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**STRENGTHENING OUTBREAK PREPAREDNESS AND RESPONSE  
IN THE AFRICAN REGION IN THE CONTEXT OF THE CURRENT  
INFLUENZA PANDEMIC**

**Report of the Regional Director**

**Executive Summary**

1. On 11 June 2009, the WHO raised the influenza pandemic alert level to phase 6. The Regional Office for Africa had already launched a programme to combat the potential spread of the novel influenza virus at the end of April 2009. Member States of the African Region responded to the situation by reactivating their Epidemic Management Committees and revising their Pandemic Preparedness and Response Plans. The African Union Conference of Ministers of Health, at its fourth session in Ethiopia in early May 2009, urged Member States to mobilise the necessary logistics and financial resources needed to mitigate the potential impact of an influenza pandemic in Africa.
2. A pandemic could have serious humanitarian, social and economic impact on Member States of the African Region because of overstretched health systems due to the high burden of communicable and noncommunicable diseases as well as inadequate human resources, overcrowding of slums in urban areas, and lack of clean water, adequate sanitation, food hygiene and infection control.
3. Member States are requested to further increase their support for the implementation of pandemic preparedness and response activities including: raising awareness of the population; fully implementing the early warning and response component of the Integrated Disease Surveillance and Response Strategy; strengthening laboratory systems; enhancing rapid response functionality; establishing/strengthening infection prevention and control activities with emphasis on hand hygiene; and mobilising and allocating resources. Member States should also consider establishing an African fund for epidemic investigation and response and other public health emergencies.
4. The Regional Committee is requested to examine and adopt the draft resolution attached, along with the proposed actions.

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## DRAFT RESOLUTION

AFR/RC59/WP/4 Strengthening outbreak preparedness and response in the African Region in the context of the current influenza pandemic

## BACKGROUND

1. On 11 June 2009, the WHO raised the influenza pandemic alert to phase 6 after determining the scientific criteria for an influenza pandemic had been met. As of 15 June 2009, nine countries in the African Region have reported suspected cases. To date there have been no confirmed cases in the Region. The newly emerged influenza A (H1N1) strain which has not circulated previously in humans is easily transmitted from one person to another and from one country to another. In less than two months, nearly 30 000 laboratory-confirmed cases have been reported from 74 countries.

2. An influenza pandemic is by definition the emergence of an influenza virus A, with efficient and sustained human-to-human transmission, globally, in populations with no immunity or with limited immunity. Influenza pandemics occurred in 1918, 1957 and 1968. The 1918 pandemic killed an estimated 40–50 million people. It is predicted that a pandemic of equivalent magnitude could kill 62 million people, 96% of them in developing countries.<sup>1</sup>

3. Available evidence suggests that the main route of human-to-human transmission of the new influenza A (H1N1) virus is via respiratory droplets. Most cases present with symptoms such as fever, cough, runny nose, headache, general body weakness and tiredness.<sup>2</sup> In addition, diarrhoea which is not a known characteristic of seasonal influenza has been reported among confirmed cases in many countries.<sup>3</sup> A substantial proportion of the severe cases in the new influenza A (H1N1) outbreak involve young and healthy adults, unlike in seasonal influenza.<sup>4</sup>

4. As part of the WHO global response, the Regional Office for Africa has established crisis management committees at the Regional Office and in Inter-country Support Teams and country offices. The Regional Office has raised the awareness of policy and decision-makers in the Region about the potential for an influenza A (H1N1) pandemic.<sup>5</sup>

5. In addition, WHO has despatched over a million treatment doses of oseltamivir, an antiviral medicine, and personal protective equipment (PPE) to all countries in the Region. Case management guidelines, surveillance forms and tools for communication and public awareness have also been sent to countries. Technical support and supplies have been provided to 18 countries with laboratory capacity for confirmation of influenza.

6. Member States in the Region have responded to the threat of a pandemic by reactivating their Epidemic Management Committees and are updating their Preparedness and Response Plans. At both the fourth session of the African Union Conference of Ministers of Health, held in Addis Ababa, from 4 to 8 May 2009 and the Extraordinary Meeting of the Health Ministers of the Economic Community of Central African States held in Kinshasa from 9 to 10 May 2009, Member States

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<sup>1</sup> Murray CJ et al, Estimation of potential global pandemic influenza mortality on the basis of vital data from the 1918–20 pandemic: a quantitative analysis. *The Lancet* 23:368 (9554):2211–2218, 2006.

