

Background Paper

3.3 b Agenda Item 3.3b: National-level preparedness for an influenza pandemic: assessment of strategy, implementation, and support from international bodies (including UN system)

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Summary

The presentation will: a) assess the development and implementation — by countries — of influenza pandemic preparedness plans, b) analyze the success of this planning process, and (c) propose modifications that might be necessary to our strategies for supporting national pandemic preparedness in the light of this analysis.

Infectious disease outbreaks have strong impacts on the functioning of social and economic systems. Preparedness for an influenza pandemic should, *inter alia*, focus on increasing the resilience of the systems through which people are able to access food, water, satisfy other basic needs, benefit from security and protection, finance, banking and transport infrastructure. When done well, preparedness engages civil society and the private sector, receives strong support from senior legislators and government ministers, and is backed by a broad-ranging and effective communications campaign. The goal is to create a popular movement which provides the local-level underpinning for societies to be resilient in the face of a pandemic. If a multi-sectoral approach to preparation is not followed, the economic and social impact of an influenza pandemic will be substantial and recovery will be slower.

The countries with the lowest government budgets and capacities are generally the farthest behind in pandemic contingency planning, and need external support for planning and readiness that focuses on resilience in a few key economic and security functions. This international support effort should include a) tracking the state of pandemic readiness, b) advocacy for multi-sectoral preparation with a focus on areas of greatest vulnerability, and c) practical assistance with the contingency planning process, where and when it is needed.

An influenza pandemic may well evolve into a worldwide catastrophe on an unprecedented scale: preparation should provide for a response that limits the extent of the catastrophe through the development of robust and resilient institutions. The UN system works with national bodies to contribute to the continuity of essential services endangered by absenteeism, movement restrictions and shortages of skilled staff.

Humanitarian organizations have started to simulate the challenges they will face in ensuring that their current caseload can access food, water and other basic needs. They also have to anticipate the potential for substantial increases in the numbers of vulnerable people in need of relief. But given that international humanitarian action is likely to be massively restricted because of limitations on inter-country transportation, the emphasis must be on empowering and equipping local communities to undertake humanitarian action themselves.

Outbreaks of infectious disease not only result in sickness and suffering among those who are affected but also impact on the functioning of societies through their effects on social, economic, and financial systems. Preparedness for an influenza pandemic not only implies action to contain the pandemic virus and control the spread of infection. It should also focus on increasing the resilience of the systems through which people are able to access food, water, transport, power, and other basic needs and ensure provision of security and protection and continuity within financial systems and key economic sectors. When done well, preparedness engages civil society and the private sector, receives strong support from senior legislators and government ministers (and, ideally, the head of government), and is backed by a broad-ranging and effective communication strategy. The goal is to create a popular movement which provides the local-level underpinning for societies to be resilient in the face of a pandemic. If a multi-sectoral approach to preparation is not followed, the economic, financial, and social impact of an influenza pandemic (indeed the impact of any infectious disease outbreak) will be substantial and recovery will be slower.

Preparing for the social and economic consequences of infectious disease

1 Recent experience with disease outbreaks (such as SARS), endemic diseases (malaria and TB) and the HIV/AIDS pandemic emphasizes that infectious diseases can destabilize social, economic, and financial systems, interfere with trade and undermine investor confidence. If systems are unable to cope, crisis conditions can result and human security be threatened. When the systems are well prepared and therefore more resilient, the consequences will be minimized and crisis risk reduced.

2 When a human influenza virus with the potential to cause a pandemic is detected, the initial emphasis will be on its containment. National authorities will implement a combination of interventions including social distancing, movement restriction, improved personal hygiene, anti-viral prophylaxis, early detection and isolation of cases, and quarantine of contacts. Working within the context of the revised International Health Regulations (IHR) and in close cooperation with WHO, governments are establishing pandemic containment protocols, agreeing procedures for access to and use of regional antiviral medicine stockpiles, increasing access to personal protective equipment (including masks), and rehearsing their containment plans.

3 A pandemic will have both economic and social costs. World Bank and other estimates suggest that the financial impact would likely be at least a trillion dollars, or 2.5 percent of global GDP, and could in worse circumstances be 2 to 4 times greater. The IMF foresees impacts on both the supply and demand sides of national economies and on world trade. Absenteeism and illness of key personnel, restrictions on movement, and people's attempts to limit the risks they face will affect availability of water, food, power, fuel, and public services (safety, health care, education). There may be disruptions to banking and financial systems, transportation, trade, payment systems, and major utilities. Moreover, demand could contract sharply, with consumer spending falling and investment being put on hold. Financial repercussions could further exacerbate the economic impact.

