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# Études et Dossiers

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The Geneva Association - General Secretariat - 53, route de Malagnou - CH-1208 Geneva  
Tel.: +41-22-707 66 00 - Fax: +41-22-736 75 36 - [secretariat@genevaassociation.org](mailto:secretariat@genevaassociation.org) - [www.genevaassociation.org](http://www.genevaassociation.org)

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# New WHO Guidance on Pandemic Preparedness and the International Health Regulations

Helge Hollmeyer

## Lessons from past pandemics

- Influenza pandemics are unpredictable – *when and how?*
- Pandemics caused sudden and sharp increased need for medical care
- Number of deaths has varied greatly
- They will always spread rapidly to every part of the world

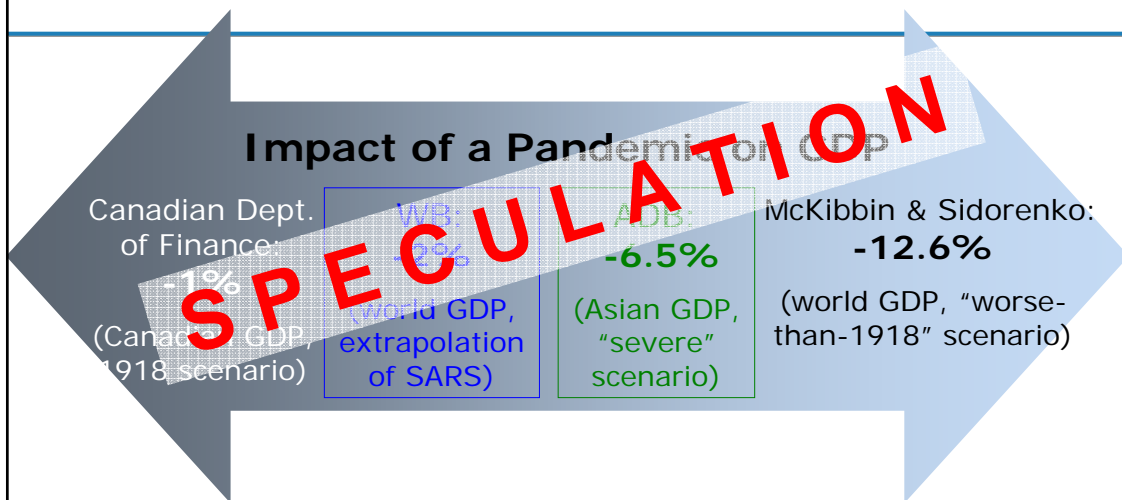
## Conclusion of forecasts

The principal impact of pandemic influenza is not mortality but **morbidity** - leading to absenteeism, declining production, and crowded hospital emergency rooms

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## Analysts estimates vary considerably



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## Uncertain economic impact

- It is impossible to estimate with certainty the economic impact of this unpredictable event in any given population
- Three major unknowns in projecting the possible economic impact:
  1. Magnitude and duration of the pandemic (huge variety in pandemic)
    - Percent who get sick & of ill who die
    - Length and number of waves
  2. Psychological impact resulting in loss of consumer/investor confidence
  3. Supply side effects, resulting from shrinkage in the work force

