

## Current major event

### HLIP I in EMR countries

From 2014 to 2017, seven countries in the Eastern Mediterranean Region of WHO benefited from the Pandemic Influenza Preparedness (PIP) Framework - Partnership Contribution (PC) to enhance their surveillance and laboratory capacities using the High-level Partnership Contribution Implementation Plan I (HLIP I) 2013-2016.

### Editorial note

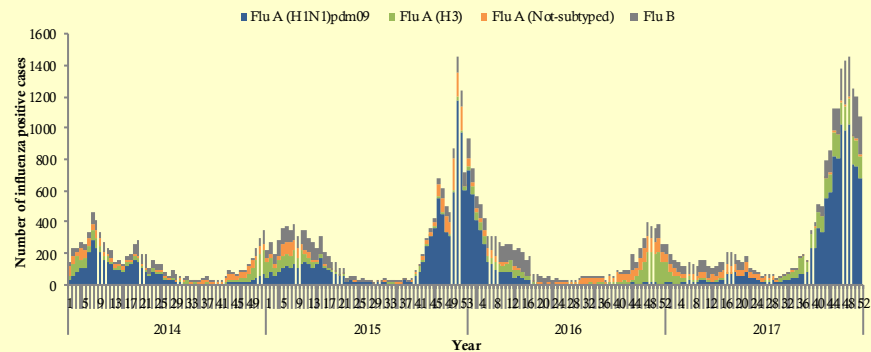
Pandemic Influenza Preparedness (PIP) Framework was adopted by Member States during the World Health Assembly in 2011. The PIP Framework brings together Member States, industry, other stakeholders and WHO to implement a global approach to pandemic influenza preparedness and response. Its key goals include: to improve and strengthen influenza surveillance and detection, sharing of influenza viruses with human pandemic potential; to increase the access to vaccines and other pandemic related supplies; and ensuring that the global community is prepared to respond to the next pandemic.

In 2013, WHO issued the first five-year, high-level Partnership Contribution Implementation Plan 2013-2016 (HLIP I) which defined a program of work that would increase global preparedness in 5 areas: laboratory & surveillance; knowledge on influenza disease burden; regulatory; risk communications; and planning for deployment.

Since the PIP Framework was implemented in 2014, the WHO Regional Office for the Eastern Mediterranean (EMRO) has taken several steps to improve preparedness and response for the next influenza pandemic. EMRO has pursued this objective through ensuring global, regional and national collaboration in influenza preparedness and the implementation of the HLIP I activities.

During HLIP I period, from 2014 to 2017, the WHO EMRO regularly supported the countries through assessments, capacity building activities, development of guidelines and tools, establishment of networks and partnerships as well as relevant logistic support. These support resulted in enhanced surveillance and response to seasonal and pandemic influenza capacities of the countries. The countries consistently shared seasonal influenza viruses to the WHO CCs enabling them to monitor evolution of influenza viruses and actively contributing to the seasonal influenza vac-

Influenza data shared by EMR countries on EMFLU and FluNet, during HLIP I, 2014-2017



PIP countries sharing data with regional and global platforms in EMR

Country	EMFLU	FluNet	FluID
Afghanistan	√	√	√
Egypt	√	√	√
Jordan	√	√	√
Lebanon	√	√	√
Morocco	√	√	√
Yemen	√	-	-

cine strain selection. These steps also enhanced the capacity of the countries to share their epidemiological and virological data through the regional platform such as EMFLU Network, and the global platforms such as FluNet and FluID, managed by WHO. Also, four National Influenza Centres (NICs), in Afghanistan, Egypt, Jordan and Morocco, have participated in the WHO's External Quality Assessment Project (EQAP) for reverse transcription polymerase chain reaction (RT-PCR) in 2017 achieving 100% efficiency score in the EQAP.

All seven countries (Afghanistan, Egypt, Jordan, Lebanon, Morocco, Djibouti and Yemen) that have benefited from the pandemic influenza preparedness partnership contribution (PIP PC) funds have successfully established and sustained extensive network of severe acute respiratory infection (SARI) and influenza-like illness (ILI) surveillance while improving the diagnostic capacities to monitor circulation of seasonal influenza virus.

The Partnership Contribution High-Level Implementation Plan II (HLIPP II) 2018-2023 will now build on achievements and lessons learnt from implementing HLIP I. Its development was guided by two key processes- an analysis of preparedness gaps and needs; and an independent external evaluation of activities supported by PC funds.

## Update on outbreaks in the Eastern Mediterranean Region

**MERS** in Saudi Arabia; **cholera** in Somalia; **cholera** in Yemen; **Diphtheria** in Yemen.

### Current public health events of international concern

[cumulative N° of cases (deaths), CFR %]

#### Avian influenza: 2006-2017

Egypt (A/H5N1)	[359 (122), 34.6%]
Egypt (A/H9N2)	[4 (0)]

#### Ebola virus disease (EVD): 2018

Democratic Republic of Congo (DRC)	[49 (38), 77.6%]
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#### Rift Valley fever : 2018

Kenya	[94 (10), 10.6%]
Uganda	[8 (3), 37.5%]

#### Cholera: 2017-2018

Somalia	[6 077 (41), 0.7%]
Yemen	[1 121 189 (2 326), 0.2%]
Tanzania	[3 362 (66), 2.0%]

#### Diphtheria: 2018

Yemen	[1 904 (98), 5.1%]
Bangladesh	[8 102 (44), 0.5%]

#### MERS: 2012-2018

Saudi Arabia	[1 864 (719), 38.6%]
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#### Yellow Fever: 2017-2018

Brazil	[1 266 (415), 32.7%]
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