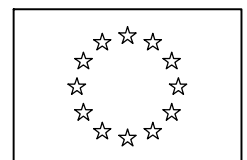




Pandemic influenza preparedness planning

**Report on a joint WHO/European Commission workshop
Luxembourg, 2–3 March 2005**



European Commission

Keywords

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The organizers of the workshop wish to stress the fruitful technical and financial collaboration between DG SANCO, the Health Threat Unit in particular, and the WHO Regional Office for Europe. Collaboration in the communicable disease area has dramatically evolved during the last two years, identifying common objectives and priorities which have been developed in synergy. WHO and the European Commission have in common the goal to protect the health of the European citizens, and the work being developed jointly in the area of pandemic preparedness planning has a high impact on the national systems and policies.

The workshop on pandemic influenza has seen the participation of all the Member States of the European Region proving that collaboration in this area is considered central to the partnership between Member States, the European Commission and WHO.

The success of this workshop could not have been achieved without the hard work of a group of dedicated and experienced experts from Europe and partner countries, such as Australia and Canada, who acted as facilitators (Ms Marja Esveld, Ms Jill Sciberras, Dr Anders Tegnell and Mr Jonathan Van Tam), Chair (Professor Ian Gust) and rapporteur (Dr Babatunde Olowokure). We would also like to acknowledge the key role played by the administrative staff of the two agencies.

We wish to thank the Government of Luxembourg for hosting this workshop.

1. Introduction

Influenza pandemics (worldwide epidemics) have occurred at irregular and unpredictable intervals, and have been associated with substantial morbidity, mortality and economic cost. The influenza A virus can cause pandemics and these occur as a result of changes in the virus leading to a sub-type to which no one has immunity, that can spread easily among humans and can give rise to serious disease. Appearance of such a subtype may lead to several simultaneous epidemics worldwide resulting in high numbers of cases and deaths and placing an immense burden on healthcare systems. With increasing globalization and urbanization, epidemics caused by a new influenza virus are likely to spread rapidly around the world. It is not possible to state when an influenza pandemic is likely to occur but the risk is considered real enough to justify preparations being made.

In response to the potential for a pandemic to occur influenza pandemic preparedness plans are being drawn up by Member states of the World Health Organization (WHO) and European Commission (EC). The Commission published in March 2004 its policy on the matter in a paper on *Community Influenza Pandemic Preparedness and Response Planning*. In addition, WHO has recently provided a guidance document for national pandemic plans.

Preparing for the next influenza pandemic requires multidisciplinary support and collaboration from partners at the local, national, regional and international levels. National preparedness planning is not a quick or simple process and will require time, a multisectoral approach, the involvement of communities and commitment from the highest political levels.

Following adoption by the EU Council of Ministries in June 2004 of the conclusions on the Commission paper on Community Influenza Pandemic Preparedness and Response Planning, and in support of WHO resolution EB.111R6, WHO and the EC jointly organized a two-day workshop on national pandemic influenza preparedness planning in Luxembourg from 2–3 March 2005. The European Commission hosted the workshop in Luxembourg.

Objectives of the workshop

The objective of pandemic preparedness planning is to enable countries to be prepared to recognize and manage an influenza pandemic. Planning will not prevent an influenza pandemic but is designed to reduce transmission of the pandemic virus strain and as a result reduce the health, social and economic consequences of a pandemic.

The specific objectives of this workshop were as follows.

- Facilitate the processes involved in influenza pandemic preparedness planning.
- Provide an opportunity for the discussion of priority components of a pandemic plan with colleagues and facilitators.
- Identify the way forward for WHO/EU Member States as they develop their pandemic plans.
- Identify whether further assistance is needed and if so, what form it should take.

Participants

The 60 participants included public health specialists, epidemiologists, communicable disease specialists, microbiologists, virologists, immunologists and preparedness planning specialists. They represented 50 WHO European regional member states and several entities. Representatives from the Ministry of Health Luxembourg, representing the current EU presidency, European Commission and WHO European Regional Office also participated in this event.

2. Opening session

Representatives from the Ministry of Health Luxembourg, WHO Regional Office for Europe and the European Commission welcomed workshop participants and gave opening speeches.

