

# Plan 2009-2010



## Human Pandemic Preparedness

### Executive summary

The Human Pandemic Preparedness (H2P) programme, as part of the global avian and human influenza (AHI) preparedness, mitigation and response programme, aims to minimize human morbidity and mortality, massive social disruption and related suffering caused by a pandemic.

An influenza pandemic is a worldwide epidemic instigated by a flu virus derived from birds and then adapted to allow efficient and sustained person-to-person transmission (infection). Ten pandemics have been recorded over the last 300 years. The most deadly pandemic occurred in 1918, when it is believed, that between 40 and 100 million people died from flu. There is universal agreement among acknowledged experts that another pandemic is looming, though when this will happen remains very uncertain. Since 2003, more than 60 countries have experienced outbreaks of the H5N1 virus, an avian flu in domestic poultry and wild birds. In addition to ongoing poultry outbreaks, the virus is known to have affected 385 people and killed 243 (63 per cent) in 16 countries. Indonesia, Viet Nam, China and Egypt rank highest in terms of prevalence.

Due to the increase of global travel and higher population concentrations, an influenza pandemic with virulence similar to that of the 1918 pandemic, would likely overburden systems of international aid and local government, particularly in developing countries, and create enormous risks to the health, food, and economic security of millions of people. According to WHO, *an influenza pandemic represents the greatest risk to health security today.*

Although governments are taking considerable measures to address the threat of avian influenza and the human influenza pandemic, the virus that is circulating in Asia, Africa and Europe continues to pose a major threat, particularly in poorer countries with insufficient infrastructure, a tradition of poultry-rearing in backyard farms, and poor disease surveillance.

The International Federation of Red Cross and Red Crescent Societies is coordinating the Humanitarian Pandemic Preparedness (H2P) programme which consists of a range of activities in support of National Societies, including mapping of capacities, activities and needs within each country, educating communities about potential risks, developing community-based policies, procedures and plans for how to respond to a pandemic, and integrating those plans with national ministerial plans for each country.

The Federation is responsible to coordinate the work of several agencies funded by USAID and to provide direct support and technical assistance to more than 20 National Societies. Partner agencies working with the Federation include CORE Group, the Academy for Educational Development (AED), Interaction, all relevant United Nations agencies, local governments, USAID and relevant national public authorities.

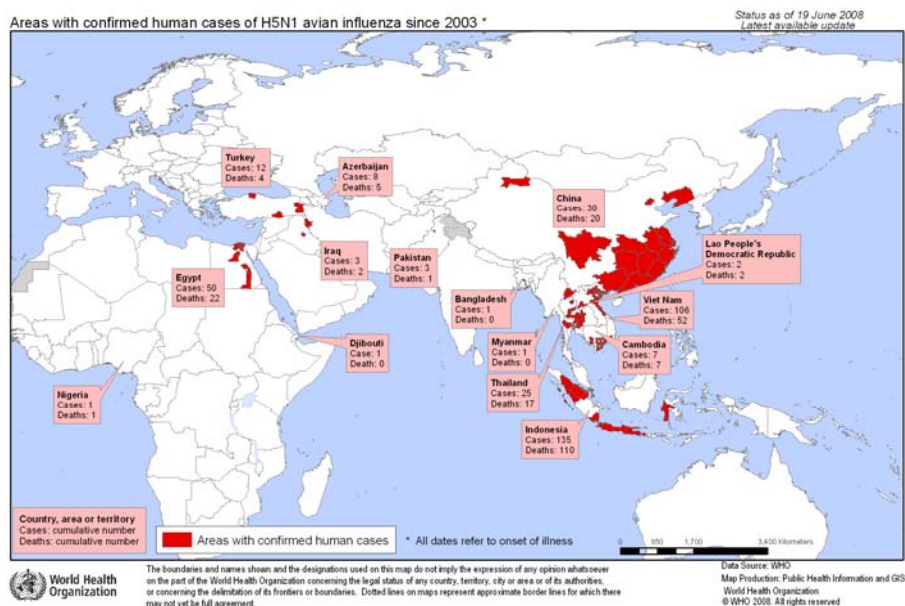
The total 2009-2010 budget is CHF 20,880,325 (USD 19,086,220 or EUR 13,299,570). [Click here to go directly to the summary budget of the plan.](#)

