

Summary report on the

Meeting of country focal points for Pandemic Influenza Preparedness (PIP) Framework implementation

WHO-EM/CSR/519/E

Virtual meeting
7 July 2021



REGIONAL OFFICE FOR THE

World Health
Organization

Eastern Mediterranean

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1. Introduction

The Infectious Hazard Preparedness (IHP) unit at the World Health Organization (WHO) Regional Office for the Eastern Mediterranean held a virtual meeting of country focal points for Pandemic Influenza Preparedness (PIP) Framework implementation on 7 July 2021 to discuss the progress of implementation of PIP activities in the Region and the challenges, opportunities and ways forward at regional and country levels. The meeting built on the previous meetings of PIP focal points held regularly by WHO since the PIP Partnership Contribution (PC) plan was officially launched in the Region in 2014.

The objectives of the meeting were to:

- review the progress of the implementation of PIP country workplans for 2021 in the Region as part of the High-Level Implementation Plan (HLIP) II;
- identify common challenges to and potential solutions for the effective implementation of PIP-PC-supported activities during the COVID-19 pandemic (considering activities that took place in 2020 and 2021); and
- discuss priority activities and budgeting for the upcoming biennium (2022–23);
- discuss ways to strengthen consistent and timely influenza reporting, virus sharing and data utilization in the Region as required under the PIP framework.

The meeting was attended by participants from the ministries of health of Afghanistan, Egypt, Iraq, Jordan, Lebanon, Morocco, Somalia, Sudan, the Syrian Arab Republic and Yemen, as well as from WHO country offices, the WHO Regional Office and WHO headquarters.

Dr Abdinasir Abubakar, Manager of IHP at the WHO Regional Office, welcomed participants and underlined the importance of analysing and

reflecting on the implementation status of the PIP Framework in supported countries, which had been significantly affected by the COVID-19 pandemic, and of finding ways to improve it. He emphasized the importance of documenting the lessons learned during the pandemic and utilizing the capacities and resources built throughout it to enhance preparedness for future pandemics of influenza and other emerging respiratory pathogens.

Dr Gina Samaan, Team Leader for PIP at WHO headquarters, delivered an opening message describing how the capacities that had been built in the Region from the inception of the Global Influenza Surveillance and Response System (GISRS) were now contributing to the response to COVID-19. She emphasized the importance of countries working together and sharing the benefits of this work.

2. Summary of discussions

Regional overview

A brief overview was given of the influenza surveillance network in the Region and an update on the key elements of PIP framework implementation in the last biennium, with special attention to the solid achievements in both the laboratory and surveillance components of the Framework (output 1).

To date, 19 countries/territories in the Region have established influenza surveillance systems; nine of these are PIP-PC recipient countries. Despite the many challenges and complex emergencies that some countries are facing, there has been a steady improvement in the sharing of epidemiological and virological information, particularly in PIP-PC recipient countries. Notably, data reporting from countries in the Region to the global web-based tool FluNet and the Eastern Mediterranean Flu (EMFLU) platform has increased, from 19 329 cases

in 2012 to 134 990 in 2019. However, in 2020, due to the COVID-19 pandemic, influenza data and virus sharing had declined in the Region, as they had globally.

Furthermore, 17 countries or territories, including Afghanistan, Bahrain, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Lebanon, Morocco, Oman, occupied Palestinian territory, Pakistan, Qatar, the Syrian Arab Republic, Sudan, Tunisia and the United Arab Emirates, have designated national influenza centres (NICs) and four countries (Libya, Yemen, Somalia and Saudi Arabia) have national influenza laboratories. The performance of these centres has increased significantly from 2007, as demonstrated by the results of the External Quality Assessment Programme (EQAP) conducted annually by WHO. The NICs played an important role at the beginning of the COVID-19 pandemic, having developed the ability to rapidly detect SARS-CoV-2 using rt-PCR. Even though this caused a drop in the testing and reporting of influenza cases from 137 511 in 2019 to 65 121 in 2020, the NICs are resuming their work and the Region is witnessing an improvement in the number of influenza cases being reported to FluNet and/or EMFLU. The pandemic affected participation in the 2020 EQAP as only 11 countries took part, mainly due to the travel restrictions and the denial of customs permits for EQAP material shipment to some countries at the time the programme was being conducted. Moreover, the sharing of influenza viruses from the samples collected from influenza-like illness (ILI) and severe acute respiratory infection (SARI) sentinel sites with WHO Collaborating Centres (WHO CC) was disrupted in 2020. WHO is providing the needed technical support to enhance the capacities of NICs and national influenza laboratories and restore timely and consistent data- and virus-sharing.

