

# Humanitarian Preparedness for Avian and Human Influenza: Guidance for Country-Level Contingency Planning

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## 1. Introduction

1.1. The purpose of this guidance note is to help IASC Country Teams think through the humanitarian implications of avian and human influenza, both within the context of national contingency planning exercises and in relation to humanitarian-specific contingency plans.

1.2. The term “avian and human influenza” refers to two distinct but related phenomena:

- a) the *avian influenza epizootic*<sup>1</sup> that is currently affecting domestic and wild birds in Asia, Africa and Europe;
- b) a *human influenza pandemic*,<sup>2</sup> which might arise if the virus responsible for the avian influenza epizootic (H5N1) develops the ability for efficient and sustained human-to-human transmission.

1.3. The WHO pandemic classification system distinguishes between six phases:

<b>Inter-pandemic period</b>	<b>Phase 1</b>	No new influenza virus detected in humans. If a new influenza virus presents in animals, the risk of human infection is considered to be low.
	<b>Phase 2</b>	No human infections, but a circulating animal influenza virus poses a risk to humans.
<b>Pandemic alert period</b>	<b>Phase 3</b>	Human infection(s) with a new virus, but no (or very infrequent) human-to-human spread.
	<b>Phase 4</b>	Small cluster(s) with limited human-to-human transmission but spread is highly localized.
	<b>Phase 5</b>	Larger cluster(s) but human-to-human spread still localized.
<b>Pandemic period</b>	<b>Phase 6</b>	Increased and sustained transmission in general population.

1.4. The UN System Influenza Coordination Office (UNSIC) is in the process of developing three scenarios for the purposes of pandemic planning and preparedness:<sup>3</sup>

Model One. *Extended Phase 3 with continuing outbreaks of avian influenza.* Outbreaks of avian influenza continue to spread, but the virus does not acquire efficient and sustained human-to-human transmissibility.

<sup>1</sup> An epizootic is an epidemic of animal disease – a disease affecting a large number of animals simultaneously.

<sup>2</sup> A pandemic is an epidemic that is worldwide in scope.

<sup>3</sup> See Annex 1.

Model Two. *Slow-onset Phase 4-5 with moderate and localised impact.*  
The virus only progressively acquires human infectiousness. It spreads slowly and to a small number of regions.<sup>4</sup>

Model Three. *Rapid-onset escalation to Phase 6 with widespread impact.*  
The virus develops the ability for efficient and sustained human-to-human transmission. A human influenza pandemic rapidly spreads throughout the globe with a high infection rate.<sup>5</sup>

1.5. Governments bear primary responsibility in tackling avian & human influenza. Humanitarian agencies should support government efforts rather than attempt to replace them, and should ensure that their own efforts fit within the national framework. Contingency plans developed by IASC Country Teams should therefore build on and feed into those developed by national governments, and should be complementary to, and supportive of, national plans.

1.6. In light of the scale and cross-cutting nature of the threat, humanitarian agencies should strive to tackle avian & human influenza

- jointly (in the IASC framework)
- at all levels (national, regional, global, and at the agency level)
- in close coordination with all relevant actors (governments, the private sector, the media, civil society, etc.)

1.7. When considering what measures are needed to deal with avian and human influenza, IASC Country Teams should take into account:

- [*depending on the country*] the **fact** that the country is currently facing an avian influenza epizootic (UNSCIC's Model One: Phase 3 with outbreaks of avian influenza), or the **possibility** that the epizootic might reach the country;
- the **possibility** that the situation might evolve into a localised human influenza epidemic, which could be either relatively benign or relatively deadly (UNSCIC's Model Two: Slow-onset Phase 4-5 with moderate and localised impact);
- the **possibility** that the situation might evolve into a human influenza pandemic, which could be either relatively benign or relatively deadly (UNSCIC's Model Three: Rapid-onset escalation to Phase 6 with widespread impact).

1.8. Given that the timing of the threat cannot be predicted, sustainability of preparedness efforts is a crucial concern. One way to ensure that preparedness efforts are sustainable is to develop them within the context of a multi-hazard preparedness agenda.

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<sup>4</sup> According to UNSIC, "Depending on how it evolves the influenza disease itself may be relatively benign (similar to a "normal" flu) or it may be relatively deadly and result in significant social and economic impact." See UNSIC, United Nations System Pandemic Planning and Preparedness Guidelines, draft, 10 February 2006.

<sup>5</sup> According to UNSIC, "Depending on how it evolves the influenza disease itself may be relatively benign (similar to a "normal" flu) or it may be relatively deadly and result in significant social and economic impact." See UNSIC, United Nations System Pandemic Planning and Preparedness Guidelines, draft, 10 February 2006.

1.9. This note does not replace but rather complements existing contingency planning tools and materials, such as those issued by individual agencies and UNSIC.

## 2. Risk analysis

2.1. Develop a zoning map of the country ranking areas according to their level of vulnerability.<sup>6</sup>

- Which areas have high levels of human vulnerability?
- Which areas are likely to have high levels of vulnerability to an avian influenza epizootic?
- Which areas are likely to have high levels of vulnerability to a human influenza epidemic?

