

**Workshop on pandemic preparedness
for countries of eastern and
southeastern Europe, Israel and
Switzerland¹
5–7 December 2012, Copenhagen,
Denmark**

Report

¹ See Annex 2 – Final list of participants

Keywords:

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Pandemics
Prevention**

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Executive summary

As of December 2012, countries of eastern and south-eastern Europe, Israel and Switzerland continue to revise their pandemic plans. Of 23 Member States that participated in the workshop, 7 are in the process of compiling data for their pandemic plans, 13 are in the process of revising their plans, and 3 have their pandemic plan under approval. There is a need to finalize this work, taking into account the lessons learnt from the 2009 pandemic, the need to build sustainable capacities for responding to any acute public health emergency, the need to fully implement the core capacities under the International Health Regulations (2005), the WHO *Interim guidance on pandemic influenza risk management* and regional guidance developed jointly by the WHO Regional Office for Europe (Regional Office) and the European Centre for Disease Prevention and Control (ECDC).

The workshop demonstrated the continuing usefulness of providing a forum for Member States to share good practice and experience in the area of pandemic preparedness.

Background and purpose of the workshop

In the aftermath of the 2009 pandemic, countries are in the process of revising their pandemic preparedness plans. The Regional Office and ECDC continue to provide support to Member States in the area of pandemic preparedness through the organization of intercountry workshops such as the one described here², support at the country level, and through the provision of guidance.

The main objectives of the workshop were:

- to review progress on the revision of national pandemic plans;
- to provide feedback to the Regional Office and ECDC on pandemic preparedness guidance which is being developed as a revision of *Joint European pandemic preparedness self-assessment indicators* (Indicators)³;
- to discuss the revision of global WHO pandemic preparedness planning guidance and the effectiveness of the use of pandemic vaccine, influenza antivirals and public health measures in a pandemic;
- provide an overview of country health systems in the context of pandemic preparedness and response;
- promote intercountry collaboration and review the support needed from the Regional Office and ECDC by Member States in the area of pandemic preparedness.

The workshop was facilitated by experts from the Public Health School, University of Geneva, the WHO Collaborating Centre for Pandemic Influenza and Research at the University of Nottingham, United Kingdom, ECDC, and by WHO staff from country offices, the Regional Office and WHO headquarters.

²http://www.euro.who.int/_data/assets/pdf_file/0006/161664/ECDC_WHO_EURO_PiP-Workshops-Summary-Report_FINAL-26032012.pdf

³http://www.euro.who.int/_data/assets/pdf_file/0006/84345/pandemic_indicators2010.pdf

Country developments in pandemic preparedness

By the start of the 2009 pandemic, all 53 Member States in the WHO European Region had developed national pandemic plans. The pandemic provided a unique opportunity to test capacities to respond to a global public health emergency. Evaluations of the response at country, regional and global level identified a number of gaps. In particular, the 2009 pandemic showed that the world is ill-prepared to respond to a severe influenza pandemic or to any similarly global, sustained and threatening public-health emergency. National plans were not fully operational as the described strategies were not always implemented, for example vaccine and antiviral delivery. There was a shortage of surge capacity in the health care services, especially in intensive care units; and a lack of routine surveillance for severe disease due to influenza hampered the assessment of the severity of the pandemic. Business continuity in essential services was insufficiently planned for.

Four years after the start of the pandemic, only 5 of 53 WHO European Region Member States have published updated national pandemic plans (the Czech Republic, France, Finland, Sweden and the United Kingdom)⁴. During the workshop, 7 of 23 participating Member States reported to be still in the process of compiling data for revision of their pandemic plans, 13 are in the process of revising their plans, and in 3 Member States the plan is undergoing formal approval.

As it cannot be predicted when the next pandemic will be, nor how severe, and considering the economic crisis affecting the resources available to the health sector, it is important to integrate pandemic preparedness with national strategic health planning and generic emergency preparedness, and taking into account the core capacities required for the implementation of the International Health Regulations (2005) (IHR).

To discuss pandemic preparedness in this context, participants from 23 countries⁵ presented posters of their health systems. The main objectives of the exercise were:

- to describe the organization of the health system in their country;
- to describe strengths and weaknesses in relation to emergency preparedness and response;
- to explain how pandemic preparedness is integrated with the various components of countries health systems.