Dr Danielle Hansen-König, Ministry of Health, Luxembourg, welcomed participants and recognized the important contribution of the workshop to influenza pandemic preparedness in Europe. She also emphasized the importance of the workshop as a means of avoiding duplication and combining expertise and knowledge, particularly in common priority areas. She stressed the importance of the launch of the European Centre for Disease Control (CDC) in May 2005 as an important step for closer working between the EU and WHO. On behalf of the Luxembourg presidency of the EU Dr Hansen-König asked the participants to consider two specific aspects during the workshop. First, the possibility of common stockpiling and second, the upgrading of vaccine production capacity. The speaker wished the participants successful work and good results.

Dr Bernardus Ganter, WHO Regional Office for Europe, welcomed participants to the workshop on behalf of the Director of the Division of Technical Support, Dr Gudjon Magnusson and talked about the initial discussions between WHO and the EU that had led to this workshop. The workshop was seen as a further sign of the increased collaboration between the EU and WHO. He illustrated this with the revision process for the International Health Regulations (IHR) where the EU and WHO have worked together to reach a regional consensus for global health protection and the common position of all member states from the European Region was an important force to reach a global consensus. Dr Ganter also recognized the important role that the European CDC would play in the partnership between WHO and EU. He reminded participants that influenza pandemic preparedness planning was necessary for all countries as the virus as any infectious disease does not respect borders.

Dr Georgios Gouvras, European Commission, welcomed the participants of the workshop and thanked WHO for co-organizing the workshop. The speaker emphasized to participants the importance of pooling resources and working together for the common good. Dr Gouvras identified some issues considered to be a high priority for preparedness planning. These were management of outbreaks, performance of laboratories and the supply of vaccines and antiviral drugs. Referring to pandemic preparedness planning, the speaker highlighted how the EC and WHO had worked in partnership to encourage member states to develop and produce preparedness plans. Dr Gouvras emphasized that the key component of preparedness was the drawing up of a plan. He informed participants that later in 2005 an EU-wide exercise would be conducted to test the early warning and response measures that were in place for an influenza pandemic. Dr Gouvras stated that the best way forward in terms of vaccines was to work with vaccine manufacturers in a public private initiative in order to ensure more rapid vaccine production. The speaker wished all the participants of the workshop a fruitful discussion.

3. Summaries of presentations

Presentations were made on the morning of the first day providing background information for the workshop participants on a number of topics, and a summary of these are provided below. On the second day the morning session started with country presentations on preparedness from the United Kingdom, Canada and Kazakhstan. These, as well as the presentations from the first day, may be accessed at <http://forum.europa.eu.int/Members/irc/sanco/phab/home>.

Overview of pandemic influenza

Presented by: Dr Klaus Stöhr, WHO Global Influenza Programme, WHO Headquarters, Switzerland.

This presentation provided an overview of pandemic influenza, public health interventions and actions for preparedness. Dr Stöhr reviewed previous pandemics and their impact and stated that although another influenza pandemic will certainly occur it was not certain that it would be due to H5N1. The speaker emphasized that national pandemic preparedness was key and that all countries should use this window of opportunity to act now. A number of public health interventions that could be used were mentioned. There was also a focus on actions that could be taken in support of preparedness particularly those that would be globally beneficial.

Specific issue 1: Vaccines – where do we stand

Presented by: Dr Klaus Stöhr, WHO Global Influenza Programme, WHO Headquarters, Switzerland.

Dr Stöhr provided a historical view of vaccine availability during previous pandemics and showed that increased vaccine production takes months to occur and that supply could not meet demand. The speaker mentioned that 65%-70% of global vaccine capacity is located within 5 countries in Europe and that approximately 50% of that production is exported outside Europe. A number of challenges to vaccine production were also highlighted. This included the inability of current manufacturing capacity to meet projected demand with a 6-8 month period required for a vaccine to be produced against a pandemic strain of influenza. Dr Stöhr remarked that progress was being made to address these issues and clinical testing of candidate vaccines would soon commence. The speaker emphasized that vaccines are only one tool and that they may only be accessible to a minority of countries. Therefore consideration should be given to other public health interventions.

Specific issue 2: Antiviral drugs – present view on usage in pandemic

Presented by: Dr Klaus Stöhr, WHO Global Influenza Programme, WHO Headquarters, Switzerland.

The speaker indicated that there were significant problems with rapid and large-scale production and equitable access to antiviral drugs and plans for both increased production and stockpiling were required. With regard to production, Dr Stöhr mentioned that the production capacity of **oseltamivir** had increased fourfold recently as around a dozen countries had placed orders. Stockpiling is possible but only likely in more developed countries. WHO maintains a small stockpile for treatment and prophylaxis in affected countries.

