

Experience sharing – non-health sector lessons from analyses of national strategic plans

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Inter-agency information sharing/coordination meeting on avian influenza, Bangkok



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- Scope of work
 - Global strategic gaps
 - Operational challenges
 - Role of research



Outline

Analysis of EU national strategic preparedness plans – 2005, 6

Analysis of selected Asia-Pacific strategic preparedness plans – 2005

Analysis of Africa national strategic preparedness plans – 2007



Methods

Publicly available plans

Translated into English

An analytical grid – based on WHO checklist for influenza preparedness

Analysis of **completeness** (169 criteria)

Study limitations



Scope of Europe studies

2005

21 (out of 29) EU plans analysed

- 7 key areas

2006

29 (out of 30) EU plans + Norway + Switzerland + Turkey analysed

- *border control*
- *antivirals*
- *pandemic vaccines*

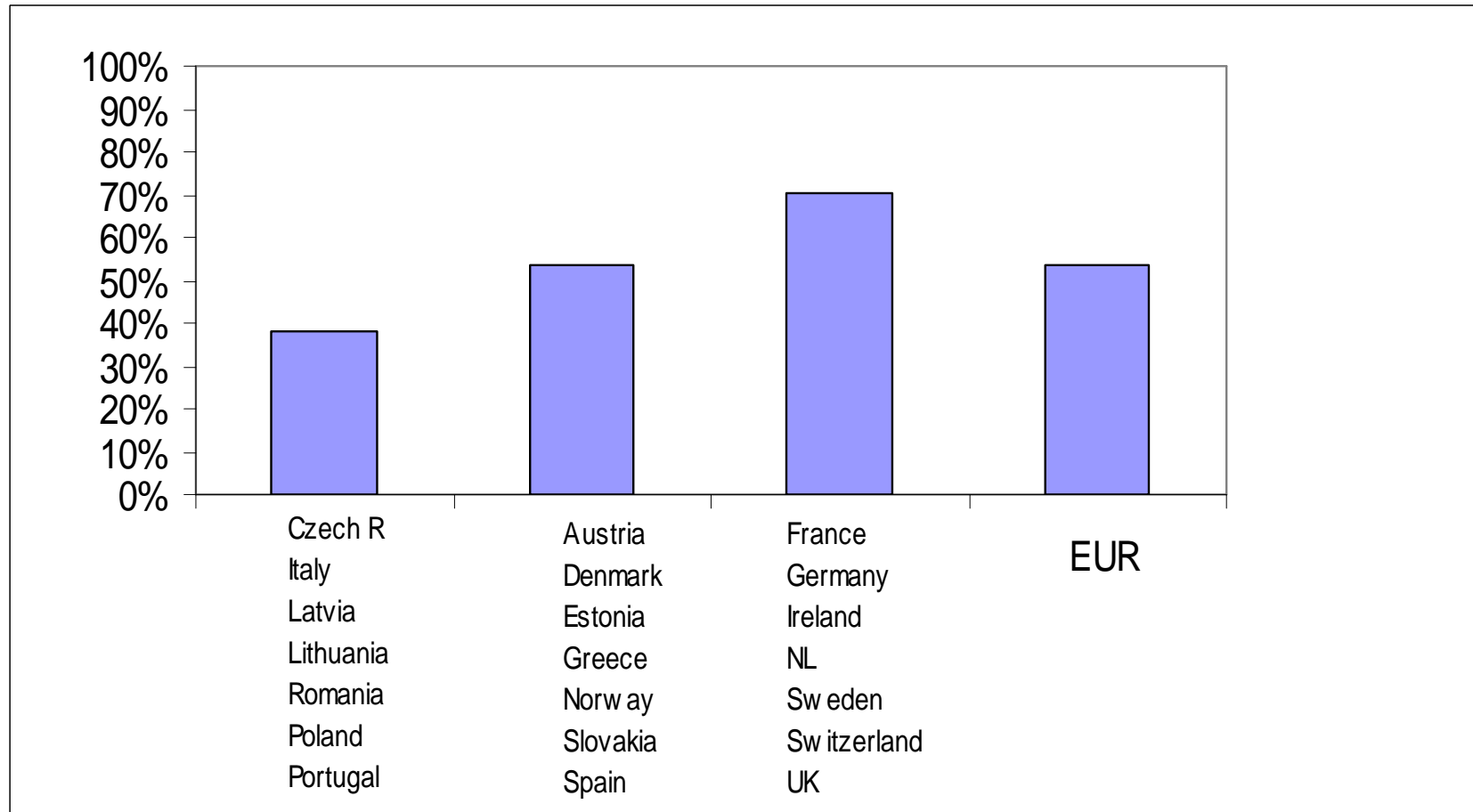


Average completeness by theme, 2005

	Planning and coordination	Surveillance	Public health interventions	Health system response	Maintaining essential services	Communication	Operationalisation of the plan	Total un-weighted
Total Europe (21 countries)	59%	65%	51%	50%	38%	63%	41%	54%