<sup>2</sup> WHO, New influenza A (H1N1) virus infections: global surveillance summary, *The Weekly Epidemiological Report* 84(20): 173–184, 15 May 2009.

<sup>3</sup> WHO, New influenza A (H1N1) virus infections: global surveillance summary, *The Weekly Epidemiological Report* 84(20): 173–184, 15 May 2009.

<sup>4</sup> WHO, New influenza A (H1N1) virus infections: global surveillance summary, *The Weekly Epidemiological Report* 84(20): 173–184, 15 May 2009.

<sup>5</sup> Communiqué on influenza A(H1N1), Fourth Session of the African Union Conference of Ministers of Health, Addis Ababa, Ethiopia, 4–8 May, 2009. Report of the Extraordinary Meeting of Health Ministers of Central African States on influenza A (H1N1) Kinshasa, Democratic Republic of the Congo, 9–10 May 2009.

reaffirmed their commitment to mobilise the resources needed to mitigate the potential impact of an influenza pandemic in Africa.<sup>6</sup>

7. This document highlights the current issues and challenges and proposes actions to enable Member States to prepare for, and mitigate the effects of, an influenza pandemic, should it occur.

## ISSUES AND CHALLENGES

8. **Potential impact of pandemic influenza on populations in the African Region.** African populations are suffering from multiple diseases and conditions, rendering them susceptible to other diseases including the new influenza A (H1N1). In addition, overcrowding in urban areas and lack of access of large proportions of people to clean water and adequate sanitation contribute to increased vulnerability of populations to infectious diseases. The spread of pandemic influenza in such populations would result in unbearable humanitarian, social and economic suffering.

9. **Potential impact of pandemic influenza on health systems in the African Region.** The health systems are overstretched due to inadequate human, financial and material resources and limited infrastructure. These overburdened health systems also have to cope with high numbers of patients with communicable diseases and noncommunicable diseases. The occurrence of an influenza pandemic would be an additional burden that can paralyze health systems in many of the Member States.

10. **Limited public awareness of health issues.** In most cases, public health awareness messages do not reach the intended audience. This is an indication of inadequacy of the communication strategies employed for providing reliable information to the communities. Where information is provided by multiple sources there is often inconsistency and/or contradiction.

11. **Planning and preparedness.** Although all Member States have prepared pandemic preparedness and response plans, many of them have not put their plans into operation. Countries have not always updated their plans regularly and tested their response capabilities. Furthermore, contingency stocks of laboratory supplies and essential medicines as well as logistic support are inadequate.

12. **Surveillance, situation monitoring and assessment.** In most countries the Integrated Disease Surveillance and Response strategy (IDSR) has been implemented but not scaled up to all districts and communities. The existing surveillance systems are not sensitive enough to detect all unusual public health events and thus do not operate as effective early warning systems. Furthermore, the International Health Regulations (2005) have not been fully implemented in all Member States, weakening alert and response capacity.

13. **Limited laboratory capacity.** Most of the available laboratories have inadequate infrastructure, human and material resources to support prompt diagnosis of influenza. At national level the laboratories are not organized into effective networks to facilitate the receipt, processing and testing of samples at designated facilities. At the regional level, only a few laboratories are

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<sup>6</sup> Communiqué on influenza A (H1N1), Fourth Session of the African Union Conference of Ministers of Health, Addis Ababa, Ethiopia, 4–8 May, 2009. Report of the Extraordinary Meeting of Health Ministers of Central African States on influenza A (H1N1) Kinshasa, Democratic Republic of the Congo, 9–10 May 2009.

capable of identifying the new influenza A (H1N1) virus. Transportation of samples within and between countries poses an additional challenge due to reluctance of airlines and couriers to transport potentially infectious material.

14. **Inadequate coordination of response activities.** The memberships of national epidemic management committees are often narrow and limited in scope to the health sector. Standard operating procedures, and terms of reference spelling out the leadership and *modus operandi* of epidemic management committees are lacking in most countries. Networks of experts to participate in rapid response interventions are limited to a few countries.

