



High Level Summary and Recommendations

Overview

Emerging and re-emerging threats with pandemic potential continue to challenge fragile health systems, creating enormous human and economic toll. With an ever-growing population and, consequently, greater food production and animal-human interaction, the probability of zoonotic transmission has increased. Despite these growing threats, the world's ability to counter infectious diseases continues to be grossly inadequate. Recent outbreaks have caught the global community off-guard, revealing deficiencies in almost all levels of global defenses against potential pandemics. National animal health and human health sectors must work together to develop, strengthen and function the existing mechanisms. Immediate sharing of data, a combined assessment of information and risks, and implementation of joint investigations will be particularly important to understanding disease epidemiology and quickly implementing valid risk management and control measures to prevent further spread.

The prevailing situation requires urgent institutional attention and integrated policies from national to global levels. The revised International Health Regulations (IHR (2005)) obligates 196 States Parties to timely detect, assess, report, and respond to potential public health emergencies of international concern (PHEIC) at all levels of government, and to report such events rapidly to the WHO to determine whether a coordinated, global response is required. To develop baseline capacities of Member States, resolution "WHA 65.21" identified WHO's critical convening role to facilitate strategic cooperation and partnership between and within States Parties along with regional and international partners, donors and networks. There has been accelerated momentum in investment on global health security over the past decade.

During the 2016 Regional committee, Ministers of Health from the African Region adopted a comprehensive strategy for Health Security and Emergencies. A particular note was made to build resilient health systems and strength implementation of the International Health Regulations (IHR 2005) that constitute the essential vehicles for addressing regional and eventually global health security. Also, a recent Heads of State and Government Summit in Addis Ababa adopted the Declaration on Accelerating Implementation of International Health Regulations in Africa emphasising the commitment to achieving health security in the region.

WHO has developed Strategic Partnerships for Health Security, a coordination platform for countries, donors, and partner to share, inform, collaborate and build the global health security and IHR

capacity. This platform provides a bridging of multisectoral collaboration between health security and Influenza and other networks. It entails strengthening networks for information and experience sharing, identifying gaps and priorities in a country, and matching these to resources for improved health security. The goal is to design a more aligned and coherent approach on multilateral and bilateral collaboration in supporting countries to build their capacities to detect, prevent and respond to public health emergencies, such as pandemic influenza.

Strategic Partnership on IHR, Global Health Security, and Pandemic Influenza

Over 100 participants from countries, international, regional and local institutions and organizations, technical partners and donors attended the Stakeholder Consultation on National Health Security and Pandemic Influenza Preparedness Planning which was held from 5 - 7 December 2017 in Accra, Ghana. The meeting was opened by the honourable Mr Kwaku Agyemang-Manu, the Minister of Health of the Republic of Ghana. WHO was represented by Dr Owen Kaluwa, WHO representative of WHO Ghana Office, Dr Stella Chungong, ad-interim Chief of country monitoring evaluation unit together with Dr Wenqing Zhang, Influenza manager unit of WHO. In addition, Dr Lawrence Kerr, Director Pandemic and Emerging Threat Office of United States Department of Human and Health Services also attended this important meeting. Minister Agyemang-Manu, emphasized that the strategic partnership network meeting in Ghana between global health security and international Influenza network is crucial and historic, as it is the first time the two international networks meet and collaborate.

Therefore, the objectives of the meeting were defined as follows:

- To strengthen collaboration and coordination regarding the implementation of the national and global action plans for pandemic influenza preparedness and response with multi-sectoral stakeholders, including FAO and OIE;
- To finalize the strategies and priorities with countries and partners for pandemic influenza preparedness and response;
- To share the status of countries` pandemic influenza preparedness, identify gaps and challenges and prioritize actions at national, regional and global level;
- To align efforts among key stakeholders to address prioritized gaps and implement the WHO pandemic influenza preparedness plan, within the framework of national action plan for health security, and the strategic partnership framework.

As introduction to the overall purpose of the stakeholder consultation, participants reviewed the progress on the International Health Regulations Monitoring and Evaluation Framework (IHR MEF) and national and sub-national planning processes for health security. The IHR MEF underscores the mutual accountability, transparency, experience sharing and dialogue between Member States and WHO which contributes to global health security. Through annual reporting (AR), voluntary joint external evaluations (JEEs), simulation exercises (SimEx), and after action reviews (AAR), the IHR MEF provides a comprehensive, multisectoral picture of a country's capacities and functionalities in detecting, notifying and responding to public health emergencies. The IHR-MEF informs needs in terms of operational readiness and contributes to the identification of strengths, gaps and priorities that are further addressed in National Action Plans for Health Security.