Pandemic preparedness: with the help of a checklist

Presented by: Ms Marja Esveld, Health Care Inspectorate, Netherlands.

Ms Esveld worked through the various components of the plan stressing a number of areas including gaining political commitment, risk assessment, legal and ethical issues, communication and infection control guidelines for healthcare settings and laboratories. Preparedness planning should be viewed as a priority and a good investment, and it was indicated that a major area of work would be preparing the public. They need to be consulted, involved and reliably informed of what a pandemic will mean and what they can do to reduce its impact. Ms Esveld emphasized that the only thing more difficult than planning would be explaining why you did not do it. The speaker also mentioned the need to evaluate and revise plans based on new knowledge. Participants were introduced to the new phases in the WHO preparedness plan and they were asked to take these changes into consideration when writing or revising their plans.

Pandemic influenza preparedness plans in Europe: summary of a questionnaire

Presented by: Dr Massimo Ciotti, WHO secondment to the Health Threats Unit, European Commission, Luxembourg.

Dr Ciotti stated that prior to the workshop, background research was completed on influenza pandemic preparedness planning in Europe by analysing the results of a questionnaire sent to all member states of the WHO European region. This included 25 EU member states. There was a 100% response rate from the EU member states and 31 non-EU states and entities responded. The speaker indicated that there was great variability in completeness of the plans and none was 100% complete. When examining different components of the plan surveillance appeared to be relatively well developed while only a few countries had tested their plans. Dr Ciotti reminded participants that they should take into consideration how their plans fitted within the wider international context.

More detailed results from the questionnaire may be accessed at:
<http://www.eurosurveillance.org/ew/2005/050303.asp#1>

4. Summaries from the working groups

After presentations on the first day participants were divided into four working groups, each covering one or more components of the WHO checklist for influenza pandemic preparedness planning (http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_4/en/). All participants rotated to each of the working groups.

After the country presentations on the second day, participants were divided into five working groups based on geographic proximity (working group 5). Each working group was then to examine their country's pandemic planning, identify gaps and discuss priorities with colleagues. Section 4.5 provides a summary of the issues discussed at these workshops.

No attempt has been made to edit themes that recurred in different workshops.

4.1 Working group 1: Preparing for an emergency (first component)

It was noted that pandemic preparedness planning required resources and making difficult choices that would affect the whole community.

Participants' discussion focused on four main issues.

4.1.1 Command and control

- Obtaining the collaboration of private healthcare practitioners and facilities.
- The difficulty in maintaining clarity of purpose and focus on issues as people involved in pandemic planning are constantly changing.
- There is a lack of clarity as to who should be members of planning and preparedness committee's, which organization should lead and which organizations have the authority to make decisions.

- Lack of documentation of command and control structures.
- Few member states have carried out proper risk assessments.

4.1.2 Communication

- Involving the public in preparedness planning.
- Involving communities in preparedness planning.
- Some participants wondered whether people have been overwhelmed with messages regarding a likely influenza pandemic and that this might be counter-productive.
- Communication problems may occur between general practitioners and public health departments.
- Some felt that the issue of the pandemic was remote and that there had been too many plans in recent years (e.g. smallpox, anthrax, SARS) demanding time and resources. It was felt that all necessary tools for the pandemic should be prepared and then provided closer to the time. Education should continue at a low level and then be stepped up when a pandemic has been recognized.

4.1.3 Commitment

- Real commitment is required from governments not just the provision of money.
- Lack of specific support from the government.
- A challenge is to know when to start involving government.
- Identifying political opportunities in order to promote preparedness planning.

4.1.4 Legal and ethical issues

- Establishing whether ethical aspects should be explicitly addressed, implied or ignored in pandemic preparedness plans.
- Ensuring that those designated to receive antiviral drugs actually receive them.
- There is not sufficient guidance regarding who is responsible for tourists/visitors during a pandemic.
- Pharmaceutical companies are not selling antiviral drugs for stockpiling to member states with 'small' populations.
- The role of private insurance companies needs to be addressed.

4.2 Working group 2: Surveillance (second component), case investigation and treatment (third component)

A number of participants indicated that they had data gathering systems that were already well developed and used a variety of objective indicators.