4 The public health responses to the SARS outbreaks of 2003 were successful but they had profound social and economic consequences for governments and private enterprises that could have been avoided. Advance preparation could have minimized these consequences. Such lessons are being applied now as governments and companies make themselves resilient enough to withstand the impact of the next influenza pandemic.

5 Not all are convinced that preparing for the impact of a pandemic is a good way to use the valuable time of company executives or government officials. They may need to be reminded of the multi-billion dollars losses associated with SARS and the continuing economic impact of HIV/AIDS. The countries with the lowest government budgets and capacities will be the worst hit and take a long time to recover. They need external support as they initiate selective contingency planning that focuses on resilience in a few key economic and security functions. The support should include a) tracking the state of pandemic readiness, b) advocacy for multi-sectoral preparation with a focus on areas of greatest vulnerability, and c) practical assistance with the contingency planning process, where and when it is needed. Tracking is vital: preparedness needs to be evaluated regularly in a way that informs decision makers as to whether either additional work or new strategic approaches are needed. Tracking tools that use standardized data sources and analyses that permit comparisons between countries are essential.

Steps for in-country contingency planning

6 In-country contingency planning is a process requiring several steps. **The first step brings together different stakeholders in Government, the private sector and civil society** to agree on what *being prepared for the next influenza pandemic* means, based on international guidance. They should then spell out how they expect essential elements of government and private enterprise to continue operating under pandemic conditions, establishing benchmarks for preparedness, including the minimum essential operations that government departments should expect to sustain. This Concept of Operations, or CONOPS, will also indicate

how departments will maintain operational continuity and ensure that there is sufficient reserve capacity to tackle extra demands (such as responding to particularly vulnerable population groups) under pandemic conditions. The CONOPS should identify who is responsible for what tasks, who deputize if the responsible officers are not available, and what kinds of resources they can draw on when additional personnel, finance or assets are deemed necessary.

7 **The second step is a focused inclusive and rapid planning process** that engages all the major stakeholders in a range of sectors. They will together focus on how best to maintain elements of critical infrastructure - the services to be made resilient as a contribution to the continued functioning of economic and social systems under pandemic conditions. The planning process will engage all the key actors in the development of a living document that is updated regularly in the light of experience. The planning process would be time limited (no one will be able to drag it out at will). As priority actions are identified they should be costed. Consultation and negotiation are essential parts of the planning process, and all who are expected to be involved in implementation should ideally be able to review it in draft. It should be appraised by specialists in continuity planning and public health to check for technical soundness, and validated to ensure that the time-course for implementation and the sums budgeted are sensible.

8 **The third step is to develop standard protocols:** explicit descriptions of actions to be taken by key personnel, in response to specific triggers, to implement the plan. These detailed protocols are a vital part of pandemic readiness – they can be rehearsed training programmes and then implemented by those who are responsible without their needing close supervision.

9 **The fourth step is the regular supply and collation of data** on suspicions of pandemic-type illness, on efforts to contain it, on its progression, and on the capacities of different authorities to respond. These data should be made available both nationally *and* internationally, and used to develop information necessary for tracking the evolution of the pandemic, assessing its severity, assessing risks and adjusting responses (e.g. when to change the intensity or pattern of response).

10 **The fifth step is to test pandemic readiness.** This requires dedicated engagement of responsible senior officials in an examination of capacity for synergized and strategic responses to a suspected pandemic influenza virus. Multidisciplinary policy teams should undertake such "table top" exercises in their own countries and with their colleagues from neighbouring states. More sophisticated "drills", based on simulated pandemic conditions, should engage stakeholders at the working level and so become better able to make difficult decisions rapidly and confidently.

11 **The sixth step is to set up an implementation mechanism.** The potential consequences of an influenza pandemic are wide ranging, hard to predict with confidence and highly dependent on the quality of response being mounted by national and international institutions. An effective response WILL reduce the next pandemic's social and economic impact. A functioning inter-departmental government-wide task force will be required. It should report regularly to the senior-most political authority, work to tight deadlines, cut across different branches of government and embrace the private sector and civil society. The mechanism should be set up before the pandemic occurs so that it can start operating as soon as it is needed – It would be staffed by trained and equipped personnel used to working as a team, based in an operations centre and linked to similar entities in other countries.

12 Finally, most governments have recognized the importance of well managed, authoritative and transparent communications from health professionals to members of the public. Essential to the implementation of an effective communications strategy are (a) a limited number of authorized spokespersons, (b) wide but carefully managed dissemination of their statements, and (c) careful attention to concerns expressed by legislators, public and media. WHO has developed written guidance and a training programme on outbreak communication so as to foster best practice.