In addition, WHO's Strategic Partnership Platform is designed specifically to foster these relationships the Strategic Partnership for Health Security facilitates the discussions on how countries can shape national plans to contribute to regional and global health security and mobilize domestic and international resources. The centre of the discussion is the importance and necessity of multi-sectoral partnership that enable Member States to collaborate under the umbrella of the One Health Approach to align and thus leverage both, pandemic influenza preparedness plans and national action plans for health security (NAPHS).

An update of most recent global developments were given by WHO, OIE and US CDC, in particular on the global strategy on influenza for public health, influenza vaccines, human-animal interface and associated evolving landscape. Looking forward, participants discussed and provided valuable input to shape further the strategy on influenza including strategic objectives, milestones by 2018 and process to finalize and implement the strategy. In addition, efforts were made specifically at national levels on the national influenza pandemic preparedness planning, in the context of global health security actions.

The meeting participants highlighted that the global community has witnessed an ever increasing health security threat from a wide range of infectious and all-hazards with influenza continuing to pose a major risk for the world's population. Yet, national and regional health preparedness remains largely inadequate. The recurring public health emergencies in both acute and protracted forms are collectively reversing years of development gains, including progress made on health system. Other key partners such as FAO and OIE and meeting participants alike highlighted the One Health approach is the foundation for countries when developing both, national health security and influenza pandemic preparedness plans. In particular in the context of influenza preparedness, the complex nature of zoonotic diseases and the limited resources in developing countries are a reminder that the need for the implementation of global One health in low resource setting is crucial. The role of strategic partnerships is to enable linking both pandemic influenza and national health security plans underpinned by One Health in order to deliver country-specific actions that lead to sustainable and global health security..

Key Lesson learned on influenza and beyond

Time and time again, Africa as a continent experiences public health events resulting in increased morbidity and mortality. Several countries in the continent are struggling in development and provision of adequate universal health care needs to their population.

Ghana, Thailand, Myanmar, Vietnam, USA WHO AFRO, and FAO shared experiences, key lesson learned as well as country best practices when engaging in pandemic influenza preparedness. Influenza awareness has increased significantly resulting in considerate governmental support to key pandemic influenza preparedness and capacity building including influenza specific or broader in the context of national health security. Multi-sectoral collaboration has demonstrated its great value and has been strengthened in countries, developing and developed, after 2009 Pandemic H1N1.

The presenters reiterated the need for countries to continue to strengthen their risk communication and enhance collaboration within the country particularly among differing sectors responsible for human health, animal health, and the environment at the national, regional, and international levels is essential. Highlighting the benefits of multi-sectoral collaboration for country preparedness, in particular, collaborations beyond the health sector, examples of One Health approach on strengthening national laboratory capacity in Indonesia, the experience on, lesson learned from H1N1 outbreak and national planning development in Myanmar as well as perspectives from Influenza Pandemic Preparedness Planning Institute in Ethiopia and the WHO Collaborating Centre for Pandemic and Epidemic Research (UK) were shared.

A well-established system for routine children and adult vaccination helps the scale up preventive measures in the event of a public health emergency: building this backbone allows a fastest response.

Pandemic Preparedness Planning and National Action Plan for health security

Historically, influenza pandemic has been the most feared potential public health emergency of international concern. Influenza pandemics are unpredictable but recurring events that can have serious consequences on human health and economic well-being worldwide. Over the years, WHO has worked on supporting countries to develop pandemic preparedness plans and the needed capacities to prevent, prepare and respond to such a threat, including through strengthening national surveillance and response capacities, creating the necessary international networks for tracking alerts and share information, and ensuring enough quantities of pandemic influenza vaccines be available when and where needed.

The Pandemic Influenza Risk Management Framework (PIRM) requires Member States, industry, other stakeholders and WHO to implement a global approach to pandemic influenza preparedness and response. In 2011, the adoption of Pandemic Influenza Preparedness (PIP) Framework aims to improve and strengthen the sharing of influenza viruses with human pandemic potential; and to increase the access of developing countries to vaccines as well as other pandemic related supplies. Part of benefits shared under PIP Framework, namely Partnership Contribution, return to countries for capacity building to strengthen the Global Influenza Surveillance and Response System (GISRS).

