



# Pandemic Preparedness Status Report and Report from the 8th Regional Workshop of the South- eastern European Communicable Disease Project



## Keywords

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## **Introduction**

This report is the outcome of the 8th Regional Workshop of the South-eastern Europe Health Network (SEEHN) and pandemic preparedness assessment visits to all nine SEE countries, all carried out under the framework of the SEEHN, formerly part of the Social Cohesion Initiative of the SEE Stability Pact. Pandemic preparedness planning was incorporated as an addendum to the original description of the project “Strengthening Communicable Diseases Surveillance and Response in the South-eastern Europe” in 2007, as the start of a focused effort to strengthen pandemic and avian influenza preparedness.

Well-developed and implemented pandemic preparedness is considered the most efficient means of reducing morbidity and mortality due to a pandemic influenza virus. It can also limit negative consequences on society, including national and global economies. Substantial efforts and resources are currently being devoted to national and international pandemic preparedness all over the world. Even though pandemic preparedness had previously been addressed at meetings organized under the Stability Pact, the project addendum increased efforts and activities in the field. Since the topic was first addressed at the 6th Regional Workshop of the SEE Project in Belgrade in November 2006, countries have dedicated many resources to improving pandemic preparedness. Because of this, the WHO Regional Office for Europe (the Regional Office) organized assessment visits to all SEE countries to assist them in assessing their preparedness and identifying means of strengthening it. Following the assessment visits, the Regional Office together with the European Centre for Disease Prevention and Control (ECDC) organized the 8th Regional Workshop of the SEE Health Network to address common issues related to pandemic preparedness in the region and to enhance further collaboration between countries on this topic.

## **The report**

The first part of this report is on the 8th Regional Workshop of the SEEHN: “Strengthening surveillance and control of communicable diseases in south-eastern Europe”, and the second part is a status report on pandemic preparedness based on assessment visits to the countries in 2008. Two countries were visited in 2007 and results from these visits have not been included as the one-year difference would have biased the results.

## **Report on the 8th Regional Workshop of the SEE Health Network: “Strengthening surveillance and control of communicable diseases in south-eastern Europe”**

The 8th Regional Workshop of the SEE Health Network in Bucharest, Romania 17–19 November 2008 was organized jointly by the Regional Office and ECDC.

The opening session of the workshop was an opportunity for the host country and organizers to comment on pandemic preparedness in the region. The workshop was opened by Dr Manuc from the Romanian Ministry of Health, who pointed out that “SEE regional cooperation is considered an engine for cooperation with the EU....” and that “focus needs to be placed on strengthening coordination between neighbouring countries”. She concluded that “now is the time to focus on pandemic preparedness in all its aspects, including the whole society”.

Dr Caroline Brown from the WHO Regional Office for Europe stressed that a lot has been done since the SEE workshop in Belgrade in 2006 where the main topic was pandemic and avian influenza. At the same time she encouraged countries to use the workshop as opportunity to discuss what can be done in collaborative efforts in SEE in the coming year or two. Professor Angus Nicoll from ECDC said it was a great pleasure for ECDC to work with countries outside the European Union.

The regional communicable disease coordinator for the SEE HN, Dr Silvia Bino, encouraged further collaboration within the SEEHN, whose future focus is on pandemic preparedness, strengthening lab capacities and implementation of the International Health Regulations (IHR).

### **Presentations**

A brief summary of the presentations given by experts during the workshop is included below. Country presentations are not summarized in this report.

#### ***Different types of influenza***

Dr Peet Tüll, Sweden

To set the scene and to emphasize the need for more planning efforts on pandemic influenza, a review of seasonal, avian and pandemic influenza was given. Seasonal flu epidemics occur annually, caused by human influenza viruses that change from year to year. It is possible to vaccinate people against the yearly strain. Avian influenza is mainly a bird disease that sometimes crosses the species barrier to infect humans. The current outbreak of highly pathogenic avian influenza A (H5N1) has so far caused 411 human cases with a mortality rate of 62%. Avian influenza preparedness and response should be handled by both veterinary and human health authorities; it does not in general create an emergency situation with disruption to normal civic activities. Pandemic influenza is caused by a new strain of influenza for which most people in the world do not have immunity. Consequently, it may result in morbidity of 35% or more of the population. An influenza pandemic is likely to have a substantial impact on

society, disrupting essential functions beyond the health sector. It was stressed that something can be done to reduce the consequences of a pandemic beforehand. The aim of pandemic interventions is to delay the pandemic peak and thereby reduce the burden on health care facilities, etc., which will increase the likelihood that services can cope with sick people.