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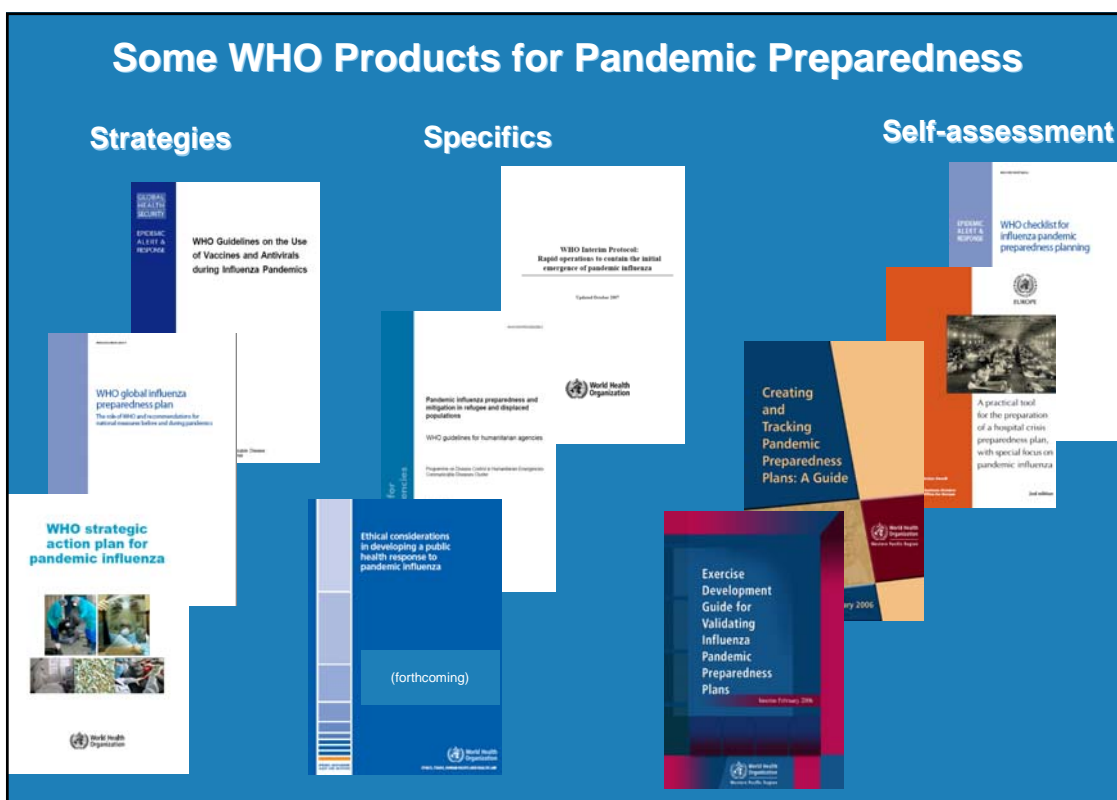


## Conclusions on risk assessment

- Pandemic risk of H5N1 is unknown
- Risk of a pandemic will persist
- Evolution of the threat cannot be predicted
- Pandemic will cause significant disease and will stress health, social and economic systems
- Chance to fundamentally strengthen national and international systems to deal with pandemics and other acute risks

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## Updated Pandemic Influenza Preparedness Guidance

- Guidance previously published in 2005
- Updated version planned for end of 2008
- Reflects
  - Extensive preceding technical input
  - Important developments since 2005
  - Precision of pandemic risk and proportional responses

## **Why Now? Global Landscape is Changing**

- More national experience has changed needs
  - H5N1
  - Pandemic preparedness
- New concepts & tools are available
  - International Health Regulations, stockpiles of antivirals and H5N1 vaccines, rapid containment protocol ...etc
- New uncertainties & realities
  - Decreasing media attention & increasing national fatigue
  - Intergovernmental influenza virus & benefits sharing process

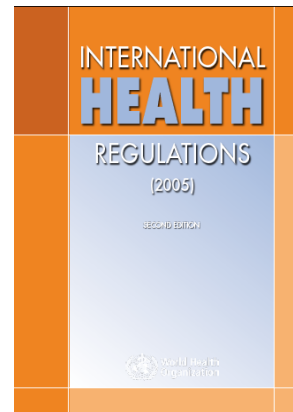
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## **What is new about the International Health Regulations?**

## The International Health Regulations

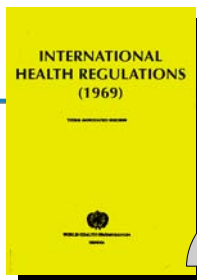
- One of two legally-binding global agreements about procedures to protect public health
- Entered into force in June 2005 for all 193 WHO Member States
- Spread of serious risks to public health
- Avoid unnecessary or excessive use of restrictions in traffic or trade for public health purposes