Despite progress on both national health security and pandemic influenza preparedness planning, it is clear there is lack of effective national framework for multi-sectoral collaboration that would allow both health security and Influenza networks to leverage each other and work in concert. There remains a need to continue strengthening the joint efforts towards developing and operationalizing policies and best practices for countries to develop both national action plan for health security and pandemic Influenza preparedness plan.

This meeting has provided a platform for dialogue between Member States, partners, and donors, in country experts, to identify respective roles, functions, responsibility in the context of a pandemic influenza and health security. Elaborating on the continuum from assessments to the development of national action plans for pandemic influenza preparedness and health security, Namibia shared the journey from JEE to NAPHS, Gambia discussed the how Public Health Emergency and disaster coordination play in concert, while Eco Health eluded to the environmental dimensions of health security. Further discussion on how specific diseases including influenza as well as the collaboration between Civilian and Military Health service play out on global health security were introduced by stakeholders from Mozambique, Ethiopia and Tunisia. The value of greater collaboration between multiple sectors has been underlined by the benefit of informal collaborations forged before emergencies – “a crisis is not the time to hand out business cards”. Notwithstanding that outbreaks have also provided a catalyst for Member States to explore ways of strengthening cross-border and cross-regional sectoral collaboration.

The value of clear coordination structures and information sharing with sectors beyond the health sector including regional bodies such as ECOWAS, WAHO, Africa CDC was highlighted, and the need to make best use of scarce resources, leveraging the momentum around both of health security and influenza networks.

Connecting the dots – catalyzing multisectoral partnerships

Participants agreed that the threat of a pandemic was of shared and significant concern for all countries, and that actions to prevent a pandemic or mitigate its consequences were likewise a shared responsibility of all countries. Scenarios of events during the first influenza pandemic of the 21st century painted a grim picture for human health worldwide, the survival of existing development projects, and the health of the global economy. Despite these growing threats, participants underscored the fact that our ability to counter infectious diseases continues to be grossly inadequate. In addition, the meeting highlighted that the recent outbreaks have caught the global community off-guard, revealing deficiencies in almost all levels of global defenses against potential pandemics.

The meeting reviewed the new draft global influenza strategy, status of Influenza pandemic preparedness and national health security planning. The meeting participants underlined the importance of multisectoral planning and joint action in all aspects of health security. JEEs conducted around the world have revealed that despite much strength at country level, intersectoral planning needs to be strengthened for effective implementation. This important identified gap and need across Member States underline the value of the National Action Plans for Health Security (NAPHS) as a means of providing multi-sectoral and multi-disciplinary coordination. The influenza pandemic preparedness plan is a disease specific preparedness plan for better response which lead to better operations at national, regional and global level. Moving towards an all-hazard preparedness plan such as the NAPHS requires building partnerships in a mutually and coordinated effort.

By aligning key priorities between national health security and pandemic influenza preparedness planning, country will be in the best position to build national strategic partnerships and policies for both health security and influenza specific. This meeting provided a strategic cross-walk between the two actionable country plans. In moving forward and allowing countries to develop both of these operationalized plans, the meeting participants agreed that key action steps, for example, will be to advocate for MOUs between sectors, leverage the development of costed national action plan for health security as the opportunity to encourage countries to revisit pandemic influenza preparedness plan.

The meeting participants in Ghana have been united by the shared aim of improving the world and protect the health and wellbeing of all by strengthening health security. Together, they agreed on the following guiding principles, with related recommendations for next steps for strengthening country health emergency preparedness of both of specific influenza and health security preparedness in general.

Guiding Principles

1) Pandemic influenza are inevitable and coordinated pandemic influenza response is vital in today's interconnected world - Just as global health security depends on all nations playing their part, so pandemic influenza preparedness depends on the contributions of all relevant national stakeholders. Effective collaboration between health security and Influenza networks for an effective, comprehensive approach to health emergency preparedness at national, regional and global level.

2) Collaboration beats competition - Within governments and across the spectrum of health security, influenza stakeholders, competition for resources can lead to duplication of efforts, overlap of roles, and provide a disincentive to cooperate. Collaboration not only ensures a more effective future response, it ensures a more efficient use of resources.

3) Whole-of-government model for collaboration - Of the various models of national health emergency and Influenza preparedness available, a harmonized national health security plan and pandemic influenza preparedness plan can trigger a whole-of-government coordination structure represents a gold standard.

4) Joint preparedness exercises keep health security collaborations fighting strong - Strong collaborations are a function of more than memoranda of understanding. They require regular refinement and renewal through joint simulation exercises to build and maintain institutional capacity to mount an effective joint response.