This exercise allowed participants to obtain an overview of the different health systems and to exchange their experience with participants from the other countries.

As a tool to illustrate the broad aspects of pandemic preparedness, participants observed the video “Aiming at a moving target” developed by European Scientific Working group on Influenza (ESWI)⁶. Through interviews with a wide range of stakeholders, such as scientists and policy-makers, general practitioners and doctors in intensive care units (ICUs), journalists and vaccine producers, the video highlights a number of important aspects in pandemic preparedness such as importance of seasonal influenza surveillance and laboratory capacity development, scientific research and health care system preparedness, political commitment and whole-of-society approach, vaccine and antiviral policy development and the importance of communication and risk communication. After viewing the video,

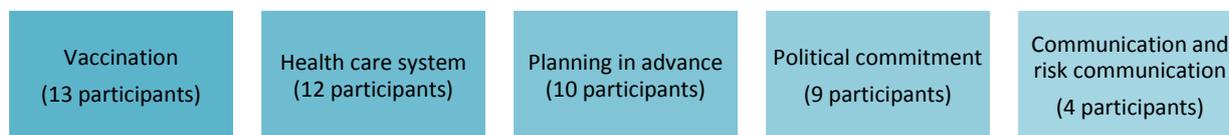
⁴ <http://www.euro.who.int/en/what-we-do/health-topics/communicable-diseases/influenza/pandemic-preparedness/national-preparedness-plans>

⁵ See Annex 1 – Final list of participants

⁶ http://www.euro.who.int/en/what-we-do/health-topics/communicable-diseases/influenza/facts-and-figures/_recache

participants were asked to choose the two most important aspects of the video relevant to pandemic planning in their own country. Fig. 1 shows the results of this exercise which highlighted the importance of pandemic preparedness within the context of overall health systems and emergency preparedness strengthening.

Fig. 1: Aspects of pandemic preparedness highlighted by the ESWI video (number of participants who chose this aspect as one of the two most important in their countries)



Regional developments in pandemic preparedness

Revision of the Regional Office/ECDC pandemic preparedness guidance

In March 2010, The Regional Office in collaboration with ECDC published the Joint European pandemic preparedness self-assessment indicators⁷. After the 2009 pandemic, it was necessary to revise the indicators to incorporate the lessons learnt⁸. The type of guidance needed was discussed during the intercountry workshops in 2011 at which 45 out of 53 Member States of the WHO European Region participated and further developed in January 2012 by a working group consisting of experts from 9⁹ countries.

The draft provided to the participants of the workshop had been further developed by the Regional Office and had been divided into a number of building blocks as well as having a more detailed description of the IHR. During this workshop, feedback from the participants was obtained during a roundtable discussion and by means of an exercise using case studies based on the 2009 A(H1N1) pandemic and the Enterohemorrhagic Escherichia Coli O104 (EHEC O104) outbreak in Germany and France in 2011. These two case studies were chosen because they illustrate both the generic capacities required for responding to emergencies as well as specific capacities and strategies required to respond to an influenza pandemic.

Summary of feedback on the Regional Office/ECDC guide

- The document is considered useful and necessary for countries revising their pandemic plans.
- It was recommended to make a guide that is concise and that focuses more on operational planning rather than the strategic aspects.
- At the global level, WHO should still develop strategic guidance and continue to advocate for pandemic preparedness at the highest level.
- An operational guide should include examples of good practice, case studies, instruments and tools, including

⁷ <http://www.euro.who.int/en/what-we-do/health-topics/communicable-diseases/influenza/publications/2010/joint-european-pandemic-preparedness-self-assessment-indicators>

⁸ <http://www.euro.who.int/en/what-we-do/health-topics/communicable-diseases/influenza/news/news/2011/10/third-workshop-on-pandemic-preparedness-identifies-new-areas-for-future-work-in-the-who-european-region>

⁹ Experts from the following countries participated in the working group: Finland, France, Ireland, Israel, Netherlands, Republic of Moldova, Tajikistan, United Kingdom of Great Britain and Northern Ireland

- examples of good practice for multisectorial collaboration, communication and risk communication at different administrative levels;
- examples of prioritization and priority settings where resources are scarce;
- guidance on public health measures at borders, building on IHR core capacity work;
- separate documents depending on whether the guidance is used at the subnational, community or hospital level;
- cross references to existing WHO technical documents and guidance such as the WHO *Rapid risk assessment of acute public health events*¹⁰.
- Description of pandemic phases and guidance for assessing severity should be in line with the revised WHO global guidance (see next section).

