
	Kashmore	59	58	98%
	Matiari	42	41	98%
	Jamshoro	68	68	100%
	Tando Allahyar	54	48	89%
	Tando Muhammad Khan	40	40	100%
	Shaheed Benazirabad	124	123	99%

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A Note from Field Activities.

Pakistan Embarks on Landmark Initiative to Enhance Early Outbreak Detection and Response

Dr. Mumtaz Ali Khan Chief, Center for Disease Control (CDC), Pakistan, National Institute of Health.

In a landmark initiative aimed at bolstering its public health infrastructure, the Islamic Republic of Pakistan embarks on a significant undertaking the establishment of the **"7-1-7 Alliance for Early Action."** This pivotal endeavor, spearheaded by the esteemed National Institutes of Health (NIH) Pakistan and propelled by the vital collaboration of Resolve to Save Lives (RTSL), aspires to dramatically reduce the temporal lag between outbreak identification and subsequent containment efforts.

Guided by the World Health Organization's Early Action Review and the transformative 7-1-7 framework, the Alliance is resolutely committed to the pursuit of the following objectives:

- **Enhanced Surveillance Systems**: Within the stringent timeframe of seven days, a robust and comprehensive network of surveillance mechanisms will be implemented, strategically designed to effectively detect burgeoning outbreaks in their nascent stages.
- **Expedited Notification and Response:** A streamlined and efficient system for the reporting and activation of critical response protocols will be established, ensuring the swift notification of public health authorities within a mere one day of outbreak detection.
- **Targeted and Timely Control Measures**: Leveraging the combined expertise of NIH Pakistan and RTSL, the Alliance will implement strategically tailored interventions with utmost haste, thereby minimizing the spread of disease and mitigating its potential consequences.

Through this concerted and resolute endeavor, Pakistan unequivocally reaffirms its unwavering commitment to safeguarding the health and well-being of its citizens by proactively bolstering its preparedness and response capabilities for public health emergencies of any nature. The 7-1-7 Alliance for Early Action, in its very essence, transcends national boundaries, serving as a beacon of proactive public health initiative for the entire region, offering invaluable lessons and best practices for other nations as they strive to strengthen their own epidemic control measures.

Pakistan Pioneering Global Pandemic Preparedness at Inaugural Health Security Summit 10th and 11th Jan, 2024 Islamabad

The inaugural Global Health Security Summit (GHSS) unfolded in the vibrant Pakistani capital last week, marking a pivotal moment in the global fight against infectious diseases. Under Pakistan's esteemed leadership, the summit convened a diverse array of experts, policymakers, and stakeholders from across the globe, united in their pursuit of a unified approach to pandemic preparedness and response.

A Charter for a Safer Future: The summit's central objective resonated with ambition and urgency: the articulation of a comprehensive Global Pandemic Charter. This landmark document, envisioned as a cornerstone of international health security, will delineate clear roles, responsibilities, rights, and privileges for participating nations in times of crisis. By fostering collaboration and shared responsibility, the charter aims to create a robust framework safeguarding populations worldwide from future health threats.

Building Resilience Through Unity: Recognizing the interconnectedness of our world, the summit emphasized the need for a unified and proactive approach to mitigating health threats through international collaboration. This commitment to global solidarity was evident in the calls for:

Enhanced information sharing and collaborative emergency responses: Caretaker Prime Minister Anwaar-ul-Haq Kakar advocated for an inclusive framework, emphasizing these cornerstones of effective preparedness.

Equitable access to resources: Pakistani officials highlighted the crucial need for funding mechanisms to support nations in need, ensuring no country is left behind in the pursuit of health security.

Strengthened national health systems: Addressing disparities in preparedness between developed and developing nations was a central concern. The summit focused on building robust national health systems, efficient resource allocation, and equitable access to healthcare.

Real-time information sharing and collaborative research: The importance of joint efforts, including the establishment of an international network of health laboratories, was emphasized as a key defense against emerging threats.

A shared vision for global health security: Beyond national interests, the summit aimed to establish a world where health security is a universal right. Dr. Hani Jokhdar, Saudi Deputy Health Minister, reaffirmed the importance of the Global Health Security Agenda (GHSA) as a roadmap for collective action.

A Call to Action, a Legacy of Hope: The inaugural GHSS stands as a watershed moment in global health security. By fostering meaningful dialogue and collaboration, the summit has paved the way for a future where nations stand united against the ever-evolving threats to our shared health and well-being. The tangible outcomes - a robust Global Pandemic Charter and a renewed commitment to collective action - offer a beacon of hope for a safer and healthier world.

