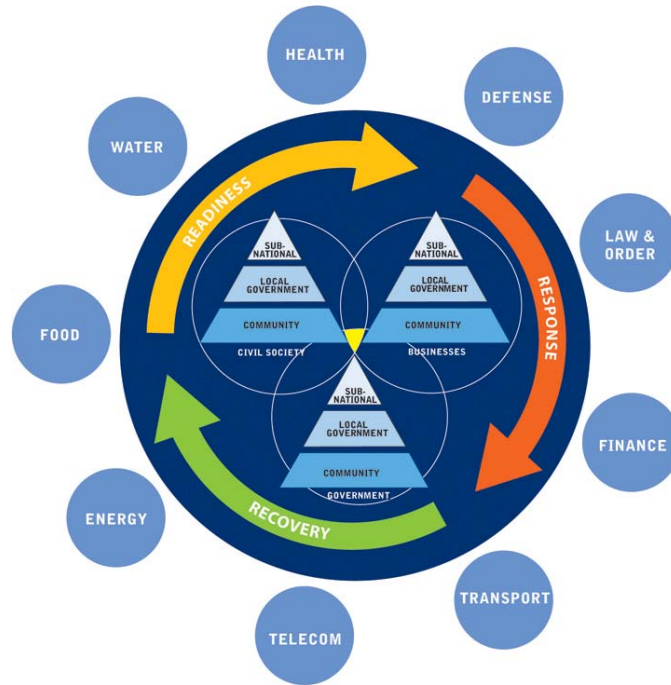




# WHOLE – OF - SOCIETY PANDEMIC READINESS



May 7, 2009 – 9AM  
Nairobi, Kenya

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**Pandemic Influenza Coordination Team (PIC)**  
**UN Office for the Coordination of Humanitarian Affairs (OCHA)**

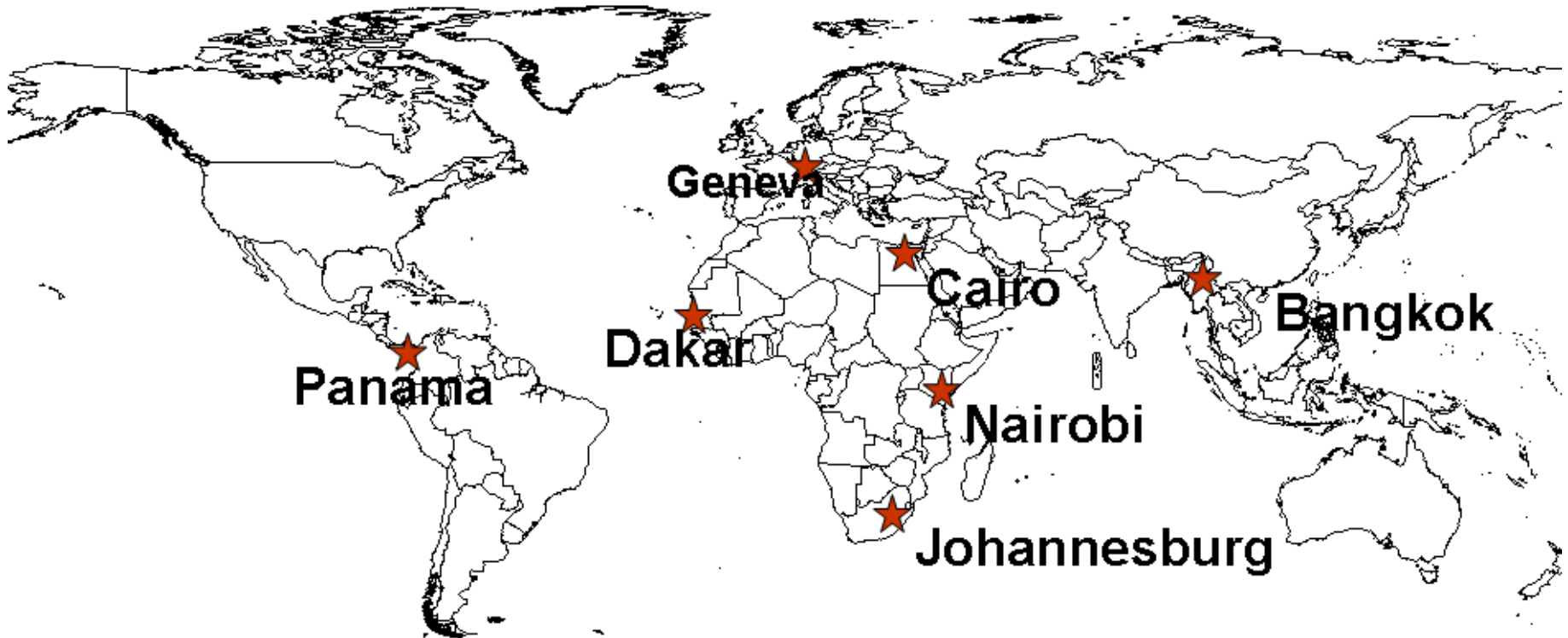


# About PIC

**UN Office for the Coordination of Humanitarian Affairs  
(OCHA)**



**Pandemic Influenza Coordination (PIC) Team**





- **WHAT** What is the current Influenza A(H1N1)  
*Global Situation?*  
What are we getting ready for?  
What is an Influenza Pandemic?
- **WHY** Why a Whole-of-Society Approach?  
Why not limit preparedness to health sector?  
Why we need to go beyond health?
- **WHERE** *are we now?*  
*State of pandemic readiness in AFRICA*
- **HOW** to implement the WoS approach and HOW  
NDMOs should contribute