### ***Antivirals and pandemic vaccine***

Professor Angus Nicoll, ECDC

An overview of the use of antivirals and pre-pandemic and pandemic vaccine was presented, including a number of problems:

- they cost a lot
- they expire if not used in regular work
- there is confirmed viral resistance to oseltamivir
- delivering them within 48 hours of symptoms is problematic
- supply management is necessary to avoid running out.

There are three rules for procurement of antivirals:

- before thinking about antivirals, think of antibiotics
- before buying consider why you want the item
- before stockpiling, consider delivery possibilities and current need.

There are two types of vaccines for countries to consider in relation to pandemic preparedness, pandemic vaccine and human H5N1 vaccine, sometimes referred to as pre-pandemic vaccines. The pandemic vaccines cannot be prepared before the pandemic strain has been identified. Once the pandemic virus has been identified, it will take several months to develop the vaccine. The human H5N1 vaccine can be stockpiled before the pandemic but there is a risk that it will expire or that the pandemic strain will be different than H5N1.

Countries should follow some basic rules regarding vaccines when preparing for a pandemic:

- start with seasonal influenza vaccine
- prepare orders for a specific pandemic vaccine
- identify priority groups
- wait for WHO recommendations & ECDC guidance on Human H5N1 vaccines.

### ***Whole-of-society preparedness***

Ms Johanne Newstead, United Kingdom

The presentation gave an overview of the whole-of-society approach to pandemic preparedness planning and what should be considered in the planning process. Modelling based on previous pandemics and characteristics of seasonal influenza shows that a single wave of a pandemic could last up to 15 weeks. Several waves would be

expected, weeks to months apart. A pandemic could lead to additional deaths ranging from 0.4% to 2.5% of population. Depending on the severity, a pandemic could reduce the gross domestic product globally by 0.4–5%.

The justification for preparedness in the whole society is that a pandemic will have a prolonged effect across all sectors – not just health – and therefore it is important to ensure that all sectors are prepared. Areas to be addressed include:

- international travel
- border issues
- domestic travel restrictions
- hygiene advice, including on public transport
- assistance to foreign nationals
- coping with excess deaths
- repatriation of corpses
- school closures
- cancellation of social gatherings
- arrangements for payment of social benefits
- possible extension of period of sickness certification
- communications.

Essential sectors to consider in the planning process are:

- healthcare
- domestic travel/public transport
- essential repairs/maintenance of infrastructure
- telecommunications capacity and service level
- resilience of fuel supplies, especially if foreign
- water supply and sewerage treatment
- resilience of food supplies
- resilience of cash circulation, banking and financial systems
- resilience of postal services
- provision of local services, e.g. refuse collection
- resilience of government, armed forces, police
- advice to the business community.

### ***New WHO guidance on pandemic planning***

Dr Elisabeth Pluut, WHO, Geneva

WHO is currently revising the Guidelines for pandemic influenza preparedness and response. There were several compelling reasons to revise the guidance from 2005, as the pandemic preparedness picture has changed. Studies of past pandemics have continued, yielding more knowledge about how the virus spreads, and increasingly sophisticated modelling techniques have provided insight into likely outbreak scenarios and the effectiveness of control measures.

WHO and its partners have learned lessons through responding to H5N1 outbreaks and observing their economic impact. Countries have contributed lessons learned from their own pandemic plans, raising awareness that preparedness requires the involvement of the health and non-health sectors alike.

In 2007 the revised IHR came into force, giving WHO a broader mandate, and responsibility to act in situations that pose a threat to global health security. As a consequence, WHO and its Member States now have dedicated, direct means of communication with each other.

A pandemic will have an impact on the whole of society. While the health sector will provide a leading response role, other sectors such as public utilities, transport and law enforcement need to be involved in planning efforts. While the health sector has been aware of the pandemic threat for some time, efforts in other sectors are frequently not as advanced.