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## A paradigm shift



- From only **control at borders** to containment at source
- From **diseases list** to all public health threats
- From **preset measures** to tailored responses

Cover all critical aspects for responding to global threats:

Reporting, Communications, Decision making, Response, Capacities

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## Core provisions under new IHR (2005)

- **Mandatory notification** to WHO of all events which may constitute a public health emergency of international concern:
  - Even if agent is unknown
  - Whether chemical, biological or radionuclear
  - Whether intentional, naturally-occurring or otherwise
  - Serious, unusual/unexpected, risk of internat'l spread or travel/trade restrictions
- WHO right to obtain **verification** of unofficial reports of these events from States Parties
- **Dissemination of information** by WHO to all States about important international public health risks

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World Health  
Organization

## Core provisions under new IHR (2005)

- States must have **core public health capacities**, including surveillance, assessment and response
- **Declarations by Director-General of public health emergencies of international concern (PHEIC)**
  - Extraordinary event” constituting a “public health risk to other States through the international spread of disease” & potentially requiring “coordinated int'l response”
  - Issuance by DG of Temporary Recommendations

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## Key Proposed Changes of the updated WHO plan

### Important Underlying Needs

- Clarification or refinement of existing concepts such as pandemic phases
- More "whole of society" perspective while retaining unique & leading role of health sector
- More emphasis on ethical considerations to strengthen decision making
- Stronger emphasis on central role of communications