# **Influenza A(H1N1) *Current Global Situation***

- **WHO raised the alert level to Phase 5 on April 29**
- **As of 16:00 GMT yesterday, 6 May 2009, 23 countries have officially reported 1893 cases of influenza A (H1N1) infection with 31 deaths (29 in Mexico and 2 in USA)**
- **Global epidemiological data as of May 3**
  - **In USA over 80% of the cases in <18 years**
  - **In Mexico, healthy young adults (20-50 years) affected**
  - **In EU, healthy young adults, (20-29 years) affected**
  - **Disparity of mortality between Mexico and other countries**
- **No vaccine is available**
- **Antivirals available: Oseltamivir (Tamiflu)& Zanamivir (Relenza)**
- **U.S.A. issued a travel advisory recommending against non-essential travel to Mexico**
- **EU issued a travel advisory recommending suspending “non-essential” travel to affected parts of U.S.A. and Mexico**



# WHAT are we getting ready for? – Influenza Pandemic ABC

## Seasonal Influenza

- Viral respiratory infection in humans
- Self-limiting, fatal in elderly & very young
- ~ 500,000 deaths globally/year
- Occurs seasonally

## Avian Influenza

- Bird virus - spreads from birds to birds
- H5N1 strain highly lethal to poultry
- Can sometimes infect humans

## Influenza A (H1N1) [SWINE FLU]

- A NEW strain of Influenza A(H1N1) combining avian (BIRD), swine (PORK) and human strains
- Responsible for the current outbreak in humans initially detected in Mexico in April 2009 and currently cases reported by 23 countries (as of May 6)

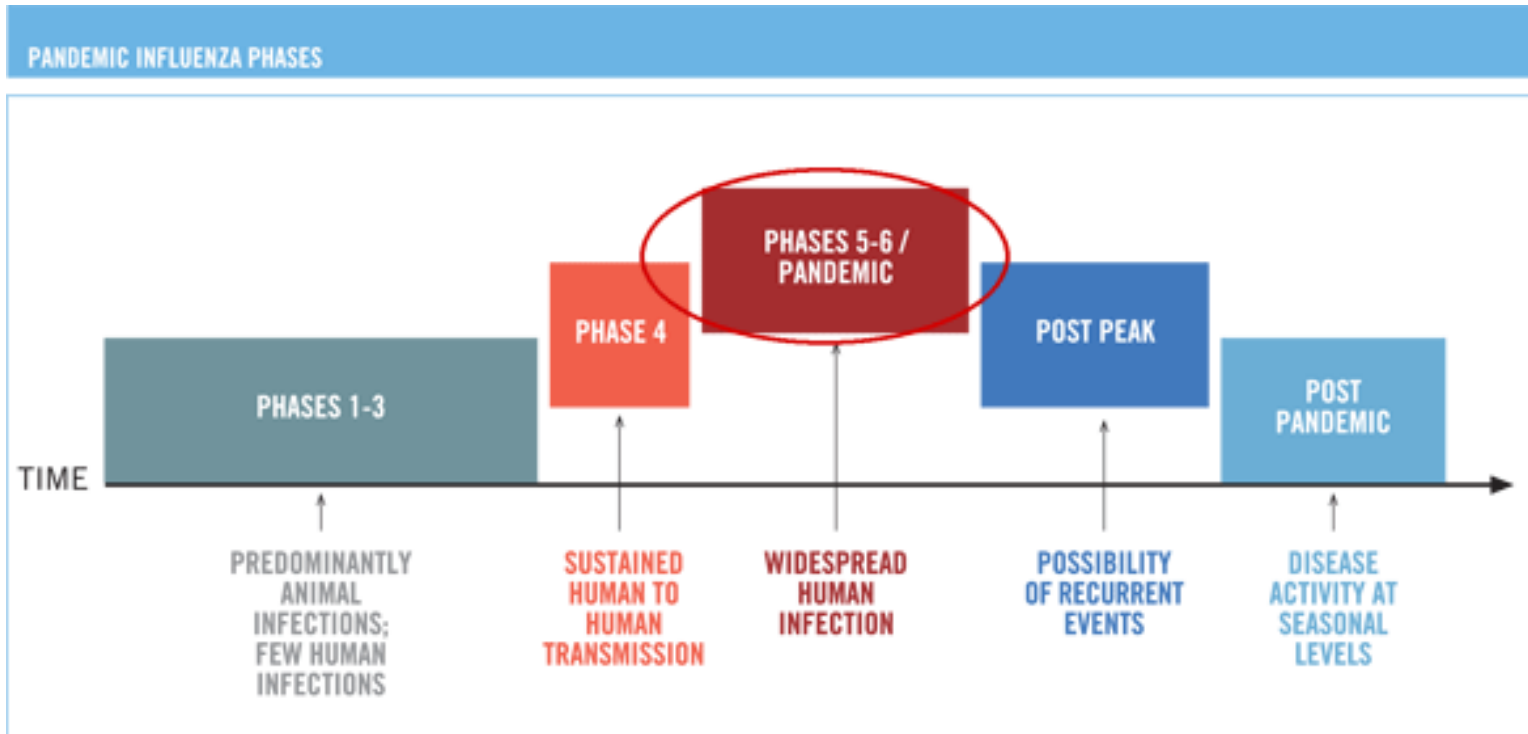
## Pandemic Influenza

- Global outbreak of a new human influenza
- Causes increased morbidity & mortality.
- Last pandemics originated from animal viruses



# WHO Pandemic Alert Phases

The current WHO phase of pandemic alert is 5 as of April 29



→ Pandemic ALERT phases indicate geographic spread and are a **PLANNING TOOL**

→ Pandemic ALERT phases do **NOT INDICATE OR PREDICT SEVERITY**



# What ARE Influenza Pandemics?

- Pandemics **ARE** worldwide epidemics
- Pandemics **ARE** unpredictable  
[Origin - Timing - Severity - Duration]
- Pandemics **HAVE** happened before



- Pandemics are **NOT** fiction
- Pandemics are **NOT** about birds or pigs
- Pandemics are **NOT** like any other hazard
- Pandemics are **NOT** of same SEVERITY



# 3 Pandemics in 20<sup>th</sup> Century

1918

1957 1968

?