2.2. Assess the current level of preparedness of central and local authorities, civil society, and humanitarian agencies.

- Have preparedness plans been developed? How relevant and operational are they?
- Are preparedness activities being carried out? Which ones? By whom? How relevant and effective are they?
- What are the existing gaps?

2.3. Select country-specific early warning indicators and triggers,<sup>7</sup> taking into account WHO guidelines.<sup>8</sup>

- When will the contingency plan be activated? When Phase 3/4/5/6 is declared (by the government or WHO?) in the region, a neighbouring country, or the country itself?

## 3. Scenarios

3.1. A scenario is an account or synopsis of a course of events that could occur. For instance: “The pandemic affects 30% of the population; schools close; travel restrictions are imposed; 30% of humanitarian personnel do not report to work; mortality rate in refugee camps soars to x%; no relief supplies enter the country for 6 weeks...”

3.2. Develop three country-specific scenarios, based on the three model scenarios provided in Annex 1. Spell out:

### ▪ Severity

- How many birds will the epizootic affect?
- How many birds will the epizootic kill?

<sup>6</sup> As **indicators for vulnerability, use XXX**.

<sup>7</sup> A trigger is an event following which the contingency plan is activated.

<sup>8</sup> **REFER to WHO Guidelines**

- How many birds will be culled?
  - How many people will the epizootic affect?
  - How many people will the epizootic kill?
  - How many people will the epidemic/pandemic affect?
  - How many people will the epidemic/pandemic kill?
- **Timeframe**
    - When will the epizootic/epidemic/pandemic start?
    - How quickly will the epizootic/epidemic/pandemic spread?
    - How long will the epizootic/epidemic/pandemic last?
- **Entry points**
    - Will the epizootic/epidemic/pandemic enter through ports, airports, and/or border crossings? Which ones?
    - Will the epidemic/pandemic enter through birds or through humans?
- **Geographic scale**
    - Where will the epizootic/epidemic/pandemic start?
    - In which direction(s) will the epizootic/epidemic/pandemic spread? Through which routes?
    - Which areas will the epizootic/epidemic/pandemic reach? Only urban and peri-urban areas or rural areas too?
- **Possible “hot spots”**
    - Will areas with high poultry population density be more affected than other areas? Will they be more severely affected?
    - Will densely populated areas be more affected than less populated ones? Will they be more severely affected?
    - Will urban and peri-urban areas be more affected than rural ones? Will they be more severely affected?
    - Will remote regions be less affected than other regions? Will they be more severely affected?
- **Economic implications<sup>9</sup>**
    - What will be the economic impact of the epizootic/epidemic/pandemic? Will it lead to a recession-like disruption of the economy, a total breakdown of the economy, or something in between? Which economic sectors will be most affected?
    - What will be the impact of the epizootic/epidemic/pandemic on livelihoods, in particular for vulnerable individuals and groups?
    - What will be the economic implications of restrictions on human and livestock movements, and of quarantines? How would they affect pastoralist livelihood patterns?
    - What will be the impact of the epizootic/epidemic/pandemic on food security?

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<sup>9</sup> For a detailed discussion of the economic implications of a pandemic, please refer to Annex 2.

- **Social implications<sup>10</sup>**
  - Which social groups will be most affected by an epizootic?
  - What will be the impact of the epidemic/pandemic on health care systems?
  - What will be the impact of the epidemic/pandemic on schools, prisons, orphanages, barracks, and other institutionalized communities?
  - What will be the impact of the epidemic/pandemic on essential social services?
  - What will be the impact of the epidemic/pandemic on critical infrastructural services such as power, water, transportation and distribution systems?
  - What will be the impact of the epidemic/pandemic on law and order?
  - How might criminal syndicates exploit the situation? Would a black market develop? What will be the implications of this?
  - What will be the social implications of restrictions on human and livestock movements? What will be the social implications of quarantines?
  - What will be the impact of the epizootic/epidemic/pandemic on vulnerable individuals and groups?
  - Will the epizootic/epidemic/pandemic generate new vulnerabilities, or will it reinforce existing ones?
  
- **Governance implications<sup>11</sup>**
  - How effective will government structures be in addressing the epizootic/epidemic/pandemic? How flexible will they be in adapting to this new threat? How transparent and accountable will they be?
  - How will the government prioritize scarce resources? What criteria will be used, who will decide, how transparent and equitable will that process be?
  - How effective will the government be in managing people's concerns and expectations, and in risk communication?
  - Will the population trust the government?
  - Will a pandemic lead to power vacuums and chain of command problems?
  - Will a pandemic be manipulated by certain groups for political purposes?
  - Will certain groups (such as minorities, undocumented migrants, etc.) become scapegoats?
  - If the health care and other basic systems perform poorly, will existing ruling elites or even governance systems be challenged?
  - *[In countries with weak governance capacity]* Will a pandemic lead to a significant breakdown of governance systems?
  - *[In countries affected by armed conflict]* What will be the impact of a pandemic on military establishments?
  
