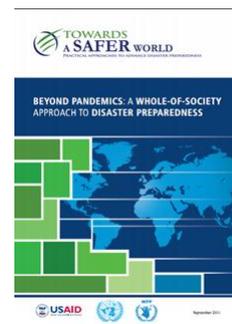# TOWARDS A SAFER WORLD : RECENT DEVELOPMENTS

(Follow-up to 'Beyond Pandemics: A Whole-of-society Approach to Disaster Preparedness')

At the September 2011 Towards a Safer World conference in Rome, TASW released the publication ''Beyond pandemics: a whole-of-society approach to disaster preparedness''. That booklet summarized good practices and lessons from 6 years of multi-sector pandemic preparedness which are relevant to comparable threats. This paper summarizes further approaches, case studies and developments that TASW partners have been working on since the publication of ''Beyond pandemics''.

Index:

Scaling up the community-based workforce for emergencies

Community-based actions are critical in managing emergencies. Local knowledge of local risks ensures that the actual needs of the community are addressed. Local actions prevent risks at source, by avoiding exposure to local hazards. A prepared, active and well-organized community can reduce risks and the impact of emergencies. Many lives can be saved in the first hours after an emergency before external help arrives. In October 2011, the Global Workforce for Health Alliance, UNHCR, UNICEF, WHO and IFRC released a joint statement for scaling up the community-based workforce for emergencies. Its purpose was to draw attention to the vital role that the community-based health workforce plays in all phases of emergency risk management (prevention, preparedness, response and recovery); to promote the scale-up of the community-based health workforce by recognizing all those who make up this workforce, training and equipping them for action at the local level, and including them in planning for all types of emergencies; and to encourage Governments and supporting partners to reinforce the community-based health workforce by strengthening and preparing existing health systems, and by providing resources in support of local action to reduce health risks and manage emergencies.

The Joint Statement is available at:
http://www.who.int/workforcealliance/knowledge/publications/alliance/jointstatement_chwemergency_en.pdf

A working group of partners will be putting together guidance and tools on how to take forward community-based actions to reduce the risk of, prepare for, respond to and recover from emergencies.

New Inter-Agency Standing Committee simulation exercise materials

Building on tools developed by UNICEF and OCHA in the context of pandemic preparedness, the Inter Agency Standing Committee Sub Working Group on Preparedness have developed simulation and contingency planning tools. These include an Emergency Simulation Guide designed for humanitarian agencies to use and a Simulation Guide designed for Governments to use. The IASC SWG also organize training courses in Sweden in collaboration with MSB (the Swedish Civil Protection Agency) so as to develop a body of facilitators trained to run simulation exercises using these tools.

These simulation tools will shortly be available on the new IASC SWG preparedness and simulation portal hosted by OCHA Geneva (www.preparednesstracker.com). They will also be posted on www.towardsasaferworld.org soon. Meanwhile, you can find tailor-able materials that can be used to deliver a pandemic-specific table-top exercise in your organization at:
http://www.towardsasaferworld.org/resource/tailorable-simulation-materials-enable-you-conduct-table-top-simulation-exercise-your-own-o

Vietnam Red Cross builds on lessons learned from pandemic preparedness activities to prevent spread of Hand, Foot and Mouth Disease

In the wake of the Hand, Foot and Mouth Disease (HFMD) health crisis in Vietnam, the Red Cross mobilized hundreds of volunteers to conduct a massive public information campaign targeting carers of children under five. New cases of the contagious viral illness among pre-schoolers have jumped significantly in the country over the last 12 months resulting in 166 deaths last year and 11 this year. Deaths have been attributed to a more virulent strain of the virus, known as EV71.

According to the Vietnam Ministry of Health, more than 15,000 cases have been reported this year to mid-March. This is seven times greater than the same time last year. The virus's symptoms include fever, blisters on the hands and feet and sores in the mouth.

"Hand, foot and mouth disease is not treatable but the risk of catching it is greatly reduced through good hygiene practices," the Secretary-General of Vietnam Red Cross, Mr Doan Van Thai, says.

When the incidence of the disease first began to increase rapidly last year, the Vietnam Red Cross moved swiftly to educate people in the hardest-hit communes about how to reduce the risks. It has trained more than 750 volunteers and produced a wide range of public information tools to educate parents and carers on the importance of good hygiene, such as regular hand washing and covering mouths when coughing or sneezing.

"We are working hard on delivering practical steps to carers of small children to prevent the spread of the disease, and have so far reached about 145,000 households in the five worst-affected provinces," Mr Thai says. "This is through house-to-house visits and community information. We have also specifically targeted informal day care centres, providing them with leaflets and posters, as well as soap to reinforce hand washing demonstrations."

The IFRC's representative in Vietnam, Bhupinder Tomar, says, "Our surveys have shown the campaign has already been very effective in improving knowledge about the importance of carers washing their hands before and after coming into contact with sick children, keeping them at home away from other children, and making sure food is well cooked and water is safe." Importantly, there was a 32 per cent increase in awareness that carers should wash their hands before coming into contact with a child and an increase of 33 per cent that children's hands should be washed after playing or contact with toys. "It is vital that this disease be brought under control as its victims - small children - are some of the most vulnerable in our community," Tomar says. "Additionally, proper hygiene practices prevent a whole range of communicable diseases, so there could be untold long-term benefits to families."