## Spanish Influenza

World Population: 1.2 billion  
Case Fatality Ratio: 2-3%



## Asian Flu



## Hong Kong Flu







# Socio-Economic Impact

## Spanish Flu (1918)

- Circa 40 million deaths worldwide
- Merchants suffered because customers were too ill to shop
- Auckland: ambulance service unable to meet extraordinary demand
- Winnipeg: all public facilities closed for 46 days
- London: Insurance company paid 2 times as much in flu claims as in war claims
- Chicago: crime rate dropped by 43%

## SARS (2003)

- 75% Decrease in Air Travel to Hong Kong at the Peak
- 15% Decline in Retail Sales in Hong Kong at the Peak
- 2% GDP Reduction (\$200 billion) in the 2nd Quarter of 2003 in East Asian Region

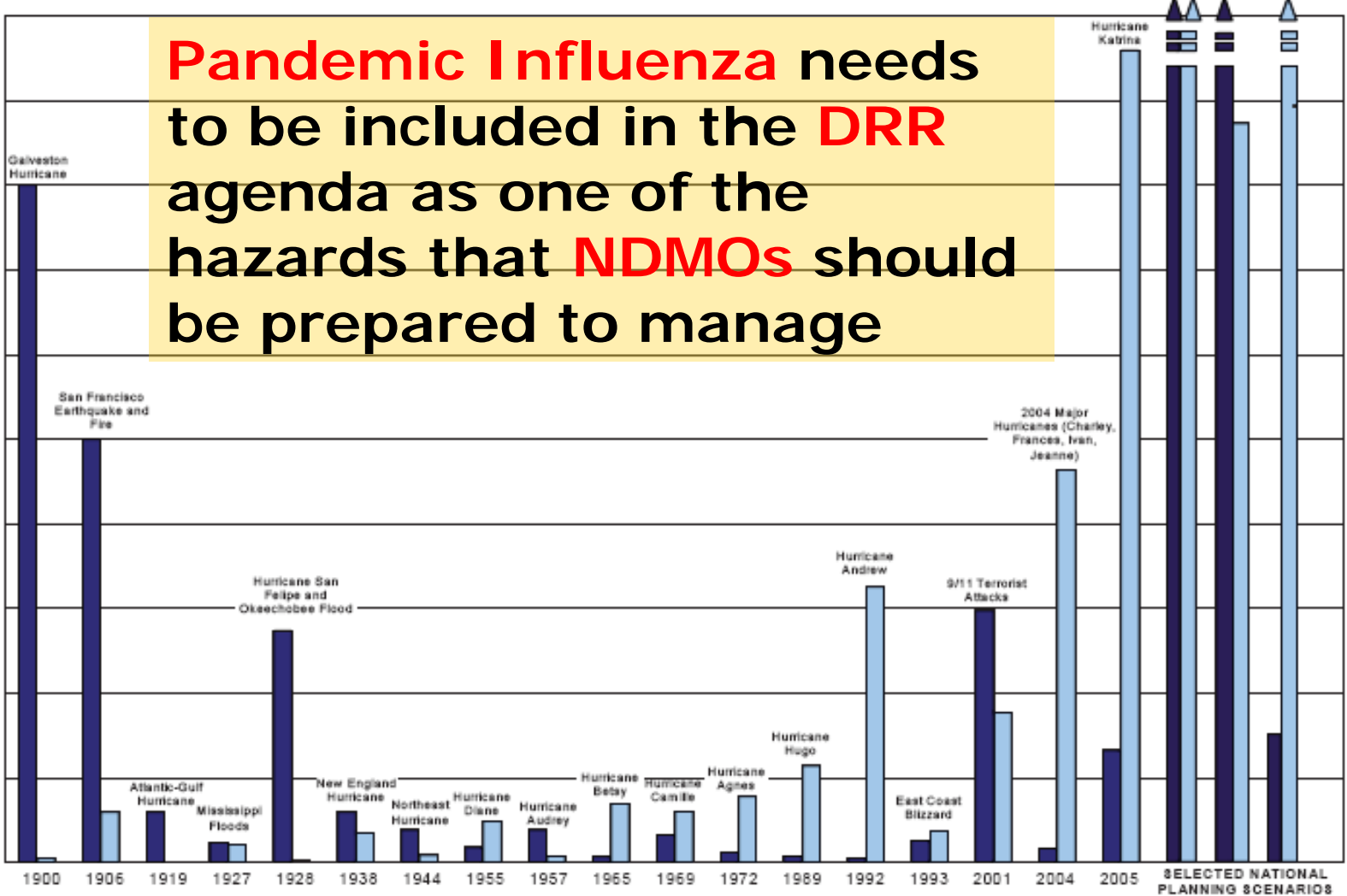


# Socio-Economic Impact

Deaths

10,000  
9,000  
8,000  
7,000  
6,000  
5,000  
4,000  
3,000  
2,000  
1,000

**Pandemic Influenza** needs to be included in the **DRR** agenda as one of the hazards that **NDMOs** should be prepared to manage



Damage

\$100 B  
\$90 B  
\$80 B  
\$70 B  
\$60 B  
\$50 B  
\$40 B  
\$30 B  
\$20 B  
\$10 B





# The potential pandemic impacts - details

- Geographical spread could be rapid and global lasting **12 to 18 months** globally and likely to come in **several "waves"**
- **Supplies** of vaccines, antiviral drugs and other medicines will be inadequate.
- Organizations will experience **high absenteeism rates** because workers may not report to work due to illness, death, fear, school closures, or the need to take care of affected family members
- **Extraordinary public measures** may be put into effect - Authorities may impose travel restrictions, close the schools, stagger market hours, close working spaces, or prohibit mass gatherings such as sporting events, religious services and funerals
- **Market disruptions** will have major economic impacts. A severe pandemic is expected to have a massive effect on the global economy (between 2 and 3 trillion USD according to IMF studies)
- Some essential **public services will break down** - Food, Public Transport, Air Travel, Energy, Telecommunications
- **Disruptions in Law & Order**: Police, fire departments, prisons and the justice system may come under considerable stress due to absenteeism.