Next steps

The Regional Office and ECDC will continue to develop the guidance. Member States may be asked to provide case studies, examples of best practices including ethical and human rights aspects of pandemic preparedness.

European Union (EU) developments

ECDC will continue to work with the Regional Office to finalize the revision of the pandemic preparedness indicators and conduct joint workshops to facilitate intercountry collaboration. At the EU level, it is important to maintain the momentum to finish the process of pandemic plan revision, as well as to provide guidance to Member States in order to avoid divergences and to ensure interoperability. This is particularly true in the light of the upcoming Decision of the European Parliament and of the Council on serious cross-border threats to health¹¹.

The main priorities based on lessons learnt from the 2009 pandemic were summarized as follows:

- development of core capacities under the IHR
- pandemic plans that take into account pandemics with a range of severity
- sharing of best practices
- ensuring multisectorial response
- increased transparency and better governance
- legislative changes
- business continuity planning guidance for different sectors.

Global initiatives and evidence-based preparedness planning strategies

The revision of the 2009 WHO pandemic guidance was presented. This revision by WHO headquarters and Regional Offices is in accordance with the recommendations of the IHR review committee¹² and within the context of the WHO Health Emergency Risk Management framework, a generic framework which will cover preparedness and response to any major emergency, whether of humanitarian, natural or infectious nature. The WHO *Interim guidance on pandemic influenza risk management*¹³ was submitted to the WHA66 in May 2013, and is expected to be finalized by the end of 2013 following incorporation of the inputs received from Member States. The guide describes pandemic preparedness

¹⁰ http://www.who.int/csr/resources/publications/HSE_GAR_ARO_2012_1/en/index.html

¹¹ http://ec.europa.eu/health/preparedness_response/policy/hsi/

¹² http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_10-en.pdf

¹³ http://www.who.int/influenza/preparedness/pandemic/influenza_risk_management/en/

and response based on risk assessment, which is a joint activity of WHO and the Member States according to the IHR. The guide also provides planning assumptions and a tool for severity assessment.

The WHO *Interim guidance on pandemic influenza risk management* describes the emergence and spread of an influenza pandemic as follows.

- **Interpandemic phase:** This is the period between influenza pandemics.
- **Alert phase:** A new influenza virus has been identified in humans. The response is focused on detecting cases and assessing the situation, and preparedness in countries without cases. This virus may or may not develop into a pandemic strain.
- **Pandemic phase:** This is the period of global spread of human influenza caused by a new influenza virus. Movement between the interpandemic, alert and pandemic phases may occur quickly or gradually.
- **Transition phase:** Countries across the globe have experienced pandemic influenza activity, there is a reduction in response activities and countries enter a recovery phase. Vigilance for subsequent waves of pandemic influenza activity is needed.

Description of the different phases is according to an ongoing risk assessment by WHO and Member States, for which timely data and information is needed.

Summary of the feedback from the participants

The discussion focused on risk assessment. The revised WHO guidance advises countries to base the measures implemented as well as triggers for action on their own national risk assessment that should be performed by the health sector together with other government sectors, rather than relying wholly on the declaration of phases by WHO. WHO has recently published the *Rapid risk assessment of acute public health events*¹⁴ which can be used for this and in addition, WHO was requested to provide guidance and best practice on methodologies to assess and map out the different threats a country may face. Although WHO is recommending countries to base response measures on a national risk assessment of the situation, WHO will still provide recommendations at the global level.

The need for evidence-based preparedness planning strategies was discussed. The 2009 pandemic has generated new evidence for the effectiveness of the neuraminidase inhibitor class of influenza antiviral drugs (oseltamvir). Seroprevalence studies among vaccinated and non-vaccinated persons are important to provide evidence of the effectiveness of pandemic influenza vaccine.

Conclusions and next steps

Since the end of the 2009 pandemic, countries of the WHO European Region have put considerable efforts into evaluating their response and revising their pandemic plans. However, much work remains to be done and all countries should finalize their plans guided by the newly updated WHO *Interim guidance on pandemic influenza risk management*. The capacities built as part of pandemic preparedness during the past 10 years or more should be maintained, to support generic preparedness and IHR implementation. Capacities built specific to a pandemic, e.g. business continuity plans for hospitals and pandemic vaccine deployment plans, should be exercised. The publication and sharing of pandemic preparedness plans should continue to maintain intercountry cooperation.