The Global Health Security Summit 2024, hosted by Pakistan, convened a pivotal gathering of experts and leaders to architect a future of enhanced pandemic preparedness. Distinguished as the inaugural host, Pakistan spearheads this unprecedented effort by crafting a comprehensive Global Pandemic Charter. This ambitious document will delineate precise roles, responsibilities, and rights for nations, forging a collective commitment to global health security.

ISLAMABAD CHARTER ON GLOBAL HEALTH SECURITY 2024

'Together for a Healthy Planet'

We, the participants of the 'Global Health Security Summit', gathered in Islamabad, Pakistan, on 10-11 January, 2024:

RECOGNISE that the unprecedented growth in the population globally, rapid urbanization, climate change, environmental degradation, and the growing threat of antimicrobial resistance are incessantly disrupting the delicate balance of the microbial ecosystem;

EMPHASISE that the extensive movement of people and goods worldwide each year also entails risks such as the spread of infectious agents and their vectors and enhances the possibility of contributing to the spread of existing and new pathogens in the coming years with potential for another pandemic;

EXPRESS concern that natural disasters, health emergencies, epidemics, and extreme weather events are becoming increasingly frequent and cause extensive damage and that strengthening of International Health Regulation (IHR) capacities is vital to prevent, detect, and respond to these threats effectively and promptly

WELCOME the ongoing negotiations in World Health Organization (WHO) on targeted amendments of IHR 2005 and on drafting a Pandemic Agreement to strengthen **prevention**, preparedness, response, and recovery from pandemics and health emergencies;

STRESS that pandemics, health emergencies, and weak health systems cost lives and pose significant risks to the global economy and social well-being today;

HIGHLIGHT the need for collective efforts and global solidarity to deal with the complex challenges posed by the recent pandemic and health emergencies as a result of climatic changes and extreme weather events (e.g. heatwaves, flooding) and in this regard underscore the need to foster health in climate change adaptation efforts, underlining that resilient and people-centered health systems are necessary to protect the health of all people, in particular those living in developing countries and small island developing states;

ACKNOWLEDGE that achieving global health security is a shared responsibility, necessitating collaboration among regions, countries, sectors, and individuals thereby enhancing interaction across disciplines and societies;

VALUE the need for strong global, regional, and national partnerships for Sustainable Development Goals (SDGs), which engages all relevant stakeholders to collaboratively support the efforts of Member States to achieve health-related SDGs, including universal health coverage (UHC);

UNDERLINE that food security and food safety, adequate nutrition and sustainable, resilient and diverse nutrition-sensitive food systems are important elements for healthier populations;

COMMIT to making the world a healthier, equitable, and safer place requiring actions and active engagement by all, including the humanitarian, developmental, public, and private sectors across the framework for global health security;

FOCUS on the urgent need to prepare for and respond to health emergencies, by developing resilient health systems, ensuring primary health care (PHC), advancing towards UHC, and taking concrete actions for adaptation to and mitigation of climate change impacts;

MARK priority to emergency health preparedness and response systems, as well as strengthening of capacities at sub-national, national, regional, and international levels, including to mitigate the impacts of climate change and natural disasters on health.

Therefore, we, the participants of the Global Health Security Summit 2024, deliberating the future directions for enhanced global health security, commit to work together and learn from each other to build an equitable, resilient, and sustainable system to ensure global health security and CALL ON:

- **the Heads of State and Government** of all countries, supported by the Ministers of Health, Ministers of Finance, other governmental ministers, parliamentarians, regulators, civil society organizations, academic institutions, private sector, and relevant stakeholders to develop National Health Security Compacts for expressing commitments based on IHR 2005 and ensuring effective implementation;
- **the development partners and relevant international organizations,** including the WHO, other United Nations Agencies, Bilateral Donors, Multilateral Development Banks, Global Health Initiatives, Foundations, and Philanthropists to coordinate and support countries' efforts, in particularly of developing countries, by providing financial resources to implement evidence-based national strategies and national actions plans on health security (NAPHS), including inter alia based on **'One Health'** approach, following an integrated approach that includes global best practices, transfer of technologies, institutional reforms and inclusive policy dialogue for strengthened and resilient health systems;
- **the states and governments** to promote equitable distribution of and increased access to quality, safe, effective, affordable, and essential medicines, including generics, vaccines, commodities, diagnostics, and health technologies to ensure affordable quality health services and their timely delivery;
- **the states and governments** to improve availability, affordability, and efficiency of health products by increasing transparency of prices of medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene-based therapies, and other health technologies across the value chain, including through improved regulations and building constructive engagement and a stronger partnership with relevant stakeholders, including industries, private sector, and civil society, in accordance with national and regional legal frameworks and contexts, to address the global concern on high prices of some health products and in this regard encourage WHO to continue its efforts to biennially convene the WHO Fair Pricing Forum with