The pandemic has affected the implementation of PIP framework activities in all WHO regions. In the Eastern Mediterranean Region, the

implementation rate in the 2020–2021 biennium is around 47%, compared with an implementation rate of 86% in the 2018–2019 biennium. However, countries, with WHO support, are working to improve implementation by building stronger and resilient systems, leaving them better prepared and more able to respond in a timely manner.

The Eastern Mediterranean Acute Respiratory Infection Surveillance (EMARIS) network biannual meeting and scientific conference, a key knowledge exchange platform for the Region, is now planned to be held in-person in April or November 2022, following the cancellation of the 2020 conference.

Implementation of the PIP Framework in the Region

Countries were divided into three groups to discuss their achievements and the challenges they face and identify potential solutions for improving implementation rates. The findings of the groups were similar, given that all countries had been affected in a similar manner during the pandemic. Despite the challenges, many achievements have been made by countries, including:

- achieving 100% correct results in EQAP assessments;
- the development of national pandemic preparedness plans;
- the revitalization of influenza surveillance systems, despite fluctuations due to the impact of the COVID-19 pandemic;
- building rapid response team capacities at national and subnational levels;
- success in the shipment of viruses in 2019 to WHO CC;
- leveraging influenza surveillance systems for COVID-19 response;
- adapting existing pandemic preparedness plans for the development of COVID-19 response plans; and
- the establishment of two new NICs in the Region.

The challenges faced by countries included:

- delay in all activities related to testing SARI and ILI samples because NICs were overloaded by COVID-19 activities;
- delay in the shipment of SARI and ILI samples and in the supply of kits due to the COVID-19 workload and restrictions imposed on transportation;
- lack of coordination between the human and animal health sectors;
- a lengthy process for international procurement;
- challenges in establishing SARI and ILI surveillance in Iraq;
- human resources turnover and increased workload due to COVID-19; and
- shifts in government policy to prioritize COVID-19 surveillance and testing.

To address these challenges, WHO was requested to support countries in the areas of procurement and shipment, conduct technical missions, including laboratory missions, to provide country-specific advice on improving PIP implementation status, support training on influenza risk assessment and provide technical support to Iraq to establish SARI and ILI surveillance.

More general solutions suggested to address these challenges included continuing to advocate for influenza surveillance and its reactivation, continuing capacity-building for staff, particularly newly recruited staff, enhancing reporting in terms of timeliness and completeness, promoting an integrated approach towards surveillance for influenza and other respiratory pathogens, further enhancing national and regional data-sharing, supporting information and communications technology (ICT) systems with innovative solutions to facilitate data entry and the information-sharing process, and setting up incentives to build employee motivation and engagement.

The enhanced Global Influenza Surveillance and Response System, GISRS+

The Global Influenza Strategy (2019–2030), launched in March 2019, has four main objectives: (1) research and innovation; (2) surveillance monitoring and data utilization; (3) seasonal influenza prevention and control policies; and (4) programme and pandemic preparedness and response. The outcome should be better global tools and stronger country capacities. The GISRS platform aligns with the vision of the global strategy and will remain the backbone for pandemic preparedness and response.

