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INFLUENZA PANDEMIC: PROGRESS REPORT

1. Influenza is a viral disease that affects both animals and humans. When a new strain of influenza virus emerges and adapts to enable transmission from person-to-person, the disease can quickly spread far and wide, resulting in a pandemic. The disruption caused by influenza pandemics is often compared to natural disasters, but a pandemic is likely to cause both widespread and sustained effects and is thus likely to stress the resources of every Member State. Such a strain will challenge the possibility of shifting resources and emphasizes the need for all countries to develop National Influenza Pandemic Preparedness Plans (NIPPPs).
2. Through mandates from PAHO's Governing Bodies as well as from the Summit of the Americas in Mar del Plata, Argentina, in November 2005, PAHO has been tasked with assisting its Member States in the development of NIPPPs.
3. The Director of the Pan American Sanitary Bureau (PASB) created a multidisciplinary Task Force on Epidemic Alert and Response (the EAR Task Force) to advise, coordinate, and monitor all activities of the Organization related to the planning and implementation of influenza pandemic preparedness and response. All activities of the EAR Task Force are framed under the new mandates set forth by the International Health Regulations¹ (IHR) that were adopted in May 2005, which stipulate that countries develop, strengthen, and maintain core capacities to detect, assess, and intervene to control events of international public health importance. The interprogrammatic nature of the Task Force responds to the complex process involved in the IHR implementation and influenza pandemic planning, which require highly coordinated efforts from a variety of sectors.

¹ http://www.who.int/csr/ihr/WHA58_3-en.pdf

4. The EAR Task Force has developed the “Strategic and Operational Plan for Responding to Pandemic Influenza”² (PAHO SOP) to guide the Organization’s technical cooperation activities. The PAHO SOP has been conceived as a living document under constant review and revision. The SOP was reviewed by the World Health Organization (WHO) and other partners, and their comments have been incorporated. The SOP objectives are to direct technical cooperation activities to prepare the Region for an influenza pandemic; to assist countries in their development of national influenza pandemic preparedness; and to support countries in enhancing the capacity to detect and respond to diseases such as influenza. Technical units across the Secretariat have been actively engaged in the process, and detailed work plans, including timelines and budgets, have been developed to avoid duplication of efforts and to maximize resources.

5. The EAR Task Force has also been responsible for drafting the “PAHO Staff Contingency Plan for an Influenza Pandemic” to address the needs of PAHO personnel in preparation for and during a pandemic, to ensure the safety of the staff as well as continuity of operations.

6. As part of its institutional response to a pandemic, PAHO’s Secretariat is preparing to establish an Emergency Operations Center (EOC) at Headquarters for the organizational coordination and control of health-related response activities during emergencies and disasters in the Region. The EOC is a facility located in the main building, furnished with the necessary networking capabilities, computers, communications, software, and other office equipment to effectively coordinate PAHO’s intelligence and response in emergency situations. In this center, data and media reports on outbreaks are collected and analyzed so as to make decisions on epidemiological events as mandated under the International Health Regulations. An Emergency Operations Center is considered a vital factor in allowing PAHO to work operationally and efficiently to bring the whole Organization together to focus on the response to public health emergencies using audio and video conferencing capabilities for briefings, monitoring, and management decisions.

7. Under the framework of the EAR Task Force and with the strategic lines set forth by the PAHO SOP, technical cooperation in influenza preparedness includes actively promoting the development of NIPPPs and supporting Member States in this effort. PAHO has translated and distributed guidelines to assist the development of National Plans. Additionally, subregional workshops have been useful in modeling software to estimate the potential impact of a pandemic based on multiple scenarios. This enables countries to ensure the flexibility of their National Plans by preparing for many contingencies, including a worst-case scenario where there are neither available vaccines nor antiviral medications. As of 16 August 2006, all Member States are actively engaged

² <http://www.paho.org/English/AD/DPC/CD/vir-flu-PAHO-Plan-9-05.pdf>

in influenza preparedness activities; and PAHO has received draft national plans for 28 Member States.

8. PAHO has developed an assessment tool based on WHO's Checklist for Influenza Pandemic Preparedness Planning³ to assess National Plans. This tool has already been applied in four subregional assessment exercises for multidisciplinary country delegations. These workshops were extremely successful at identifying areas that needed to be strengthened and highlighted the need for further multisectoral collaboration in the development of such plans. Each workshop also included two tabletop simulation exercises to highlight coordination issues that may be encountered during a pandemic or during the pandemic-alert period. Based on these exercises, action plans were developed to address the needs identified by the self-assessment and tabletop simulations. Technical cooperation actions are now targeted at addressing the identified needs at the national and subnational levels.