The Vietnam National Red Cross response to the HFMD outbreak benefitted from tools and experience from the IFRC-led Humanitarian Pandemic Preparedness (H2P) Project. After assessments and consultations with authorities, VNRC decided to contribute to the national response taking into consideration the tools which were already available from its recent experiences in pandemic preparedness. The posters and video clips used by VNRC were adapted from the H2P 'Your best defence is you' campaign and messages. The updating of volunteers used relevant modules from H2P training materials. VNRC's ability to roll out the training (which reached 750 volunteers) and communication materials took advantage of the experience, lessons and good practices in training and communications gained during the H2P project

Mainstreaming of pandemic preparedness into multi-hazard readiness

WFP's approach to pandemic readiness is to maintain, as much as possible, operations continuity while minimizing risk to staff health and safety and remaining the provider of common humanitarian services in support of Governments. In 2009, WFP's Director of Emergencies instructed all WFP Country Offices and regional bureaux to enhance their pandemic readiness. By mid-2010, 92% of the organization's offices had developed a country specific Operational Action Plan (OAP) for Pandemic to ensure optimal pandemic preparedness. Each of these plans has been reviewed by a multi-disciplinary team using two sets of indicators. The first set of indicators was evaluating the level of planning done by the offices: risk assessment, prioritization of programmes with alternative implementation strategies, and coordination with governments, other agencies and service suppliers. The second part of the review was the evaluation of the level of readiness and the actual preparedness actions that had been taken by all functional units. For each of these functions, a set of "minimum preparedness measures" to be in place at any time had been recommended. A tracking system with implementation status and responsibilities was developed. This approach led the way to a new approach for multi-hazard readiness.
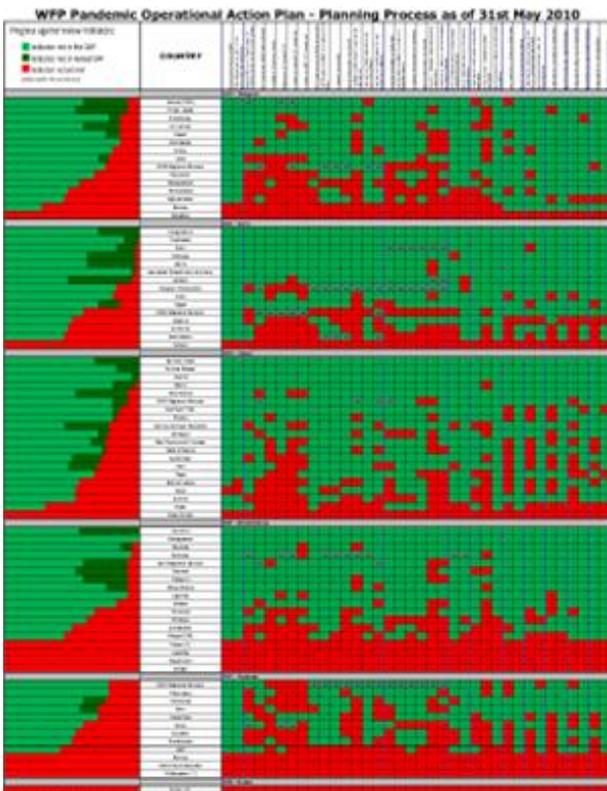
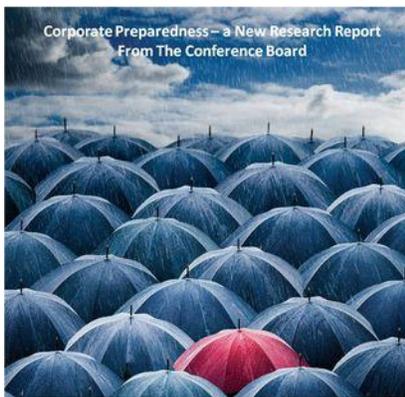In 2011, based on decisions made by WFP's Executive Board to mainstream the different readiness and planning tools of the organisation, the Emergency Preparedness and Response Branch started to develop a way of integrating risk management, multi-hazard readiness and operational continuity planning. With the support of the Pandemic Response Unit, most of the "minimum preparedness measures" recommended in the Operational Action Plans were integrated in the new tool.

WFP's Emergency Preparedness & Response Package

Country Office Work Plan | Early Warning | Event | Initial Response

Emergency Preparedness & Response Checklists

Risk Assessment

Risk Profile

Internal Environment
WFP Programmes, Processes, Staff & Assets

External Environment
Population, Food Security Situation, Partnership Networks

Mitigating Actions

Minimum Preparedness Actions

Emergency Readiness Actions

Standard Operating Procedures
for First 72 Hour Response

Initial Response Strategy

IRA EMOP, Special Operation

Risk Management Framework
Security Management Policy
Emergency Preparedness & Response Framework

Indeed, WFP's Operational Action Plans were not developed against the specific threat of a pandemic but as a set of actionable measures and capabilities enhancing the agency's resilience to major disruptions. As such, the measures taken by WFP's offices in their Operational Action Plans for Pandemic were relevant to a multi-hazard approach to emergency preparedness and response planning. By 2012, the Emergency Preparedness and Response Package has become an integrated toolbox providing WFP's country offices and regional bureaux with practical guidance to maintain at all times a minimum level of readiness, to step up to a stage of emergency readiness against imminent threats, absorb shocks, initiate response and lead the way to recovery.   It is now an official corporate tool and is being rolled out across the agency.

Follow-up to TASW Private Sector recommendations

''Beyond Pandemics: A whole-of-society approach to disaster preparedness'' noted that the extraordinary efforts undertaken in the private sector to prepare for an influenza pandemic materialized in recognition of the threats to public health and business activities posed by the widespread outbreak in birds between 2004 – 2008 of the H5N1 Avian Influenza virus. The extraordinary level of focused response to the threat of a human influenza pandemic arising from H5N1 is unlikely to recur as a motivation to prepare for future pandemics. TASW recommended that the private sector incorporate pandemic planning into broader "all-hazards" business continuity and crisis management plans. According to The Conference Board, this is happening. (The Conference Board is a New York-based, global, not-for-profit business membership and research association which provides independent economic and business knowledge.) Their October 2011 survey of 262 executives found that 81% believe their companies have now embraced an "all-hazards" approach, focusing on "desired outcomes in resuming business operations rather than attempting to predict and plan for an endless list of potential scenarios". (More details on the full report 'Preparedness in the Private Sector - 2011' by D Bayer can be found at http://www.conference-board.org/publications/publicationdetail.cfm?publicationid=2026)