# Context

Strains of H5N1 have emerged in Asia since 2003<sup>1</sup> and spread to many parts of the world by migratory birds and through poultry trade. Some countries have had extensive outbreaks in commercial and backyard poultry and it is estimated that more than 60 countries were or are dealing with epizootics.<sup>2</sup> Most recently, between November 2006 and October 2007, outbreaks in poultry have been reported in Afghanistan, Azerbaijan, Bangladesh, China, Czech Republic, Egypt, France, Georgia, Germany, Ghana, Hong Kong, Hungary, India, Indonesia, Japan, the Republic of Korea, Kuwait, Laos, Malaysia, Myanmar, Nigeria, Pakistan, Russian Federation, Sudan, Thailand, Turkey, United Kingdom and Vietnam.<sup>3</sup>

The H5N1 virus is of particular concern for several reasons: it mutates rapidly, has a documented propensity to acquire genes from viruses infecting other animal species, and can cause severe disease in humans. According to the latest statistics from the World Health Organization (WHO), since 2003, the H5N1 strain is known to have infected 385 people and killed 243 in twelve countries across Asia, Europe, Middle East and Africa<sup>4</sup>. Average global fatality rate is 61%, reaching a very high fatality rate of 85% in some countries. In 2006 the majority of human cases were detected in Egypt and Indonesia, as well as Azerbaijan, China and Turkey, together with a few cases in Cambodia, Djibouti, Iraq and Thailand.

In the first semester 2008 only, the number of cases was 34, out of which 26 were fatal. Indonesia, Viet Nam and Egypt continue to be of major concern with both human cases and animal outbreaks. Nigeria and Democratic People's Republic of Lao reported their first human cases, and the further human cases emerging in China, Cambodia. The fatality rate is high, especially in Indonesia, where 110 out of 135 detected cases died since 2003 (81% mortality rate).



WHO has kept the level alert at “3”.<sup>7</sup> The current H5N1 is not well adapted to humans and there have been no or very few non-sustained human-to-human transmissions of H5N1. Yet, if the virus mutates, acquires the capacity to infect humans and spreads in many countries, the impact may be devastating. WHO estimates that, based on the scenario of a pandemic, mortality could range from 2 to 7.4 million deaths worldwide.

Although the world governments and international organisations are taking measures to address the current avian epizootic, the virus spread from Asia to Africa and further to Eastern Europe. It continues to cause more domestic and wild animal outbreaks. Measures like massive culling and animal vaccination do not seem to stop the H5N1 progression. As long as the avian influenza remains in circulation and continues to evolve, the risk to humans remains severe and, at any moment, may become urgent. Of particular concern are the least developed countries, where there is insufficient infrastructure to sustain health services in a pandemic, a tradition of poultry rearing, poor disease surveillance, and risks to food and economic security.

The Federation is the largest humanitarian organisation experienced in all above humanitarian actions, and is therefore in a unique position to assist, mobilise, coordinate and train the Red Cross Red Crescent Societies (RC RC) and other civil society and private sector actors in key pandemic preparedness activities. RC RC National Societies will work closely with national and local authorities, the United Nations system, civil society actors to integrate national and local pandemic preparedness plans and to adapt communication material, policy guidance and training for local authorities and volunteers so that the capacity to prepare for and respond to a human pandemic is greatly increased at the community and household level.

Red Cross and Red Crescent societies play a unique role in their own national humanitarian contexts through its *independent status and the formal auxiliary relationship to their national authorities or government ministries*. Each National Society has in place to varying degrees, structures to organise the provision of essential life sustaining needs of food, water, shelter, clothing, medical services (blood supply, basic health care, first aid), at a local level. It is expected that many national societies will be asked to fulfil all or most of its traditional roles in a pandemic.

## Priorities and current work with partners

In the event of the pandemic, given that many governments will not be able to cope with the consequences of the pandemic on their own, the Federation, National Societies and other civil society actors will need to focus on preparedness phases by strengthening the capacity to contain and respond to the pandemic, as well as by minimizing the resulting humanitarian consequences.

Given the two existing threats – the spread of avian influenza and the threat of a human influenza pandemic as a result of viral mutation – two parallel approaches have been set up. One approach should help communities become more aware of the infection and include preventive measures (currently referred to as the ‘Avian Influenza’ component - AI), and the other should enable National Societies to play an active and supportive role in the prevention and the handling of the effects of a pandemic, using their close connection to the community and their advocacy role towards their government (currently referred to as the “Humanitarian Pandemic Preparedness’ component – H2P). In this last, the Federation is closely working with the United States Agency for International Development (USAID), the United Nations System Influenza Coordination (UNSIC), WHO, UNICEF, UN OCHA, as well as others.

