

ESWI: A PARTNERSHIP TO PREVENT INFLUENZA MORTALITY AND MORBIDITY BY GIVING SPECIAL ATTENTION TO POLICIES AND BEHAVIOURAL CHANGE

ESWI is a partnership organisation of 20 not-for-profit organisations, institutes and public health authorities (including WHO, ECDC, Robert Koch Institut, ERS, WONCA and many universities) and the pharmaceutical sector involved in influenza (manufacturers of influenza vaccines and antiviral drugs). This partnership has the specific aim to prevent premature mortality, morbidity, and disability caused by influenza, by giving special attention to policies and behavioural change.

Partnership organisations, like ESWI, are established to meet specific objectives and to undertake projects to address problems that neither partner could tackle adequately on its own. A successful long-term partnership is built on common grounds. In the case of ESWI, this common ground is the social concern to reduce the impact of epidemic and pandemic influenza in Europe.

ESWI is an organisation with a clear mission: reducing the number of influenza victims in Europe. ESWI shares this aim with WHO. As a tool to realize this mission, WHO and ESWI aim to enhance vaccination coverage of people at high risk of getting severe complications when infected with influenza (mainly the elderly and the chronically ill). As a matter of fact, the World Health Assembly urged Member States to increase vaccination coverage of all people at high risk and to aim at a vaccination coverage rate in elderly people of at least 50% by 2006 and 75% by 2010.

WHO strongly emphasizes the importance of raising the public consciousness of influenza and its complications as well as of the beneficial effects of influenza vaccination (www.who.int/wer/2005/wer8033.pdf). As a matter of fact, WHO itself engages in public private partnerships with the specific aim to 'prevent premature mortality, morbidity, and disability by giving special attention to policies and behavioural change' ([http://whqlibdoc.who.int/bulletin/2001/issue8/79\(8\)748-754.pdf](http://whqlibdoc.who.int/bulletin/2001/issue8/79(8)748-754.pdf)). ESWI operates along these lines, and we strongly believe that a focus on behavioural change and public health policy is indispensable to reach WHO's 75% vaccination rate objective. Behavioural change requires tailor-made strategies, highly target-oriented communication tools and stakeholders dialogue. Establishing such specific projects and communication lines is the exact reason why the ESWI partners decided to join forces. And it is exactly why public health authorities like WHO and ECDC have established an intense collaboration with ESWI. Some examples of ESWI projects aiming at behavioural change and policies are:

1. The establishment of country influenza stakeholder networks

Since 2003, ESWI facilitates the creation of national influenza stakeholder networks in EU countries. The idea for these networks is to support and strengthen national public health activities. From bringing together national influenza stakeholders, ESWI has learnt that a decisive national strategy to fight influenza depends on the quality of the communication lines from research institutes and the government to General Practitioners. The first networks have been established in Poland, Sweden and Germany. In 2006, the Polish Society of Family Doctors issued and distributed Influenza Guidelines for General Practitioners to 15,000 Polish family doctors as a concrete action of the Polish influenza stakeholder network. Currently, ESWI is facilitating the establishment of stakeholder networks in Finland, Portugal, the Czech Republic and Hungary.

2. Organization of ESWI Influenza Conferences

Every three years, ESWI organizes its ESWI Influenza Conferences. These conferences bring together scientists, public health officials and healthcare workers in tailor-made tracks, and offer them ample opportunities to exchange information and to discuss their findings in sessions and workshops. The conference programmes are carefully crafted to educate in specific areas.

3. Close collaboration with key public health officials

To provide a clear view on the pandemic threat and on the public health actions that need to be taken on national and EU levels, ESWI has established a close relationship with a core group of European public health officials. ESWI organized its first Pandemic Preparedness Workshop for public health officials on 23 January 2009 and a second edition on 25 September 2009. At these occasions, ESWI brought together Europe's leading decision makers on public health and offered them the opportunity to exchange information and experiences in an exclusive setting (except for the faculty, no scientists, no industry representatives nor members of the press were allowed to participate). To meet their needs for up-to-date and science-based information and interaction with European colleagues, ESWI has developed an online community for Public Health Officials. One of the tools offered is a closed 'meet the expert' section, where public health officials can ask questions and interact with a limited number of renowned influenza experts and stakeholders.

(More information on ESWI's projects is to be found on www.eswi.org)

Like in WHO, the ESWI partnership is based on strict agreements between the various partners. The Articles of Incorporation and the Code of Conduct, signed by all partners, emphasize and guarantee ESWI's independence from industry. As a matter of fact all sponsoring companies operate according to the IFPMA Code of Pharmaceutical Marketing Practices which imposes strict and clear requirements on pharmaceutical companies, to ensure the ethical promotion of their products to health care professionals.

(www.ifpma.org/pdf/IFPMA-TheCode-FinalVersion-30May2006-EN.pdf)

On 11 June 2009, the WHO increased the pandemic alert phase to 6, meaning that the Mexican flu pandemic was a fact. WHO issued clear guidelines and recommendations about pandemic preparedness and measures to be taken at each alert phase. Many ESWI members are spokespersons and public health advisers in their respective countries, and, totally in line with the WHO recommendations, have advised their governments to prepare for the worst. Since ESWI members have been involved in translating the WHO guidelines to their national public health situations, they conveyed unanimous messages. Today, European media tend to 'downgrade' the pandemic to a normal seasonal flu epidemic in terms of morbidity and death. As a consequence, many ESWI members are being criticized. However, although the Mexican flu H1N1 virus's virulence is at the low end of what was expected, ESWI warns against complacency. The current pandemic is moderate, but infection rates are considerably higher than during a seasonal flu epidemic. . Influenza viruses are changing constantly and it is impossible to predict what the winter flu season will bring. If it were to gain the ability to spread even more efficiently, the picture of virulence and mortality rates could still

change dramatically. Therefore ESWI and its members will continue to advise public health authorities to prepare for the worst. After all, other pandemics will occur in the future, caused by other viruses than the current H1N1. When such a pandemic hits, nothing is worse than being insufficiently prepared. As a matter of fact, those countries that made preparations in an exemplary way, are now in a position to vaccinate their key target groups against the Mexican flu virus.

Conclusion

Partnerships like ESWI are common and are heavily encouraged by global public health authorities like WHO. They aim at improving public health in a transparent and ethically strictly regulated way.

Contact

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