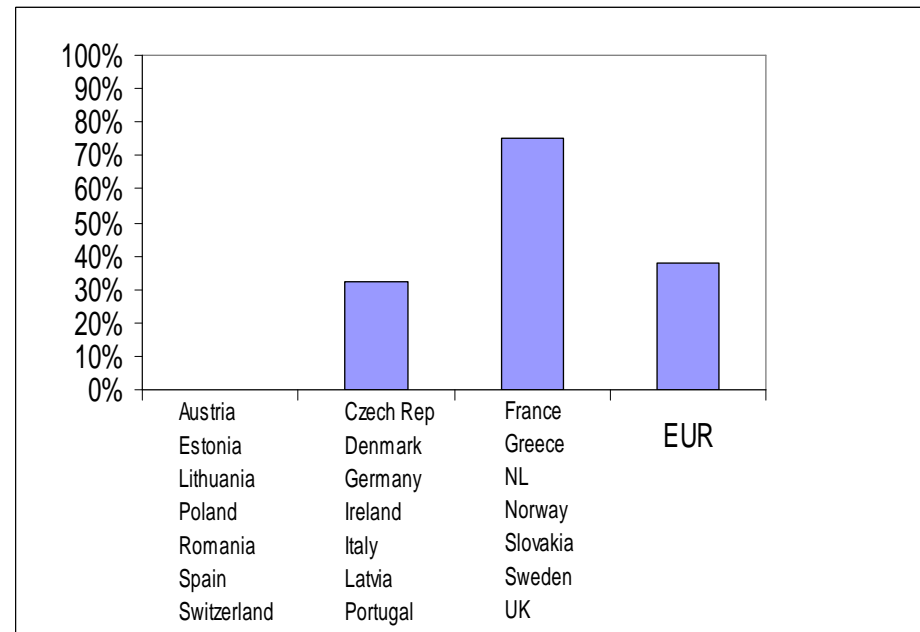


2005 Europe Results: Completeness



Key messages: Essential services

- q **Provision of essential services is unclear in many plans**
- q **Inter-ministry linkages should be explicit**
- q **National contingency plan should be explicitly incorporated or linked to plans**



Key messages: Putting plans into action

- q **Target audiences, institutions, actors, and information flows need to be explicit**
- q **AV and vaccine strategies present – but operational issues (stockpiling, advance purchase arrangements, distribution) often weak**
- q **Monitoring of district preparations may be needed**



Europe: Emergent critically important gaps - 2005

- **Link with animal health surveillance may be inadequate**
- **Cooperation with neighbours rarely mentioned**
- **Roles and responsibilities of district vs. central state often unclear**
- **Pandemic surveillance in relation to late phases unclear**
- **Storage and distribution of antivirals incomplete**
- **Triage policy is not addressed by most**
- **Contingency plans for essential services not covered in 50% of the plans**



Pandemic influenza - 2006

30 countries (EU + Switzerland, Norway, Romania, Bulgaria and Turkey)

29 plans assessed

11 published in 2006

16 available in English

3 Areas reviewed (141 indicators):

- Border control
- Antivirals
- Vaccines



Europe is now better prepared....

- **More countries have a strategic plan than a year ago**
- **Many plans have been tested in simulation exercises**
- **More plans now include provisions for a local outbreak of the disease and for early containment**
- **New strategies for containment are emerging**

