Enhancing preparedness for an equitable response to pandemic influenza and other respiratory viral diseases

Influenza is a contagious and potentially life-threatening respiratory illness. When a new influenza virus emerges, it can lead to a pandemic, infecting large populations with often devastating consequences.

Although unpredictable and occurring infrequently, influenza pandemics have caused a large number of deaths and created socioeconomic disruption in the past. Four influenza pandemics have occurred in the last century – in 1918, 1957, 1968 and 2009.

More recently, the COVID-19 pandemic has yet again reminded us of the dangers associated with viral respiratory pandemics and the importance of preparing for them.

In 2011, stakeholders and WHO jointly established the Pandemic Influenza Preparedness (PIP) Framework. Its objective is to improve preparedness and response for the next influenza pandemic.

Read more about PIP Framework

PIP Framework implementation in the Region

Influenza and other respiratory infections represent a major public health problem in WHO's Eastern Mediterranean Region where complex emergencies and weak health systems make pandemic preparedness challenging. Ten countries in the Region are beneficiaries of the PIP Framework Partnership Contribution, namely Afghanistan, Egypt, Iraq, Jordan, Lebanon, Morocco, Somalia, Sudan, Syrian Arab Republic and Yemen.

WHO supports Member States to establish functional sentinel systems for influenza-like illnesses (ILI) and severe acute respiratory infections (SARI). It also supports them in epidemiological surveillance, laboratories, health systems and health professionals, emergency response systems and risk communications capabilities.

Report on implementation of the Pandemic Influenza Preparedness Framework in the Eastern

Mediterranean Region

10-year objectives for improving pandemic influenza preparedness

- All countries should have in place well-established core capacities for surveillance, risk assessment and response at the local, intermediate and national levels, as required by the International Health Regulations (IHR 2005).
- All countries should have access to a laboratory designated as a national influenza centre, which is the backbone of the Global Influenza Surveillance and Response System (GISRS).

- A clearer picture of the health burden that influenza imposes on different populations should be established.
- All countries should have access to pandemic influenza vaccines and antiviral medicines to help reduce pandemic-related morbidity and mortality.
- All countries should have improved capacities to carry out effective risk communications at the time of a pandemic.

Progress to date

Since the initiation of PIP support in 2014, significant improvements have been witnessed in those priority countries when it comes to influenza surveillance, as well as pandemic preparedness and response systems and capacities.

19 out of the 22 countries of the Region have functioning sentinel ILI and SARI surveillance systems .

18 designated national influenza centres and four national influenza laboratories are operational with the ability to detect and confirm unusual influenza viruses with human pandemic potential.

All 22 countries have national rapid response team capacities that have been strengthened and operationalized with the support of PIP contribution. In addition,
15 of the 22
countries have enhanced subnational rapid response team capacities.

18 countries now regularly report through the EMFLU platform, 16 countries report to FluNet and 12 to FluID.

16 out of the 22 countries reported having influenza pandemic preparedness plans.

Regional priorities for 2022–2023

» Laboratory and surveillance

- Support countries to conduct national influenza landscape analyses, update the regional analysis, and link findings with national and regional public health policies and plans.
- Strengthen collaboration between human and animal health authorities.
- Support integrated surveillance for influenza and other high-impact respiratory pathogens.

- Build capacity of laboratory staff to conduct Rt-PCR, cell culture, sequencing and virus isolation.
- Monitor and evaluate influenza surveillance activities.
- Assess the performance of national influenza centres and other national influenza laboratories.
- Improve shipping capacity of influenza virus specimens to WHO collaborating centres.
- Finalize and rollout EMFLU 2.0 to support countries in data entry, management, reporting and sharing.

» Risk communications and community engagement

- Continue to build the capacities of countries in the traditional and newly developed areas of risk communications and community engagement.
- Support countries with existing plans to update them based on their experience with the COVID-19 pandemic.
- Support countries that have not developed plans to do so.

» National pandemic influenza preparedness and response planning

- Review national influenza pandemic preparedness plans in the context of lessons learned from the current COVID-19 pandemic, while taking into consideration the integrated approach of influenza with other viral respiratory pathogens.
- Provide technical support to countries in the Region to review and update plans based on WHO guidance.
- Identify experts to support revisions and updates to national plans in those countries receiving Partnership Contribution funding, and other countries as needed.
- Provide support to countries in testing and revising plans and implementing lessons learned.
- Advocate and support countries to endorse and disseminate plans, as well as train relevant staff in pandemic risk management based on Standard Operating Procedures (SOPs).

- Facilitate linkages between influenza pandemic preparedness plans and other disease preparedness initiatives to embed plans efficiently into the health system and sustain implementation.

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