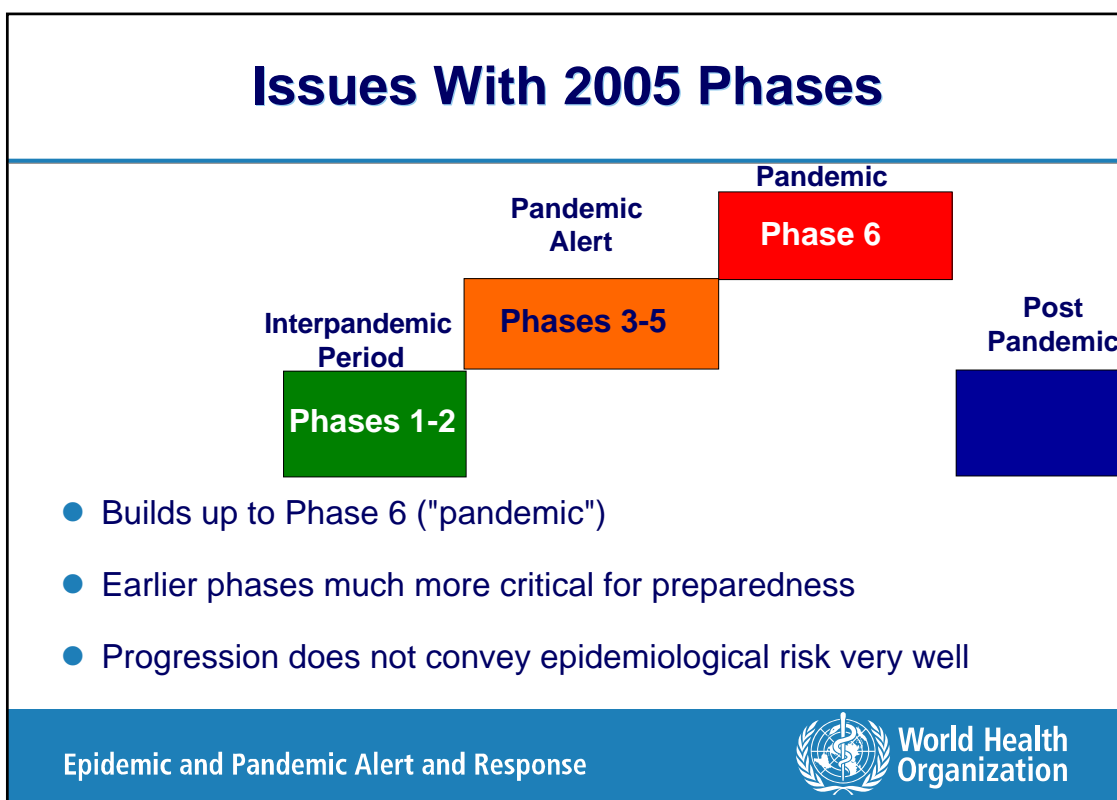
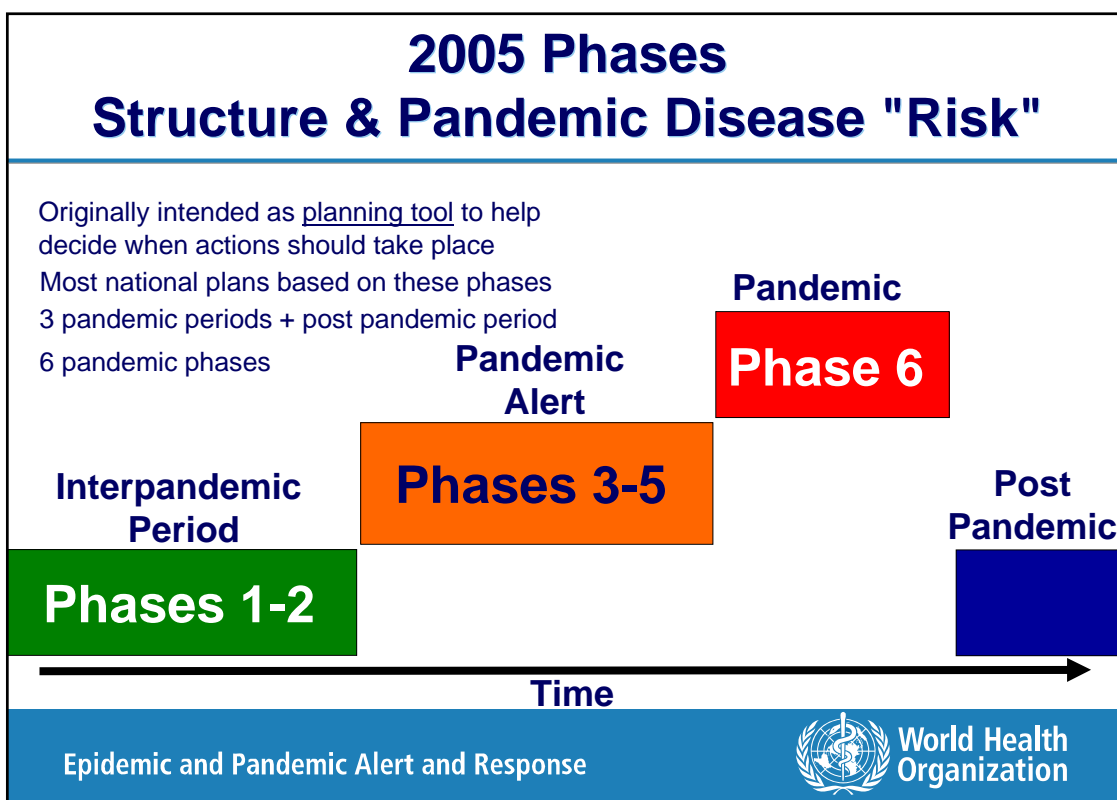
## Important Underlying Needs

- Incorporation of new concepts such as pandemic severity assessment
- More detailed guidance such as community-level disease control measures
- Incorporation of rapidly increasing new scientific & technical knowledge

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## Proposed Changes to Pandemic Phases



## Issues With 2005 Phases

- "Pandemic alert" language may inadvertently have contributed to over anxiety & resulting fatigue
- No recovery period after phase 6: potential waves

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## Issues With 2005 Phases

- Predicting or measuring pandemic "risk" is NOT possible in phases 1-3 based on current knowledge
  - In contrast, "risk" for human H5N1 disease increases with exposure to infected poultry