Working group participants described the main issues:

4.2.1 Surveillance

- Establishing which surveillance systems are already in place.
- Some governments demanding daily reporting of indicators for influenza, or influenza-like illness. Resources not sufficient for this or systems not set up for this.
- The utility of daily reporting was questioned.
- Reliability of the data and using a small number of indicators.
- Politicians do not always respond in a timely manner to data provided and many do not realize the seriousness of a potential influenza pandemic.
- Clarity is required regarding the role of the European CDC.
- Lack of access to financial resources.
- An excessive focus on H5N1 and ignoring influenza A/H2 viruses.

4.2.2 Case investigation and treatment

- Laboratory reporting is poorly developed in some areas.
- Diagnostic capacity very poor in some countries and poorly resourced.
- Reference laboratories lacking in some sub-regions.
- No recommendations available on which patients should be tested or how many.
- Need to strike the right balance between public health and individual rights.
- Complacent attitudes of member states who do not have direct flight links to or from Asia.
- Clinical guidelines are recognized as necessary but compliance may be a problem.

4.3 Working group 3: Preventing spread of disease in the community (fourth component), and Maintaining essential services (fifth component)

Discussions in this working group highlighted a number of issues.

4.3.1 Preventing spread of disease in the community

- Lack of an evidence base for many of the measures proposed.
- Lack of guidance on the use of masks.
- Individual stockpiling of masks.
- Timing of explanation regarding reasons for defining ‘essential services’, ‘key persons’ and ‘high-risk groups’.
- Timing of messages.
- Maintaining levels of awareness regarding public health measures.
- Available legal frameworks inadequate. Legislation applies to sick people rather than well people. Legal framework also applies to emergencies and persons who have an infectious disease, but may want to apply ‘social distance and quarantine’ earlier.
- Complex issue – needs collaboration between different agencies.

- EC and WHO role in helping to enforce ‘social distance and quarantine measures’ across international borders is unclear.
- Establishing when to institute and when to stop public health measures and who will provide the information required.
- Ensuring that the International Health Regulations are integrated into legal framework.
- WHO will need to provide leadership in this area particularly if influenza vaccine producing countries embargo export of vaccine during a pandemic.
- Ensuring influenza vaccine supply for member states with ‘small’ populations.
- Uncertainty as to whom antiviral drugs should be given to, how they should be used and whether they will be given and used appropriately.
- Individuals who buy and keep their own supply of antiviral drugs.
- Legal aspects of writing prescriptions for drugs that are for an event that may occur sometime in the future.

4.3.2 Maintaining essential services

- Many hospitals have contingency plans but it is not clear how many patients they can cope with.
- No clear connection between public health and structures outside health care and public health.
- Logistics of delivering stockpiles to hospitals and other healthcare facilities during the pandemic.
- Defining the ‘other’ essential services.
- Defining ‘key workers’.
- Deciding which agency is in charge.

4.4 Working group 4: Research and evaluation (sixth component), and Implementation, testing and revision of the plan (seventh component)

It was noted that plans needed to be considered as ‘living’ documents in order for them to work beyond their initial implementation and that including testing, evaluation and revision of the plan as an integral part of preparedness activities was essential for this. There was little discussion about the role of research.

4.4.1 Discussion focused on four main issues related to preparedness plans

- Usable – is the plan properly structured and organized?
- Recognizable – are stakeholders aware of the plan?
- Flexible – can the plan support local variations?
- Applicable – does the plan reflect current knowledge?

4.4.2 Despite progress in a number of areas, a number of problems were identified

- Resources are required to carry out meaningful evaluation and revision.
- Many member states and entities did not have formal testing or evaluation strategies in place.
- High staff turnover results in a lack of progress as institutional knowledge is regularly lost.

4.5 Working group 5: Application of WHO checklist to country specific plans and identification of areas needing further consideration

This workshop took place on the second day and participants were divided into five working groups based on geographic proximity. Discussions covered a broad range of issues and these have been grouped under the various components of the WHO checklist for influenza pandemic preparedness planning.

4.5.1 Preparing for an emergency

- WHO and EU assistance needed to ‘unlock’ resources.
- WHO and EU should ensure that they communicate equally with all member states.
- EU should ensure that there are mechanisms in place for rapid communication and information exchange between all Member States.
- Not clear in many member states who makes decisions when an influenza pandemic occurs.
- Despite some plans only recently being completed they will be revised and updated following this workshop.
- Ethnic minorities should not be forgotten and may require special educational measures.
- EU and WHO asked to directly contact governments in order to gain support for preparedness planning and the implementation of such plans.