9. To this end, PAHO is supporting its Member States in operationalizing national influenza preparedness plans at the local level to ensure an effective response to a pandemic. It has been widely recognized that an influenza pandemic will be most intensely felt at the community level. NIPPPs are therefore only as strong as their local contingency plans. In order to bridge the current gap between planning and implementation, technical cooperation has been aimed at strengthening core competencies of Member States and communities to respond to any public health emergency, as identified through the new IHR.

10. To ensure the viability of National Plans, technical cooperation has been aimed at strengthening the supporting actions that are required in order to operationalize such plans. These activities have included the strengthening of early warning systems by expanding surveillance targets, and strengthening the existing network for virological surveillance. A new generic protocol for influenza surveillance is currently being developed in collaboration with the U.S. Centers for Disease Control and Prevention (CDC) to ensure that influenza surveillance is harmonized and comprehensive throughout the Region. Such new guidelines will ensure compliance with the IHR requirement that a single case of influenza caused by a new viral subtype be notified to WHO. Also, significant advances have been made in virological surveillance as evidenced by the increased number of countries performing influenza virus isolation and shipping samples to the Regional Reference Laboratory. This has been a result of the support that PAHO, with the collaboration of the CDC, is providing to strengthen surveillance, laboratory diagnosis, and funding of sample shipments. Virological influenza surveillance has also been strengthened through multiple hands-on training in viral isolation, and

³ <http://www.who.int/csr/resources/publications/influenza/FluCheck6web.pdf>

immunofluorescence, and through on-site laboratory technical cooperation by regional experts.

11. PAHO is also working with Member States to assist countries in their decision to obtain antivirals and pandemic influenza vaccine, when available. Mechanisms are actively being sought to supply antivirals to the Region. An assessment of regional production capacity is being carried out, and PAHO is participating in negotiations between Brazil and Roche over technology transfer.

12. Influenza vaccine is gradually being introduced in the Region, and the recommendations of WHO and the Technical Advisory Group on Vaccine-Preventable Diseases concerning the target population are being adapted. The best use of vaccines for seasonal epidemics will help guarantee the production capacity needed to respond to a future pandemic.

13. A survey carried out by the Immunizations Unit revealed that influenza vaccination has been introduced in the public sector in 19 countries or territories. In nine of these countries or territories, vaccination is administered only in the private sector. The formulation used and the time of the year when the vaccine is administered vary with the country's geographical location. Twenty-eight countries or territories are planning to extend vaccination into additional coverage groups or add influenza vaccine into their immunization schedules. The target groups vary among countries; however, most countries target the very young and elderly. Three countries or territories also vaccinate populations in close contact with birds. Brazil has also included the vaccination of additional at-risk groups, including indigenous and incarcerated populations.

14. Countries purchase influenza vaccines from different suppliers. In 2005, 14 countries or territories purchased influenza vaccines through the PAHO Revolving Fund. Brazil and Mexico have technology transfer agreements to produce influenza vaccine in the Region. Additionally, PASB's Director loaned US\$6.5 million to the Revolving Fund working capital fund in order to secure seasonal influenza vaccine for purchase by Member States.

15. To prepare the Region for the possible overburdening of health care systems during a pandemic, the Health Services Organization Unit has been working with national counterparts in planning and preparing for the capacity needed to cope with a surge in the number of illnesses and deaths, including intensive care requirements. With support from Canada, guidelines for the Health Services Network Response Capacity Plan in the event of a pandemic were prepared and tested in Paraguay. A regional workshop was carried out in Bogota, Colombia, in April 2006 to assist in the preparation of the response of health services during a pandemic. This meeting had the participation of health services representatives from the Americas as well as experts of Europe,

Thailand, and Viet Nam. A collection of documents have been developed and made available through the web, such as best practices, national plans, guidelines, and lessons learned. A network of health services experts was created to foster information-sharing and to coordinate support.

16. In order to reduce opportunities for human infection, the Veterinary Public Health Unit has been working on strengthening veterinary services and promoting national plans which integrate human and animal health. Interagency integration has been fostered considering the great importance of poultry production and export for the economy and food security of the Americas. Such collaboration has included work with the Food and Agriculture Organization of the United Nations (FAO), World Organization for Animal Health (OIE), and poultry producers associations. Also, PAHO and the Inter-American Institute for Cooperation on Agriculture (IICA) have carried out several joint activities such as the Hemispheric Conference on Avian Influenza in Brasilia in 2005 and ambassador briefing sessions at the OAS in Washington, D.C. PAHO has also participated in the interagency Global Frontiers-Trans Animal Boundary Diseases (GF-TADs) initiative that aims to assist countries in the control of disease by strengthening and enhancing national veterinary services.

