Working Scenarios – [WFP DEC 05]

Overview of Four Possible Futures

Four working scenarios are described in this section. Each scenario covers a 24 month period, except Scenario #4 which plays out over a 12 month period. All scenarios describe the evolving Al/HI threat with reference to the existing WHO alert phases (as outlined above).

The four working scenarios are represented in Figure 2, which shows the severity of the Al/HI situation on the vertical axis, time on the horizontal axis and the magnitude of geographic and/or human reach indicated by the size of the scenario bubble.

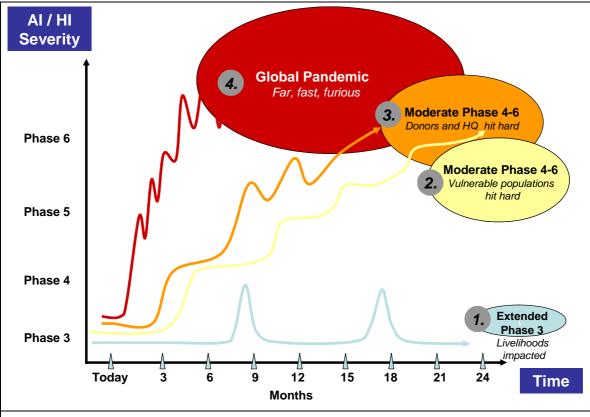


Figure 2. Representation of four working scenarios illustrating dimensions of severity, time and scale (size of bubble).

Highlights of the 4 working Scenarios

Scenario 1	"Extended Phase 3, livelihoods impacted
Situation:	For the next 24 months the world remains at Phase 3 while outbreaks of avian influenza continue to spread.
	The impacts of avian influenza on livelihoods and lives in rural Africa and parts of Asia are substantial in some regions.
Response:	The threat of an HI pandemic in the minds of government and the public peaks over the next 4-6 months. WFP tries to minimize the adverse impacts of preventing and containing avian influenza on livelihoods within the context of "standard" compensation / assistance programmes.
	However, after 12 months of media stimulated cycles of anxiety, but no sustained movement to Phase 4, donor interest begins to wane and the cohesiveness of an international response is challenged.

Scenario 2	"Moderate Phase 4-6, vulnerable populations hit hard"
Situation:	Within the next six months severe avian influenza outbreaks ripple through SE Asia. Confirmation of human to human clusters in Thailand, Indonesia and Cambodia move the world to Phase 4.
	The human influenza virus appears to be spreading more slowly than anticipated and mortality rates drop below 10%. Six months later Laos, China and Bangladesh are all fighting outbreaks and the world moves to Phase 5.
	In the next 12 months, harsh localized human influenza outbreaks present simultaneously across multiple Africa countries, and more mild outbreaks present in the Middle East and Eastern Europe and alert levels ultimately rise to Phase 6. Thousands of vulnerable and affected populations in Africa are hit hard, in particular those already immuno-compromised or without access to sufficient medical supplies and health care services.
Response:	Immediate media reactions are strong sending national governments and the public into a serious state of alert. Developed nations collaborate to try to prevent a global crisis, but deploying the right technical and human resources to areas of need proves challenging.
	While the threat remains high, most of the RBx manage to maintain support operations. However they are faced with responding to a major growth in beneficiary needs at the same time as a reduction in workforce and staff loss.

Scenario 3	"Moderate Phase 4-6, donors and HQ hit hard"
Situation:	Within the next six months severe avian influenza outbreaks hit mainland China, North Korea, Vietnam and Myanmar. Localized human to human transmission occurs and the virus is carried to new geographic regions.
	Six months later, human influenza cases begin presenting in major urban centers across Asia, Australia, Europe and the US, although mortality rates are not severe (< 10%). The virus transmits at faster rates within these urban settings resulting in larger clusters of human cases and a move to Phase 5.

	Twelve months later the virus is gaining ground and Phase 6 alert is called.
Response:	Despite high levels of global alert and robust containment efforts, it is not enough to stop the virus from continuing to spread.
	Developed governments sharply focus their attention and resources inward in an effort to protect their own citizens. Competition for global supplies of anti-virals and personal protection equipment is fierce.
	WFP HQ is hit hard by the viral threat. Restrictions on staff movement reduce overall HQ capacity and the entire organization moves into high state of alert and crisis management. The ability to attract donor funds away from their own national response efforts becomes increasingly difficult.

Scenario 4	"Global pandemic, far, fast and furious"
Situation:	Over the next 2 months, avian influenza outbreaks occur in SE Asia, the Middle East and Africa. A new strain of human H5N1 is confirmed to be in circulation and WHO declares Phase 6 alert. The virus is highly virulent, transmitting quickly between humans and taking the lives of over 20% of those infected – with a concentration of cases in those
	between the ages of 20 - 45. The human caseload peaks in the following three months. Intense 30-45 day waves are now hitting multiple countries simultaneously. After 6 months of unprecedented stress on health systems, significant interruptions of essential services, and extreme civil disorder and strife in failed / volatile states, new cases finally seem to be diminishing and a balance of order slowly restored.
Response:	International partnerships and coordination mechanisms are blind-sided by the reality unfolding in front of them. The threat presents faster and more severely than expected and progress against preparedness objectives is not sufficient to hold under stress. National governments close borders and impose quarantines. As a result, thousands of citizens outside their home country become displaced and cannot return home. Nations keep technical and human resources at home, desperate to have all assets on hand to service their own citizens. Radical shifts to import and export practices occur, medical supplies are hoarded by those with the power to do so and the world degrades into "survival of the fittest" behaviours as fear of carnage worse than the 1918 Spanish influenza mounts. Those nations with substantial financial resources and strong medical and emergency support infrastructures fare the best, although the death tolls across the globe are sobering.