In response to feedback that the WHO pandemic phases were difficult to interpret, clarification was required to enable planning and response efforts to be properly matched to the pandemic risk. Throughout the guidance, an effort has been made to make the language and concepts clearer and more understandable.

### ***European Influenza Surveillance Scheme***

Dr Caroline Brown, WHO Regional Office for Europe

The European Influenza Surveillance Scheme platform (EISS) has recently been expanded from the European Union to the whole WHO European Region. The platform is used for collection, analysis and publication of data with a weekly bulletin during the influenza season and enables data sharing between Member States. EISS furthermore is a forum for capacity building, including training, meetings and research. Countries that are not already submitting data to EISS are encouraged to do so.

### ***Interoperability***

Professor Angus Nicoll, ECDC

Examples of negative interoperability include:

- doing something that impacts negatively on another country, e.g., closing borders if that stops commuting to work; and
- doing something that has implications in another country, especially if done without warning, e.g., screening people landing in the country.

Examples of positive interoperability include:

- actions that can be undertaken most efficiently in a few countries to the benefit of all countries, e.g., monitoring for the development of antiviral resistance;
- arriving at conclusions from a common understanding of what is known and not known, e.g., whether to close schools;
- countries sharing experiences while recognizing European diversity; bilateral discussions;
- informing other countries of plans for a pandemic; and
- ECDC and WHO common mechanisms for dealing with pandemics e.g. the Assessment Tool.

### ***Experience from pandemic preparedness in the Middle East and Israel***

Mr Shmuel Reznikovich, Israel

The presentation illustrated a good example of collaboration on pandemic preparedness from the Middle East. There is a memorandum of understanding by Jordan, the Palestinian Authority and Israel to facilitate cross-border cooperation in response to disease outbreaks. One of the targets for collaboration is pandemic preparedness. Within the area of pandemic preparedness, the specific topics to be addressed have been decided through voting.

### ***Presentation of pandemic planning tool from the Health Protection Agency***

Professor Nick Phin, United Kingdom

A planning tool for pandemic preparedness planning has been developed by the Health Protection Agency in the United Kingdom, with the aim of helping planners and policy makers to visualize the impact of a pandemic on local populations and to understand the likely consequences of various policy options.

## **Conclusions and recommendations**

Dr Caroline Brown presented the main recommendations for future work with a focus on interoperability in the Region.

### ***Pandemic planning recommendations***

1. Take into account the new WHO pandemic guidelines.
2. Establish an SEE pandemic working group.
3. Consider participation as observers in EU exercise 2009.
4. Conduct a simplified pandemic policies survey for SEE.
5. Explore the possibility of SEE funding for dedicated persons to develop national pandemic plans.
6. Undertake joint planning with ministries of health and emergency preparedness groups, with clear division of tasks.

7. Develop a list of actions for phases 4–6 at the technical and ministerial levels.
8. Work on a liaison between pandemic planners and health care providers (cf., United Kingdom and Israeli models).

### ***Surveillance recommendations***

Participate in EISS, for all SEE national surveillance needs and data sharing.  
Continue to discuss data sharing for flu/other diseases, e.g., through clinical standards.  
Work on Surveillance in a Pandemic: phases 4–6.

### **Future work for the SEE Health Network**

Dr Silvia Bino presented a proposal for a four-year plan for the SEE health network, containing seven core strategies:

1. expand cross border activities.
2. coordinate with general emergency preparedness.
3. strengthen information communication technology capacities.
4. strengthen laboratories.
5. communicate risks.
6. improve data management and analysis.
7. improve influenza surveillance, data sharing and coordination with EISS.

Dr Bino also listed a number of topics for national consideration based on assessment visits and discussions during the workshop:

- operational plans
- awareness
- fulltime person for pandemic planning
- coordination among sectors
- dissemination of pandemic plan and information about pandemic influenza
- developing a whole-of-society approach
- seasonal influenza vaccination
- vaccine planning
- sentinel influenza surveillance improvement
- local and hospital pandemic planning improvement.

### ***SEE working group on pandemic preparedness***

One of the specific outcomes of the workshop was an agreement to create a regional pandemic preparedness working group which could meet on a regular basis and hold regular teleconferences.

