

STRENGTHENED NATIONAL INFLUENZA PREPAREDNESS (SNIP)



The Problem and Current Situation

It is widely accepted that a future influenza pandemic is inevitable. Although the timing of this pandemic is uncertain, the current epidemics of highly pathogenic avian influenza in South East Asia pose a significant risk of developing into the next pandemic. Clusters of human cases have been detected and the World Health Organization (WHO) fears the virus is increasing its ability to spread from person to person. Additionally, the virus has been found to have infected a range of mammalian species (e.g. pigs).

Pacific island countries and territories (PICTs) will not be safe from future pandemics. The previous pandemics had enormous health and social impacts: in 1918, for example, some of the islands of the Pacific (e.g Samoa and Tahiti) had influenza mortality rates as high as 20 to 25% of their total population. The major increase in speed and volume of international travel in the last few decades means that PICTs are now even more exposed. PICTs are also very vulnerable to the impacts of future pandemics because of the limited capacity of their health systems.

In that context, planning for the future pandemic is vital for PICTs. The need for countries to better prepare themselves has been recognized by WHO/Secretariat of the Pacific Community (SPC) Pacific Island Ministers of Health meeting in Samoa in March 2005, and some progress has been made at the regional level, with a pandemic preparedness plan in place. Strengthening influenza pandemic preparedness is also recognized as having benefits for broader communicable disease prevention and control.

However, this regional progress hasn't been mirrored at the national level: no PICT currently has completed and tested a national pandemic influenza plan, and the need for such plans is now urgent.

Overall Project Goal

The aim of the project is to reduce the impact of the future influenza pandemic on PICTs, through strengthening their preparedness for this event. More specifically, the project will work with PICTs to ensure the development of national multi-sectoral pandemic influenza plans followed by the testing and subsequent strengthening of these plans. The project will have a duration of two years. However, given the urgency of the issue, the activities of the project will be concentrated as much as possible during the earlier phases.

Objectives, Activities and Indicators

By the end of the project:

Objective 1: Each PICT will have a national influenza pandemic plan. This will be achieved through the following activities:

1. Develop and update advocacy tools (national past and future impact summaries), drawing wherever possible on existing materials, and disseminate to national decision makers.
2. Identify and disseminate examples of national and regional pandemic influenza plans from other relevant countries and regions.
3. Communicate with PICTs to identify those countries ready to undertake an early national workshop, and plan the sequence of national workshops.
4. Develop background materials for use in national workshops
5. Undertake national multi-sectoral workshop in each PICT, to develop the national plan.
6. Disseminate completed and approved national plans to other PICTs, including through the Pacific Public Health Surveillance Network (PPHSN).
7. The project will be implemented region-wide, and will be coordinated from SPC through its Public Health Program based in Nouméa, New Caledonia.
8. Expected Outcome: Each PICT will have a national influenza pandemic plan

Objective 2: Each national plan will be tested and updated as necessary

1. Prepare testing scenarios and background materials
2. Identify PICTs able to take part early in a test, and prepare a testing schedule
3. Undertake national testing exercise in each PICT, and prepare a provide feedback for further strengthening the plan and preparedness.
4. Expected outcome: Each PICT will have tested their national pandemic influenza plan, and updated it as necessary.

Project Collaboration

A number of regional and national organizations will be involved in the effort.

- * PPHSN: as the accepted regional collaborative approach to controlling priority communicable diseases, will provide the regional framework and coordination, and communication mechanisms (see <http://www.spc.int/phs/PPHSN>). The PPHSN Influenza Specialist Group will provide the technical guidance for the project implementation.
- * PICTs: with the technical guidance of the Ministry or Department of Health, each PICT government will commit to the multi-sectoral development of the national plan, and its subsequent testing and updating. National epidemic response teams (EpiNet teams) are in place which will be an important resource
- * WHO: will provide technical support

- * SPC: will host the project and provide in-kind technical and other support. SPC is also the PPHSN Coordinating Body Focal Point
- * CDC: will provide technical support
- * Other national health ministries/agencies- Australia, NZ, France, US: will provide technical support and the benefit of their experience in developing their own national plans and frameworks (some of which will have direct relevance to some of the PICTs).

Monitoring/ Evaluation Methodology

The PPHSN Influenza Specialist Group will oversee the implementation of the project. Six-monthly project reports will be provided to the donor organization. Key milestones will include the preparation of required materials, holding national workshops with multi-sectoral participation, the preparation of national plans and their subsequent approval by the PICT government, holding exercises to test each national plan and preparing reports which identify needed adjustments to the plans, and updating the plans as necessary.

Budget Summary

The total cost of the project is estimated to be 840,000 US\$, including an in-kind contribution of 230,000 (mainly for personnel costs, associated with providing technical input). Funds are needed for a project coordinator/ epidemiologist, travel around the region and costs associated with workshop and testing processes.

Category	Project Expense (US\$)	In-Kind Contribution (US\$)	Total Budget (US\$)
Personnel (Salary/Benefits): 1 full-time epidemiologist	200,000	200,000	400,000
Travel: one trip a year to all PICTs by epidemiologist and travel of national experts (to other PICTs and local)	80,000	-	80,000
Direct Implementation Costs			
1 national workshop	155,000	-	310,000
1 testing exercise	155,000		
for each PICT			
Equipment (laptop etc)	10,000	10,000	20,000
Operational Costs (communication etc)	10,000	20,000	30,000
Contingency 10%			84,000
Total Project Expenses	610,000	230,000	924,000

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