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## Proposed Basis for Updated Phases

- Simplify definitions as much as possible
  - Base on elements that can be measured or verified
- More accurately reflect current understanding of pandemic "risk"
- Highlight importance of phase 4
  - Most important pandemic phase

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## Simpler Definitions Based on Concrete Directly Visible Events

### 2005 Definition of Phase 4:

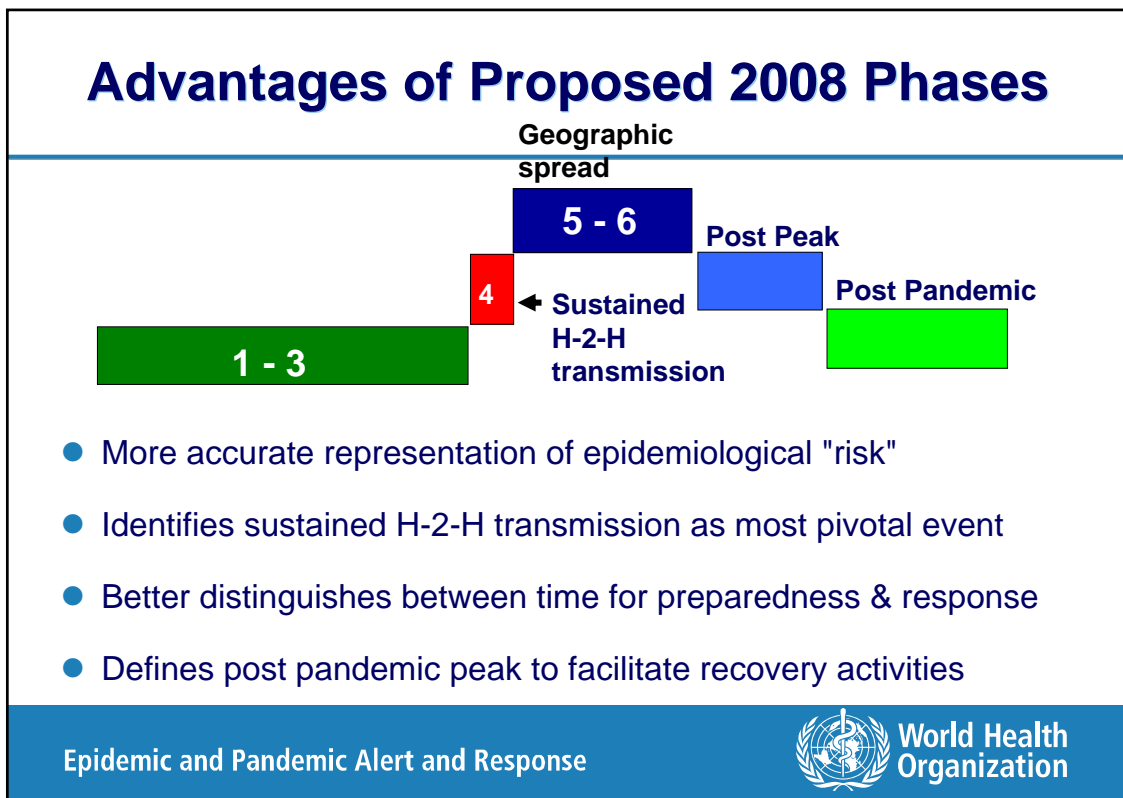
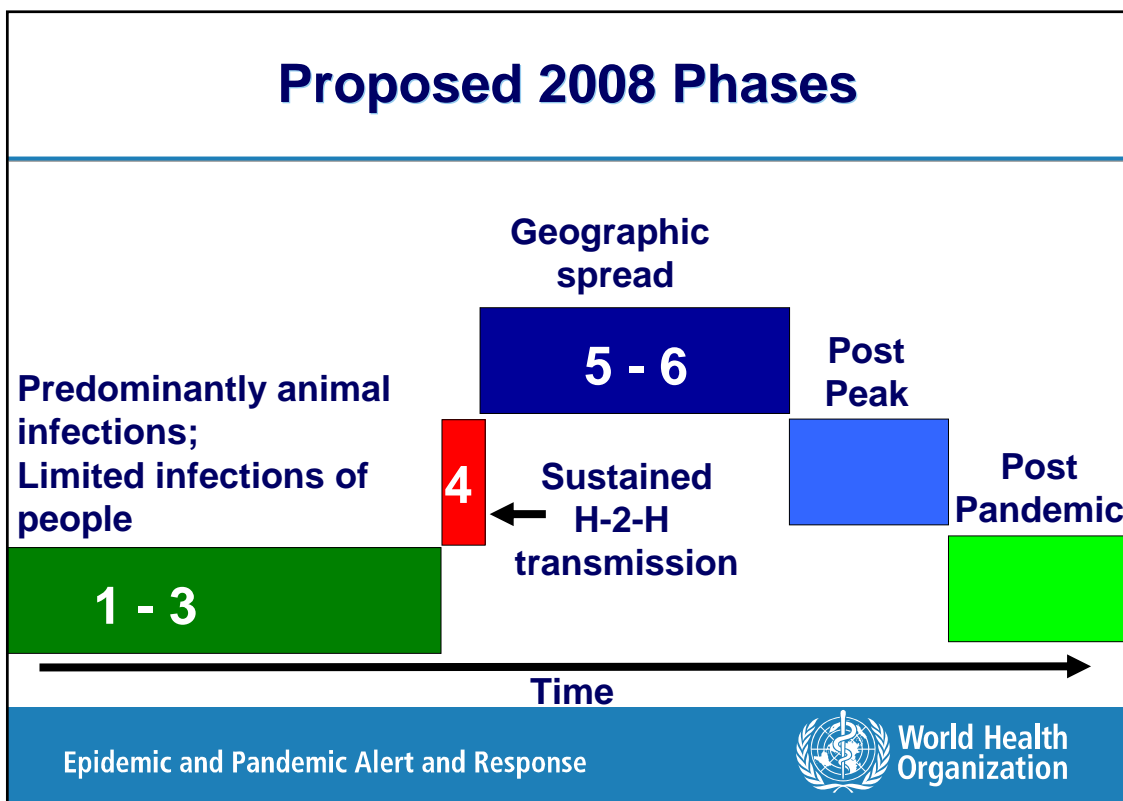
Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