The Role of International Bodies in supporting national preparedness

13 An influenza pandemic may well evolve into a worldwide catastrophe on an unprecedented scale: preparation should provide for a response that limits the extent of the catastrophe through the development of robust and resilient institutions. The UN system works with national bodies to contribute to (a) key health sector actions for pandemic containment and (b) the continuity of essential services endangered by absenteeism, movement restrictions and shortages of skilled staff. Vulnerable communities will be even more at risk.

14 The kind of responses needed during the next pandemic will in some respects closely resemble those which mitigate the consequences of earthquakes and floods. The main differences are that a pandemic does not directly threaten physical infrastructure and would be characterized by deeper and long-lasting absenteeism. Pandemic preparedness should be taken forward within the context of broader crisis preparedness efforts – it would involve the same stakeholders and institutions as those preparing for both natural and man-made disasters. Pandemic preparedness contributes to broader readiness for crisis responses, and vice versa.

15 It is important that – wherever possible – good use is made of existing capacities and resources available to mitigate the impact of crises. Within the UN system several existing agencies play complementary roles. ISDR (the International Strategy for Disaster Reduction) has an important global advocacy role and network of national focal points for disaster risk reduction. OCHA (the UN Office for the Coordination of Humanitarian Affairs), has a lead in preparing for the coordination of disaster response, and the UN's Development Programme (UNDP) spearheads the building of national capacity for disaster preparedness, where needed. The different offices recognize the need to work in synergy and strive hard to do so.

16 The IMF, working closely with central banks and financial regulators, as well as private sector finance sector institutions, is working to help countries prepare for the potential impact of an influenza pandemic on the financial sector, and such preparations could pay off well. Similarly, the UN World Tourism Organization (UNWTO) has worked with partners to simulate pandemic impact in a sector which is especially vulnerable to public perceptions of risk. The International Civil Aviation Organization (ICAO) has worked with national authorities and international organizations to develop response plans including options for minimizing disruption to air travel. UNDP has worked with countries on the management of cross border movement and maintenance of rule of law. Overall support for national pandemic contingency planning efforts, with a particular focus on interventions outside the health sector, is undertaken by the UN's Pandemic Influenza Contingency (PIC) team.

Humanitarian elements of pandemic responses

17 Communities whose capacities are already overstretched will require help to respond to the needs of their most vulnerable: they will seek support from national authorities and humanitarian groups elsewhere in the country and – if access is possible – from outside. The international humanitarian assistance community would face challenges in responding to requests because of reductions in air travel, shortages of supplies, and challenges with moving money across the world. Humanitarian work will have to be undertaken differently under pandemic conditions with the emphasis on strengthening the humanitarian response capacity of local communities even in countries where there is substantial national infrastructure. Procedures for delivery of humanitarian assistance in a pandemic will need to be revised jointly by the different partners involved and staff exposed to appropriate training (and simulations).

18 Humanitarian organizations – particularly those working at the local level – have started to simulate the challenges they will face in ensuring that their current caseload can access food, water and other basic needs. They also have to anticipate the potential for substantial increases in the numbers of vulnerable people in need of relief. But given that international humanitarian action is likely to be massively restricted because of limitations on inter-country transportation, the emphasis at this time, while preparation is still an option, must be on empowering and equipping local communities to undertake humanitarian action themselves.

UN system pandemic contingency planning:

19 The UN system is making itself pandemic ready. Following increasing concern by South East Asia-based UN country teams, during 2005, about the potential for their facing up to a human influenza pandemic, the UN developed (a) medical guidance for staff safety under pandemic conditions (including pharmaceutical and non-pharmaceutical measures) in 2005, (b) guidance for ensuring continuity of essential operations under pandemic conditions in early 2006. UN country teams and peacekeeping missions worked together on ways of developing pandemic contingency plans which were reviewed and are now being revised and tested by simulation. UN headquarter units worked on similar approaches which include the concept of operations for the UN as a whole and its separate entities under pandemic conditions, plans for the continued operations of political bodies (security council and general assembly).

20 A novel approach is now being developed to enable UN country teams to put together their pandemic plans with the help of an interactive on-line tool, which provides guidance to the teams and enables the tracking of their work through close attention to a small number of critical indicators of the planning process. On-line comparison of planning progress between different country teams enables the production of charts and maps that show progress across the UN system. The Pandemic Influenza Contingency team is setting up an on-line tracker to make such comparisons possible.