The economic impact of recent disasters, conflicts and civil unrest which could not have been anticipated (Fukushima, Hurricane Irene, the Arab Spring) has pushed the private sector towards an "all-hazards" approach in planning and preparedness, and towards a much greater awareness of the need for plans to strengthen "resilience" – defined as "the ability of business, government entities, and the community at large to recover from a major disruption and restore essential operations". A rising recognition in the private sector of the tremendous economic costs imposed by such events is quickly increasing the profile of "all-hazard" preparedness activities within companies. For example, the Japanese government estimated that the damage to infrastructure from the March 2011 earthquake and tsunami exceeded $300 billion – more than 4 times the estimated damage to infrastructure from Hurricane Katrina. To cite another recent example from 2011, the illegal hacking of personal data from more than 100 million Play Station customers is estimated to have cost SONY and credit card issuers $1 billion – the single most expensive cyber security breach so far – while a Cyberspace Policy review undertaken by the White House estimated that for 2009, the total cost of breaches in cyber security leading to the theft of company data was $1 trillion. As awareness of the economic costs of disaster rise, the demand for planning for resilience is increasing.

However, while private sector acceptance of "all-hazards" resilience planning and preparedness is growing, integrating enterprise risk management (ERM) with "all hazards" resilience planning and the major security-related functions of an enterprise (physical security, IT security, business continuity, crisis management and pandemic planning) is far from common practice. Just 21% of the companies surveyed by The Conference Board had a security function that included all

6

five of the security-related functions listed above, and only about half of the executives surveyed indicated that these security functions were integrated closely with Enterprise Risk Management.

Likewise, there is still much to be done to better integrate contingency plans across supply chains and with other community stakeholders. Only 59 percent of the companies surveyed by The Conference Board had a business continuity plan that addressed contingency plans with suppliers in case of a disruption. A smaller percentage (41%) had plans for prioritizing customers, and only 28% had plans to help employees locate and safeguard family dependents.

The survey found that even among companies that were rated by their executives as very resilient, most failed to coordinate their planning with key stakeholder groups within the community, such as telecommunications companies (only 40% coordinated); fire departments (39%) and police departments (34%). Yet there has been significant progress building awareness of the critical importance of adopting cultural norms that support resilience. 79% of the executives surveyed believe their company now has a culture that values rapid response and flexibility to adapt – essential qualities for resilient responses to disasters.

New government programmes and policies are emerging to encourage stakeholders to meet standards for resilience planning. For example, the US Department of Homeland Security (DHS) is in the process of creating a Voluntary Private Sector Preparedness Accreditation and Certification program (PS-Prep), which companies can use to obtain certification of their preparation to maintain business operations if a disaster should occur.

We have gleaned 5 recommendations for the private sector going forward.

(i)   Private sector participants should embrace an all-hazards approach to disaster planning, that focuses on building resilience – the ability of the company to bounce back quickly after crisis.
(ii)   Companies should seek to develop cultures that in a crisis, value rapid, decentralized and flexible decision-making. Information may travel up the organizational hierarchy during a crisis, but it is often desirable to have responsibility for decision-making and action pushed down to the front lines. Cultures should value decentralized flexibility and adaptability.
(iii)   Private sector planning and coordination activities need to be strengthened with other community stakeholders - including suppliers, customers, employees and their dependents, partners and first responder communities. Preparation and response is a community-wide responsibility.
(iv)   The active involvement of senior management in overseeing company preparations and response to disaster will improve performance. Companies with such involvement have been better prepared, and have responded better in the face of disaster.
(v)   Companies should consider developing an integrated Enterprise Risk Management programme to identify and manage _all_ potential threats to carrying out their mission. The goal should be to achieve a holistic view of all significant risks facing the enterprise, and to prepare for all such hazards from within a well-understood and common organizational structure.

WFP Pandemic Readiness and Response Exercise for Southern Africa

WFP is tasked by the UN's Consolidated Action Plan for Avian and Human Influenza to maintain continuity of operations in the event of a pandemic. In line with WFP's Preparedness and Response Enhancement Programme (PREP) and the Southern African Development Community (SADC) Strategic Plan 2011–2015, and building upon WFP's strong experience in simulation exercises, the Pandemic Readiness and Response Exercise (P2RX) for Southern Africa will strengthen coordination among Southern African nations in response to a large scale humanitarian disaster. It will focus on WFP's role in food, logistics and emergency telecommunications support and will provide opportunities to validate existing disaster response mechanisms including supply chain management and identify areas for enhancement using an inclusive approach which brings together the experiences and resources of the business sector and civil society as well as governments.

P2RX – Southern Africa will be the third in a series of such exercises. The first P2RX exercise took place in Mombasa, Kenya in December 2010 and involved the 5 members of the East Africa Community (EAC): Burundi, Kenya, Rwanda, Tanzania, and Uganda. The exercise highlighted the critical role of the port of Mombasa in the region and the inter-dependencies of the supply chains and logistics networks between EAC countries. The second P2RX simulation exercise took place in Dakar, Senegal in July 2011. Six countries from the Economic Community of Western Africa States (ECOWAS) participated: Benin, Ghana, Guinea, Mali, Nigeria and Senegal. The simulation exercised coordination and decision making processes in response to a large scale disaster affecting primarily urban populations across the region.

A third P2RX is under development in the Southern African Development Community (SADC) and will involve Lesotho, Madagascar, Malawi, Namibia, Zambia, Zimbabwe, South Africa and Mozambique. The exercise will focus on the role of the business sector in the maintenance of critical services during a severe disaster. It will take place in South Africa from 21-24 May 2012 and will be conducted by WFP with the support of SADC and OCHA. The purpose of the exercise is to strengthen coordination among Southern African nations to respond to a severe pandemic.

