**Global Constituency & Leadership: Pandemic Influenza Preparedness**

**Introduction**

 Pandemic - the thought that it might happen brings forth worry and fear all over the world and pushes organizations, nations and state-unions to come up with ways to manage, deal with and avoid it from ever happening. But, should such a pandemic occur, being that diseases and new strains of viruses evolve to infect the human population, to avoid a pandemic - the radical spread of viruses that can easily affect humans due to little or no immunity - international organizations like the World Health Organization (WHO) as well as individual nation states have formulated scenarios and pandemic preparedness plan for specific diseases that can be easily communicable. Influenza is such a disease. Of recent, pandemics that have crossed continents and affected populations worldwide include the HIV pandemic and the H1N1 (avian flu virus) pandemic. According to the WHO, the international and transcontinental nature of pandemics as it goes through its 6 stages endangers populations and, where the nation is unable to handle the outbreak, facilitate a widespread loss of lives extending to neighbouring nations and risking the survival of their populations. They used Influenza to exemplify the 6 stages of a pandemic where the virus begins its circulation among animal populations moving on to small clusters of people which leads to human to human transmission leading to an outbreak of the virus.

 It is important to look at the preparedness of our nation and the rest of the world when it comes to dealing with communicable diseases like influenza. In a world where evolution of viruses is a real possibility, being prepared exemplifies the forward thinking survival planning of a risk society (Beck, 1992). In a sense, the most powerful authorities of our race at present has come to realize the danger of pandemics so that in 2007. the World Health Assembly (WHO, 2013), *" passed a resolution calling on the Director-General to convene an intergovernmental meeting to develop mechanisms aimed at ensuring the continued sharing of influenza viruses, and the fair and equitable sharing of benefits arising from such sharing."* Member states of the United Nations has since then continually worked to establish what became the Pandemic Influenza Preparedness (PIP) Framework where the purpose is to share strategies, establish protocols and ensure all member countries have access to vaccines and are provided key support when necessary so as to benefit from resources and knowledge of other member states and to create sustainable systems that would ensure influenza pandemic preparedness for each member state. By 2012, the PIP Framework has become operational and has been the basis of nation states to plan their own PIP models. This work goes through their models so compare particular elements and to discern ethical and effective elements of leadership in the model and utilization of PIP framework. I have chosen to look at the current model in place in the US, in the UK and the Philippines so as to create a comparative picture of PIP framework utilization.

**The US: PIP Framework Implementation**

 In the US, the Pandemic Influenza Preparedness has been prepared by the US Department of Health and Human services. The roles of key departments have been identified, including that of the Center for Diseases Control (CDC) and the Occupational Safety and Health Administration (OSHA). In 2009, OSHA released a 'Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers' to spread information and clarify preparedness and response in terms of roles, responsibilities and protocols. In this guide, we read through essential information that provides clinical background to the diseases explaining the following elements - clinical presentation, diagnosis, modes of transmission and treatment and prevention. Infection control is also discussed in-depth with precautions and transmission-based precautions discussed compliance for infection control, facility, engineering and environmental controls, administrative controls, healthcare worker vaccination, antiviral medication and treatment, occupational medicine services, protective equipment and worked practices being key areas of discussion.

 Lastly, Pandemic Influenza Preparedness is explored in detail including healthcare facility responsibilities fusing pandemic alert periods as well as strategies and measures of incorporating pandemic plans to disaster plans which further explore how best to use human resources, pandemic planning for support of healthcare worker staffs, definition of essential staff and hospital services, psychological support and utilization of information technology. In the US, influenza vaccines are available and can be taken on in forms of inhibitors like zanamivir and oseltavir. Seasonal 'flu' can be combated by these but their effectiveness for new strains of viruses is not assured. Since it takes 4 months to develop a vaccine for new strains, in the US, distribution and access to vaccines is a priority. DHHS workers are also educated as well as trained to handle instances and likelihood of Influenza pandemic and local health workers have key access to vaccines, materials and resources to allow them to provide assistance and perform in their role if and when a pandemic happens. Concurrently, this is what is practiced by OSHA across the US (OSHA; 2009)