## **Status report – pandemic preparedness in SEE**

The status report is based on observations made during the series of country pandemic preparedness assessment visits to SEE countries.

### **Methodology of assessment visits**

The country visits followed the WHO and ECDC methodology that resulted in the ECDC pandemic preparedness assessment tool, and was applied in EU Member States in 2006–2007. Each country was visited by an international assessment team that also included an expert from a neighbouring SEE country to enhance interoperability in the region. Assessment team members were all pandemic preparedness experts. The assessments were made in collaboration with national focal points that were responsible for the visit agenda in collaboration with the external team. Within a week, meetings were held with all relevant stakeholders such as pandemic and general emergency planners at the ministerial level, national institutes of public health, laboratories and hospitals.

Planning at regional and local levels was addressed through meetings with local governments and regional institutes of public health. Through these meetings, information about pandemic preparedness in the country was obtained and challenges and opportunities for further development and implementation of pandemic preparedness were discussed. An essential part of the visits was gathering all stakeholders on the first day for a briefing about the visit and the expected outcome as well as the relevance of each stakeholder's involvement. Similarly, stakeholders were convened on the last day of the visits for a debriefing about the findings and recommendations of the assessment team, allowing stakeholders to get an overview of the situation and provide an opportunity for discussions about future work on pandemic preparedness across agencies and administrative levels.

After each visit, a report was prepared and submitted to the Ministry of Health, with recommendations for future work. A SEE status report will be published based on observations made during the visits.

Pandemic preparedness was the main focus of the assessment visits, but seasonal influenza and avian influenza were also addressed. The main areas of pandemic preparedness addressed during country visits were planning and coordination, communication, situation monitoring and assessment, health system preparedness, pharmaceutical and non-pharmaceutical interventions, whole-of-society preparedness, local preparedness planning, interoperability and pandemic exercises.

### **Strengthening pandemic preparedness in SEE**

Most of the national pandemic plans were drafted in 2005, when WHO and the European Commission organized the first joint workshop on pandemic preparedness for the European Region Member States. Since then, an additional three joint

WHO/EC/ECDC workshops on pandemic preparedness have been held and representatives from all SEE countries have attended.

The SEE workshops have also focused on pandemic influenza, for example the 2006 sixth SEEHN regional, "Strengthening surveillance and control of communicable diseases in south-eastern Europe" in Belgrade and the 2008 8th regional workshop of the South-eastern European Communicable Disease Surveillance (SEE-CDS) project.

In the period between the two workshops, all countries in the region have elaborated national pandemic plans. In 2008, WHO carried out assessment visits to all countries to identify how to further improve pandemic preparedness. Assessment visits to EU candidate countries were carried out jointly with ECDC. The two EU countries in the region were assessed in 2007 by ECDC, WHO and the European Commission.

## **Current status of pandemic preparedness in SEE**

### ***Seasonal influenza***

In general, seasonal influenza vaccination coverage is low in SEE countries, due in part to an apparent lack of technical and financial support and insufficient campaigning. Seasonal influenza surveillance takes place in all countries although in some, clinical data reporting is not supported by laboratory testing. Five out of nine countries have WHO-recognized national influenza Centres (NIC) and report to EISS and the WHO Global Influenza Surveillance Network (GISN). The remaining four countries are in the process of establishing laboratory capacity as well as weekly reporting to the EISS. It has been agreed that a regional centre for influenza surveillance will be established in the NIC in Bucharest.

### ***Pandemic planning and coordination***

All countries in the SEE region have pandemic preparedness plans, most developed in 2005 and 2006, without subsequent revision. Pandemic plans in the region tend to be focussed on responding to outbreaks of avian influenza rather than to a full-blown pandemic. Avian influenza contingency planning is an essential part of pandemic planning and provides a good basis for developing national capacity.

One of the main obstacles to improving pandemic preparedness is a lack of resources, including human, due to competing public health priorities. Furthermore, there is a need for better government understanding of the concept of pandemic preparedness (versus avian influenza preparedness) and awareness of its importance. It was also observed in most countries that endorsement is needed from the highest governmental level down to each municipality and hospital, underscoring the need to start planning now.