The exercise is a strategic Table Top Exercise (TTX), simulating the effects of a severe pandemic in the Southern Africa Region, although it has relevance to any large scale disaster. It will consider the implications of a pandemic for the maintenance of critical services (principally food access, emergency telecommunications and logistics), supply chain systems and the movement of food and other humanitarian supplies across the participating countries. The exercise has relevance for broader preparedness and disaster risk reduction strategies. The scope includes the supporting roles of other national and international governments and NGOs.

The exercise will focus strongly on the critical role of the business sector in the maintenance of critical services in support of a national response in a regional setting. Its objectives are:
a) To exercise coordination and decision making processes – including risk management and messaging.
b) To stress-test the integration of supply chain systems, focusing on the maintenance of critical services for food, logistics and telecommunications in a regional context including the role of the business sector.
c) Through simulation and exchange of information between participating experts, to provide a way forward for the enhancement of regional capacity for disaster preparedness and response. Each participating country will be represented by a team of 7 national government representatives (civilian and military) supported by one national Red Cross representative and 2 WFP Country Office staff members.   UNICEF, the World Health Organisation, the Food and Agriculture Organisation, the International Federation of Red Cross and Red Crescent Societies, and the Swedish and Italian Civil Protection organisations will provide technical support to the exercise.

A selection of private companies representing critical services across the region will take part in the exercise. Throughout the table top exercise, the different country teams will have ample opportunities to interact with business representatives. These simulated interactions will be an opportunity for the companies to demonstrate the benefit of their business continuity plans. The exercise should also identify opportunities for the government and the humanitarian community to engage in a more structured way with the business sector beyond ad-hoc collaboration during response operations. The exercise will also help the business sector identify linkages with national plans to strengthen their corporate social responsibility (CSR) programmes.

Pandemics, Earthquakes and other Disasters: the New Zealand experience

Dr Alistair Humphrey, Medical Officer of Health for Canterbury at the New Zealand Ministry of Health, delivered a presentation at WFP on 26 April entitled ''From preparation for pandemics to earthquakes''. The session explored the extent to which key experiences built up in New

Zealand from pandemic preparedness were relevant in the response to the Christ Church earthquake. Dr Humphrey emphasized the importance of self-reliant communities and knowing your neighbours. He identified that factors critical to a successful response in New Zealand had included diverse, open communication; clear information; collaboration with the media; recognizable trusted spokespeople; and a collaborative response between agencies, health providers, communities and the private sector. Pre-existing relationships proved critical. He pointed to 5 key aspects underpinning community resilience – communication, learning, adaptation, risk awareness and social capital. The full presentation is available at http://www.towardsasaferworld.org/resource/pandemics-earthquakes-and-other-disasters-new-zealand-experience

Global Risk Forum One Health (OH) Summit, Davos, 19-22 February

The Global Risk Forum convened a One Health Summit in Davos on 19-22 February. A group of Towards a Safer World network members were in attendance, with a view to exploring the scope for synergies between the One Health initiative and the TASW initiative.

6 key messages that emerged from the Summit included:

i) the ambition for One Health to be a network of networks
ii) the priority of developing the science of One Health, evidence-based good practice and fundamental definitions
iii) the importance of ensuring inclusiveness and trans-disciplinary endeavour
iv) the goal of promoting resilience
v) the recognition of the need to work with the leading institutions (WHO, FAO, UNEP, UNISDR and OIE)
vi) and an emphasis on adopting a holistic approach.

In a keynote speech, Dr David Nabarro (UNSIC) emphasised that

a) we should start at community/country/region level
b) we should bring livestock into all politics on poverty, food and risk
c) we should focus on resilience in health risks at interfaces; and nurture professional networks that span interfaces. He emphasised the value of working at the interfaces and boundaries between people, species and professions. Well-being depends on good healthcare at interfaces, but interfaces are hard to cover when mandates and accountabilities are rigid and bureaucracies are under pressure to cut costs. In this context, we should advocate whole of society readiness - and stimulate innovation and energy by engaging with farmers, consumers, business, researchers and youth. In terms of One Health governance, we should seek a multi-stakeholder guidance process that goes beyond Member State ownership
d) we should ensure a strong institutional anchor of FAO, OIE and WHO
e) we should establish an Operational Framework through the Development Banks; and seek financing mechanisms including Trust Funds and Subscription Funds
f) we should emphasise work, thinking and action by individuals not institutions
g) Dr Nabarro gave priority to applying more widely within the Hyogo Framework the many lessons from pandemic preparedness and avian influenza work that the Towards a Safer World network's members have identified

A summary of, video of and Power Point slides from Dr Nabarro's key note address are available at: http://www.grforum.org/pages_new.php/Keynote-2:-Dr.-David-Nabarro/1094/1/938/1073/

Update on USAFRICOM Pandemic Preparedness and Response Initiatives

United States Africa Command continues to assist partner countries in conducting disaster response exercises utilizing a severe global influenza pandemic scenario. During 2011 and early 2012, five additional major pandemic exercises were conducted with Tanzania, Rwanda, Senegal, Nigeria and Ghana. These exercises involved over 500 participants and identified pandemic preparedness gaps and shortfalls to be addressed by each country.

In Phase IV of its Pandemic Response Program (PRP), USAFRICOM assists countries in addressing pandemic planning shortfalls identified during their Phase III National-level Pandemic Response Exercises. Beginning in June 2011, AFRICOM, working with their primary implementer, the Center for Disaster and Humanitarian Assistance Medicine (CDHAM), engaged countries which had completed Phase III of the PRP, with the goal of ensuring that each had a military contingency plan that fully addresses the military's support of civil authorities during a major pandemic. This effort included several planning sessions with a task force from each country, composed of civilian and military planners from key ministries and various military commands. Focused effort allowed AFRICOM and CDHAM to complete and deliver military plans for Kenya, Uganda, Rwanda, Tanzania, Benin and Senegal during this period. Additional plans will be completed in Burkina Faso, Nigeria, Togo and Ghana before the end of 2012. In fiscal year 2013, AFRICOM and CDHAM will be assisting with developing and delivering the national civilian pandemic contingency plans to those countries who only received a military pandemic contingency plan during the first generation of AFRICOM PRP engagements.