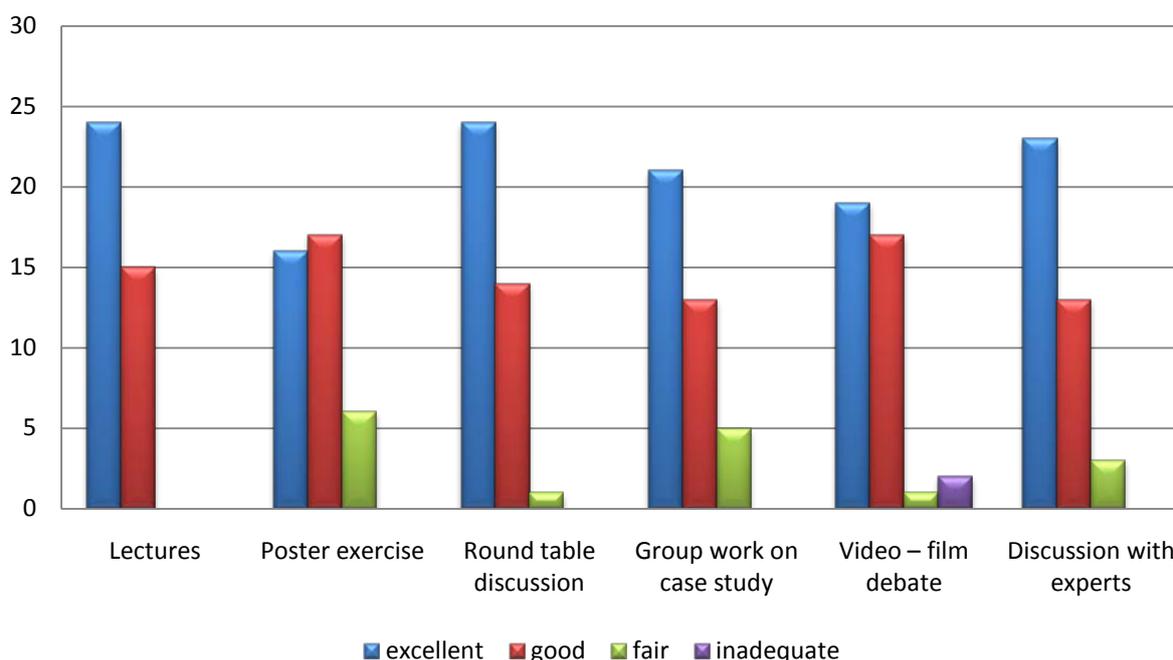
¹⁴ http://www.who.int/csr/resources/publications/HSE_GAR_ARO_2012_1/en/index.html

The Regional Office will continue to provide support to Member States in the area of pandemic preparedness through the development of more operational guidance for Member States and by organizing intercountry workshops.

Workshop evaluation by participants

According to the evaluation, the majority of participants considered the workshop to be excellent and appreciated the different types of sessions (plenary presentations, roundtable discussion, group work and case studies, poster session and video; Fig. 2).

Figure 2: Workshop evaluation based on participants' responses



References and key documents

- WHO Interim Guidance on Pandemic Influenza Risk Management
http://www.who.int/influenza/preparedness/pandemic/influenza_risk_management/en/
- Key changes to pandemic plans by Member States of the WHO European Region based on lessons learnt from the 2009 pandemic
<http://www.euro.who.int/en/what-we-do/health-topics/communicable-diseases/influenza/publications/2012/key-changes-to-pandemic-plans-by-member-states-of-the-who-european-region-based-on-lessons-learnt-from-the-2009-pandemic>
- Recommendations for good practice in pandemic preparedness: identified through evaluation of the response to pandemic (H1N1) 2009

<http://www.euro.who.int/en/what-we-do/health-topics/communicable-diseases/influenza/publications/2010/recommendations-for-good-practice-in-pandemic-preparedness-identified-through-evaluation-of-the-response-to-pandemic-h1n1-2009>

- Implementation of the International Health Regulations (2005) Report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009, Report by the Director-General
http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_10-en.pdf

