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Current major event

Pandemic influenza preparedness (PIP) framework

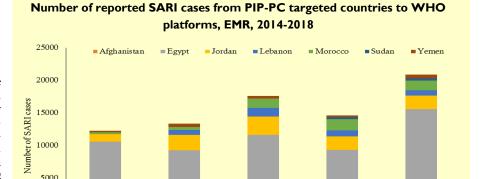
PIP is an international agreement to improve global pandemic preparedness and response. It brings countries, industry, and society together. It includes a benefit-sharing mechanism called Partnership Contribution (PIP-PC) to improve pandemic preparedness and response. Currently 7 countries in the Eastern Mediterranean Region (EMR) are benefiting for PIP-PC.

Editorial note

Historically, pandemics occur 3-4 times in each century causing huge number of deaths. The last pandemic in 2009, illustrated the gaps in preparedness to respond to sever influenza pandemics. Therefore, WHA adapted the PIP framework in 2011. The WHO Regional Office for the Eastern Mediterranean has been working with the Member States to strengthen capacities to prepare for the next influenza pandemic through improved detection, surveillance, and sharing of influenza viruses with pandemic potential, and to increase the availability of, and access to, vaccines and other important pandemic response products.

In the Eastern Mediterranean Region (EMR) of the World Health Organization (WHO), seven Member States, namely Afghanistan, Egypt, Jordan, Morocco, Lebanon, Sudan and Yemen, have been identified as beneficiaries of Pandemic Influenza Preparedness Partnership Contribution (PIP PC) funds. The support aims to assist Member States in achieving six specific outcomes namely: i) National influenza laboratory and surveillance systems contribute to GISRS for timely risk assessment & response measure; ii) Influenza disease burden estimates are used for public health decisions; iii) Timely access to quality-assured pandemic influenza products is supported; iv) Tools and guidance are available for countries to enhance influenza risk communication and community engagement; v) Plans for effective & efficient deployment of pandemic supplies are optimized; and vi) National pandemic influenza preparedness & response plans (NIPPP) are updated in the context of all-hazards preparedness and global health security.

Through the PIP-PC Funds, the 7 targeted countries are able to enhance and sustain the influenza sentinel surveillance system. All seven countries have developed required capacities to achieved key PIP outcomes indicators and tangible progress was documented. (see the graph).



2016

Progress in Capacity Strengthening for Influenza Surveillance, 7 PIP-PC targeted countries

2014

2015

Indicators	2014	2018
Countries with a functional influenza surveillance system.	2	7
Countries reporting data to FluNet/EMFLU.	5	7
Countries with reviewed/updated NIPPP	0	7
Countries estimated the influenza BoD	0	4
Countries perform PISA	0	4

All seven countries developed national capacities to detect and respond to influenza epidemics and pandemics; to report the influenza data regularly through global and regional platforms; to determine the influenza baseline and thresholds; and to implement the Pandemic Influenza Severity Assessment (PISA) and shared the findings with WHO.

Five out of the seven targeted countries reviewed the national pandemic influenza preparedness and response plan while the other two countries completed the update of their plans. Four countries estimated burden of influenza disease (BoD) either at national or subnational level and two of them succeed to publish the findings within international peer review journals. The findings of published BoD will contribute to the global influenza burden estimation.

The threat of the emergence of a novel influenza virus and possible pandemic remains very real. Therefore, enhancing preparedness and readiness capacities at global, regional and national levels will remain the most effective method for early detection and proper response for the influenza epidemics and pandemics.

Update on outbreaks

2018

2017

in the Eastern Mediterranean Region

MERS in Saudi Arabia; MERS in Oman; cholera in Somalia; cholera in Yemen; Multidrug-resistant typhoid fever in

Current public health events of concern

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

Avian influenza: 2006-2017

Egypt (A/H5N1) [359 (122), 33.98%]

[4(0)]Egypt (A/H9N2)

Ebola virus disease (EVD): 2018-2019

Democratic Re-

public of Congo [1 146 (721), 62.91%] (DRC)

Cholera: 2017-2019

Somalia [7 005 (46), 0.65%]

Yemen [1 588 357 (3 49), 0.19%]

Diphtheria: 2018-2019

Yemen [3 392 (194), 5.71%]

Bangladesh [8 545 (45), 0.52%]

MERS: 2012-2019

Saudi Arabia [2 024(754), 37.25%]

Oman [24 (7), 29.16%]

Multidrug-resistant typhoid fever: 2016-2019

[6 780 (0)] Pakistan