Phase V of the PRP involves a concerted effort to develop education and training programmes in partner nations which sustain current disaster management strengths and address shortfalls identified in previous engagements. Working with CDHAM, AFRICOM has developed relationships with major US and African universities, the Kofi Annan International Peacekeeping Training Center and the International Peace Support Training Center to offer a variety of disaster management focused courses. These courses will greatly enhance the disaster management capacity of all partners, and will begin in late 2012 or early 2013. New "lessons learned" were identified during programme activities conducted in late 2011 and early 2012. The following are a few of the key lessons learned from this period:

Bilateral Engagement and Building the Right Team: The absolute necessity of building and maintaining relationships with key government, NGO and private sector leaders in partner nations, due to the detailed coordination required to execute planning and training. Building a cohesive national planning team from all appropriate ministries and other government and non-

governmental sectors was essential to the development of pandemic plans, as well as to support the follow-on training programme necessary to effectively implement those plans. Identification of a formal partner nation committee or task force to work with the AFRICOM/CDHAM Planning Team greatly enhanced the success of planning efforts.

In those countries where no formal group existed to oversee planning efforts, it was much more difficult to develop and implement plans. AFRICOM has worked with each partner nation to carefully identify the right personnel from all appropriate ministries and organizations and to ensure that a formal national committee or task force is established to facilitate the planning and training process. AFRICOM ensures that this group is available for all appropriate meetings and is included on all appropriate correspondence. This has greatly enhanced the effectiveness of meetings and planning sessions, resulted in much improved written products, and has provided better partner nation ownership of the process and products.

Sustained Engagement: Some international partners sometimes engage developing countries for an individual event without full regard for how this event fits into broader disaster management capacity building, or how the country will implement and sustain a long-term action plan to address shortfalls identified as a result of the event. The AFRICOM PRP focuses on ensuring that programme events build on one another, with the long-term goal to increase disaster management capacity in partner nations in a way that can be sustained by the countries with little help from international partners.   For example, the engagement of US and partner nation universities, in addition to the International Peace Support Training Center and Kofi Annan International Peacekeeping Training Centre (KAIPTC) in Africa allows the development of new relationships which are not heavily reliant on AFRICOM or other external partners. This creates the potential for long-term sustainment of disaster management capacity across a larger number of African nations.

Building Partnerships between Pandemic Programmes: Developing nations sometimes have programmes sponsored by several UN agencies, partner nations and Non-Governmental Organizations whose programme objectives are similar.   Several UN Agencies, donor nations and NGOs have had pandemic preparedness programmes in many developing countries.

These various initiatives sometimes pay insufficient attention to coordination among themselves and run the risk of creating confusion if rival capacity-building efforts compete for time and attention. AFRICOM worked with WFP to create synergy between the WFP Pandemic Readiness and Response Exercise (P2RX) program and AFRICOM's PRP.

This engagement included working jointly on exercise design and execution, including sharing staff for P2RX and PRP exercise events. WFP and AFRICOM/CDHAM programme managers sought unity of effort, to create an environment that benefited the partner nation and ensured best utilization of resources. Civil-military activities will continue to coordinate disaster and pandemic capacity building efforts to optimize scarce resources, avoid redundancy and maximize benefits to partner nations. This cooperation between WFP and AFRICOM is a good example of civilian-military cooperation, and of a UN Agency working closely with an international donor nation to benefit developing nations.

Update to the TASW report on the aviation, tourism and travel sector from the UN World Tourism Organization

Communications is key to avoid unnecessary impacts on the travel and tourism sector from health events and natural disasters. The Tourism Emergency Network (TERN), established originally for pandemic preparedness, has ever since been used constantly to communicate and coordinate travel and tourism sector efforts. The earthquake in Australia, the tsunami and nuclear accident in Japan, and the Arab Spring in the Middle East were all situations when the mechanisms were used and proved relevant. The mechanisms of the Office of the Senior UN System Influenza Coordinator (UNSIC) and the good leadership of the International Civil Aviation Organization (ICAO) allowed the UN World Tourism Organization (UNWTO) to benefit from cross-agency coordination and helped significantly to limit the impacts of the nuclear incident in Japan.

UNWTO, based on pandemic preparedness experience, initiated the development of guidelines for the integration of the travel and tourism sector into national emergency structures. Proper integration of private sector activities, such as travel and tourism, and public sector activities, such as emergency management, is crucial to minimize inconsistency in actions and messages and ensure efficient use of resources. A first review meeting in Australia with key players from both areas demonstrated the relevance of this approach from an international dimension. When travelling internationally, tourists face additional challenges such as language, unfamiliarity with the emergency infrastructure and extended stays. As interfaces between actors remain one of the most important areas to improve, UNWTO brought major travel and tourism associations together and facilitated a process of discussion among them and Ministries of Tourism regarding their particular information needs when an emergency situation is arising. By better understanding the players, needs and assumptions, trusted networks will grow and become more robust at national and international levels, allowing timely exchange of critical information, to the benefit of both parties.

As a direct consequence of the activities carried out during the pandemic, in 2011 UNWTO formulated and approved through its General Assembly 'Recommendations on the Use of Geo-references, Date and Time in Travel Advice and Event Information' (A/19/9 add.1/Annex 10). These recommendations increase the transparency, efficiency and relevance of advice and information and increase their acceptance among all stakeholders, including Ministries of Foreign Affairs, Ministries of Tourism and the private sector.