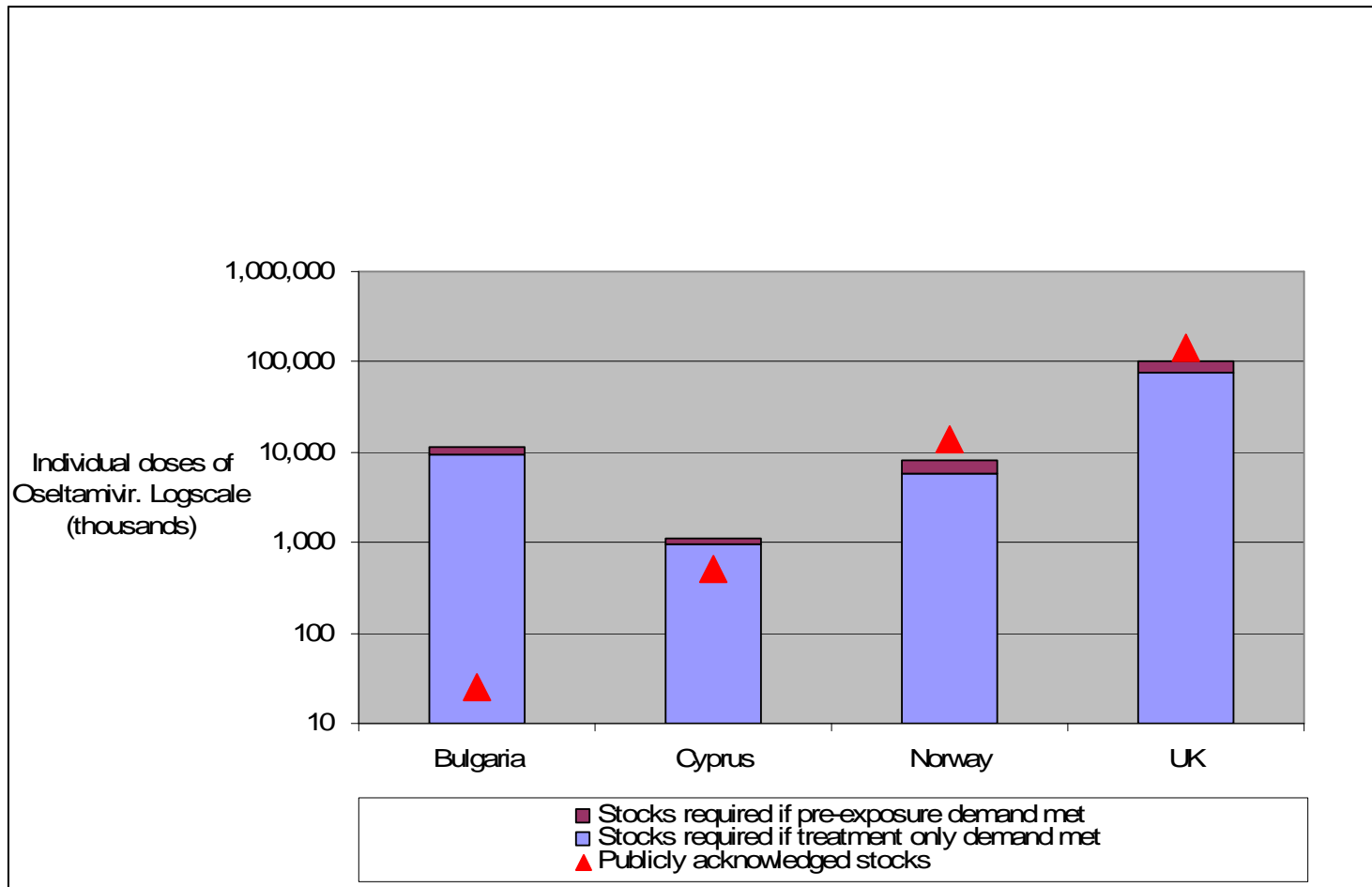


....but persistent gaps remain

- **Operational issues in the storage and distribution and prioritization of antivirals, PPE and vaccines remain**
- **Lack of consistency between AV strategy and existing stockpiles**
- **Inconsistencies within Europe for travel measures and border control persist**
- **Incoherence with WHO guidance**
- **Gaps persist and potential to learn from others clear**



Potential demand and stockpiles for antiviral drugs for 4 European Union countries



Assumptions: stockpiles are those that have been made public, attack rate of 25%. Treatment needed for 50% infected. Estimates for pre-exposure prophylaxis requirements are for healthcare workers only, and do not include other groups mentioned in the plans. Norway has committed to procuring an additional 12 million doses of Rimantadin/Amantadin for prophylaxis alone, not included here.



Ethics, strategies and operationalisation

- Few plans provide an explicit ethical framework
- Important esp. where scarce resources concerned
 - Finland: “long term preventative medication with antivirals of essential personnel would not be justifiable and would create a feeling of unfairness within the population”.
 - Norway: “health care personnel who are continually exposed to the disease [should] receive the highest priority because they are crucial in providing care for a greater number of patients and because they have a higher risk of being infected.”