GISRS+ is a broader platform that takes a strategic and programmatic approach to addressing other respiratory viruses with epidemic and pandemic potential. It is built upon the existing GISRS platform but will be an integrated system for the surveillance and monitoring of influenza, SARS-COV-2 and respiratory syncytial virus (RSV) as well as other relevant respiratory viruses. Like GISRS, GISRS+ will complement event-based surveillance for usual and unusual events such as case counting and rumour monitoring. It will also give an opportunity to strengthen core IHR (2005) capacities. Adding new activities such as genomic sequencing and enhancing current capacities to harness the power of the GISRS system for other pathogens, without losing sight of the importance of maintaining the GISRS focus on influenza, has been suggested.

EMFLU version 2.0

The new version of the EMFLU network, has advanced features for data management and analysis, and contains three main components: an online web portal, an offline version and a mobile application. A pilot test of all functions will be implemented in three countries and a rollout plan will be developed for transferring to the new version and migrating all retrospective data.

The upgrade features of EMFLU network version 2.0 are highlighted in Table 1.

Table 1. Comparison of EMFLU network versions 1.0 and 2.0

Feature	EMFLU network version 1.0	EMFLU network version 2.0
Data collection	SARI data is collected case by case and aggregated by age group and gender ILI data is aggregated by age group and gender	SARI data is collected case by case and aggregated by age group and gender ILI data is collected case by case and aggregated by age group and gender
Import tool	Import tool for case-by-case SARI data	Import tool for case by case and aggregated SARI data Import tool for case-by-case and aggregated ILI data
Fixed age grouping for all countries	One standard age classification	Each country can set up and use their own age classification
Laboratory results	One laboratory result for each case	More than one laboratory result can be added for each case
System administration	System administration is handled by a super admin at the regional level	System administration is handled by a super admin and country admin
Output reports	Standard static reports	Standard, advanced and analytical reports
Dynamic report generator	None	User can design new reports
Dynamic mapping tool	Static maps for each country	User can upload and update country map in a fully dynamic way
User management	Basic	More advanced with new types of users
Dashboard	None	Powerful dashboard
Notifications and alerts	None	Sent automatically from the system to each user
Monitoring tool	None	Monitoring and tracing all events in the system
Offline version	None	Offline version with automatic data synchronization feature
Mobile app version	None	Basic data collection and reports

Updates to the PIP-PC Preparedness High-level Implementation Plan II 2018–2023.

The PIP Advisory Group has recommended a streamlined HLIP II mid-term review focusing on:

- HLIP II implementation and progress on the results hierarchy between 2018 and 2020; and
- the current COVID-19 pandemic context which has highlighted operational gaps and catalysed further capacity development in pandemic preparedness and response.

The mid-term review report was finalized in early June 2021 and had the following six recommendations.

A. On hinderances and necessary mid-course adjustments:

1. Review indicators or milestones that are no longer fit for purpose, potentially through discussion with the Partnership Contribution Independent Technical Expert Mechanism (PCITEM).
2. Consider ways of better capturing and measuring regional activities.
3. Regularly inform stakeholders about resource allocation and financial implementation including when milestones are or are not met, or when shifts are required in financial support.

B. On opportunities to catalyse pandemic preparedness in light of COVID-19:

4. Monitor the current pandemic landscape, capture lessons from COVID-19, including identifying options and alternative ways of responding to a pandemic (e.g. considering regional or global mechanisms), and consider inclusion of additional areas of work as part of HLIP in the coming years.

5. Consider ways of linking to independent reviews of preparedness to provide an overview of country and regional preparedness.
6. Consider ways of mapping PC investments for PIP in the context of the broader preparedness landscape.

The recommendations are currently being implemented and by the end of 2021 the first three will be completed. For the following three recommendations, it is planned to implement a pilot project in the next biennium 2022–2023 to better understand what countries are seeking to do to improve and utilize the lessons learned from COVID-19.

The project management cycle of HLIP II

The project management cycle of HLIP II consists of four phases: programme change management, technical monitoring, financial monitoring and PIP reporting.

Programme change management addresses the need to periodically revise workplans and make necessary changes. An online form is submitted for each change to ensure continued alignment with the outputs and key deliverables defined in HLIP II, simplify compliance checks and allow for proper and timely documentation, which is particularly important for future audits.

