

**Regional consultation "Strategy for strengthening national capacity to respond to
the pandemic of influenza A H1N1 2009"
Bangkok, 9-11 July 2009**

Conclusion and Recommendations

Conclusions

- The influenza H1N1 pandemic 2009 is rapidly spreading and reaching many countries. The pandemic is fast evolving and remains a source of serious concern.
- Recognizing its potential health and socioeconomic implications, member states and international stakeholders have scaled up measures aimed at delaying its spread and mitigating its impacts.
- Building on experiences and lessons from HPAI (H5N1) and the ongoing pandemic, and as per IHR requirements during PHEIC, member states and WHO have taken several measures including enhancing surveillance, IEC activities, and strengthening capacity for mitigation of pandemic impacts.
- In view of the above, it is timely that this consultation is organized to review current status of the pandemic, to share experiences to date, and agree on unified approach in adapting strategies to strengthen country capacity in response to the pandemic.
- The identified areas for discussion and reaching a consensus on strategic actions are critical for further strengthening national capacities and promotion of collaboration among stakeholders.

Recommendations:

1. Surveillance and Laboratory

All MS have taken steps to enhance surveillance and laboratory strengthening activities in response to the pandemic. However, there is a need to strengthen and streamline surveillance and laboratory activities and consider implementing the following recommendations:

To Member States

1. Intensify surveillance
 - a. Increase surveillance sites for ILI at outpatient clinics, schools, and other appropriate sites
 - b. Increase number of hospital SARI surveillance sites
2. Compile, analyze and share surveillance (aggregate data) and epidemiological data as per guideline (and as per IHR requirements)
3. Conduct orientation of health workers, including in outbreak investigation and case management
4. Establish collaborative agreement and establish PCR- based diagnosis of influenza where this is not yet available

To WHO

1. Share the standard guidelines for surveillance and monitoring
2. Prepare an epidemiological bulletin based on information received from member countries
3. Establish and promote a regional network of influenza laboratories for information sharing
4. Organize hands on training courses for diagnosis, biosafety, shipment of infectious material, and serological tests and also assure post training technical support

2. Non-pharmaceutical interventions

Past experiences have shown that non-pharmaceutical interventions (NPI) play critical role in limiting the spread of infection and in most cases remain the mainstay and practical tools in response to influenza pandemics. MS and WHO have taken important steps to strengthen NPI. Building on these, the following are recommended

To Member States

1. Develop and implement an NPI package that suits the country context with inter-sectoral coordination including with schools and other establishments
2. Strengthen communication capacity on implementation of the NPI package

To WHO

1. Based on best practices, develop a generic NPI package for sharing with countries
2. Provide evidence-based and timely guidelines on NPI implementation

3. Antiviral and vaccines

It was noted that there is an increasing capacity for production of antivirals and vaccines within SEA Region. To further enhance and exploit this potential, the following are recommended;

To Member States

1. Expedite legal and regulatory mechanisms for country registration for new drugs, vaccines and supplies and process of custom clearance

To WHO

1. Establish and support mechanism for single window clearance for registration and assist in expediting WHO pre-qualification process
2. Organize an intercountry consultation on capacity and availability of vaccines, participated by Producers, Government and WHO (Public-private partnerships).

4. Risk Communications

Member States, WHO and other stakeholders have scaled-up risk communication activities. However, there is a need to do more to ensure that timely, evidence-based and effective health messages are targeted to different groups. The following actions are recommended;

To Member States

1. Develop or adapt communications plans and ensure they are strategic, tested and meet defined public health objectives
2. To prioritise risk communication as key component of outbreak preparedness and response and ensure that the necessary skills and resources are identified and mobilized

To WHO

1. Advocate for and facilitate provision of technical and other support to the development and implementation of national risk communications programmes.
2. Facilitate inter-organizational cooperation to strengthen risk communication capacity across all Member States.

5. Logistics and Operational Procedures

Lessons from responding to public health emergencies have underscored the need for developing standard operational procedures to expedite the mobilization and deployment of response. The following key actions are recommended;

To Member States

1. Develop/adapt, test and incorporate SOP for sharing commodities during emergency situation to national emergency response plan
2. Implement and monitor practicability of SOP

To WHO

1. Provide technical support in developing and testing SOP
2. Organize and conduct outbreak Response Logistics Training using the SOP

General recommendation to Partners (technical agencies and donors)

1. Assist countries with resource mobilization in response to pandemic H1N1 2009
2. Support documentation and sharing of experiences, lessons learned, best practices and operational research
3. Facilitate networking and partnerships and joint consultative workshops and meetings, as appropriate