Resilient livelihoods: Disaster Risk Reduction for Food and nutrition security

Disasters and food insecurity are interconnected. Floods and hurricanes destroy agricultural, livestock and fishing infrastructure and assets. They interrupt market access, trade and food supply and deplete savings. Drought and plant pests have a direct economic impact by reducing farm production and affecting prices. Economic crises force the poor to sell their assets and decrease food consumption. Disasters create poverty traps that increase the prevalence of food insecurity.

Resilient livelihoods are critical to the efforts of the UN Food and Agriculture Organization to help vulnerable people achieve food security and freedom from hunger. At FAO, DRR is about protecting livelihoods from shocks, and strengthening capacity to absorb the impact of, and recover from, disruptive events. FAO has responded to recommendations made by its Governing Bodies by developing a Disaster Risk Reduction for Food and Nutrition Security Framework Programme. It aims to scale-up and accelerate DRR actions at local, country, regional and global levels, building on FAO technical capacities as well as DRR initiatives and good practices worldwide.
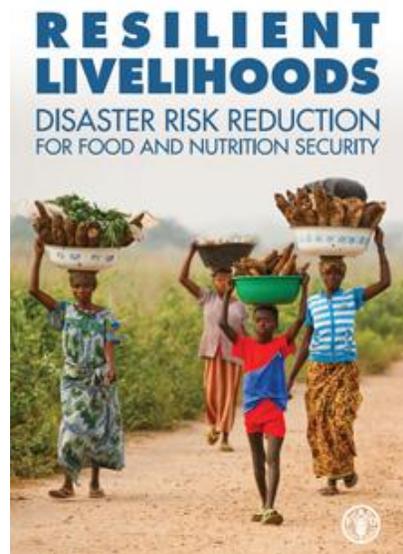
Many of the lessons learned from pandemic preparedness and response to the Influenza A (H5N1) episode have been integrated in this Framework Programme. Today, information on disease can be tracked instantly as a result of improved use of technologies such as electronic mail, the web and the use of Geographic Information Systems, which are all tools that are becoming more and more accessible to society. Technological developments are revolutionizing disease surveillance. This has been integrated in pillar 2 of the Programme - Watch to Safeguard. Beyond disease information, there is a need for holistic monitoring approaches and integrated analysis of key agricultural sub-sectors and livelihood systems, such as livestock and fisheries, and new threats such as food prices. Such an approach will enable the monitoring of multiple threats for a more comprehensive understanding of, and response to, food and nutrition insecurity.

The FAO Framework Programme provides strategic direction to implementation of DRR measures in member countries across agricultural sectors. It promotes an inter-disciplinary and programmatic approach to DRR for food and nutrition security, by integrating agriculture, livestock, fisheries, forestry and natural resource management, to respond more effectively to the diverse livelihoods of small-scale farmers and to the complex set of factors which contribute to risks. This Programme will generate greater understanding, commitment and action in DRR for food and nutrition security. The November 2011 document can be downloaded at: http://www.fao.org/docrep/015/i2540e/i2540e00.pdf

Good Emergency management practice: the Essentials

This Guide is a revised version of a tool that was first developed in 2004. It now integrates the experience that FAO's Animal Production and Health Division and the FAO-OIE Crisis Management Centre – Animal Health have acquired when responding to Government requests for support in dealing with Highly Pathogenic Avian Influenza outbreaks across the world.

An animal disease emergency, such as a trans-boundary animal disease outbreak, can have serious socio-economic consequences which affect the national economy. Planning for emergency disease eradication or control programmes cannot be left till a disease outbreak has occurred. At that point, there will be pressure from politicians and livestock farmers for immediate action. In such a climate, mistakes will be made, resources misused and deficiencies amplified. Delays will result in further spread of disease and higher costs. If there is inadequate advance planning, national animal health services will face a disease emergency with poor

training and little experience. These severe problems can be avoided with advance planning and preparation.

Preparedness programmes for animal disease emergencies are key to mounting early effective action in the face of an emergency. Preparedness planning, including contingency plans for high-threat diseases, enables animal health services to be better technically equipped to cope with a disease emergency. There are other benefits. Prior approval of plans allows decisions to be made by politicians and civil servants more rapidly. This enables government funds for the control campaign to be released more quickly and for necessary assistance to be made available more easily from other government agencies. Pre-established relationships with other agencies, especially public health agencies, facilitate better responses through improved communication. Farming communities are more likely to cooperate in an emergency disease control programme if they see quick action is being taken that will benefit them and that their contributions were considered during planning and review. Contingency plans are often prepared against specific diseases that represent the greatest threat. Contingency plans also enable animal health services to respond quickly to unanticipated disease occurrences because the same general epidemiological and disease-control principles and systems developed for specific diseases can be applied in a new situation. Towards the end of 2011, FAO produced a revised version of a document entitled: ''Good Emergency Management Practice: the Essentials''. It is hoped this guide to preparing for animal health emergencies will assist and facilitate preparedness. The document can be downloaded at: http://www.fao.org/docrep/014/ba0137e/ba0137e00.pdf
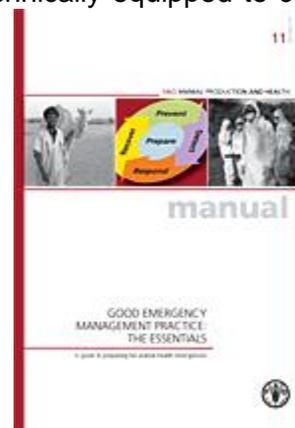
FHI 360 advocacy guide

Following on from their substantial efforts in the field of communications related to the threat of H5N1, FHI 360 have developed a new advocacy guide in South East Asia (Subtle Persuasion: An Easy and Effective Handbook for Changing the World Through Advocacy) that is available at http://mekong.aed.org/docs/PREVENT_ADVOCACY_PRESENTER_ONLY_3.6.12.pdf

FHI 360 is also planning to do an advocacy training workshop in Thailand at the request of the Thai Ministry of Health.