15. **Infection control in health care settings and in communities.** In health care settings, failure to apply standard infection control measures, including hand hygiene, favours the spread of pathogens. Health care facilities can act as amplifiers of pandemic and epidemic-prone diseases as seen in many of the viral haemorrhagic fever outbreaks that have occurred in Africa. Inadequate hand hygiene is a significant contributor to cross-transmission of infections in health care facilities, schools, day care centres and other community settings. The situation in the African Region is aggravated by the lack, or irregular supply, of clean water in many communities.

16. **Resource mobilisation and allocation.** Few Member States have clear budget lines, prior committal of available funds and swift mechanisms for disbursement of funds and deployment of other resources in the face of public health emergencies. In addition, there is limited capacity to effectively mobilize additional internal and external resources to respond to a public health emergency. Although protocols exist for intercountry collaboration and solidarity, including sharing of resources, in the event of public health emergencies, these are not being fully implemented.

## **ACTIONS PROPOSED**

17. In the light of the above-mentioned issues and challenges, the following actions are proposed

18. **Mitigating the potential impact on populations and health systems.** Member States should continue to strengthen their health systems and to improve water supply and sanitation. At the same time countries should put in place within their health systems all the mechanisms to detect and isolate suspected cases of infectious diseases. There is a need for adequate stockpiles of medical and laboratory supplies, increased human resource capacity and designation of facilities for isolation of cases.

19. **Public awareness of health issues.** Countries should establish reliable communication strategies to reach out to target audiences in a timely and culturally appropriate manner. In addition, countries should identify spokespersons at national and local levels to provide accurate and consistent information to the public. Countries are urged to develop and to disseminate by all possible channels culturally acceptable messages on disease symptoms, how to reduce risks of transmission (e.g. hand hygiene), and provision of care for persons who are ill, using available guidelines.<sup>7</sup>

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<sup>7</sup> WHO. *WHO outbreak communication planning guide*, Geneva 2008; *Outbreak communications guidelines*, Geneva 2005; *Effective media communications during public health emergencies*, Geneva 2005.

20. **Planning and preparedness.** Existing epidemic and pandemic preparedness and response plans need to be updated using available guidelines.<sup>8</sup> Countries should conduct simulation exercises to test the operability of their national preparedness plans. Procurement and supply management systems should be strengthened to ensure the availability of laboratory supplies, emergency stocks of medicines such as antibiotics for the treatment of bacterial pneumonia, and infection control commodities such as gloves and masks.

21. **Surveillance, situation monitoring and assessment.** Countries should scale up implementation of all components of integrated disease surveillance and response (IDSR) to all levels including the community and at points of entry, while strictly adhering to the International Health Regulations. Likewise, the early warning and response (EWAR) component of disease surveillance systems should be strengthened<sup>9</sup> by specifically supporting the collection of information from both the health system and “other” sources, defining signals that may be indicative of an event (e.g. clusters of cases of acute respiratory illness presenting in an unusual manner), setting thresholds for alert and response and following up reports of unusual disease patterns.

22. **Addressing the limited laboratory capacities for detection of influenza.** Member States should strengthen their capacity for influenza diagnosis by providing sufficient resources (human, financial, equipment) to support public health laboratory functions, including the capacity to support outbreak investigations in line with Regional Committee resolution AFR/RC58/R2 on strengthening public health laboratories in the WHO African Region: a critical need for disease control.<sup>10</sup>

23. **Ensuring effective coordination of response activities.** Member States should review the memberships of their epidemic management committees at all levels and ensure that they are broad-based and include all the relevant sectors, departments, institutions and partners. These committees should have clear terms of reference and standard operating procedures spelling out the leadership structure and the *modus operandi*. Countries should also support networks of experts to participate in rapid response interventions (e.g. by setting up rapid response teams).

24. **Infection control in health care settings and in the community.** Countries should establish/strengthen national infection prevention and control programmes that encompass all aspects of infection prevention and control in health care facilities and in the community.<sup>11</sup> Hand hygiene promotion campaigns should be planned and/or implemented in schools and workplaces in addition

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<sup>8</sup> WHO, Pandemic influenza preparedness and response, April 2009; Reducing excess mortality from common illnesses during an influenza pandemic, October 2008; [http://www.who.int/entity/csr/resources/publications/swineflu/low\\_resource\\_measures/en/index.html](http://www.who.int/entity/csr/resources/publications/swineflu/low_resource_measures/en/index.html); [Pandemic influenza prevention and mitigation in low resource communities](http://www.who.int/entity/csr/resources/publications/swineflu/low_resource_measures/en/index.html), May 2009; Ethical considerations in developing a public health response to pandemic influenza, 2007.