 *"....A vaccine against a specific pandemic influenza strain will likely not be available until after the pandemic begins. But vaccinations against seasonal influenza during the WHO’s Inter-pandemic and Pandemic Alert Period can reduce co-infections and might ameliorate pandemic effects. . HHS recommendations are for enhanced levels of seasonal influenza vaccinations in groups at risk for severe influenza and healthcare workers. In addition, HHS recommends enhanced pneumococcal polysaccharide vaccination for some individuals. A limited amount of H5N1 avian influenza vaccine is being stockpiled. However, as the pandemic virus cannot be predicted, it is unknown if stockpiled vaccine will provide protection against a future circulating pandemic influenza virus. A monovalent vaccine is expected to start becoming available within four to-six months after identification of a specific pandemic virus strain. As noted above, the HHS Pandemic Influenza Plan recommends that healthcare workers be included on the priority list (which has not been fully defined) when the availability of pandemic influenza vaccinations is limited."*

**UK: PIP Framework in Practice**

 The United Kingdom of Britain's (UK) Department of Health (DH) issued an 'Influenza Pandemic Preparedness Strategy' in 2011. This document was released by the UKDH (2011) to describe, *"Proposals for an updated, UK-wide strategic approach to planning for and responding to the demands of an influenza pandemic. It builds on, but supersedes, the approach set out in the 2007 National framework for responding to an influenza pandemic (and the Scottish equivalent), taking account of the experience and lessons learned in the H1N1 (2009) influenza pandemic and the latest scientific Evidence."* Additionally, it has been used to inform the operational plans of local governments and emergency agencies if and when the pandemic occurs. The material contains essential information on the challenge and dangers of an influenza pandemic but relates lessons from the 2009 bird flu panic and suggests areas of future research and development. The strategic approach of the country is also laid out as follows (UKDH, 2011):

*"i. Minimize the potential health impact of a future influenza pandemic by:*

*• Supporting international efforts to detect its emergence, and early assessment of the virus by sharing scientific information.*

*• Promoting individual responsibility and action to reduce the spread of infection through good hygiene practices and uptake of seasonal influenza vaccination in high-risk groups.*

*• Ensuring the health and social care systems are ready to provide treatment and support for the large numbers likely to suffer from influenza or its complications whilst maintaining other essential care.*

*ii. Minimize the potential impact of a pandemic on society and the economy by:*

*• Supporting the continuity of essential services, including the supply of medicines, and protecting critical national infrastructure as far as possible.*

*• Supporting the continuation of everyday activities as far as practicable.*

*• Upholding the rule of law and the democratic process.*

*• Preparing to cope with the possibility of significant numbers of additional deaths.*

*• Promoting a return to normality and the restoration of disrupted services at the earliest opportunity.*

*iii. Instill and maintain trust and confidence by:*

*• Ensuring that health and other professionals, the public and the media are engaged and well informed in advance of and throughout the pandemic period and that health and other professionals receive information and guidance in a timely way so they can respond to the public appropriately."*

Additionally, the UKDH (2011) also indicated that all response and preparedness will be based on evidence and best practiced (in absence of evidence), informed by ethics, established practices, coordinated at local, national and international levels and across the whole of society. The country greatly emphasized the 'lessons learned' element and the importance of a precautionary, proportioned and flexible response.