Climate Change, Infectious Diseases and Health

Like Highly Pathogenic Avian Influenza and H1N1, climate change faces the challenge of how science and technology could be made available to and utilized by vulnerable and at risk communities so that they can manage and cope with the impact of adverse events.

Cecile Lantican, (FHI 360, Lao PDR) was among 200 people who attended the 6th International Conference on Community-Based Adaptation (CBA6) in Hanoi, Vietnam. Participants at the conference, held April 16-20, 2012, addressed the topic of "communicating community based adaptation" and participated in a three-day field trip to observe how local communities in

different ecosystems have adapted to climate change. Cecile shared the community-level

communication approaches that were tested and found useful to help communities address pandemic threats and emergencies.

Pandemic infectious diseases and climate change have things in common: both recognize no boundaries. They are events that are unusual and unexpected and may happen anytime. When they happen, there is a crisis that poses challenges beyond the organizational capacity of a particular country.

There is an emergency that may create chaos. People are at risk. Both situations call for a whole-society approach to disaster preparedness. Pandemic and climate change require planning and preparing at all levels – household, community and national. The impact on populations includes the loss of livelihoods, food security and overall well-being. And, for at-risk populations – those with debilitating and chronic diseases – the risk factors increase.

Climate change is happening. All populations are affected by climate change, but some are more vulnerable than others. Communities with limited, weak health infrastructure – mostly in developing countries – will be the least able to cope without assistance to prepare and respond.

The lessons and experience learned from pandemic influenza planning can be applied to planning for and anticipating droughts, floods and intensity of weather. These include: multi-sector engagement; information shared at all levels; and work to create an environment that understands what needs to be done to deal with the effects of climate change. Building on the relationships formed during the H5N1 virus is an affordable and easy place to start. People

(particularly those who have not seen an outbreak) think that an H5N1 or H1N1 pandemic is a distant issue, as is climate change. In the climate change debate, human health, which is a localized issue, has not been fully explained and understood. A more detailed account of Cecile's experiences at this conference can be found at: http://mekong.aed.org/blog/climateChange.html

ASEAN Assessment of National Multi-Sector Pandemic Preparedness And Response

The Association of Southeast Asian Nations (ASEAN) has been assisting ASEAN Member States (AMS) in monitoring their progress in strengthening national multi-sector pandemic preparedness to ensure continuation of operations and businesses in the event of a severe pandemic. From 2008 to 2010, ASEAN worked on developing the ASEAN Non-Health Sector Indicators for AMS, which led to the development of the tool for assessing national multi-sector pandemic preparedness and response (PPR) capacities. An initial assessment (pilot) was conducted in Indonesia in June 2009, lessons from which led to a new approach to the assessment methodology that has been incorporated in the final assessment tool. A survey of all 10 AMS was conducted between January and December 2011. The national assessments were expected to identify oversight and operational gaps within national and sub-national structures and within relevant civil society and public-private sector linkages, so that AMS can more easily develop strategic plans to address needs and fill gaps, which could otherwise lead to a breakdown in societal functions. This assessment provided a descriptive overview of multi-sector PPR but did not venture into a quantitative comparative assessment of countries' efforts. With the findings of this assessment, future assessments could attempt to measure the progress of countries with their continuity of essential services readiness.

The findings show that countries have established central national and sub-national multi-sector/inter-ministerial coordinating bodies within an all-hazard framework, with high-level leadership and fund appropriations. However, national budget appropriations may need to be augmented to sustain the planning efforts that have been initiated. External support from IGOs that have assisted some countries in initiating their BCPs should continue to be encouraged. With the proper central coordination framework in place, command and control processes are easily defined and expected to function during a severe pandemic. However, countries need to further define their command and control structures in regard to a whole-of-society approach to PPR to include clear linkages with CSOs and private sector groups.

Most countries are advancing with their BCPs, having already identified essential service sectors and formulated some policies, guidelines and broad sector BCPs. Countries are expected to pursue the development of detailed continuity of operations plans and operational procedures within individual essential service organizations and for entire sector systems. Countries are expected to direct further efforts towards expanding sector involvement in Business Continuity Planning; information and communication strategies; addressing the needs of vulnerable groups; defining clearer linkages with civil society organizations, international non-governmental organizations and businesses; and defining the potential roles of such groups in relation to BCP. Some countries may need to review and update their coordinating structure and mechanism to ensure inter-operability of agency responses. In comparison to the preliminary desk-study of existing contingency plans among the non-health sectors carried out in 2009, the situation today shows that sector-wide coverage is no longer sketchy and that there has been significant progress in BCP within ASEAN. However, non-health sector awareness and sector-wide coverage still need to be expanded.

In the event of a severe pandemic event, ensuring continuity of essential operations requires a whole-of-society response. A whole-of-society response must be founded on a sustainable operational system (SOS) that integrates pandemic preparedness into disaster management and emergency/national security response systems. As a pandemic is a progressive condition, each stage it presents (mild to severe) requires a set of mitigating actions. In this regard, the components of the operational system must be inter-operable to sustain the actions within a response continuum. The response continuum could be a spectrum of issues ranging from socio-humanitarian to political security. It could have three institutional oversight stages. The response transition from one stage to another should be clearly defined, such as from Stage 2 to 3, where in Stage 2 continuity of essential operations requires standard disaster management systems, and in Stage 3, continuity of essential operations requires the complete activation of whole-of-society emergency management systems encompassing communities to achieve maximum coping ability. It is therefore important that AMS recognize that a pandemic is a potential national/regional security threat.