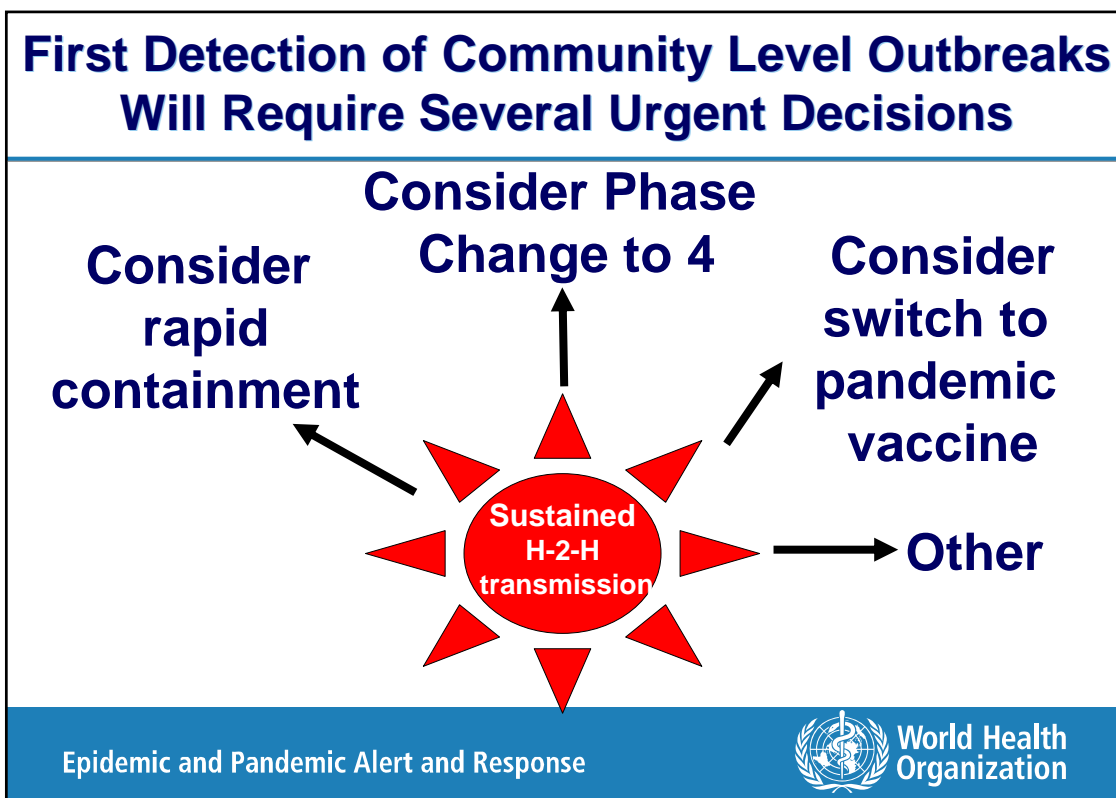
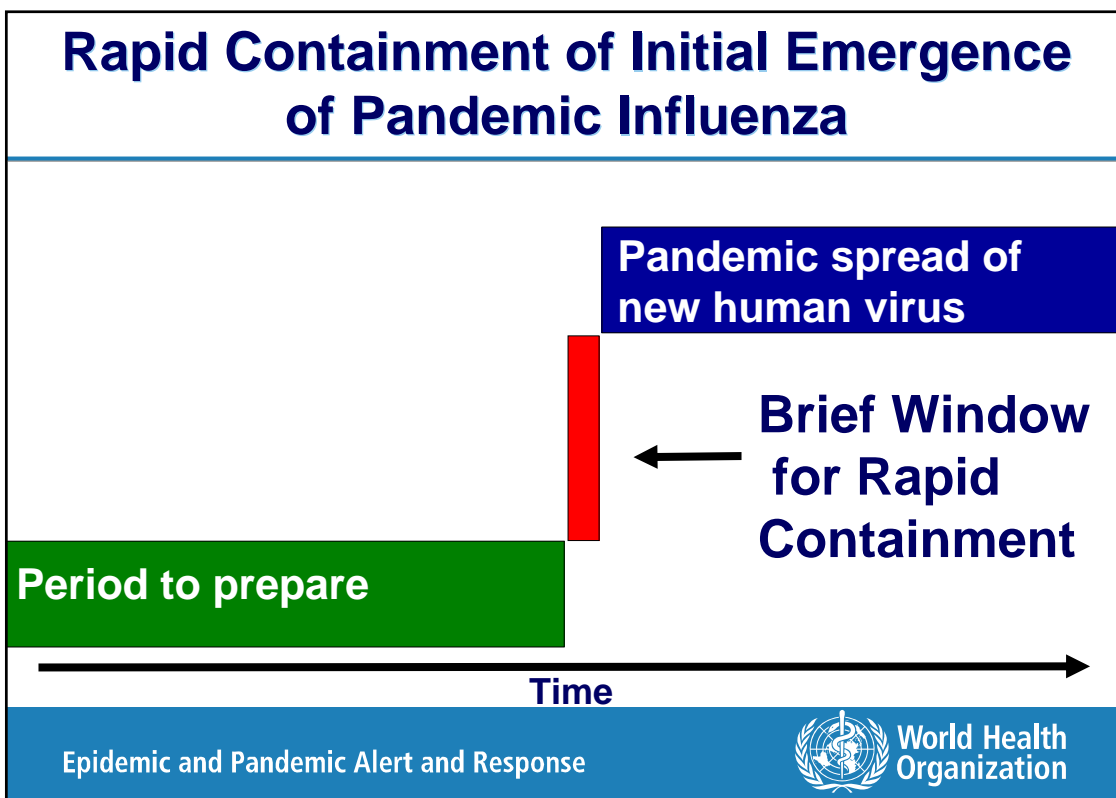
### Current Draft:

***Human-to-human transmission of an animal or hybrid animal-human influenza virus able to cause community level outbreaks has been verified.***

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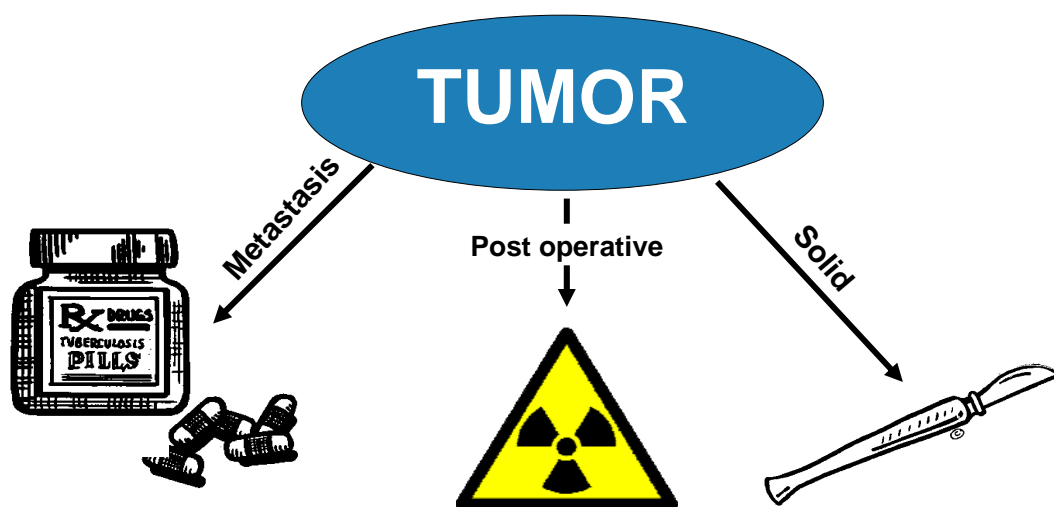
## IHR procedures in a pandemic

- PHEIC declared by WHO Director General
- Consultation with affected State(s)
- Advice of Emergency Committee of experts
- Inform States and general public
- Issuance of Temporary Recommendations

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## Treatment depends on circumstances



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## Contextual evaluation of tools proportional to the risk



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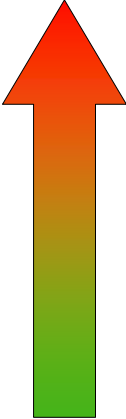




## Severity Assessment of Pandemics


- Anticipated need for early, public assessment by WHO
  - National decisions whether to implement potentially disruptive counter measures
  - Public communications & confidence
- Assessment will focus on direct health effects rather than social or economic consequences
  - For example, case fatality, age specific mortality or complications
- Simple 3 point scale
  - 1) mild 2) intermediate 3) severe

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## Appropriate match

Sets of interventions	Pandemic scenarios	Severity
		
		
		

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World Health Organization

## New Discussion on Disease Control Measures

- School closings
  - Be prepared to suspend classes
  
- Mass transport
  - Insufficient evidence to advise on restriction for decrease disease brden
  
- Travel within borders
  - Restriction not recommended

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## New Discussion on International Travel

- Exit screening recommended
- Entry screening may be useful at start before disease spread
  - Time limited isolation & quarantine should be considered
- Border closures not recommended
  - Difficult to implement to degree necessary to be effective
  - Social disruption from impairment of supply chain

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## Conclusions

- Risk for a pandemic event has not gone down
- Tremendous progress in pandemic preparedness but process & gains are fragile
- Updated WHO guidance will provide significant advancement over earlier versions

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