Member States and all relevant stakeholders to discuss the affordability and transparency of prices and costs relating to health products; and,

- **the international community, international financial institutions, and donors** to provide necessary funding for ensuring health security for millions of people in developing countries, least developed countries, and small island developing states through new and innovative financing mechanisms.

All partners and stakeholders to expeditiously facilitate the following actions at the national and sub-national levels, considering local and national contexts, needs, and priorities:

- **Development and strengthening of** public health functions under IHR 2005 to build countries' capacities and for early detection of outbreaks through efficient surveillance systems coupled with robust response mechanisms to control disease outbreaks at their source;
- **Scaling up** efforts to strengthen national and international cooperation at the highest possible levels that ensure timely, sustainable, and equitable access to quality, safe, effective, affordable,
  and essential health services, vaccines, medicines, commodities, diagnostics, health technologies, and therapeutics products;
- **Expansion** of coverage of quality, safe, effective, affordable, accessible, and integrated essential health services based on PHC and UHC by improving infrastructure, increasing workforce availability and productivity, and availability of essential medicines, supplies, and health technologies, while considering equitable distribution and efficient resource use;
- **Enhance** political ownership at all levels towards national health security by strengthening and integrating information and disease surveillance and response systems, undertaking regular assessments at national and sub-national levels, advancing research and the application of digital health, and conducting periodic external evaluations;
- **Development** of synergies among UHC, health security, and health well-being through strong governance at all levels, policy and programmatic reforms, and legislation, to ensure quality services for all including vulnerable groups residing within national territories that include hard-to-reach communities as well as marginalized populations;
- **Incorporating** evidence-informed policy options for climate adaptation and mitigation strategies, thereby enabling governments to prevent or reduce the health risks associated with climatic change and environmental degradation;
- **Enhanced** domestic financing, as appropriate, for essential health services and public health functions to improve national health security as well as financial assistance by development partners as a catalyst towards financial sustainability, transparency, and responsiveness;

All partners and stakeholders to expeditiously facilitate actions at the global level that include:

- **Establish** a high-level advocacy forum on a voluntary basis to champion the cause of global health security. The forum will meet on an annual basis to review the status, deliberate and future strategic direction for countries, institutions, and organizations;
- **Institute** WHO-led pandemic agreement by the inter-governmental negotiating body, based on Equity and Global Solidarity to foster international cooperation to strengthen pandemic prevention, preparedness, response, and health systems recovery, with the understanding that no one is safe until everyone is safe;
- **Establish** a sustainable post-emergency pandemic financing mechanism with pooling of funds and immediate disbursement of funds to developing countries in an emergency, and meeting agreed triggers and disbursement linked indicators;
- **Foste**r consensus for institutional reforms related to multiple vertical international financing streams for sustainable, government-led, integrated health services and public health functions.

Islamabad, the 11th of January 2024

Letter to the Editor:

Successful National Immunization Day (NID) Campaign in Rawalpindi Demonstrates Commitment to Eradicating Polio.

Mr. Muhammad Nadeem
District Superintendent Vaccination
DHA, Rawalpindi

Dr. Ehsan Ghani
District health Officer (Preventive Services)
DHA, Rawalpindi

The National Immunization Day (NID) January 2024 Anti-Polio Campaign in District Rawalpindi stands as a resounding victory in the fight against this debilitating disease. With a remarkable 98% coverage rate, over 9,93,908 doses of polio vaccine were administered to children under five years old. This achievement is particularly noteworthy considering the recent detection of poliovirus in environmental samples in Rawalpindi, highlighting the crucial role of continued vigilance and immunization efforts.

The campaign's success can be attributed to a multifaceted approach:

Tireless Dedication of Vaccinators: Over 3000 dedicated vaccinators and support staff tirelessly navigated door-to-door and established fixed vaccination booths at key locations, ensuring maximum reach and accessibility. Their commitment to protecting vulnerable children is commendable.

