

Conclusions and recommendations of WHO Workshop on International Health Regulations (2005) and Pandemic Influenza Preparedness in the Pacific

CONCLUSIONS

1. International Health Regulations (2005)

1.1 Workshop participants recognised that the revised International Health Regulations, or IHR (2005), set out challenging new requirements. At the same time, they also provide new opportunities for all the Pacific Island countries and areas (PICs) to strengthen their local and national public health capacities.

1.2 The participants also recognised the importance of starting preparations for the effective implementation of IHR (2005) in PICs. However, there are some major challenges to be met, including resource constraints, limited public health infrastructure, lack of national and local capacities for surveillance and response, and capacities at points of entry in many PICs.

1.3 The legal framework that IHR (2005) will provide when they enter into force can be considered a model for influenza pandemic preparedness and response. The implementation of IHR (2005) will contribute directly to preparedness for all public health emergencies, particularly pandemic influenza.

1.4 PICs, regional networks (particularly PPHSN), WHO and other partners all have synergistic roles to play in preparations for IHR (2005) implementation and improving influenza pandemic preparedness in PICs.

2. Influenza pandemic preparedness

2.1 Influenza pandemic preparedness has current global attention and momentum and political leaders are calling for urgent action. This is a great opportunity to strengthen preparedness for influenza pandemic and other public health emergencies.

2.2 The participants recognised that an influenza pandemic poses a significant potential threat to PICs. The range of options that PICs have to address is both limited and unique, with specific issues in the Pacific. Pandemic preparedness needs to address these limitations and unique opportunities.

2.3 While significant progress with influenza pandemic preparedness in many PICs has been made, the participants fully recognised the urgent need for all PICs to further develop and test their national influenza preparedness plans.

RECOMMENDATIONS

1. International Health Regulations

1.1 A functional National IHR Focal Point needs to be established as a priority, using existing national structure as appropriate, to drive preparations for the effective implementation of IHR (2005).

1.2 National and local public health capacity is essential and the key to the effective implementation of IHR (2005). The process of assessing existing national and local capacities should be started as soon as practicable to identify shortfalls and gaps for implementation of IHR (2005). Based on the capacity gaps identified above, work plans to

prepare for implementation, including capacity strengthening, should be developed, or incorporated into an existing national plan.

1.3 It is also important to secure political commitment, allocation of resources and support of other government and external agencies to fully implement IHR (2005). Conducting scenario exercises at national level with senior decision-makers and politicians would raise their awareness of the expectations for fulfilling national obligations under IHR (2005).

1.4 All PICs should use IHR (2005) as an opportunity to promote intersectoral and regional communication and coordination, and to mobilise and share expertise and other resources.

1.5 All PICs should review and amend as necessary all existing national legislation to ensure its compatibility with IHR (2005) obligations and influenza pandemic preparedness requirements.

1.6 IHR (2005) should be addressed in all high-level national, regional and international forums, such as the Pacific Islands Forum. IHR (2005) should be proposed to be included as an agenda item for the next Pacific Islands Forum and be included in the Pacific Plan, when possible.

1.7 WHO and PPHSN should continue working with PICs to help further strengthen a regional approach to capacity development in public health, including IHR (2005) implementation and influenza pandemic preparedness in the Pacific.

2. Influenza pandemic preparedness

2.1 WHO and SPC, under the framework of PPHSN, should mobilise and coordinate external funding and other support for national influenza pandemic preparedness in PICs to ensure optimal utilisation of limited resources and avoid duplication.

2.2 The membership of the national influenza pandemic preparedness task force (or equivalent) should be reviewed to ensure multisectoral and National IHR Focal Point representation.

2.3 All PICs should accelerate, finalise, review and test, as appropriate, national influenza pandemic preparedness plans.

2.4 WHO and SPC should encourage and facilitate all PICs to share their national influenza pandemic preparedness plans and to improve inter-country coordination of pandemic planning, including harmonisation of recommendations on public health measures, when possible.

2.5 PICs should carefully consider the effectiveness, feasibility, and economic and other consequences of border control measures in their national influenza pandemic preparedness plans. WHO should provide a review of available evidence of the effectiveness of all possible options of border control measures and their appropriateness in the Pacific.

2.6 PICs should address other public health measures before considering stockpiles of antivirals and use of pandemic vaccines, given the limited availability, high cost, and uncertainty of effectiveness of these interventions.

2.7 Regional coordination mechanisms should be explored by WHO/SPC and other regional and international forums to address procurement and stockpiles of medical supplies in the Pacific.

2.8 PICs should make efforts to ensure that their surveillance system is sufficiently sensitive to detect any unusual cluster of influenza-like illness. Given that the laboratory capacities are limited for confirmation of influenza virus sub-types in the Pacific, PICs should ensure they can transfer relevant specimens urgently to a reference laboratory for characterisation and confirmation, with assistance from WHO/SPC.