# WHY GO BEYOND HEALTH ?

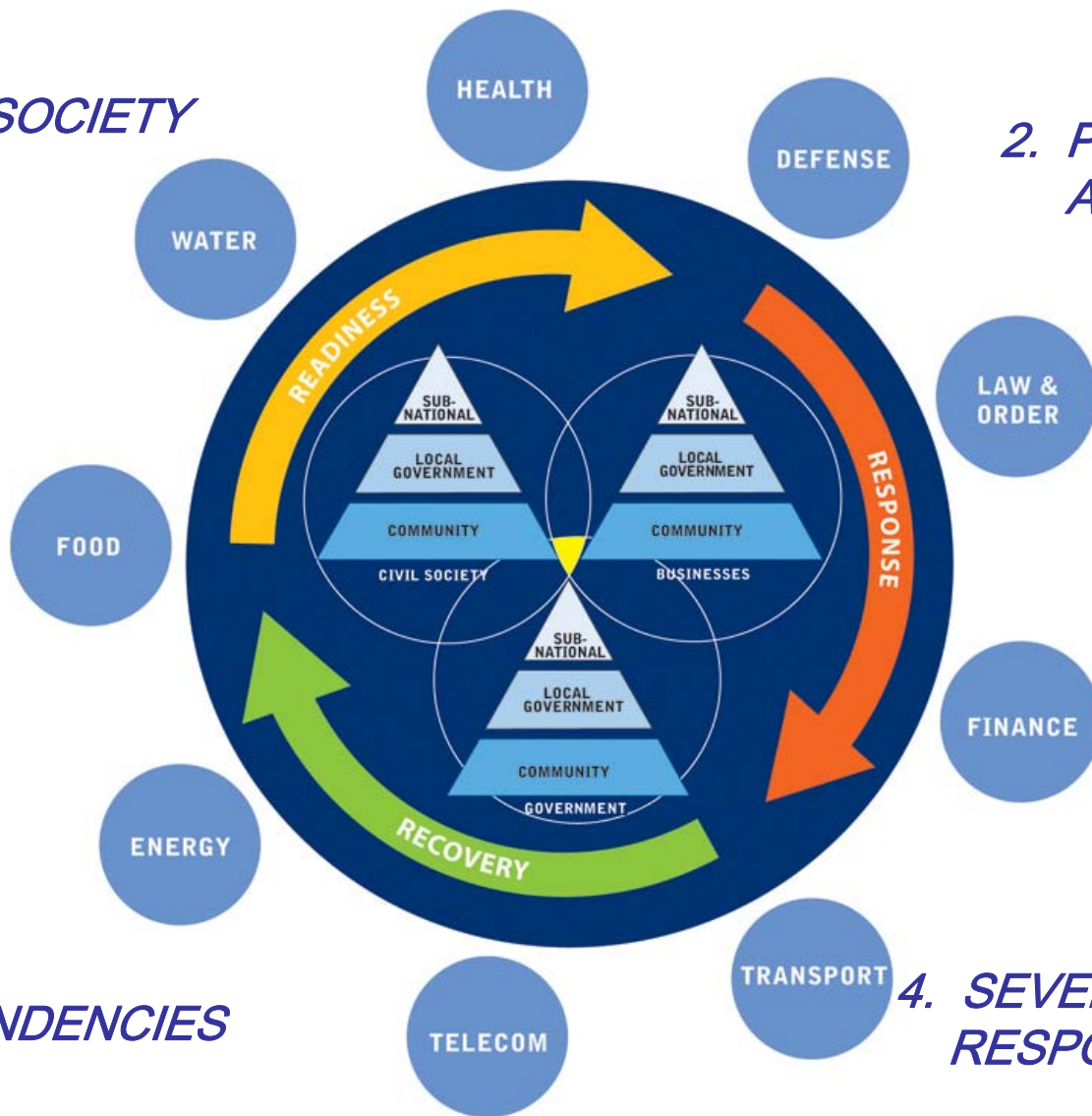
- Social and economic impact will be greater
- Strengthen resilience to other threats
- No single agency or organization can prepare for a pandemic on its own
- Inadequate or uncoordinated preparedness of interdependent public and private organizations will reduce the ability of the health sector to respond



# The Readiness Framework

1. *WHOLE-OF-SOCIETY APPROACH*

2. *PREPAREDNESS AT ALL LEVELS*



3. *CRITICAL INTERDEPENDENCIES*

4. *SEVERITY-BASED RESPONSE*

5. *RESPECT FOR ETHICAL NORMS*



# INVESTMENTS in PREPAREDNESS

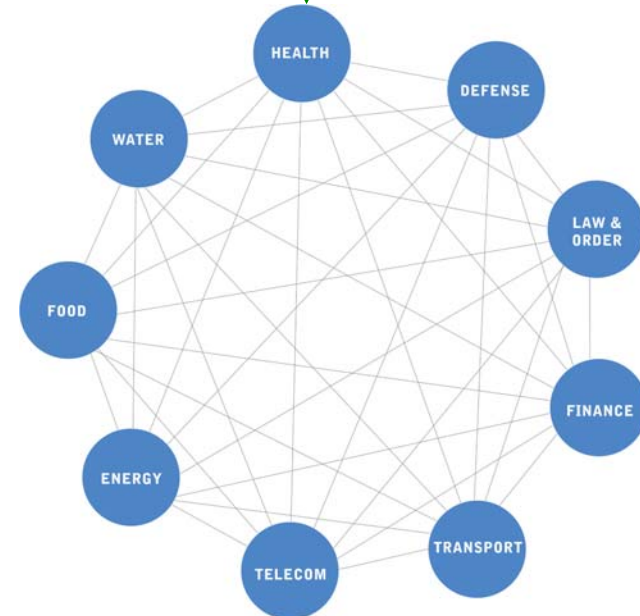
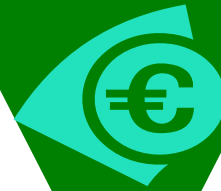
- Vaccines
- Drugs
- PPE