In addition, a Business Continuity Planning (BCP) entails planning for continuing business of National Societies, as well as of delegations, zone offices and the International Federation secretariat, in case a pandemic does occur, changing every angle and aspect of socio-economic interaction.

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<sup>7</sup> [http://www.who.int/csr/disease/avian\\_influenza/phase/en/index.html](http://www.who.int/csr/disease/avian_influenza/phase/en/index.html). Level 3 is considered a “pandemic alert with new virus causing human cases but with no or very limited human-to-human transmission”

# Secretariat programme in 2009-2010

In April 2006, the International Federation launched a global appeal – Avian and Human Influenza Preparedness, Mitigation and Response – to contribute towards global efforts to fight prepare for and respond to a human influenza pandemic through its network of Red Cross and Red Crescent Societies.

- Through the existing worldwide network of volunteers the Federation is able to reach the most remote, at-risk communities to raise awareness of Human Influenza.
- Training and capacity building to National Societies enable them to integrate prevention measures through health and hygiene education, communication, social mobilization, human case detection, as well as education on management of the sick, referral and psychological support.
- A unique auxiliary role with governments create the opportunity for the Federation to support National Societies in building community-based disaster preparedness plans that are integrated with national level, ministerial plans.
- Humanitarian Pandemic Preparedness within a National Society will also prompt it to define the contingency plans for service continuity during a pandemic.

All countries, including well developed nations, are at risk of a flu pandemic. However, it is critical to focus on those countries with poor disease surveillance systems, health infrastructures that are likely to be quickly overwhelmed, and whose access to food and economic security may be greatly affected as global systems of support temporarily shut down. Therefore, the Federation has identified priority regions in the Americas, Asia, Africa, Middle East and Eastern Europe.

## Health and care/Human pandemic preparedness

### a) The purpose and components of the programme

<b>Programme purpose</b>
<p><b>Programme Goal</b> To increase, at the district and household level, the state of preparation for and the capacity to respond to a pandemic in more than 20 countries.</p> <p><b>Specific Objectives</b></p> <ol style="list-style-type: none"><li>1. To develop preparedness plans and mechanisms for community resilience in the areas of public health, food security and livelihoods.</li><li>2. To strengthen the capacity and competency of relevant staff and volunteers and civil society organizations to carry out community level pandemic preparedness activities.</li><li>3. To develop well functioning coordination mechanisms at all levels with national, regional and international stakeholders.</li></ol>

## Programme component

### Expected Outputs for Each National Society

1. Mapping in-country resources – A detailed analysis and mapping of available human resources and their areas of coverage which should include roles and responsibilities of the available international and local organizations for response in the event of an influenza pandemic;
2. Partnership – A network of organizations and agencies capable of supporting a district/community-level response to pandemic influenza;
3. Trained responders – A cadre of trained community level authorities, staff and volunteers, to include political, religious, health, and other social service officials in order to transfer to them the skills they will require to lead an effective humanitarian response to pandemic influenza;
4. H2P country response plan – An H2P Country Response Plan to include designated names and/or roles of international, national and local authorities responsible for the implementation of all activities required to organize, coordinate and deliver an effective humanitarian response in different parts of the country in a pandemic influenza outbreak;
5. Messages and Guidelines for Mass Dissemination – Adapted key messages at the national, community and household level, adapt and develop guidelines and protocols in the area of health, food security and livelihoods.

### b) Profile of target audience and final beneficiaries

The Federation has identified a list of countries that are most likely to suffer the greatest burden of morbidity and mortality from an influenza pandemic. National Societies from these countries have been invited to respond to a Request for Proposals (RFP) to determine their level of interest, understanding of need, and readiness to implement the programme. Upon receipt of submissions from the RFP, Federation zone offices, in consultation with the AHI Unit and partners, will award funds and provide direct technical assistance. These countries include:

<u>EASTERN AFRICA</u>	<u>WEST &amp; CENTRAL AFRICA</u>	South Africa	Nicaragua
<b>Ethiopia</b>	<u>AFRICA</u>	<u>ASIA PACIFIC</u>	Peru
Kenya	Benin	Bangladesh	Honduras
Madagascar	Burundi	Cambodia	
<b>Rwanda</b>	Ghana	India	<u>EUROPE &amp; CENTRAL ASIA</u>
Tanzania	Liberia	Indonesia	Azerbaijan
<b>Uganda</b>	<b>Mali</b>	Laos	Ukraine
	Nigeria	<b>Nepal</b>	Georgia
	Senegal	Philippines	Moldova
		Vietnam	
	<u>SOUTHERN AFRICA</u>	<u>AMERICAS</u>	<u>MENA</u>
	Angola	Ecuador	<b>Egypt</b>
	Mozambique	Guatemala	Morocco

NOTE: Countries in bold listed above have already been approached and H2P activities have begun. Their progress is described below.