With one or two exceptions, there are not yet operational pandemic preparedness plans in the SEE countries. The pandemic plans are strategic documents containing broad statements of intent but not detailed information on how to achieve it.

Most countries express an intention of updating their pandemic plan when the new WHO guidance document is published in the first quarter of 2009. Revising the

pandemic plan according to the new WHO guidance will include a shift in focus from only health sector plans to an inclusion of other essential sectors, the whole-of-society approach. Some countries in the region have already started to consider how to expand pandemic preparedness to include non-health sectors but at the moment there are no written plans for non-health sector preparedness.

### ***Communication***

In general, communication strategies in SEE countries have been focussed on seasonal and avian influenza. Training sessions for avian influenza have been held by UNICEF in four countries. In many countries, information material on avian influenza and how to deal with dead poultry, for example, has been distributed to the population, including specially developed material for children, the Roma population and occupationally exposed groups. Nearly all countries have developed sensible means of communicating with the general public on seasonal or avian influenza, for instance, at bus stops or other public places and in newspapers.

No country has an actual pandemic communication strategy. Some countries had mixed seasonal, avian and pandemic communication strategies but work still needs to be done on specific strategies for pandemic influenza. Two countries have translated material from other countries into the local language and to some extent adapted it to the national culture. In three countries it was reported that the seasonal influenza strategy needed updating to address the need for increasing the uptake of seasonal influenza vaccinations in particular in risk groups.

### ***Situation monitoring and assessment/outbreak investigation***

All the visited countries had outbreak investigation teams in place. At present five national influenza laboratories in the region have the capacity to detect H5 in clinical specimens and other laboratories are in the process of establishing it.

### ***Health system preparedness***

All SEE countries have invested in educating and informing health care workers about human cases of avian influenza, including training health care workers, distributing informative leaflets and producing case management guidance. In most countries, health care worker education and development of hospital preparedness plans for pandemic influenza had not yet been addressed and, in general, the hospital staff and management that were visited were not aware of the need to develop them. In several countries, it was unclear on which level the process should be initiated. Additionally, a lack of resources for developing and testing hospital plans and training staff contributes to a low priority for hospital preparedness in some countries. Funding has mostly been made available for improving preparedness for avian influenza outbreaks.

In general, pandemic preparedness has not been addressed by primary health care services in SEE. Since they will be the first point of contact for most patients during a pandemic, it is essential that they be prepared to handle excesses of patients.

### ***Pharmaceutical interventions***

All SEE countries have procured antivirals for outbreaks of human cases of avian influenza, but they have not stockpiled antivirals for a pandemic. The existing stockpiles will be expiring in the coming years and countries need to decide whether to renew them. Several countries have stockpiles of antibiotics for a few months' use.

### ***Non-pharmaceutical public health measures***

Several countries have tried non-pharmaceutical interventions like school closure and bans on mass gatherings during seasonal influenza epidemics and have the corresponding legislation in place, but they have not been addressed in the specifically pandemic context.

### ***Whole-of-society preparedness***

Pandemic preparedness outside the health sector has not yet been established in SEE. Initial thought has been given to the matter in a number of countries but planning and involvement of essential sectors outside of health care has not begun.

### ***Regional and local arrangements***

In most countries, planning on local and regional levels has mostly been concentrated on human cases of avian influenza. There has been no message from higher levels that pandemic planning should be initiated. Lack of sufficient resources is one of the main reasons, but in many cases the regional or local avian influenza plan was interpreted as a pandemic preparedness plan for the region or municipality. nonetheless, the local and regional avian influenza contingency plans provide an important basis for developing pandemic preparedness on the subnational level.

### ***Interoperability***

The network for strengthening surveillance and control of communicable diseases in SEEHN, which has existed since 2002 under the SEE Stability Pact, has proved to be a good framework for collaboration among countries. Pandemic preparedness collaboration has been mainly through SEEHN workshops in collaboration with WHO and information sharing among public health institutes. Also, all countries signed a declaration for regional collaboration on IHR implementation, of which pandemic preparedness is an important component.