**MEDICAL**

- Risk Communication
- Travel restrictions
- Social distancing
- Personal hygiene
- Quarantine

**PUBLIC HEALTH**

**CIVIL  
CONTINUITY**



Despite these uneven investments the world is **BETTER** prepared now than ever before

Intensely preparing for the last 5 years under strong WHO leadership



## State of Pandemic Readiness in AFRICA

- A. NONE**                      Comprehensive Whole-of-Society Planning
  
- B. FEW**                        Essential Infrastructure interdependencies and the role of other sectors of society is identified but critical sectors not fully involved in planning, lack concrete operational plans
  
- C. MAJORITY**                Pandemic Preparedness limited mainly to the Ministry of Health and Agriculture with some involvement of the disaster management structures



## **NDMOs PANDEMIC READINESS ROLE**

- Ensure that the legal framework is in place and existing regulation are reviewed to enable government to take the emergency measures as well as post-pandemic recovery measures that may be needed**
- Support MOPH in the implementation of the International Health Regulations (IHR)**
- Ensure that local authorities with the respective NDMO structures are prepared and test their plans**
- Advocate with the Government to adopt a multisectoral whole-of-society approach to planning**
- Ensure that adequate funds are budgeted annually for preparedness planning in all key ministries and at all levels of government**





- **Foster sharing and implementation of best practice across sectors and levels of government especially in the field of business continuity**
- **Promote stronger regional and international coordination**
- **Perform quality control function over the planning of the different sectors and levels of government**
- **Promote cross-border interaction in planning to ensure that policies are coherent with the policies of neighbors and that there is clarity about cross border issues**



## BUSINESS CONTINUITY CORE ACTIONS

1. Identify the personnel, supplies and equipment vital to maintain essential functions
2. Identify the critical functions
3. Consider how to deal with the anticipated level of staff absenteeism
4. Provide clear command structures, delegations of authority and orders of succession for workers
5. Assess the need to stockpile strategic reserves of supplies and equipment
6. Determine the ability of the organisation to continue operations if critical infrastructure services and/or supplies become unavailable

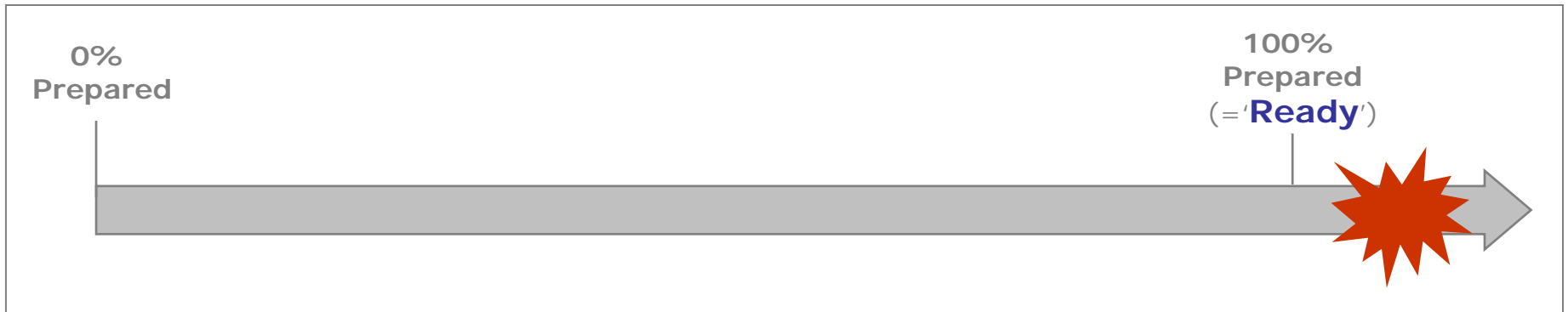


7. Agree on a system of communication with suppliers and customers
8. Identify business units that could be downsized or closed to reallocate human and material resources
9. Assign and train alternates for critical posts
10. Plan for security risks to operations and supply chain
11. Consider alternative methods of working, e.g. changes to shift patterns, working from home
12. Consider the implications of travel restrictions and develop procedures to follow if such restrictions are imposed



13. Train staff on infection control and communicate essential safety messages
14. Consider whether there are ways of reducing social mixing (e.g. home working and reducing meetings and travel) and test these
15. Consider the need for family and childcare support for essential workers
16. Consider the need for psychosocial support services to help workers to remain effective
17. Consider and plan for the recovery phase

# Stages of Preparedness



## Planning to Plan

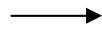


(no plan)

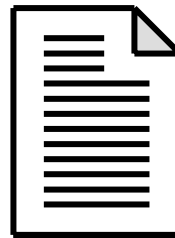
Nothing beyond a photocopy of the template