17. Communication and the transmission of key, unified messages during a pandemic will be an essential part of a coordinated response. PAHO's technical cooperation in this area has been aimed at training officials in outbreak and crisis communication and having detailed communication strategies included within NIPPPs. Several workshops have been held in the Caribbean with special emphasis on outbreak and crisis communication. In Argentina, a workshop sponsored by the CDC brought together communication specialists from the ministries of health, agriculture, and education of seven countries for risk communication training and assessment of national communication plans based on a PAHO-produced communication assessment tool. In July, a workshop in Washington, D.C., brought together communication specialists (80 participants from 37 countries) from almost every country in the Region for training in how to train others in outbreak and crisis communication.

18. In addition, an interagency meeting was held at PAHO in July 2006 to develop an Inter-Agency Communication Framework for Avian and Pandemic Influenza in the Americas to set forth a common approach for communicating with the media, government officials, the private sector, and the general public as part of ongoing efforts to prevent and prepare for avian and pandemic influenza. Participants in the two-day meeting included representatives of PAHO/WHO, the United Nations Children's Fund (UNICEF), FAO, OIE, IICA, the World Bank, the Inter-American Development Bank (IDB), the International Regional Organization for Plant and Animal Health (OIRSA), the U.N. System Influenza Coordination (UNSIC), the U.N. Information Centers (UNICs), the U.N. Economic Commission on Latin America and the Caribbean

(ECLAC), and the U.N. Office for Coordination of Humanitarian Affairs (OCHA). Several U.S. government departments and agencies also participated in this meeting.

19. Influenza preparedness has propelled further strengthening of interagency collaboration. In a recent meeting of U.N. Regional Directors in Panama, influenza preparedness planning was discussed establishing the lines of leadership in an effort to garner the expertise of each organization to mitigate the impact on the Americas Region. Following instructions from United Nations Secretary-General Kofi Anan, country teams composed of U.N. system agencies have been established to respond to a pandemic; and PAHO has been designated as the UN interagency coordinator in 22 countries of the Region.

20. The Secretariat has developed guidelines and made resources available to support PAHO/WHO Country Representatives in their function as U.N. influenza coordinators. PAHO has also participated in discussions with U.N. agencies in Washington, D.C.—UNIC, FAO, World Food Program (WFP), Office of the United Nations High Commissioner for Refugees (UNHCR), and United Nations Development Program (UNDP)—to define preparedness and coordination in the event of a pandemic. PAHO has volunteered to procure antivirals and other supplies for the U.N. system in the Region. A briefing session for the U.N. system, in Washington, D.C., on 18 September 2006, will cover a plan for continuity of operations for the U.N. system agencies as well as any procurement needs.

21. PAHO has reached out beyond the health sector by approaching think tanks to advocate for the need for influenza pandemic preparedness at all levels of government. On 24 May 2006, the Center for Strategic and International Studies (CSIS) and the Pan American Health Organization (PAHO) cohosted a conference in Washington, D.C., entitled “Responding to an Influenza Pandemic in the Americas.” This conference featured presentations by leading experts from around the Hemisphere and addresses by the OAS Assistant Secretary-General Albert Ramdin and U.S. Under Secretary of State for Democracy and Global Affairs Paula Dobriansky. The key message emanating from the conference was that planning for preparedness needs to occur at the national (federal), state (provincial), and local levels, with close coordination among planners at all three levels.

22. PAHO has also coordinated briefing sessions for the U.S. Congress, Inter-American Development Bank Board of Governors, Permanent Council of the Organization of American States, U.S. State Department, and World Bank. Such efforts have yielded an interagency project on avian and pandemic influenza between PAHO and the IDB and rekindled the possibility for further interagency initiatives at the country level in the Latin American and Caribbean region.

23. An intense resource mobilization effort was undertaken in 2006 for the implementation of the above-mentioned activities. Funds for influenza preparedness activities have been secured from the U.S. Agency for International Development (AID), CDC, and IDB. A two-year proposal for such activities has also been submitted to the Canadian International Development Agency (CIDA).

24. As National Plans are being put in place, new challenges emerge in the process of updating plans and maintaining them relevant. Another challenge lies in bringing preparedness to the subnational level, engaging practitioners, and concerned citizens who will be charged with implementing such plans. Also, further mechanisms will have to be sought to strengthen intersectoral and interinstitutional efforts.

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