5) Forge strategic partnerships - Strategic partnerships between national health security and influenza networks, with a strong One Health approach is crucial. This can further support to country in delivering both influenza and health security preparedness. WHO's Strategic Partnership Platform is designed specifically to foster these relationships.

Recommendations and next steps:

Pandemic preparedness should be developed on general principle of preparedness plan and should be linked with emergency management system or mechanism, and should aim to strengthen existing systems rather than developing new ones.

Countries

- 1) Multisectoral partnerships are critical to advance global pandemic influenza preparedness and health security and to strengthen health systems which will enable countries to prevent, detect and respond to existing and emerging health threats. A national framework for collaboration between health security stakeholder and specific influenza network within a country is necessary for effective health security governance.

Countries should develop a national strategic framework for multisectoral collaboration based on the common goal of a better aligned influenza and global health security, which also in line with the principles set forth in the International Health Regulations (IHR 2005).

- 2) In a fast changing world with growing concerns about biodiversity loss and an increasing number of animal and human diseases emerging from wildlife, the need for effective wildlife health investigations including both surveillance and research is now widely recognized. Cooperation across human health, animal health, and environmental health and security sectors is needed to ensure countries are able to effectively detect, prevent, and respond to public health risks at the interface between humans, animals, and ecosystems, within a one health platform.

Countries should take a holistic approach in developing their national health emergency preparedness, including relevant strategic and operational partners in assessment, information sharing, implementation, monitoring, evaluation, research, resource mobilization and other major activities to advance preparedness.

Countries should continue capacity building through a one health approach, and bridge the prioritized gaps identified from testing of national plans, JEE, outbreak response, mindful of the fact that an influenza pandemic can hit any moment.

- 3) Countries should take immediate actions to develop and/or review and subsequent update of national influenza pandemic preparedness plans or relevant component in its broader health security and/or all-hazards preparedness plans, under the WHO Pandemic Influenza Risk Management (PIRM) Framework and taking into consideration of guidance developed by WHO e.g. Checklist and Step-wise guidance on development national plans, and relevant guidance from FAO and OIE.
- 4) Countries should develop a long-term plan to test, review and update periodically its national influenza pandemic preparedness plans along the evolving of global landscape and new knowledge/technology development, and best using the actual situations/events e.g. seasonal epidemic and zoonotic influenza outbreak response.
- 5) Harmonizing the many templates, checklists, frameworks available for national work on preparedness for pandemic influenza, and other public health threats is important to avoid duplication.

Countries should consider reviewing, harmonizing, updating and testing existing plans, procedures and tools, for health security and pandemic influenza preparedness, to enable optimal collaboration before, during, and after public health emergencies. Countries should pay particular attention to risk communications and public awareness, and ensuring that communities and media are continuously engaged.

- 6) Vaccines as one of the measures to stop transmission of influenza and must be systematically considered in the national influenza pandemic preparedness plans, not only in terms of

deployment during response to pandemic. The intersectoral nature of pandemic influenza preparedness and global health security reinforces the need to bring diverse stakeholder to the table to plan for, prepare and respond to public health threats. Among the stakeholders, the pharmaceutical industry, especially vaccine manufacturers, need to be included.

Recognizing the complexity of vaccine manufacturing and delivery, the importance of vaccine availability to prevent and respond to a public health emergency, countries should factor in the “vaccine response” in all preparedness plans

Countries should use a global coordination and monitoring mechanisms to contribute to the availability of vaccines to prevent and respond to public health emergencies

WHO and partners

- 1) WHO and partners should support countries to build a national strategic framework for multi-sectorial partnership including for pandemic influenza preparedness. WHO and partners should further advocate the interconnection of health security and influenza – a model pathogen for strengthening the health security in the global context. A highlevel forum or mechanism should be established including all relevant sectors and the IHR National Focal point
- 2) WHO and partners should develop strategies on transforming various plans into actual capacities and actions, and support the implementation, taking into consideration the real risks from seasonal influenza epidemics, zoonotic outbreaks and other emerging situations in countries.
- 3) WHO and partners should continue to support countries to complete/revise/develop the pandemic Influenza preparedness plan, and leverage the momentum of the development of a costed multi-sector National Action Plan for health security, to better align between National Action Plan (post JEE) and Pandemic Influenza Preparedness plan. WHO should support countries to test and updated the plans.
- 4) WHO and partners should invest in public health research capacities within the region - to find new solutions and innovations, including diagnostics and new therapies, and most of all our preparedness for new strain of influenza, etc., carry out evidence based research.