Sustainable Operational Systems – Institutional Oversight Stages - Progressive Pandemic Emergency Response Continuum		
Stage 1: Primarily through the health organization	**Stage 2:** Through the disaster coordination and response organization	**Stage 3:** Through the national security organization
Response: Outbreak investigation and response Containment Control	**Response:** Continuity of essential operations management (sustaining the coping mechanism in a severe pandemic)	**Response:** Continuity of essential operations emergency management (maximum coping ability – complete activation of the whole-of-society emergency system involving communities)
Trigger: Disease outbreak and spread / WHO declaration	**Trigger:** 40% absenteeism	**Trigger:** Breakdown in services/impact on functions of society

In addition to country-level preparedness, ASEAN should seriously consider collectively addressing serious pandemic threats or impacts of disasters resulting from pandemics, through formulating institutional and operational frameworks and plans on regional multi-sector pandemic response coordination. Five key institutional drivers to SOS for pandemics are suggested below:

(i)   An encompassing highest level inter-ministerial central body for all-hazard/security/emergency coordination;

(ii)   Legislation/clear mandate for the central body;

(iii)   Budget/resources allocation or mobilization;

(iv)   Comprehensive continuity of operations plans at all vertical and horizontal levels, including country, regional and community levels.

(v)   Tests and simulation exercises conducted, learnt from and acted on.

TASW Roster of Experts

TASW's Advisory Group recommended that TASW develop and maintain a list of expert consultants in various disciplines with the capacity to support network members with implementation of whole-of-society preparedness activities for pandemics and related threats if required. The roster lists the contact details and areas of expertise of recommended experts and consultants who are available to advise network members. It can be consulted at: http://un-influenza.org/node/4669

CRISMART: Reports drawing lessons from disasters

CRISMART is a group of 20 scientists, analysts and experts at the Swedish National Defence College. CRISMART has produced many reports examining cases of disasters and drawing lessons for others to learn from. More information is at www.crismart.org. Here is a list of some of their relevant publications in English.

Buus, Stephanie and Eva-Karin Olsson (2006) The SARS Crisis: Was Anybody Responsible? *Journal of Contingencies and Crisis Management, 14(2):71-81. Download available at:* http://onlinelibrary.wiley.com/doi/10.1111/jccm.2006.14.issue-2/issuetoc
Bynander, Fredrik, Lindy Newlove and Britta Ramberg. (2005) SIDA and the Tsunami – a Study of Organizational Crisis Response *SIDA Studies in Evaluation. 05/02. 2005. Stockholm: SIDA. Download available at:* http://www.crismart.org/upload/Publikationer/Externa/Sida.pdf
Greco Donato, Eric Stern, and Géraldine Marks (2011) Review of ECDC's response to the influenza pandemic 2009–2010 *Stockholm: ECDC. Download available at:* http://www.ecdc.europa.eu/en/aboutus/key%20documents/241111cor_pandemic_response.pdf
Grönvall, Jesper (2000) – Managing Crisis in the European Union: The Commission and "Mad Cow" Disease *CRISMART series volume 10. Swedish National Defence College: Stockholm. Download available at:* http://www.crismart.org/templates/Page____565.aspx
Olsson, Eva-Karin (2005) The Dioxin Scandal *In Crisis Decision Making in the European Union edited by Sara Larsson, Eva-Karin Olsson, and Britta Ramberg. CRISMART series volume 29. Swedish National Defence College: Stockholm. Download available at:* http://www.crismart.org/templates/Page____552.aspx
Stern, Eric (1999) Crisis Decision making: A Cognitive Institutional Approach *CRISMART series volume 6. Swedish Emergency Management Planning Agency (ÖCB): Stockholm. Download available at:* http://www.crismart.org/templates/Page____335.aspx
Ullberg, Susann (2001) Environmental Crisis in Spain: The Boliden Dam Rupture *Crisis Management Europe Research Program. CRISMART series volume 14. Stockholm: Swedish National Defence College. (Discusses public health issues.) Download available at:* http://www.crismart.org/templates/Page____561.aspx
Young, Stephanie and Eric Stern (2010) Assessment Report of the EU-wide Pandemic Vaccine Strategies *Analytical report commissioned by the European Commission. Download available at:* http://ec.europa.eu/health/communicable_diseases/docs/assessment_vaccine_en.pdf

Support for TASW from MSB

The Director General of MSB (the Swedish Civil Contingencies Agency) Helena Lindberg has sent a letter of support for the Towards a Safer World initiative. Director General Lindberg said: ''The Towards a Safer World initiative works in line with the approach taken by the Swedish Civil Contingencies Agency in our work with a whole-of-society approach to crisis preparedness and response. We also seek to engage a wide spectrum of actors, including the private sector, in developing and implementing best practices in preparedness, response and recovery activities and responsibilities. MSB understands the necessity of working across boundaries of geography, sectors, professions and mental outlooks. Therefore I highly appreciate this important initiative. MSB endorses the Towards a Safer World initiative in its plans to develop and strengthen an international network of practitioners. The network provides an important forum for preparedness practitioners from a variety of sectors, organisations and countries, to share and refine expertise, methods and instruments for whole-of-society preparedness for pandemics and other threats. Through their endeavor to share experiences from the global pandemic preparedness and response and to develop generic preparedness tools that can be applied from an all-hazard perspective, the Towards a Safer World initiative can make an important contribution to the efforts of strengthening the global community of responsible actors' work towards better preparedness.''

TASW thanks Steve Aldrich (Bio-Era), Philippe Ankers (FAO), Dee Bennett (FHI 360), Vincent Briac (IFRC), Jim Catampongan (IFRC), Denis Charles (WFP), Dirk Glaesser (UNWTO), Alistair Humphrey (WHO), John Jordan (CDHAM),Cecile Lantican (FHI 360), Noel Miranda (PREPARE), Heather Papowitz (UNICEF), Mark Rasmuson (FHI 360), James Staples (WFP), Erik Threet (AFRICOM) and Stephanie Young (Crismart) for their contributions to this newsletter.

Questions may be addressed to: tasw.initiative@gmail.com

For more information: www.towardsasaferworld.org

To unsubscribe send an email headed 'Unsubscribe' to tasw.initiative@gmail.com