Useful links

- WHO Regional Office website: Influenza
<http://www.euro.who.int/en/what-we-do/health-topics/communicable-diseases/influenza>
- ECDC: Influenza pandemics and preparedness
http://ecdc.europa.eu/EN/HEALTHTOPICS/PANDEMIC_PREPAREDNESS/Pages/index.aspx

**Workshop on pandemic preparedness:
guiding principles for revision of pandemic preparedness plans**

Training Workshop Agenda

5–7 December 2012, Copenhagen, Denmark, WHO Regional Office for Europe

Wednesday, 5th of December		Thursday, 6th of December		Friday, 7th of December	
8.30 – 9.15	Registration of participants	9.00-9.10	Introduction to the day: Learning objectives and organization of the 2nd day	9.00-9.20	Introduction to the day: Learning objectives and organization of the 3rd day Evaluation form distribution
9.15 – 9.20	Welcome WHO Regional Office for Europe (Dr Guenaël R. Rodier, Director)	9.10 -9.40	Pandemic preparedness: perspective from WHO headquarters Adrienne Rashford (WHO headquarters) Q&A	9.20 -10.15	Group work on case study (continued) Group work presentation to be prepared Timing: 30' = 20' ppt + 10' Q&A With experts from WHO headquarters and WHO Europe
9.20 -9.30	Introduction: Learning objectives for the workshop and organization of the programme (poster presentation + group work)	9.40 – 10.10	Follow-up actions of the 2009 pandemic lessons as presented to the EU Health Security Committee Massimo Ciotti (ECDC) Q&A		
09.30 – 10.00	Development of pandemic preparedness guidelines and strategies in WHO European Region Caroline Brown (Regional Office) Q&A	10.10 – 10.40	Evidence based preparedness planning strategies for the European Region Jonathan Nguyen-Van-Tam (WHO Collaborating Centre for Pandemic Influenza and research, University of Nottingham, United Kingdom)Q&A		
10.00 – 10.30	European Guide for Pandemic Preparedness Anna Pashalishvili (Regional Office) Q&A				
10.30– 11.00	Coffee break	10.40- 11.10	Coffee break	10.15 – 10.45	Coffee break and group photo
11.00- 12.00	Roundtable discussion on Regional Office/ECDC Pandemic Preparedness Guide 1-5 pages comments prepared in advance	11.10 – 12.00	ESWI Video: “Aiming at a moving target” Key points of pandemic preparedness	10.45 – 11.45	Group work presentation Group 5+6

12:00 – 12:30	Poster presentation of country Pandemic Preparedness Planning (PPP) System (5)	12:00 – 12:30	Poster presentation of country PPP System (5)	11.45+12.45	Group work presentation Group 7 + 8
12:30 – 13.30	Lunch	12.30– 13.30	Lunch	12.45– 13.45	Lunch
13.30 - 14.30	Roundtable discussion on Regional Office/ECDC Pandemic Preparedness Guide 1–5 pages comments prepared in advance	13.30 - 14.00	Discussion on video “Aiming at a moving target” Key points of pandemic preparedness exercise: participants will use “post it” for comments based on pandemic building blocks	14.00 – 14.30	Final poster presentation of country PPP System Voting and choosing the best poster with HS expert
		14.00 – 14.30	Group work on case study Grid with building blocks to be developed + Cycle – operational timeline	14.30 – 15.30	Group work presentation Group 1+2
14.30 – 15.00	Coffee break	14.30 – 15.00	Coffee break	15.30 – 16.00	Coffee break
15.00– 16.30	Introduction to case studies and working group exercise: working groups will be asked to analyse a case study based on a building block and analysis framework	15.00 – 16.30	Group work on case study Each group works on a case study based on a building block and analysis framework	16.00 – 17.00	Group work presentation Group 3 + 4
16:30 – 17:00	Poster presentation of country PPP system (5)	16:30 – 17:00	Poster presentation of country PPP system (5)	17.00 – 17.30	Closing: Conclusion and next steps Certificates issued to participants
		17:15 – 17:45	Bus to Tivoli		
		17:45 – 19:30	Enjoy Christmas Tivoli		
		19:30	Social evening (music and dancing)		

Annex 2: List of participants

Albania Ledia Agolli, Program Manager SEE- CDSC center, Arjan Bregu Sector of Hygiene and Epidemiology Directorate of Public Health, Dritan Ulqinaku Chief Epidemiology Sector Institute of Public Health

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