Exemplary Community Engagement: The high coverage rate reflects the commendable cooperation and support of the Rawalpindi community. Recognizing the importance of immunization, parents actively participated in the campaign, ensuring their children received the vital polio vaccine.

Government's Proactive Leadership: The Government of Punjab provided unwavering leadership and resources, contributing significantly to the campaign's success. Their commitment to public health and polio eradication is evident in the comprehensive planning and execution of the campaign.

Effective Public Awareness: Through targeted awareness campaigns, the government and its partners educated the community about the importance of polio vaccination. This proactive approach fostered understanding and acceptance of the vaccine, contributing to high immunization rates.

Strong Partnerships: The campaign benefited from the collaborative efforts of various stakeholders, including the World Health Organization (WHO), UNICEF, and NGOs. This collective approach ensured the campaign's reach and effectiveness.

While the January 2024 campaign represents a significant milestone, the fight against polio remains ongoing. The presence of the virus in environmental samples underscores the need for sustained vigilance and continued immunization efforts.

Therefore, it is imperative to:

- **Maintain high immunization coverage**: Sustaining the current momentum is crucial to ensuring all children are protected from polio. Regular NIDs and supplementary immunization activities are essential in achieving this goal.
- **Continue public awareness**: Ongoing community engagement and education are vital to maintaining public understanding and support for polio eradication efforts.
- **Strengthen surveillance and monitoring**: Closely monitoring environmental samples and potential polio cases is crucial for early detection and swift containment measures.

By maintaining this unwavering commitment and adopting a comprehensive approach, the success achieved in Rawalpindi can be replicated nationwide, ultimately leading to Pakistan's complete eradication of polio.

Knowledge Hub

One Health: A Holistic Approach to Global Health Security

One Health, a collaborative, multidisciplinary approach, is increasingly recognized as a cornerstone of global health security. It transcends traditional sectoral boundaries, acknowledging the intricate interconnectedness between human health, animal

health, and the health of our ecosystems (World Health Organization, 2023). This holistic perspective equips us to address complex, interconnected challenges like zoonotic diseases, antimicrobial resistance, and the health impacts of climate change, which threaten the well-being of both humans and animals.

Collaborative Synergy: One Health fosters collaboration between diverse disciplines, including human medicine, veterinary medicine, environmental science, and public health (World Organization for Animal Health, 2023). This synergy allows experts to collectively identify and address the root causes of health challenges, promoting a more comprehensive and effective approach than any single discipline could achieve.

Real-World Applications: One Health is not merely a theoretical framework; it is actively shaping solutions to pressing global health issues. Consider these examples:

Zoonosis Prevention: One Health initiatives are instrumental in preventing the spread of zoonotic diseases like rabies, avian influenza, and the recent COVID-19 pandemic. This involves improving animal health and welfare, minimizing human-animal contact, and developing innovative vaccines and diagnostics (World Health Organization, 2023).

Antimicrobial Resistance: The growing threat of antimicrobial resistance necessitates a One Health approach. This involves reducing antibiotic overuse in both human and veterinary medicine, developing alternative strategies for infection prevention and treatment, and promoting responsible antibiotic stewardship practices (Food and Agriculture Organization, 2019).

Climate Change and Health: One Health plays a crucial role in mitigating the health impacts of climate change, such as the increased prevalence of vector-borne diseases, food insecurity, and extreme weather events. By developing and implementing adaptation strategies, we can protect the health of humans and animals from these environmental shifts (Intergovernmental Panel on Climate Change, 2023).

Empowering Individuals and Communities: Individuals and communities can actively contribute to the success of One Health by:

- Practicing good hygiene, including frequent handwashing and respiratory etiquette.
- Ensuring proper vaccination of pets to prevent zoonotic disease transmission.
- Avoiding contact with wild animals, particularly those known to harbor zoonotic pathogens.
- Supporting sustainable farming practices that minimize environmental impact and promote animal well-being.
- Staying informed about the health impacts of climate change and taking individual and community-level action to mitigate its effects.

A Shared Future: By embracing the One Health approach and working collaboratively across disciplines, we can create a healthier future for all. This holistic perspective, grounded in scientific evidence and fueled by collective action, offers a powerful framework for safeguarding human, animal, and environmental health, ensuring a more resilient and sustainable future for generations to come.

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