4.5.2 Surveillance

- Lack of sensitive early warning systems for influenza in a number of member states.
- Clarity is required regarding the role of the EISS (European Influenza Surveillance Scheme).
- Laboratory biosafety.

4.5.3 Case investigation and treatment

- Diagnostic capacity needs strengthening. This would be enhanced by the creation of more reference laboratories.

4.5.4 Preventing spread of disease in the community

- Implementing travel restrictions.
- Member states with ‘small’ populations are concerned regarding the difficulties experienced in securing suitable reserves of antiviral drugs and their ability to obtain vaccines during a pandemic.
- Individual stockpiling.
- Ensuring vaccine availability for purchasing countries during a pandemic.
- Legal issues surrounding licensing and use of vaccines produced during a pandemic.

4.5.5 Maintaining essential services

- Defining essential services and key workers.
- Infection control did not appear to be well understood.

4.5.6 Research and evaluation

- WHO should have a clear programme for research and development of a new generation of influenza vaccines.
- WHO should strengthen antiviral programme and have a special meeting to discuss this issue.

4.5.7 Implementation, testing and revision of the plan

- A forum is required to share plans at a later date.

5. Workshop summary

Presentations were made providing background information to the workshop participants on a number of topics on the first day. On the second day country presentations on preparedness were made.

Through a series of working groups participants discussed priority areas to be addressed using components of the WHO checklist. They also evaluated their own plans, as well as those of others, using the same checklist. Many of the issues identified centred around the following themes: political commitment, influenza surveillance, vaccine development and production, vaccine use and coverage, antiviral chemoprophylaxis and therapy, communication and financial and policy support.

Substantially reducing the impact of a pandemic will require member states to maximize the availability and use of both vaccines and antiviral drugs. This requires planning, not only at the national level but also at the regional and global level. Influenza vaccines are the most effective defence against influenza but because most influenza vaccine is produced in only a small number of countries vaccines will be in short supply during a pandemic, as will antiviral drugs. Ensuring adequate production and equitable distribution of these products will provide a serious challenge to global health protection when the next influenza pandemic occurs. Pandemic preparedness will therefore require close collaboration between the public and private sectors. The EU and WHO are currently in discussions with the pharmaceutical industry regarding enhanced

production capacity, research and licensing issues. However, it should be remembered that vaccines and anti-viral drugs are only two of the measures that can be used and that their supply and distribution will not keep pace with a pandemic.

Influenza pandemics have occurred at irregular and unpredictable intervals throughout history and it is expected that another pandemic will occur at an unknown date in the future. Concerns have been expressed that predictions of a pending pandemic are speculative and that media hype has been used to promote the expectation that the next pandemic is close. There seems to be little political interest in spending time, effort and financial resources in planning for an event that might not happen in the immediate or distant future particularly when there is the belief that more pressing and immediate issues need to be dealt with. It is also not clear when a pandemic will occur but it will certainly happen. It is also not clear whether the next pandemic will be due to H5N1 or another strain of influenza. It is however certain that when a pandemic does occur it will affect everyone and will not respect national borders. A pandemic will eventually result in health systems being stretched, economic losses, ethical dilemmas and social disruption. These and other impacts associated with a pandemic can only be reduced by careful planning.

This workshop has reinforced the need to develop concerted and co-ordinated actions to facilitate the planning and implementation of comprehensive pandemic preparedness plans. Member states will need to pay particular attention to the complexity of such a task and ensure that they adequately address risk assessment, public concern, partnerships, resource issues and co-ordination in their plans. As a result of this complexity there is a need for a periodic forum to exchange information and experiences in pandemic preparedness planning.

6. Conclusions

Several member states have completed plans and gained political commitment for their implementation. Member states that did not have published plans were either at the draft stage or had not started preparing them. This workshop made significant progress in building relationships within and between member states and providing a forum for the exchange of ideas and lessons learned from preparing and implementing plans. In doing so, the workshop achieved its objectives. However, the clear message was that there is a strong need for political commitment, increased resources for pandemic preparedness, more research and the resolution of complex legal and ethical issues.

Workshop participants identified a number of issues that require resolving, some common to all, others unique to some. In broad terms, participants expressed a strong interest in developing common solutions and cross-border co-operation. Further steps following the workshop will be to test and evaluate the readiness of member states. Member states do however need to prepare logistically and ensure that when plans are made or revised that they take into account the gaps identified using the WHO checklist.