*"Department X will be responsible for drafting the plan"*

*"The Pandemic task force will meet twice per year"*



## Theoretical

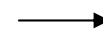


Paper Plan

Exists only on paper; nothing implemented yet

*"An emergency communication system will be put in place"*

*"X% of critical staff will telecommute from home"*



## Ready

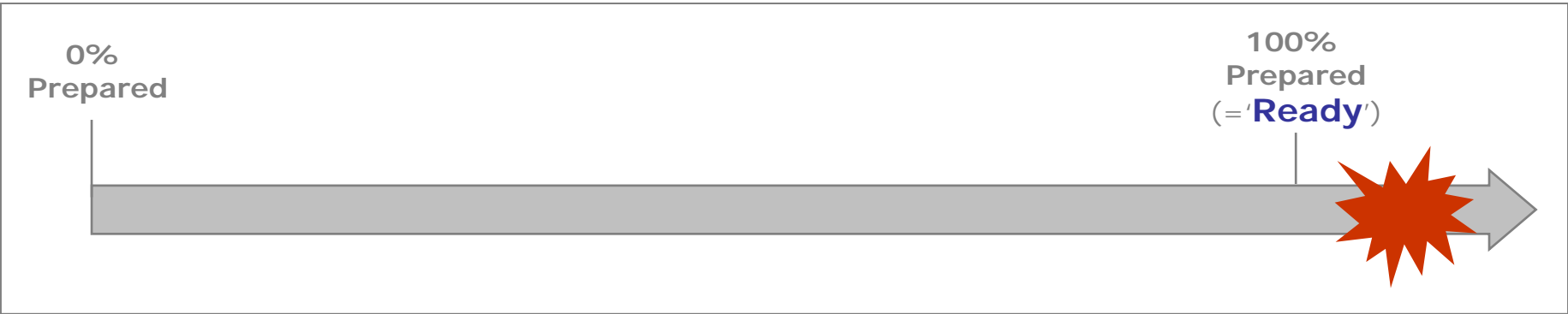


Plan + Policies + SOPs

Continuously updated, Tested & maintained

***Institutionalized***  
*(Buy-in and sign-off at highest level)*  
+  
***Operationalized***  
*(All preparedness measures implemented)*