### c) Potential risks and challenges

There are a number of National Societies not on the above list whose needs are equal to those identified. However, limited funding has prevented the Federation from being able to serve all of those in need. Should a pandemic strike in a country not currently being served by H2P, National Societies must still respond and the Secretariat must still support those National Societies. Therefore, additional funding is critical to both expand the programme to other countries vulnerable to unnecessary mortality and morbidity from a pandemic and to ensure the Federation is well informed of the state of readiness of all National Societies, regardless of their participation in this comprehensive pandemic preparedness programme. A pandemic that occurs in any country not well prepared or supported presents an increased risk to neighbouring countries and the world at large.

An additional challenge concerns the need for sustained awareness and readiness. It is also possible that the pandemic will occur after few years when pledged funds expire. The Federation is pursuing strategies to ensure National Societies are prepared and that community preparedness plans are up to date, well known and evolve with changing context, however additional funding and the support of the international community are essential for sustainability of awareness and readiness.

#### **d) Progress to Date**

- **Egypt** - Implementation started in August with a Vulnerability and Capacity Assessment (VCA) exercise in 2 pilot areas, 1 rural and 1 urban. 127 trained volunteers are driving this exercise. Sub-grant Agreement signed with value of CHF 900,000.
- **Uganda** - Uganda Red Cross Society (URCS) was identified as the lead agency. CARE was identified as in-country partner organisation. A Letter of Intent has been signed by URCS and the Federation. An interim H2P team within URCS has been identified for the preparatory phase. CHF 18,400 cash advance provided to URCS to support project activities.
- **Rwanda** - Concern Worldwide Rwanda (CWR) agreed in principle to act as coordinating agency in close cooperation with Rwanda Red Cross Society (RRCS). RRCS agreed to work in conjunction with CWR. Focal persons were identified in both organisations.
- **Mali** - Mali Red Cross Society (MRCS) was identified as lead organisation. A Letter of Intent was signed. A first draft work plan was produced. A national MRCS planning workshop was organised for senior staff from all regions and included a tabletop pandemic simulation exercise. An initial assessment of vulnerabilities and capacities was conducted. CHF 50,000 cash advance provided to MRCS for extensive project activities.
- **Nepal** - H2P working group formed, agreed on Terms of Reference and assigned Nepal Red Cross Society (NRCS) as coordinating agency. The role of preparedness planning was assigned to CARE, health trainings to Save the Children, communications to AED and Monitoring and Evaluation framework and coordination to NRCS. NPC organised sensitisation workshops across NRCS's department. CHF 25,000 cash advance provided to NRCS to sustain project activities.

## Role of the Secretariat

### **a) Technical programme support**

Globally, the Secretariat in Geneva will provide technical support in producing generic policies, guidelines, messages, procedures, and training curricula as part of the overall programme design. The Secretariat also provides technical assistance to zones, particularly in the area of management and project planning, and to National Societies during the earliest planning and project start-up phases.

Technical assistance on global programme design issues is provided through working groups, who report to an inter-agency Operations Committee, chaired by the Federation.

- The Health Working Group (HWG)
  - The HWG, during regular monthly meetings, addresses key technical decisions concerning the curricula. Specifically, the roll-out plan and dates for completion of guidelines, the review and testing in six H2P countries. The group will also note existing gaps in the current material and get updates on WHO and CDC work that may be integrated in H2P's curricula.
  - HWG members include IFRC Geneva, IFRC Asia Pacific Zone Office, WHO, USAID, OFDA, UNICEF, AED, CORE, InterAction, and ARC.
  - Members are currently reviewing through email exchanges the health curricula draft modules.
- The Food Security Working Group and The Livelihood Working Group
  - The Federation was recently named as the chair of the Food Security Working Group. Both groups have been recently reconstituted and the Operations Committee has set minimum standards for their performance. A scope of work has been developed; recruitment of a full time lead is underway.

In country technical assistance will be provided by the zones, which are supported by temporary staff of Transitional Senior Officers. Transitional Senior Officers will stay on through December 2008 in order to give time to zones to ramp up their capacity and hire a full time H2P Coordinator. During this time Transitional Senior Officers may be tasked by the zones and will provide orientation of H2P standards to zone H2P-related hires, and ensure smooth transition to zones.