<sup>9</sup> WHO, Early warning and response to outbreaks and other public health events: a guide (SEA-CD-178), Delhi, Regional Office for South-East Asia, 2008.

<sup>10</sup> WHO, Resolution AFR/RC58/R2: Strengthening public health laboratories in the WHO African Region: a critical need for disease control: In: *Fifty-eighth Session of the WHO Regional Committee For Africa, Yaounde, Republic of Cameroon, 1–5 September 2008, Final Report*. Brazzaville, World Health Organization, Regional Office for Africa, 2008 (AFR/RC58/20), pp. 11–13.

<sup>11</sup> WHO Guidelines, [http://www.who.int/entity/csr/resources/publications/infection\\_control/en/index.html](http://www.who.int/entity/csr/resources/publications/infection_control/en/index.html); Infection prevention and control in health care in providing care for confirmed or suspected A(H1N1) swine influenza patients, April 2009; [http://www.who.int/entity/csr/resources/publications/swineflu/masks\\_community/en/index.html](http://www.who.int/entity/csr/resources/publications/swineflu/masks_community/en/index.html); Advice on the use of masks in the community setting in Influenza A(H1N1) outbreaks, 3 May 2009.

to providing communities with information about other recommended public health measures for reducing disease transmission (e.g., social distancing, respiratory hygiene).<sup>12</sup>

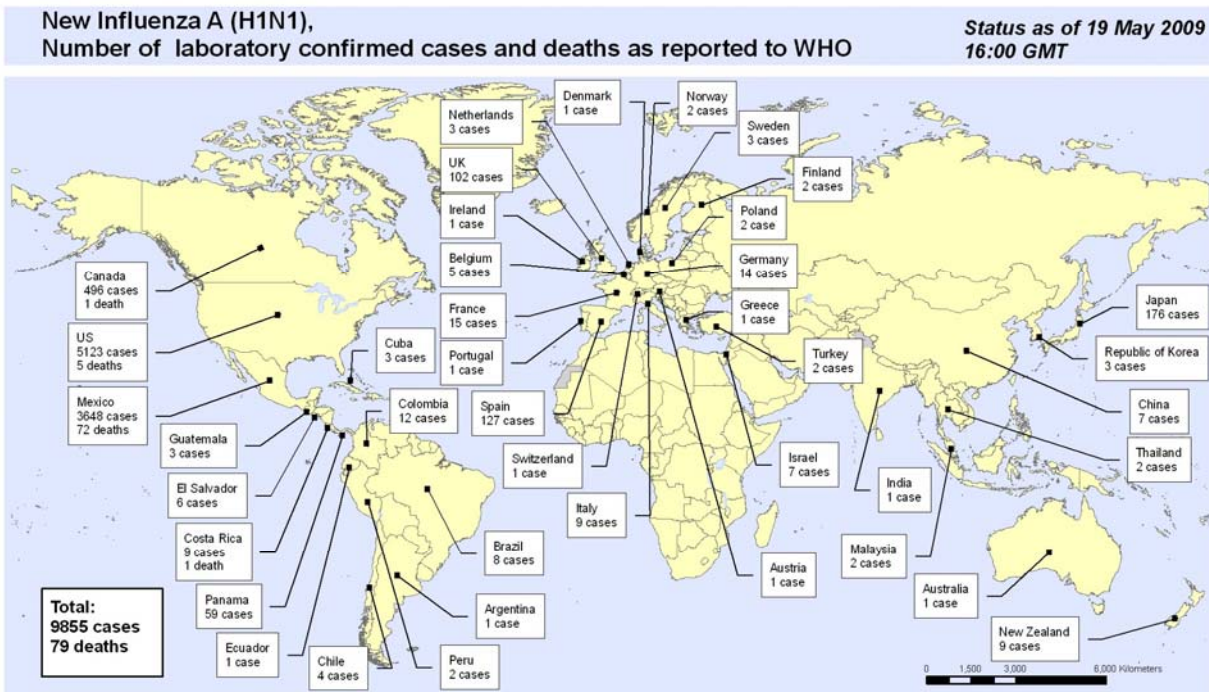
25. **Resource mobilisation and allocation.** Countries should mobilize internal and external resources, identify budget lines, and allocate and commit enough funds and other resources for emergency preparedness and response. In addition, they should put in place swift mechanisms for disbursement of funds and deployment of other resources in the event of public health emergencies. Member States should also contribute to the “African Public Health Emergency Fund” for investigating and responding to epidemic, once the fund has been established.

