



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

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**Supporting the surveillance of communicable diseases and the implementation of  
the International Health Regulations in countries participating in the South  
Eastern European Health Network (SEEHN)<sup>1</sup>**

**Proposal for 2012 activities**

to the

**Service public fédéral (SPF) Santé publique, Sécurité de la  
Chaîne alimentaire et Environnement  
Belgium**

Influenza & Other Respiratory Pathogens Programme  
&  
Tuberculosis and M/XDR-TB Programme

Division of Communicable Diseases, Health Security, & Environment  
WHO Regional Office for Europe

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<sup>1</sup> Countries of the SEEHN include: Albania, Bosnia & Herzegovina, Bulgaria, Croatia, Montenegro, Republic of Moldova, Romania, Serbia and The former Yugoslav Republic of Macedonia

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## 1. Introduction

Since 2002, through the Stability Pact Initiative, a regional network of experts from the nine countries of South Eastern Europe, the South Eastern European Health Network (SEEHN), has been established to strengthen communicable diseases surveillance and response in South Eastern European (SEE) countries. The network has been working closely with the WHO Regional Office for Europe (WHO/Europe) in the areas of field epidemiology, assessment of surveillance systems, cross-border early warning systems, influenza surveillance and laboratory, pandemic preparedness and response and implementation of the International Health Regulations (2005) (IHR). National guidelines and policies on communicable diseases control were developed and harmonized with EU recommendations through the support of the regional project. National Influenza Pandemic Plans were prepared, assessed and tested and the IHR were translated in the languages of all respective countries. Another group of SEE Influenza experts, epidemiologists and virologists was established and Influenza laboratory capacities were strengthened by training of experts, including biosafety, guidelines, and assessment of laboratory capacities. Molecular diagnosis was made possible during the 2009 (H1N1) pandemic in all countries and the WHO-recognized National Influenza Centre in Romania has been acting as a regional centre helping to cope with sample testing for Albania and Moldova. The project ensured the participation of SEE Influenza Experts in the European Centre for Disease Control and Prevention (ECDC)-coordinated European Influenza Surveillance Network and the WHO/Europe-coordinated regional Influenza Surveillance platform EuroFlu. The network of experts had a rapid and quick communication for different issues related to the pandemic.

A close collaboration within the framework of One Health was developed with veterinary experts and experts of other sectors related to Avian Influenza and zoonosis through joint participation in table top exercises, meetings, trainings and cross border plans of action.

This work has been performed in collaboration with other Member States and partners, including Belgium, France, Greece and Slovenia through both provision of technical support and funding through WHO/Europe or through direct collaboration with SEE countries. The network has closely collaborated with ECDC during influenza pandemic preparedness activities.

The regional network has been managed by the Department of Epidemiology and Control of Infectious Diseases (DECID), Institute of Public Health (IPH) in Albania in close collaboration related to technical support and funds management from WHO Regional Office for Europe (WHO/Europe). The network has been collaborating and gaining experience from other networks operating all over the world. In late 2010, coordination in the area of surveillance and control of communicable diseases of the SEE network transitioned from a regional project to a development centre at the IPH, Albania, that, with technical support from WHO/Europe, will maintain the network of experts and will address issues of One Health, burden of disease, system and response evaluation, and capacity strengthening in the field of communicable diseases and implementation of IHR. This proposal aims to support the activities of the IPH.

## **1. Proposed activities in the area of influenza preparedness and IHR core capacities implementation**

Areas of work:

1. Evaluation of the response to the 2009 pandemic and IHR implementation: lessons learned from SEE countries and plans for the future.
2. Strengthening membership, ownership, leadership and partnership of SEE expert network on communicable diseases, its management towards a regional development centre and plans for long term sustainability.
3. Establishing One Health initiative in the region.

### **2.1 Evaluation of the response to the 2009 influenza pandemic and IHR implementation: lessons learned from SEE countries and plans for the future**

The lessons learned from the 2009 (H1N1) pandemic, and from the review of the functioning of IHR that was endorsed by the 64<sup>th</sup> World Health Assembly in May, 2011, will support the development and improvement of national action plans for the implementation of IHR as well as generic preparedness. Linking pandemic influenza activities to the IHR framework promotes and facilitates coordination, reduces duplication and promotes cost-effectiveness and sustainability. It also takes advantage of the present momentum and high priority of the IHR, as reflected in the Biennial Collaborative Agreements between WHO/Europe and individual Member States.

During 2012, SEE countries will be supported in their efforts to develop a programme of collaboration on IHR implementation, to revise their pandemic plans and to strengthen surveillance for influenza and other respiratory pathogens.

**Activity 1:** Assist SEE countries with the revision of influenza pandemic plans as well as status of IHR implementation.

5 missions are planned to SEE countries and will include one expert from ECDC or WHO and another one from the participating countries. Methodologies for assessing the impact of the pandemic and burden of disease, for evaluating the pandemic response and the preparedness plans and for IHR implementation will be developed before hand and distributed to countries. The mission experts will participate in a country workshop where the results will be discussed and next steps will be planned.