Asia Pacific

- **Some countries have no plans**
- **Some plans (China, Thailand, Vietnam) developmental policy guides: aimed at capacity building**
- **Some plans (Australia, Hong Kong, New Zealand) capacity harnessing**



Asia Pacific: Strengths

- **Linked animal-human surveillance**
- **Multi-sectoral approaches**
- **Outbreaks initiated in country anticipated**
- **Greater coherence in border control measures**
- **Ethical principles guiding priority treatment**
- **Private sector involvement anticipated**

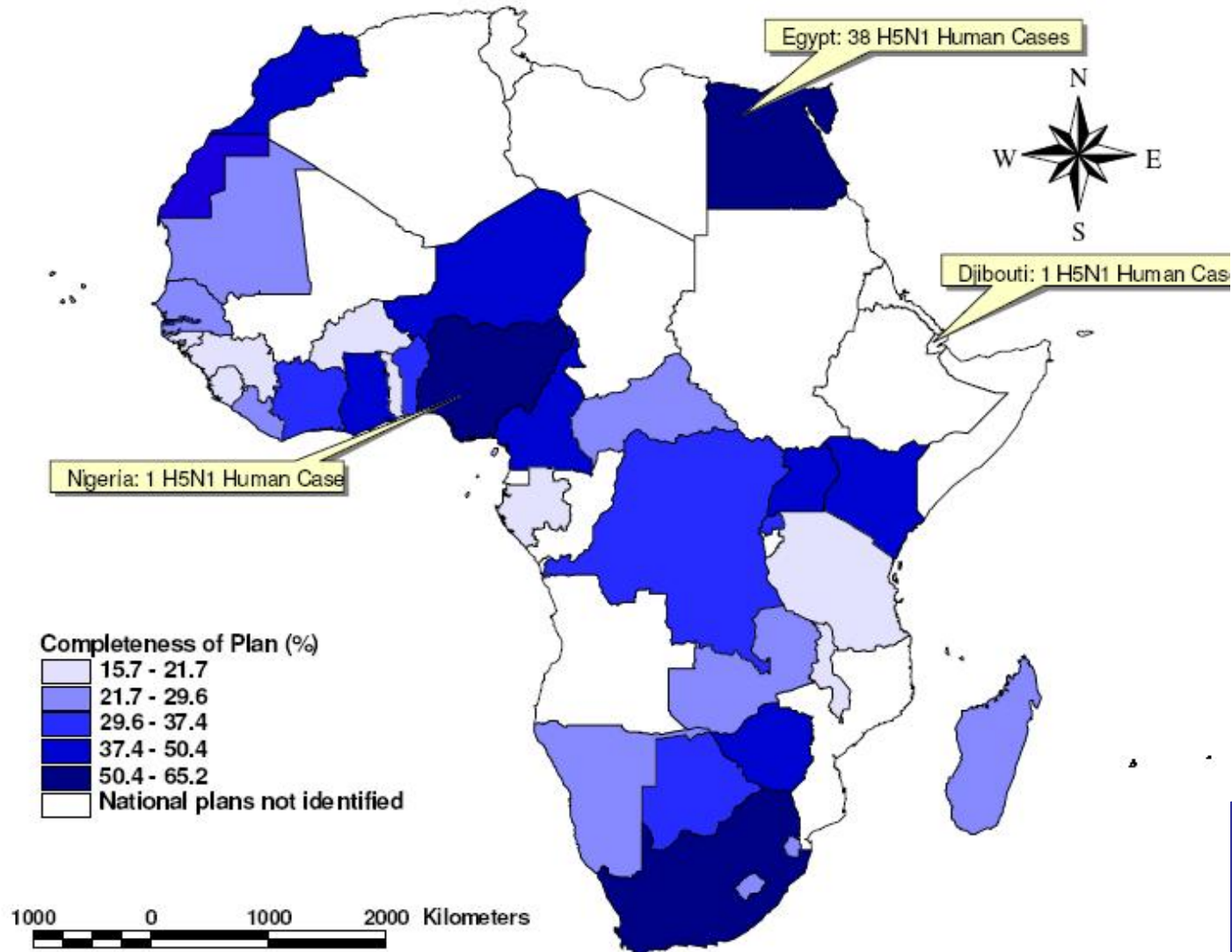


Asia Pacific: Gaps

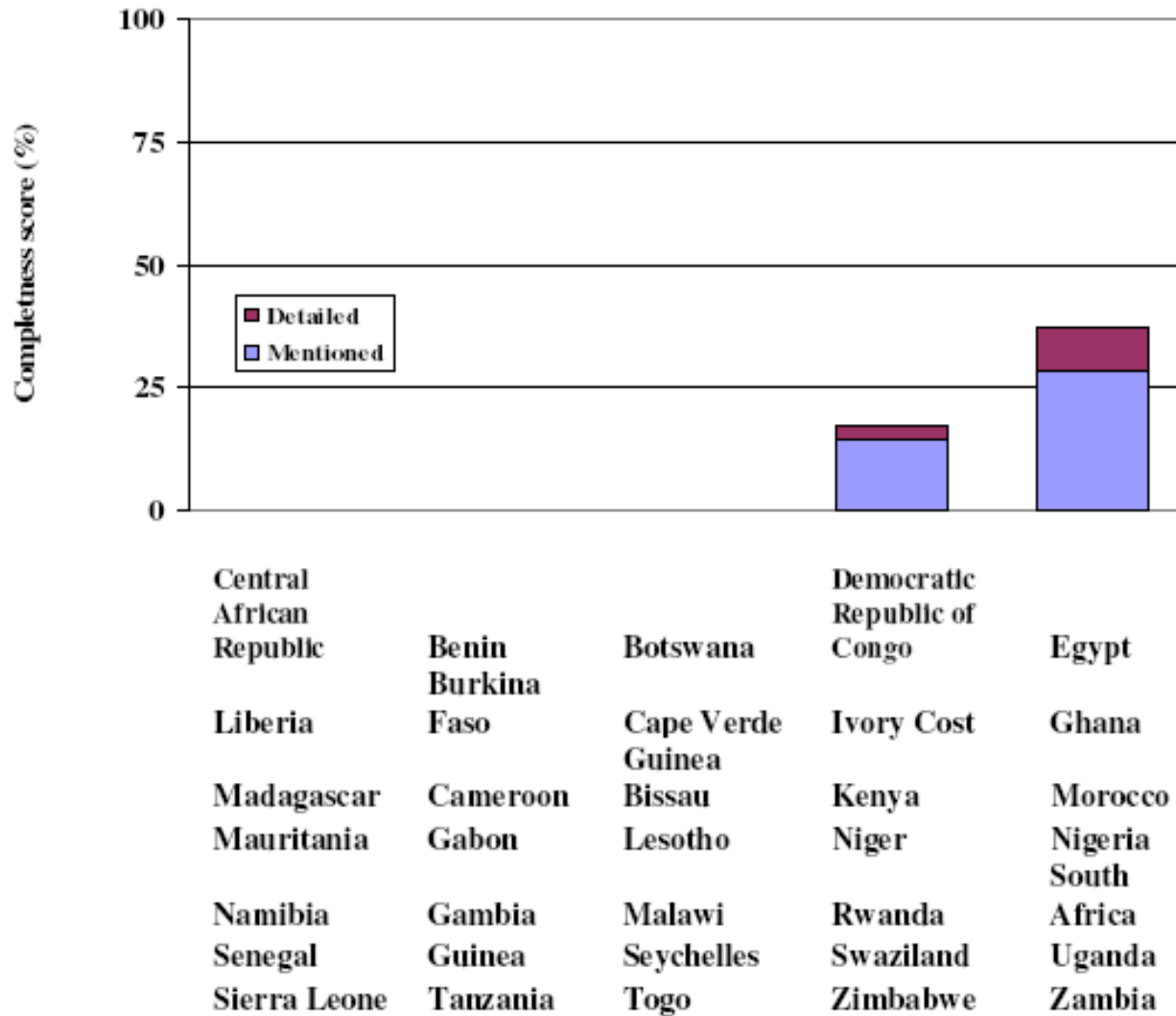
- **Classification of pandemic phases differ from WHO**
- **Longer term actions need to be complemented by operational plans**
- **Antiviral and vaccine deployment under-developed**
- **Essential services planning is poorly addressed**



Figure 1. Africa map showing completeness score and number of human cases



Graph 7. Completeness of maintenance of essential services in country preparedness plans



Reflections

- National strategic plans weak on non-health sector involvement
- Operational preparedness weak
- Ongoing review of advice to business community in Europe suggests large gaps, incoherence with national strategies, and uncertain expectations/assumptions from govts.