It is acknowledged that the willingness of some member states to prepare for the pandemic is tempered by the complexity of such an effort and the unpredictability of the influenza virus. However, all countries need to consider implementing pandemic preparedness plans as a pandemic will affect everyone. It was also noted from the discussions that larger countries with complex political-administrative systems may need more work on preparedness planning particularly in the areas of responsibilities and communications. Smaller countries face other

difficulties such as access to expensive laboratory diagnostics, personal protection equipment. For these countries, the purchase of small amounts of vaccines and anti-viral drugs may also result in significant costs compared to large amounts.

WHO was asked to provide more information to Member States as it becomes available, particularly information not yet published in peer reviewed scientific journals. This could be made available for a restricted number of people via a secure website. Additionally there is a need to invite Member States to document any other health measures not related to medical treatment, such as isolation, quarantine and social distancing. The need to review the application of anti-viral drugs was expressed and mathematical modelling could provide useful information on the use of anti-viral drugs during localized transmission. The EC and WHO are collaborating in order to achieve the common objective of reducing the impact of an influenza pandemic and will continue to provide support to Member States as necessary.

7. Next steps

- 7.1 The workshop report and presentations made at the workshop are available online at <http://forum.europa.eu.int/Members/irc/sanco/phab/home>.
- 7.2 The workshop report will be sent to participants, EU member states, WHO Regional Office for Europe member states and entities and other WHO Regional Offices.
- 7.3 Organization of follow-up workshops, especially in the area of risk assessment, management and communication and/or to fill specific needs in areas such as surveillance, reporting systems and laboratory diagnostics.
- 7.4 Review of progress made by member states in pandemic preparedness planning by a questionnaire survey in six months. The survey will use the same questionnaire as during the initial assessment.
- 7.5 Provision of support to member states that are experiencing difficulty in preparing plans, including the identification of training needs.
- 7.6 EU-wide exercise to test pandemic early warning and response measures planned for the fall of 2005.
- 7.7 More detailed assessment of different components of preparedness plans including virologic and disease-based surveillance systems.
- 7.8 Promote research to improve detection of new variants, to accelerate the development and availability of existing and novel vaccines and antiviral agents and evaluate the effectiveness of non-medical interventions.
- 7.9 Strengthen ties and collaborative links between the EC and WHO.
- 7.10 Strengthen ties and collaborative links between the European CDC and WHO.
- 7.11 Member states to carefully plan their communications strategies.
- 7.12 Review the possibility of the EU purchasing and maintaining a stockpile of antiviral drugs made available to any area within European Community.

Annex 1

PROGRAMME

Day 1

08.30–09.00	Registration
09.00–09.25	Opening Director Danielle Hansen-König Dr Gudjon Magnusson Mr Georgios Gouvras
09.25–09.30	Election of officers (chairman and rapporteur) Dr Bernardus Ganter
09.30–10.00	Overview of pandemic influenza Dr Klaus Stöhr
10.00–10.30	Specific issue 1: Vaccines – where do we stand Dr Klaus Stöhr
10.30–11.00	Coffee
11.00–11.30	Specific issue 2: Antivirals – present view on usage in pandemic Dr Klaus Stöhr
11.30–12.15	Presentation of WHO checklist and information of available WHO and EU background documents Dr Marja Esveld
12.15–12.30	Presentation of responses to the questionnaire Dr Massimo Ciotti
12.30–12.45	Overview of the procedures of the working groups, explanation of template to be used in the workshop, logistics, etc Dr Peet Tüll and Dr Franz Karcher
12.45–14.00	Lunch
14.00–16.00	Working group I To review the five themes in the WHO checklist Dr Marja Esveld Dr Anders Tegnell Ms Jill Sciberras Dr Jonathan Van-Tam
16.00–16.30	Coffee
16.30–18.30	Working group I (cont.)

Day 2

09.00–10.30	Country presentations – three examples Dr Jane Leese, UK Dr Botakoz Abdirova, Kazakhstan Ms Jill Sciberras, Canada
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10.30–11.00	Coffee
11.00–12.45	Working group II Each country representative works through the checklist to identify gaps of planning and needs for further consideration, contacts and/or development in their respective country
12.45–14.00	Lunch
14.00–15.00	Working group II (cont.)
15.00–15.30	Coffee
15.30–16.00	Rapporteur’s report
16.00–16.30	General comments and follow-up proposals from EC and WHO End of meeting

Annex 2

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