# Stages of Preparedness



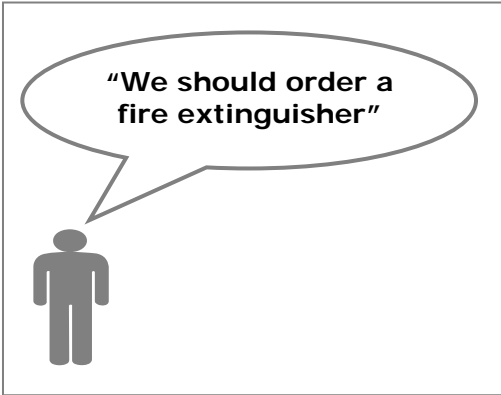
Planning to Plan



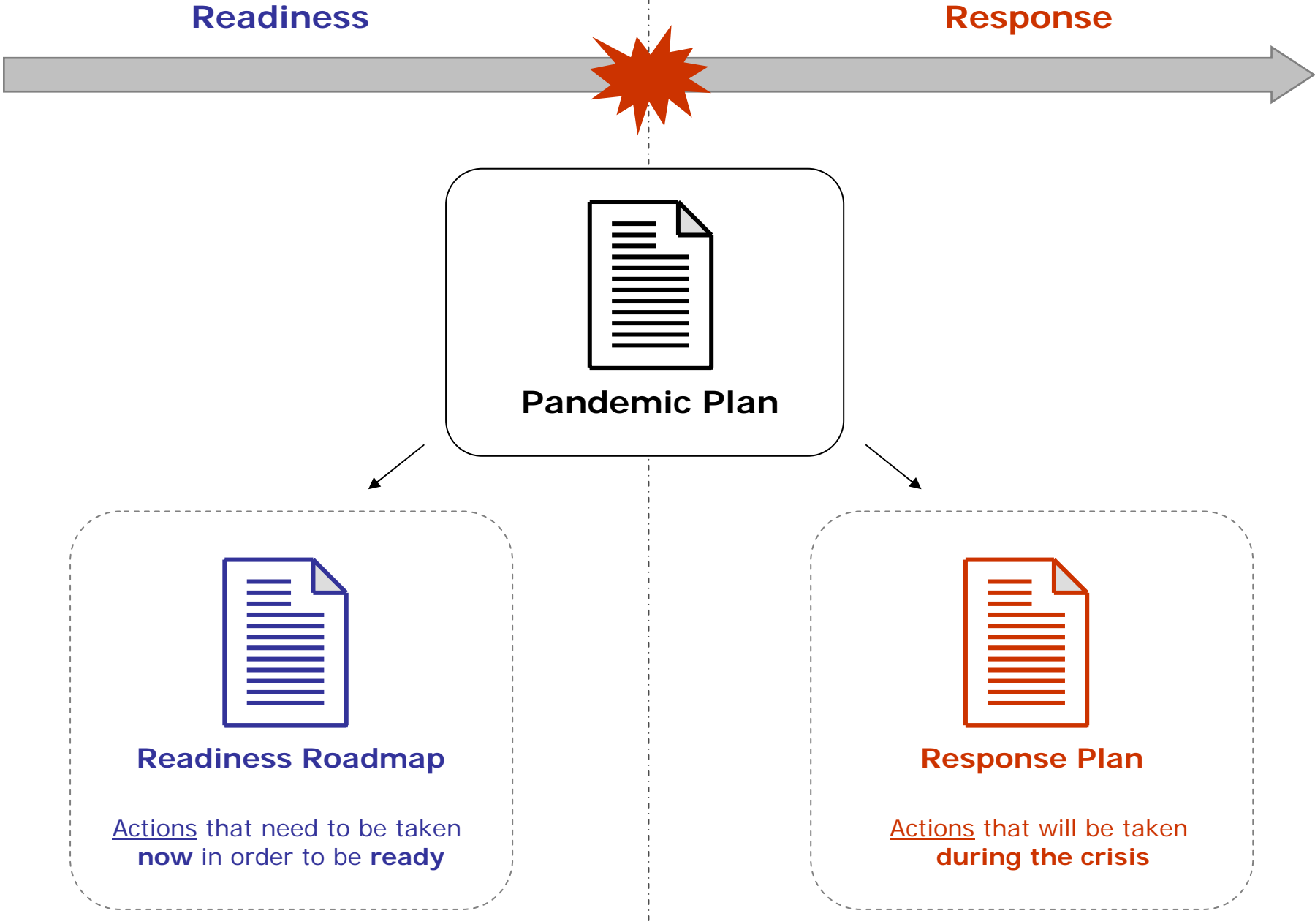
Theoretical



Ready

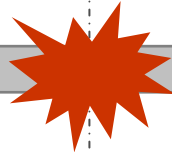


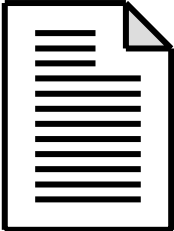
# Contingency Plan Elements




Readiness


Response



  
**Pandemic Plan**



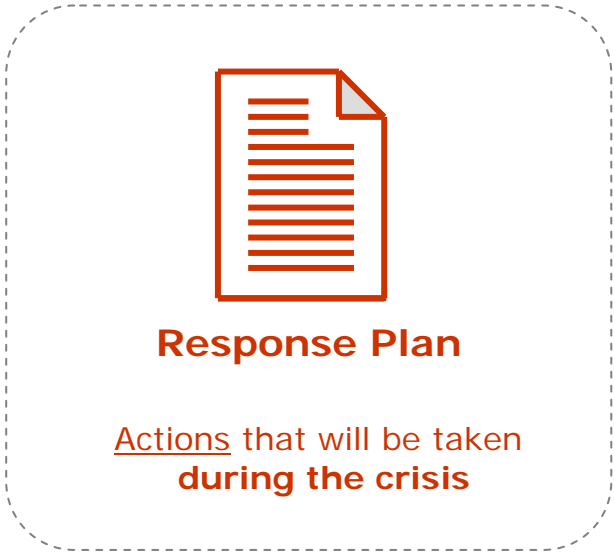
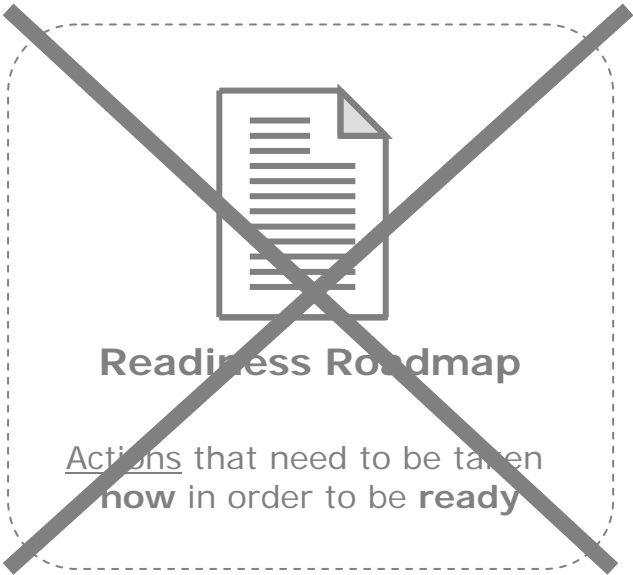
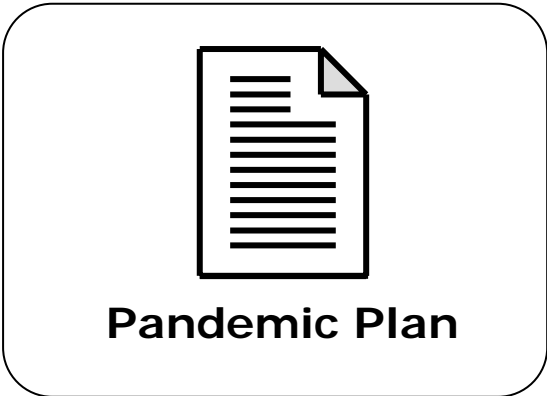
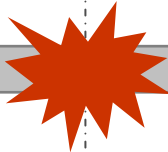
  