**Philippines: PIP Framework in Practice**

 The Philippines, unlike the US and the UK is a developing nation. This means that while the US and the UK have established health care systems and advanced access to technology and medical sciences, and while the Philippines strives to follow the PIP Framework established by the WHO, the question in the end will always be about the nation's ability to implement its PIP-based plan. The plan has been published by the country's Department of Health in 2005. Their plan is officially called, *"Preparedness and Response Plan for Avian and Pandemic Influenza: Republic of the Philippines".* Duque (2005), then Heath secretary wrote - *"The Preparedness and Response Plan for Avian and Pandemic Influenza aims to provide guidance on preparedness and courses of action for appropriate response in the event of avian influenza and pandemic influenza in our country.”*

 So, what does this PIP framework entail? Like that of the US and the UK, the Philippine plan details the disease. Unlike the other 2 however, the focus is primarily on the plan - how to deal with and handle the pandemic. It is a highly detailed plan that is set out in phases and differentiates between a preparedness plan and a response plan and explains guidelines to preparedness including quarantine; It also includes operational guidelines of taskforces from local to national and a set of technical guidelines. This plan can be summarized into 8 strategic approaches as explained by Duque (2005):

*"1. Prevention of entry of the virus: ban on importation of poultry and poultry products from countries affected with avian influenza, border control, ban on sale, keeping in captivity of wild birds,*

*2. Prevention of spread from birds-to birds: early recognition and reporting, mass culling, quarantine of affected area,*

*3. Prevention of spread from birds to humans: human protection through proper handling of infected birds, use of protective gear by residents, poultry handlers, and response teams,*

*4. Management of avian and pandemic influenza cases: isolation and management of cases, judicious use of antiviral agents, infection control, quarantine of contacts,*

*5. Slowing of spread from humans to humans in an influenza pandemic: entry and exit management of passengers, border control, quarantine of contacts, isolation and management of the sick, social distancing, personal hygiene,*

*6. Management of explosive spread: social distancing, personal hygiene, efforts shifted to maintenance of essential services,*

*7. Management of public anxiety: public advisories and information dissemination, regular updates and briefing of media,*

*8. Mitigating the socio-economic impact of avian and pandemic influenza: networking with other agencies, non-health sectors."*

 In this particular PIP Plan, we see a country's Health Secretary admitting the shortcomings of his nation and its limitations to respond as well as the threat of the epidemic which somewhat explains the focus of the plan on a structure to prevention and response, replete with a timeframe.

**Ethical Decision Making Models**

 The US, the UK and the Philippines are nation states and full members of the United Nations. By putting together PIP Plans for their nations and for specific use at macro, micro or mezzo level, they have engaged their natures as risk societies - reflecting on the dangers and shortcomings of the present so as to be able to plan ways to mitigate the dangers of the future and find means to survive and overcome. The American PIP Plan is viewed through the OSHA Guideline which is specific to the stakeholders of OSHA. This means that it implies the US nation's PIP as it is derived from it. The plan showcases the key requirements of the WHO's (2011) PIP Framework - to inform, to present solutions, to indicate response strategies. Information is not just about what to do but is heavy on the details and the case science behind the disease so as to provide pertinent information on its nature, and thus elucidate on the danger. Ethics-wise, we can see the ethical model being utilized in this PIP Plan is very much a combination of 'Rule-based' ethics and 'Fairness-based' ethics. We see that the rules by WHO in establishing the framework is followed and so are the rules for releasing information, the utilization of said information and the assignation of roles and guidelines - they appear to be by the book. But then again, it also indicates a sense of fairness in that it focuses on the importance of access to vaccination by the most exposed and the vulnerable.

 The UK Model is fundamentally displaying political correctness and details the evolution of the plan in as much as it details the essentialities of preparedness in the plan. Like the US plan, it delves into the nature of the disease and its likely impact but it also warns of assumptions, the dangers of applying the wrong response and the essentiality of research and development. Above all, it problematizes staffing issues and the importance of maintaining public trust and confidence- drawing on the role of various elements of society from the government, to the public and the media. In a way therefore, the ethical model in use here is a combination of professional ethics and ethics based on a set of coherent and general principles. The British have evolved into a nation conscious of political correctness so that right and wrong, even in leadership is based on codes of ethics expected in professions as well as legally and this is spelled out when elucidating on national policies and in this case, plans. The Philippine model meanwhile is highly situational in that it understood that the main purpose of the PIP framework is to create a plan to prepare and respond to the pandemic. Thus, the PIP Plan is a response to the context of the situation - the creation of a PIP Plan that can be utilized by the nation in light of the country's resources, capacities and limitations.

