

# HUMANITARIAN PANDEMIC PREPAREDNESS INITIATIVE

## Overview and Outline Project Description

### **1. Background**

An influenza pandemic is a worldwide epidemic instigated by flu viruses that derive exclusively from birds and then adapt to allow efficient and sustained person-to-person transmission (infection). There is universal agreement among acknowledged experts that another pandemic is looming, though when this will happen remains very uncertain. Ten pandemics have been recorded over the last 300 years, with starting points ranging from 10 to 49 years: in the 20th century, for instance, pandemics occurred in 1918, 1957 and 1968.

Based on World Health Organization (WHO) defined phases of pandemic alert – intended to facilitate preparedness planning and response – the world is now on ‘Pandemic Alert - Phase 3’. Identified in 1997 with a peak of infection commencing in 2003, a new influenza virus subtype (H5N1) has brought about the largest and most severe outbreaks of sickness and death on record, in wild birds and poultry in 67 countries. Since November 2003, some 383 human cases of H5N1 – including 241 deaths – across 15 countries have been laboratory confirmed and above 60% of these people have died – even after sound medical care in many cases.

Nevertheless, while causing disease in humans, this virus is not *yet* spreading easily from one person to another. But once H5N1 or another bird flu strain evolves into a human pandemic virus, an estimated 20% to 40% of everyone on earth may become ill. Because a pandemic virus is new to humans, there is no pre-existing immunity: the severity and consequences of the disease may be far beyond those of seasonal influenza.

Due to the increase and ease of global travel and higher population concentrations, if an influenza pandemic were to appear with similar virulence to that in 1918 – estimated to have killed more than 40 million people in less than a year – healthcare systems could rapidly be overburdened; schools, banks, stores and government offices closed; transportation and public utilities, including the water supply, interrupted; and the social order disrupted.

All nations could to be affected by an influenza pandemic, but developing countries will be among the most vulnerable. Unlike the aftermath in more common large-scale disasters, access to aid (supplies and manpower) from traditional donor countries could be very limited or even non-existent while the ‘industrialised world’ struggled against the pandemic within its own borders. In countries where health systems are often not available in poor or remote areas, stockpiling supplies is either extremely complex or simply impossible for people at, or below, subsistence levels. When faced with more immediate threats to daily existence, inevitably, preparing for an influenza pandemic too often takes a low priority.

In short, there is an unprecedented need – and, now, the opportunity – for such communities to make ready for a widespread and potentially devastating emergency that has yet to materialise.

### **2. The Humanitarian Pandemic Preparedness Initiative**

Coordinated by the Geneva-based International Federation of Red Cross and Red Crescent Societies, the Humanitarian Pandemic Preparedness (H2P) Initiative is a three year USAID-funded programme (October 2007 through September 2010) aiming to build a chain of health and disaster management tools and practices as an indispensable prerequisite to generating a fully prepared and deployable (‘off-the-shelf’) capacity of community first-responders during an influenza pandemic. These essential front-liners will provide the most rapid, coordinated and effective response possible, designed to limit morbidity and mortality, safeguard livelihoods and maintain societal cohesion and integrity. This will be accomplished by underpinning – and, as necessary, driving – community-level planning/mechanisms for organising, coordinating and delivering an effective humanitarian response in countries deemed to be most vulnerable to a pandemic influenza outbreak.

USAID is funding several agencies to reduce the risk of excess mortality from a pandemic in at least 20 most at risk countries. There are three principal objectives:

1. To support the development of influenza pandemic preparedness plans and protocols of the humanitarian sector in the areas of health, food security and livelihoods in designated countries.
2. To strengthen the in-country capacities of staff and volunteers of significant humanitarian and civil society organisations to carry out the influenza pandemic preparedness plans and protocols.
3. To ensure functional coordination between global, national, district and community level stakeholders, including the UN system, in the preparedness and response of the humanitarian sector.

The international organisation and agencies that comprise the H2P Initiative are as follows:

**The International Federation of Red Cross and Red Crescent Societies (IFRC)** is the overall coordinating agency, also providing technical and financial support to national Red Cross Red Crescent societies and NGOs to implement pandemic preparedness activities. It will hire or oversee experts, consultants and technical working groups tasked to develop appropriate tools and protocols in three specific priority areas: health, food security and livelihoods. Other fields of interest will also be examined, including exercises and simulations, training and assessment. Finally IFRC will facilitate coordination between partners in keeping the wider Red Cross Red Crescent Movement informed on H2P advances.

**The CORE Group** will lead the H2P health technical working group, 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 in sharing experiences and progress on pandemic preparedness efforts. In selected countries, CORE will support some pilot implementation of health activities in districts and communities in which NGOs are working.

**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 will take the lead in formative research and coordinate the H2P food security working group tasked with identifying viable food security measures at community level.

**InterAction** will take responsibility for communication with the PVO sector. It will also map out INGO and their partners' programmatic capacities (programmes, activities, staff/volunteers) at national and district 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.

WHO, the World Food Programme (WFP) and other UN agencies are also in receipt of pandemic preparedness funding from USAID and are collaborating with the International Federation and its partners. These agencies will focus on national level planning with governments and normative guidance.

### **3. Target Countries and Focus of Work**

Countries will be selected by joint agreement between USAID and its Pandemic Preparedness partners including the IFRC, UN and NGOs. Target country selection derives from a combination of factors including projected mortality based on a 1918-like influenza pandemic, the existing capacity of partner organisations, receptiveness of the relevant countries and governments, the current state of readiness for an influenza pandemic, regional influence and US government interests.

Target countries identified to date include Egypt and Ethiopia (where progress is already underway), Mali, Nepal, Rwanda and Uganda (which will formally join the programme in the coming weeks). Additional states will enter the Initiative as momentum builds, until the goal of some 20 countries benefiting from H2P activities is achieved.

The focus of work centres on ensuring that local populations can access and benefit from realistic and sustainable 'off-the-shelf' pandemic preparedness plans which district and community leaders have the capability to implement. This is a complex process and involves several steps:

- Researching the target country's readiness and capacities at both national and community levels.
- Adapting global curricula and communications material for the target country.
- Testing the materials and methodology in several districts and/or communities.
- Training leaders for the districts and/or communities.
- Carrying out relevant exercises in a certain numbers of districts and/or communities.

These activities will require close coordination – and cohesion – between many different parties. Accordingly, a lead agency for each country will be chosen by the International Federation in consultation with partners, charged with, inter alia, coordinating the development of a work-plan (based on a global template) and ensuring in-country activities are underpinned by regular financial and operation reporting. At its discretion, the International Federation may provide grants to further the implementation imperative.

To assure pandemic preparedness plan sustainability, individual projects will be designed to integrate into existing programmes – either health or disaster preparedness – at the community level in the target countries.

**Geneva, Switzerland,  
13 June 2008**