### ***Pandemic preparedness exercise***

None of the countries reported pandemic preparedness simulation exercises. All countries had carried out exercises for avian influenza outbreaks and have thus strengthened their response significantly. Six of the countries were involved in an intercountry avian influenza response test in Albania in 2008.

## **Main achievements since 2005**

Observations from country assessment visits and the recent workshop on pandemic preparedness made it clear that a lot of work has been done and progress made in:

- developing strategic national pandemic plans;
- better understanding and awareness of pandemic influenza preparedness;
- establishing pandemic planning committees or working groups;
- collaborating under the SEEHN framework;
- preparing for outbreaks of avian influenza in humans, with dissemination of information to health care facilities in many countries;
- initiating whole-of-society preparedness;
- UNICEF outbreak communication training in many of the countries;
- conducting national and international avian influenza exercises; and
- providing access for all countries to the EISS platform (<http://www.eiss.org>) to report seasonal influenza; with five countries reporting to the weekly bulletin.

## **Future work on pandemic preparedness in south-eastern Europe**

The assessment visits resulted in country-specific reports with recommendations for strengthening pandemic preparedness, which have been compiled as general recommendations for the whole SEE region. Some of the elements described may not be applicable to all countries and all findings in countries may not be included here.

### ***Seasonal influenza***

Seasonal influenza programmes need to be strengthened in all countries and governments that are currently not subsidizing influenza vaccination for the elderly and other risk groups, are advised to do so. All countries should aim to achieve the WHO target of vaccinating 75% of risk groups by 2010.

Seasonal influenza surveillance need to be strengthened in most countries and those not yet submitting data to EISS should aim to do so. WHO is currently finalizing a guidance document for influenza surveillance in Europe, which countries are advised to use in order to streamline, strengthen and harmonize influenza surveillance.

### ***Planning and coordination***

- In all countries there is a need for an overarching strategy for the national pandemic plan, including a whole-of-society approach. Each pandemic plan needs to be further developed, both strategically and operationally.
- A systematic revision of the plan to make it operational as well as a plan for implementation should be considered, especially after the publication of the revised WHO guidance in 2009. Planning need to be initiated or strengthened at

local level and preferably municipal plans should be audited to ensure their appropriateness.

- Planning is not only a matter of having a good national preparedness plan. It is essential to involve lower administrative levels in the preparedness process and ensure that preparedness planning is done at all levels. This means that municipalities need to develop pandemic plans and that essential public services need to develop business continuity plans to ensure that they can continue their essential functions throughout a pandemic.
- To avoid confusion between avian influenza and pandemic preparedness it should be considered to develop and disseminate information to all relevant stakeholders in health as well as non-health sectors.
- A dedicated budget line in the state budget for development and implementation of pandemic preparedness plans is recommended to ensure that funds are available.

### ***Health system preparedness***

- An overarching strategy for delivery of health services during a pandemic is needed, including hospital and primary health care strategies, ideally based on nationally agreed planning parameters.
- The roles and interactions of the health and the social care sectors need to be clearly defined with respect to primary care, hospitals, community care, preventive medicine, public health and care for the elderly and disabled.
- The development of an ethical framework would help clinicians to make difficult clinical decisions and assist in the prioritization of services during a pandemic.
- Further refinement of the plans for surge capacity and the management of patients, equipment and operations during a pandemic are needed and consideration might be given to testing them in simulation exercises.
- Consideration should be given to testing the mobilization of additional staff from among retired staff, medical students, etc.

### ***Pharmaceutical interventions***

- The rationale for the use of antivirals and vaccines during a pandemic and priority groups for them has not been addressed in most countries. The feasibility of establishing a stockpile of antivirals, pre-pandemic and pandemic vaccines needs to be assessed in light of available resources. If a stockpile for use in a pandemic is created, a strategy for using it should be developed and should include clear statements on who will be its recipients, when and how. The same should be done for pre-pandemic or pandemic vaccines.
- Creating a stockpile of antibiotics to reduce mortality due to secondary bacterial pneumonia during a pandemic is a reasonable approach and is also practical given the use of these in non-pandemic situations (current antivirals are limited to use in influenza).