26. The Regional Committee is requested to examine and adopt the draft resolution attached, along with the proposed actions.

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<sup>12</sup> WHO, [http://www.who.int/entity/csr/resources/publications/swineflu/AH1N1\\_clean\\_hands/en/index.html](http://www.who.int/entity/csr/resources/publications/swineflu/AH1N1_clean_hands/en/index.html); Clean hands protect against infection, 2 May 2009.

**Annex 1: Number of laboratory confirmed new influenza A (H1N1) cases and deaths reported to WHO as of 20 May 2009, 1600 GMT**



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Map produced: 19 May 2009 16:00 GMT

Data Source: World Health Organization  
Map Production: Public Health Information and Geographic Information Systems (GIS)  
World Health Organization



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**ORIGINAL: ENGLISH**

**DRAFT RESOLUTION**

**STRENGTHENING OUTBREAK PREPAREDNESS AND RESPONSE IN THE AFRICAN REGION IN THE CONTEXT OF THE CURRENT INFLUENZA PANDEMIC**

(Document AFR/RC59/PSC/12)

The Regional Committee,

Having carefully examined the technical paper on strengthening outbreak preparedness and response in the African Region in the context of the current influenza pandemic;

Aware that national health systems are overburdened and lack adequate human, financial and preparedness capacity to respond to a potential pandemic;

Deeply concerned that the continued international spread of the newly emerged influenza A (H1N1) may potentially result in a humanitarian, social and economic burden on Member States;

Concerned about the potential impact of pandemic influenza on vulnerable populations in the African Region who are already suffering from multiple diseases and conditions;

Acknowledging the high level of commitment of Member States to prevention and control of epidemic- and pandemic-prone diseases;

Noting the communiqué on the new influenza A (H1N1) issued by the fourth session of the African Union Conference of Ministers of Health held in Addis Ababa from 4 to 8 May 2009;

Reaffirming our commitment to implementing resolutions AFR/RC48/R2 on integrated disease surveillance; AFR/RC56/R7 on preparedness and response to the threat of an avian influenza pandemic; AFR/RC58/R2 on strengthening public health laboratories; and WHA61.2 on implementation of the International Health Regulations (2005);

1. ENDORSES the technical paper and approves the proposed actions aimed at strengthening the capacity of Member States to prepare for and respond to epidemics and pandemics;
2. URGES Member States:
  - (a) to implement communication strategies that regularly provide up-to-date information to all levels of the community regarding what is known about circulating epidemic- and pandemic-prone diseases, appropriate home-based care and protective measures people can take to reduce the risk of infection;
  - (b) to ensure the highest level of government support in addressing the new influenza A (H1N1) threat;

- (c) to reduce the potential impact of epidemic- and pandemic-prone diseases on populations by ensuring uninterrupted provision of health care services, maintaining adequate treatment supplies and implementing basic infection control measures to protect health care staff and patients;
- (d) to strengthen the capacity of health services to reduce disease transmission in health care facilities by ensuring regular water supplies and sanitation and by assuring access to hand-hygiene facilities with water and soap at all levels;
- (e) to continue integrated disease surveillance and expand it to all levels including the community and implement the International Health Regulations (2005) within the framework of integrated surveillance;
- (f) to strengthen capacity for influenza diagnosis by providing sufficient material and financial resources to support public health laboratory functions;
- (g) to periodically update their preparedness and response plans and ensure that there is adequate funding;
- (h) to ensure regular financial contribution to the “African Public Health Emergency Fund”;

3. REQUESTS the Regional Director:

- (a) to provide technical support to Member States for the development and implementation of national outbreak prevention and control plans;
- (b) to advocate for additional resources at national and international levels for the implementation of outbreak prevention and control measures in Member States, taking into account the continued threat of outbreaks of diseases including influenza;
- (c) to facilitate the creation of an ‘African Public Health Emergency Fund’ that will support the investigation of and response to epidemics and other public health emergencies;
- (d) to continue collaborating with the African Union and regional economic communities in strengthening disease surveillance in the African Region;
- (e) to report to the sixtieth Regional Committee, and on a regular basis thereafter, depending on events on the ground.