Additional in-country technical assistance is provided to a National Society at the beginning a project. The Federation will dispatch a start-up team to support each National Society in the earliest phases of implementation and planning. Start-up teams will consist of a representative of an H2P partner organization, the zone, the AHI Unit, and a representative of a regional National Society who is already participating in the programme. The start-up team will focus on ensuring that National Societies receive orientation on H2P standards, tools, approaches, etc. On-going monitoring and evaluation is provided by zones to ensure early warning on performance deviations.

## **b) Partnership development and coordination**

The Federation is closely working with the United States Agency for International Development (USAID), the United Nations System Influenza Coordination (UNSIC), WHO, UNICEF, UN OCHA, as well as others. The Federation is a member of the UN system Inter-agency Technical Working Group on Influenza, which discusses key strategic and operational issues. The Federation is also responsible to coordinate the global programmatic planning and the in-country technical support of the following partners:

**The CORE Group** which leads the H2P health technical working group, is responsible for the development and design of guidelines and materials related to care for the ill, reducing person-to-person transmission, and lowering excess mortality from common (non-flu) illnesses in a pandemic. Additionally, CORE will seek opportunities to stimulate country-level coordination of NGOs.

**AI.COMM**, managed by the Academy for Educational Development (AED), is the paramount partner in behavioural change and communication. In addition to the development of communication materials, it leads formative research.

**InterAction** will take responsibility for communication with the PVO sector. It will also map out International Non-governmental Organizations (INGO) and their partners' programmatic capacities (programmes, activities, staff/volunteers) at national levels that may be mobilised for disaster response. InterAction will also coordinate three major regional meetings aimed at introducing the Initiative on a larger scale in Africa, Asia and Latin America.

The Federation has set up several mechanisms to facilitate coordination among partners and within the Secretariat at the global and country level, including:

- Partners Meeting – This meeting brings together key stakeholders, including decision makers and programme managers to promote increased understanding of strategic priorities, operational successes and challenges, and progress to date.
- Operations Committee – This committee brings together operation-level decision makers to review in-country strategy, procedures, and operation guidelines to ensure consensus, a common approach, and a single set of documents. This committee serves as a single point of contact and distribution point for information and decisions related to operations; it monitors sector- and project-specific progress, ensures awareness of operational challenges and successes, and refines approaches where necessary. Specifically, the Operations Committee establishes working groups and disseminates their findings, provides feedback to partner strategies and communicates decisions and recommendations for operational guidelines under one heading.
- Zone Technical and Coordination Meetings – This recurring meeting brings together technical advisors and sub-grant managers directly supporting NS applying for or receiving sub-grant awards to review global programme guidelines and strategies for adaptation in each country; it considers operational challenges, identifies and schedules support, reviews operational strategies and make recommendations to refine approaches as needed. Specifically, this

workshop may include specific technical training, simulations, case studies, reviews and discussion of modifications to existing protocols.

- Working Groups – Working groups are technical committees established by the Operations Committee to research content-specific programmatic issues and develop generic guidelines, propose policies, and design trainings that may be adapted for each country. Specifically, Working Groups have been set up to address Food Security, Livelihoods, Health, and a Web communication.
- Request for Proposals (RFP) – The Federation has published a RFP in order to ensure a bottom-up approach to country selection. Each eligible NS has the opportunity to choose to respond, demonstrate interest and capacity, and begin a planning process. The RFP further allows the Federation to standardize expectations across countries and among key stakeholders, initiate project activity in many countries at once, target visits to countries that will provide a return, provide seed funding to countries interested but not prepared, and stagger the project design phase.

### **c) Representation and advocacy**

A Special Envoy has been appointed to enhance representation of the Federation around the world concerning Avian and Human Influenza preparedness. Dr. Pierre Duplessis is a public health specialist who has experience in epidemiology and large population disease outbreaks. Previously, Dr. Duplessis was the Secretary General of the Canadian Red Cross.

His specific tasks encompass the representation at high level strategic meetings, as well as in the media, on field missions. He participates in the Task Force meetings and supports the Federation with fundraising, lobbying and advocacy

## **Quality, accountability and learning**

The Federation will conduct a re-assessment of where the Federation, particularly the National Societies, stand at present with AHI preparedness, including business continuity planning, as well as Humanitarian pandemic preparedness (H2P) exercises. A similar re-assessment will be carried out on how some National Societies are coping with the avian epizootic. In the context of the Federation's leadership in pandemic preparedness in a number of countries, coordination aspects of the work will be strengthened at global, zonal and country levels.

## How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

## Contact information

For further information specifically related to this plan, please contact:

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