Technical monitoring involves determining measurable impact against the deliverables, the outputs and the outcomes.

The financial monitoring phase includes:

- financial reports on implementation from the PIP Secretariat on a monthly basis;
- financial implementation monitoring on a monthly basis in which country offices, regional offices and headquarters are requested to

monitor financial implementation to keep track of activities and avoid bottlenecks;

- compliance checks by the PIP Secretariat on a six monthly basis; and
- external audit if requested by the World Health Assembly.

The PIP reporting phase includes:

- four progress reports on PIP framework implementation per biennium;
- gathering newsletter stories from the field;
- PIP Advisory Group, Executive Board and World Health Assembly reports;
- the WHO Programme Budget portal; and
- WHO's Thirteenth General Programme of Work (GPW 13) results reporting.

3. Conclusion

- PIP Framework support has been instrumental in the establishment and enhancement of influenza surveillance, preparedness and response capacities in the Region, with notable achievements in recent years.
- Influenza data- and virus-sharing decreased in the 2020–2021 season across the Region, due to influenza surveillance systems and resources being leveraged to respond to the COVID-19 pandemic and to low influenza activity.
- At country level, common challenges include COVID-19 prioritization and its burden on systems, staff and laboratory infrastructure. Potential solutions to these challenges include leveraging increased political commitment due to COVID-19, adopting an integrated approach, capacity-building, facilitated procurement and enhanced WHO technical support.
- A new version of the EMFLU network portal has been developed with more advanced features for data management and analysis

which offers an opportunity to increase consistent and timely influenza reporting.

- GISRS+ is an opportunity to build on the success of the existing infrastructure with the addition of other respiratory viruses with epidemic and pandemic potential and the integration of laboratory and surveillance capabilities.

4. Recommendations

To Member States

1. Increase and sustain progress in the implementation of the national PIP Framework 2021 workplan.
2. Review national needs and priority activities for the finalization of the 2022–2023 workplan
3. Ensure the reactivation and maintenance of influenza surveillance through GISRS, particularly prior to the upcoming 2021/2022 season.
4. Promote the incorporation of COVID-19 surveillance in the sentinel system.
5. Promote continued vigilance for influenza viruses with pandemic potential, including shipment of unsubtypeable viruses to WHO CCs for detailed characterization.
6. Maintain timely and consistent reporting of epidemiological and virological data through EMFLU and FluNet.
7. Resume and maintain the sharing of representative influenza specimens and viruses to WHO CCs.
8. Improve active collaboration and information sharing between the human and animal health sectors under the One Health framework.
9. Continue testing routine sentinel site samples as well as non-sentinel samples for influenza at NICs, with the addition of testing for SARS-CoV-2.

10. Document and share best practices and lessons learned in the COVID-19 pandemic response in preparation for updating national pandemic preparedness plans and the global HLIP III.

To WHO

11. Increase and sustain progress in implementation of the regional PIP Framework 2021 workplan.
12. Provide technical support to countries to improve the implementation of national PIP workplans.
13. Maintain advocacy on the threat of influenza and importance of reactivating and sustaining surveillance, particularly in preparation for the upcoming 2021/2022 influenza season.
14. Support countries in reporting sentinel and non-sentinel surveillance data for both influenza and COVID-19.
15. Support procurement of supplies and reagents for testing SARI and ILI samples.
16. Support shipment of representative influenza specimens and viruses to WHO CCs.
17. Provide training to build the capacity of national staff involved in PIP Framework implementation, particularly newly-recruited staff.
18. Assist countries in documenting best practices and lessons learned during the COVID-19 pandemic and incorporating them during the update of national pandemic preparedness plans and the global HLIP III.
19. Assist countries in documenting the impact of PIP funding on pandemic preparedness capacities.
20. Pilot EMFLU-2 in three countries to test all functions and develop a rollout plan for other countries for transferring to the new version and migrating all retrospective data.



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