Traditional infectious disease threats like smallpox, plague, yellow fever, and cholera prevented nations from ensuring the stability and well-being of their populations for centuries. In some countries, such diseases contributed to border conflicts and other disputes. Accordingly, these diseases have long been considered in the development of international treaties. Early attempts to control them led to the actual development of public health programs in most countries. More recently, the global nuclear proliferation, bioterrorism, and emerging infections, such as new strains of influenza, human immunodefi

1970s, ultimately as a result of importations of wild poliovirus from the Indian sub-continent. By the next decade, the acquired immunodeficiency syndrome (AIDS) pandemic had emerged to impose enormous challenges to global health security.

By 1990, in countries of Latin America and the Caribbean the polio eradication initiative was well underway to achieve the eradication target [2]. However, the program was severely threatened by the emergence of a cholera epidemic in Peru in early 1991. e epidemic spread rapidly and a ected virtually every country in the Western Hemisphere. Interestingly, the island of Hispaniola was not a ected. To control the epidemic, countries such as Colombia used polio vaccination campaigns that included messages on safe water, hygiene, and sanitation, in order to prevent the spread of cholera. e opportunity to interrupt cholera transmission was more fortuitously linked to the existing polio eradication program than to any planned procedures or intended influence of the IHR.

In 1994, Surat, India, was reported to have plague by the Ministry of Health of India [3]. A global alarm was sounded largely through the reporting done by the press. Despite debates about definitive occurrence of laboratory confirmed cases in the initial phases of the outbreak and the appropriateness of certain interventions, airports were closed; travel was disrupted both nationally and globally; embassies were closed; and some embassies even sent their sta

response. What happens in countries is considered most important and a key element of the WHO strategy for global health security [6].

Mechanisms for advice and oversight of national capacity development are:

- National roster of experts that can be called upon immediately to deal with any crisis as it occurs;
- Emergency committees to manage the response;
- Review committees to monitor progress and define lessons learned from the way each event was managed so that corrective action can be taken for future events; and
- Global support through policy development at the World Health Assembly (WHA) and regional committees of the WHO.

Yellow fever

For the first time in more than 45 years in the Western Hemisphere, Paraguay reported an urban yellow fever outbreak in the peri-urban area its national capital, Asuncion, in 2008 [7]. Ten people died a few short weeks later. Annually, neighboring Brazil reports episodic jungle yellow fever, which is di erent from the urban pattern. Jungle yellow fever occurs in tropical rainforest areas where wild mosquitoes,

(2009) viral diagnostics in all countries of the region in an unprecedented demonstration of international cooperation. Later, a global response coordinated vaccine distribution when vaccines became available. Fortunately, the outbreak was not as severe as many predicted, but even so, many pregnant women died. Mortality as a result of the pandemic, in fact, still needs to be evaluated more accurately. Many experts concluded that the response was necessary. If the pandemic had been more severe, the consequences would have been enormous. Without the previous work on preparedness, advance work on antiviral stocks, and written plans for global coordination through IHR mechanisms, great loss of life and chaos would surely have ensued. Most experts would conclude that the technical cooperation provided to the pandemic control was unprecedented and very appropriate.

e global public health community has unprecedented support to respond to global pandemics and public health emergencies of international concern. E orts to strengthen national capacity to respond are essential and must continue well into the future. e IHR(2005) focor8p4-32