**Personal View**

 I view the plans of each of the nations in accordance to their ability to respond as well as in accordance to the concerns of each of the nations’ domestically and their nation's resources and capacities. The US plan, as exemplified by the OSHA guideline is extremely comprehensive. At 52 pages, it details the disease which is a Macro approach but goes through mezzo and micro elements by exploring work practices, worker vaccination and personal protection. Related agencies and departments are detailed as to roles and measures from the micro to the macro are also well-detailed. It is an easy-enough to read guideline so that when read, it provides a sense that the government understand what is at stake and has come up with an effective plan. The positive element to the British PIP Plan meanwhile lays the well-defined set of strategies. They are sharp and practical, purporting evidence and facts, championing rationality and logic. What is lacking in the Philippine PIP plan is the comprehensive detailing of the issue as can be seen in both the American and British Plans. The Philippine plan however directly attacks the task of creating a national Plan and this is applicable as to the situation of the country. A PIP Plan that exemplifies ethical leadership is one that showcases trust, c4rdibility, respect, moral values and highlights the welfare of the people.

 All three plans allow for access to vaccines - in fact they encourage them. The US plan pushes for frontline workers and the marginalized to have primary access but is working towards creating mechanisms that would allow all Americans to have immediate access as well. The UK mentions this but highlights the importance of evidence first while the Philippines acknowledges that it has limited capacity to provide vaccines or access to medical resources for all of its people. For the US, the ethical challenge would be the challenge of 'who has priority' of access, for the UK, the challenge would be 'determining the evidence' so much so that it can lead to a delayed response which can be dangerous and for the Philippines, the lack of resources can mean that access can be unequal. I recommend that WHO push for an ethical guideline in response to the human need for vaccines and medical assistance across the board so that nation states can have uniform responses by ensuring that a global cache can be accessed by a nation state in need. For this, I would recommend an ethical model of leadership based on fairness and generally accepted principles to make it universal and recommend that ideas be drawn from the positives of each of the PIP Plans above - the comprehensiveness of the American plan, the rationality of the British plan and the task-centric design of the Philippine plan. This would (WHO, 2008) - *“strike the balance between effective centralized authority and decentralized decision-making…ensuring that preparedness involves all sectors and remains dynamic.”* I think if this can be done, it will allow for the creation of PIP Plans effective across the board, no matter the nation's economic capacity where the effectiveness of the plan can be determined by ethical leadership.

**Resources:**

(PIP Plans)

1. Duque, F. & the Office of the Secretary, DOH-RP (2005). *Preparedness and Response Plan for Avian and Pandemic Influenza.* Department of Health, Republic of the Philippines. URL: <http://un-influenza.org/files/Philippines%20Preparedness%20and%20Response%20Plan%20for%20Avian%20and%20Pandemic%20Influenza-6_Oct_2005.pdf>
2. Department of Health, UK (2011). *UK Influenza Pandemic Preparedness Strategy 2011.* United Kingdom of Great Britain Crown Copyright. URL: <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/134747/dh_131040.pdf.pdf>
3. Occupational Safety and Health Administration (2009). *Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers*. US Department of Labor. URL: <http://www.osha.gov/Publications/OSHA_pandemic_health.pdf>
4. World Health Organization (2011). *Pandemic influenza preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits*. URL: <http://whqlibdoc.who.int/publications/2011/9789241503082_eng.pdf>
5. ---------- (2008). *Eleventh Futures Forum on the ethical governance of pandemic influenza preparedness, Copenhagen, Denmark: 28–29 June 2007*. Futures Fora.

(Book)

1. Beck, U. (1992). *Risk Society: Towards a New Modernity*. New Delhi: Sage.

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