**Readiness Roadmap**  
Actions that need to be taken **now** in order to be **ready**

  
**Response Plan**  
Actions that will be taken **during the crisis**

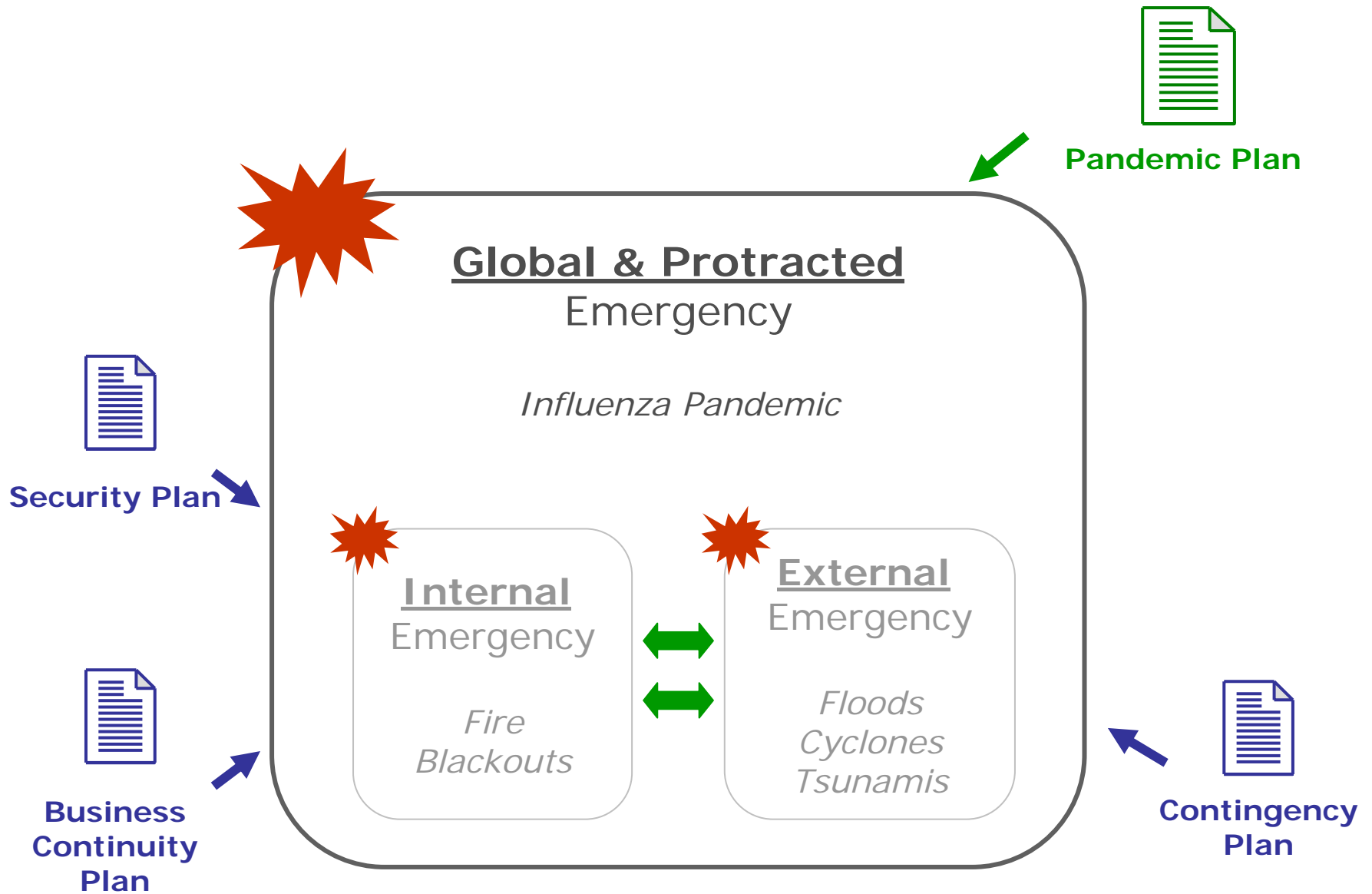
# Contingency Plan Elements

Readiness

Response



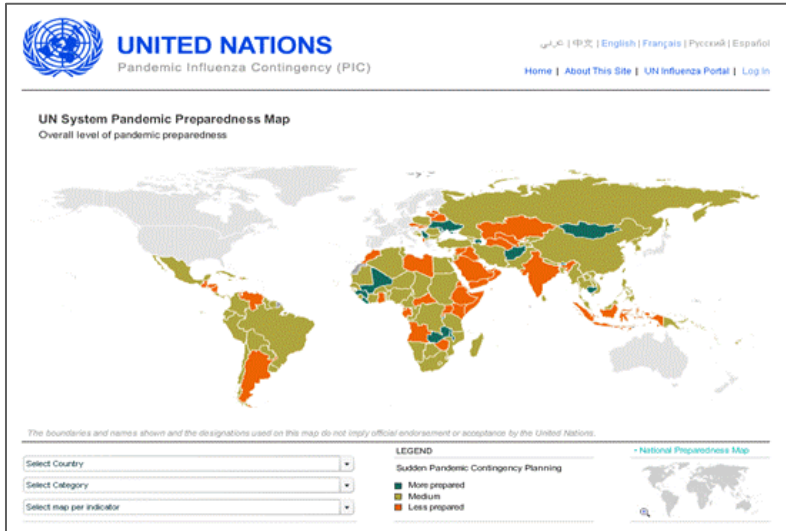






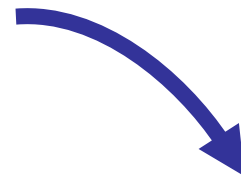
# CONCLUSIONS

- It is important to **review pandemic preparedness plans NOW and operationalize them** or where they do not exist rapidly developing practical operational plans across multiple vital infrastructure sectors
- It is paramount that disaster management institutions at all levels are **embracing influenza pandemic as one of the potential disasters** that they are preparing for and become ready to manage.

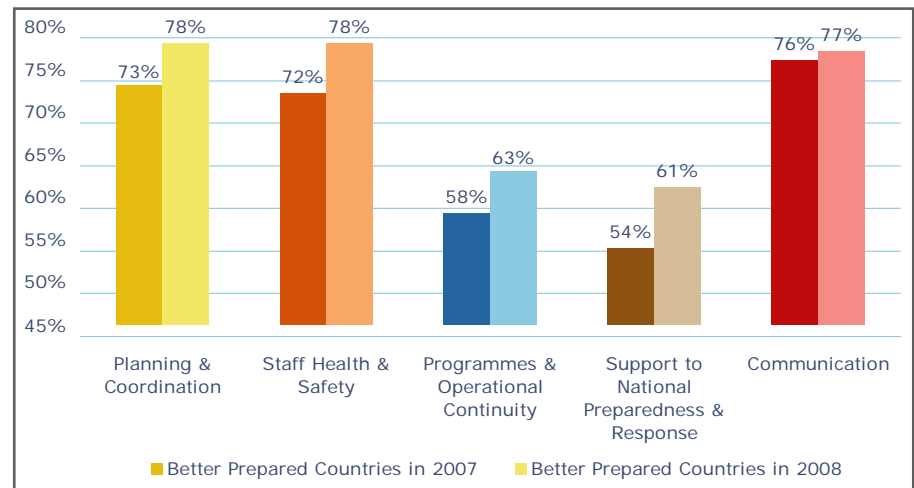


## Pandemic Preparedness Guidance & Assessment Tool

[www.UN-PIC.org](http://www.UN-PIC.org)



- Focus on Governments & UN Country Teams
- Continuous measurement of pandemic readiness status





- THANK YOU
- [VEDRASCO@UN.ORG](mailto:VEDRASCO@UN.ORG)