Budget mission of two experts to 9 countries: €10,000

Budget national workshop in each country: €5,000

**Activity 2:** Inter-country workshop to discuss future pandemic preparedness and IHR implementation in SEE countries.

Each country experience and mission report will be presented during the workshop. Countries experience and best practices will be reflected in the workshop report. One expected result of the workshop is advice to WHO/Europe and the ECDC on how to further support countries in the area of IHR core capacities implementation and pandemic preparedness. The lessons learned from evaluations and the outcome of the review of the functioning of the IHR will support the development and improvement of national action plans for IHR

Budget inter-country workshop: €18,000

## **2.2 Strengthening membership, ownership, leadership and partnership of SEE expert network on communicable diseases, its management toward a regional development centre and plans for long term sustainability**

The centre will start the coordination of activities by January 2011. During 2011, the core capacities of management including the establishment of a steering committee, preparing the work plan and building the archive of all networks and projects in SEE countries especially those related to cross - border collaboration etc will be performed. During 2012, two steering committee meetings will be held at the IPH, Albania.

**Activity 3:** Budget for two steering committee meetings: €10,000

## **2.3 Establishing One Health initiative in the region**

Table top exercises and workshops have been organized in the past with different public health, veterinary and other environmental officials. The reason is to establish a proper One Health Initiative in the region by establishing a regional working group. Meetings at national level of multidisciplinary groups including government officials, researchers and academia from each country of the region will be held. Subsequently, the regional working group on the One Health initiative will meet.

**Activity 4:** Meetings of national multidisciplinary groups.  
Budget: €9,000

**Activity 5:** Meeting of the first regional working group on the One Health initiative to prepare further plan and activities.  
Budget: €5,000

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## 2. Proposed activities in the area of tuberculosis

### Background

The problem of drug-resistant tuberculosis (TB) in the WHO European Region is alarming. It is estimated that there are 81 000 (range 73 000–90 000) multi-drug resistant tuberculosis (MDR-TB) cases, both primary and acquired, in the European Region (18.4% of the global burden). In 2009, only 27 765 MDR-TB cases (34%) were notified because of limited laboratory capacity. In order to diagnose extensively drug resistant (XDR) TB, there is a need for second-line anti-TB drug susceptibility testing, which is not readily available. Similarly, rapid methods for diagnosis of (drug resistant) TB are not yet available in most countries with a high MDR-TB burden in the Region and their introduction is urgently needed. The Consolidated Action Plan to Prevent and Combat M/XDR-TB in the WHO European Region 2011–2015 has been developed to strengthen and intensify efforts to address the alarming problem of M/XDR-TB, and one of the seven areas of intervention of the Plan is to scale up access to testing for resistance to first- and second-line anti-TB drugs and to HIV testing among TB patients. The Consolidated Action Plan was unanimously endorsed by the WHO Regional Committee for Europe at its sixty-first session in Baku, Azerbaijan, on 15 September 2011, together with the supporting resolution, by all countries of the European Region, including Belgium.

In line with the Consolidated Action Plan, and to facilitate and accelerate the implementation of new TB diagnostics, we propose the following areas of work:

1. Capacity building on new techniques for the laboratory diagnosis of TB and the development of recommendations for implementation of these techniques in the SEE countries.
2. Development of national TB laboratory strategic plans in the SEE high TB priority countries.

### 3.1 Capacity building on new techniques for the laboratory diagnosis of TB and development of recommendations for implementation of these techniques in the SEE countries

In recent years, various new TB diagnostic methods have been developed. With the liquid culture method, growth of *M. tuberculosis* can be detected earlier and anti-tuberculosis drug resistance testing can be done with automated detection and faster than with the previous standard of culture on solid media. DNA amplification methods speed up the detection, identification and drug susceptibility prediction even further, up to about a day with the line probe assays and a few hours with the GeneXpert MTB/RIF assay. The implementation of these new methods has implications for the workflow in the laboratories, biosafety and patient management, and requires the adaptation of diagnostic algorithms and quality assurance practices. To discuss these issues and to facilitate and accelerate the smooth implementation of these new diagnostic tests and develop diagnostic algorithms specific for the SEE countries, we propose to organize an inter-country workshop.

#### Activity 6: Workshop on new TB diagnostics.

Eighteen participants (two representatives from each country involved in the SEEHN) will be able to attend the workshop, which will be held in one of the SEE countries. The workshop will be presented by three invited experts and the outcome of the workshop will be that knowledge on new laboratory techniques for the diagnosis of TB has been disseminated among the partners of the SEEHN and that diagnostic algorithms specific for the SEE countries have been developed. Budget € 18,000.

### **3.2. Development of national TB laboratory strategic plans in the SEE high TB priority countries**

Within the framework of the Consolidated Action Plan to Prevent and Combat M/XDR-TB in the WHO European Region 2011–2015 it is foreseen that all high TB priority countries will have a national TB laboratory strategic plan for strengthening laboratory capacity for the diagnosis of MDR-TB and monitoring response to therapy, including a TB laboratory development plan. The SEE region contains three high TB priority countries; Bulgaria, Romania, and Moldova. We propose to support these countries in the development of their national TB laboratory strategic plans.

#### **Activity 7: Development of national TB laboratory strategic plans.**

The three countries will be supported by sending a TB laboratory expert to the countries to assess the current TB laboratory network and to discuss the optimization of the network with local partners. Local partners together with the expert will develop the strategic plans.

Budget € 12,000.

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**4. Budget and expenditures by activity for 2012**

	<b>EURO</b>
Activity 1	€ 15,000
Activity 2	€ 18,000
Activity 3	€ 10,000
Activity 4	€ 9,000
Activity 5	€ 5,000
Activity 6	€ 18,000
Activity 7	€ 12,000
<b>Programme Support Cost (13%)</b>	<b>€ 13,000</b>
<b>GRAND TOTAL</b>	<b>€ 100,000</b>