### ***Non-pharmaceutical interventions***

- Non-pharmaceutical public health measures could play an important role in delaying the spread of a pandemic and reducing its severity. This is an area that is crucial to address, given the relatively limited stockpile of antivirals. The social consequences of choosing or rejecting particular measures will need to be carefully considered.
- Each country needs to clearly define the types of non-pharmaceutical interventions it will deploy and how.
- There need to be clear national policies regarding school closures, mass gatherings, border closures, domestic travel, etc.
- There needs to be a common agreement and understanding of what the trigger points will be for shifting to and reverting from pandemic emergency procedures.
- Countries need to consider the implications for neighbouring countries of any measures they adopt.
- Central governments must provide consistent guidance and leadership in developing non-pharmaceutical interventions to ensure clear and consistent approaches.

### ***Whole-of-society preparedness***

- Countries are encouraged to initiate pandemic preparedness planning in non-health sectors in order to ensure continuity of essential functions during a pandemic. To initiate this process, it is important that one ministry take the lead in informing other ministries about the importance and relevance of their involvement in the process. This topic will be addressed in the new WHO guidance on pandemic preparedness.
- Plans should be made from national to local levels to ensure continuation of water, energy, transportation and food availability during a pandemic. Each company, private as well as public, is advised to plan management of essential operations during a pandemic, including dependency on suppliers who may also be affected by the pandemic.

### ***Interoperability/regional work on pandemic preparedness***

The SEEHN is an example of good collaboration in SEE countries, and it is reasonable to assume that good work could be done across borders on pandemic influenza preparedness. Collaboration among countries is both a matter of learning how countries can support each other in the planning and response phase and how their policies are compatible. Border closure is a good example of the latter as disagreement between neighbouring countries could lead to conflicts during a pandemic. To avoid this, it is recommended that neighbouring countries address these issues now.

### ***Simulation exercises***

To ascertain that pandemic plans are comprehensive and realistic it is a good idea to test them in exercises. This is an important component of preparedness planning and needs to be done on the national and local levels. Testing plans in exercises is a useful way to

identify gaps and adjust accordingly. International exercises are also considered beneficial.

### ***Communications***

- All countries should develop pandemic-specific communication strategies, separate from seasonal and avian influenza strategies.
- One of the main considerations is how to ensure proper and timely communication with the public before, during and after a pandemic. Nearly all countries reported that there is a problem with the media's trust in health authorities that has led to false news stories and in some cases panic in the population. Work should be done to ensure that the media are given and disseminate accurate information, so as to increase mutual trust.
- The flow of information and situation updates need to be ensured throughout a pandemic and should be included in a communication strategy.
- Surge capacity needs to be addressed to ensure that information will flow even in the absence of staff. Preparation of material prior to the pandemic so that it only needs finalization before distribution is one means.
- Once a communication strategy has been developed, it needs to be tested, including key messages and means of communication.
- Preparing the population starts with a proper seasonal influenza communication strategy on basic issues such as hand and respiratory hygiene.

### **SEE pandemic preparedness working group**

The SEEHN meeting in Bucharest proposed the establishment of a regional SEE working group on pandemic preparedness with one representative from each country. WHO will support the group by assisting in the organization of the meetings and the first meeting will take place in May 2009. The group would preferably meet twice a year and hold regular teleconferences. The regional priorities for the group have been identified through a survey as: making plans operational, local planning, non-pharmacological intervention, regional and national pandemic preparedness exercises and whole-of-society planning

## **Conclusion**

Future work on pandemic preparedness was discussed and identified during country visits and a general SEE approach was proposed and agreed at the SEEHN meeting in Bucharest. Although much has been done on pandemic preparedness, there are still many areas that have not been addressed and areas that need to be revised and strengthened. Based on the recommendations from the country visits, each country needs to set up a plan for moving forward with pandemic planning.

Countries are encouraged to revise and update their pandemic plans based on the assessment visits, the SEE workshop and the new WHO guidance. By implementing country-specific recommendations and those in this report, pandemic preparedness in SEE will be strengthened in the coming years. Stronger pandemic preparedness will have an impact on the countries' general emergency preparedness and defence against other communicable diseases.

WHO's new guidance on pandemic preparedness, to be published in spring 2009, includes preparedness outside the health sector and will be followed by a number of practical tools and supporting documents.

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## *Annex 1*

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