- **Human rights implications<sup>12</sup>**
  - Will affected persons and groups be stigmatized or ostracized?
  - Will the epidemic/pandemic lead to discrimination in access to information? Discrimination in access to health care? Discrimination in access to essential services?
  - What will be the human rights implications of enforcing restrictions on movement? What will be the human rights implications of quarantining?

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<sup>10</sup> For a detailed discussion of the social implications of a pandemic, please refer to Annex 3.

<sup>11</sup> For a detailed discussion of the governance implications of a pandemic, please refer to Annex 4.

<sup>12</sup> For a detailed discussion of the human rights implications of a pandemic, please refer to Annex 4.

- In case a state of emergency is declared, which rights are likely to be compromised or derogated? What will be the implications of this?
  - What will be the human rights implications of entrusting the running of essential services to the security forces (the police, the military),<sup>13</sup> in particular for disenfranchised or marginalized groups, in terms of:
    - discrimination in access to information
    - discrimination in access to health care
    - discrimination in access to essential services
- **Cultural implications**
- What cultural considerations, if any, should be taken into account (e.g. with respect to rituals, sites of worship, pilgrimages, management of disease, of food systems, of bereavement)?
  - How will the epidemic/pandemic affect local practices and attitudes vis-à-vis the ceremonial handling of dead bodies?
- **Implications for the humanitarian caseload<sup>14</sup>**
- What will be the impact of the epizootic on the current humanitarian caseload, in terms of livelihoods and food security?
  - What will be the impact of the epidemic/pandemic on the health status of the current humanitarian caseload?
  - What will be the non-health impact of the epidemic/pandemic on the current humanitarian caseload, in terms of:
    - livelihoods
    - food security
    - access to social services
    - access to critical infrastructural services
  - Will the epidemic/pandemic have a different impact on the current humanitarian caseload and the population at large? In what respects? What are the implications of this?
  - Will new humanitarian needs arise from the epidemic/pandemic?
    - Which ones?
    - How many people will be concerned?
    - Where (region, urban/rural)?
    - For how long?
- **Implications for humanitarian staff<sup>15</sup>**
- What proportion of humanitarian workers will not report to work?<sup>16</sup>
  - What other staff-related issues will arise (repatriation logistics, counselling, ...)?
  - Will the epidemic/pandemic have a different impact on local and international staff? In what respects? What are the implications of this?

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<sup>13</sup> Some countries might declare a state of emergency, and entrust the running of essential services to civil defence mechanisms, the military and/or the police.

<sup>14</sup> For a detailed discussion of the implications of a pandemic for humanitarian action, please refer to Annex 5.

<sup>15</sup> For a detailed discussion of the implications of a pandemic for humanitarian action, please refer to Annex 5.

<sup>16</sup> According to UNSIC, you should envisage up to 30% non-attendance for a period of 6 weeks. There will be no external surge capacity to tap into.

- If agencies adopt different measures vis-à-vis local and international staff, what are the likely implications of this at the country level?<sup>17</sup>
- **Implications for humanitarian operations<sup>18</sup>**
  - What will be the impact of staff absenteeism on management and chain-of-command structures?<sup>19</sup>
  - What will be the impact of a disruption in the flow of relief supplies on humanitarian operations?<sup>20</sup>
  - What will be the impact of a disruption in telecommunications on humanitarian operations?
  - What will be the impact on humanitarian operations of restrictions to the movement of people and social interactions,<sup>21</sup> in terms of:
    - access to beneficiaries
    - capacity to conduct needs assessments
    - capacity to monitor & evaluate programme implementation
    - capacity to advocate and negotiate with local authorities, warring factions, etc.
  - If humanitarian agencies are required to provide assistance to both rural and urban populations, what operational challenges might this entail?<sup>22</sup>
  - What will be the impact on humanitarian operations of an eventual entrusting of essential services to the security forces, in terms of:
    - access to beneficiaries
    - capacity to conduct needs assessments
    - capacity to monitor programme implementation
    - capacity to advocate and negotiate with local authorities, warring factions, etc.
  - Will a pandemic have a different impact on current and new sudden-onset humanitarian operations? In what respects? What are the implications of this?
  - Will a pandemic have a different impact on new mandated operations and new out-of-mandate operations?<sup>23</sup>

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<sup>17</sup> For instance, most international staff might be repatriated while local staff will remain in countries where the health services are poor.

<sup>18</sup> For a detailed discussion of the implications of a pandemic for humanitarian action, please refer to Annex 5.

<sup>19</sup> Expatriates might be repatriated or stay at home, so that a management vacuum might develop.

<sup>20</sup> The flow of goods – including relief supplies – might be disrupted due to border closures, quarantines, disruption of transportation systems and businesses.

<sup>21</sup> Governments might declare quarantines, restrict the movement of people and social interactions to slow down the spread of the disease. Similarly, humanitarian agencies might forbid their staff to visit refugee camps, feeding centres and other places with a high concentration of people.

<sup>22</sup> A pandemic might affect a significant number of urban dwellers, so that humanitarian agencies might be required to provide assistance to urban populations in addition to their customary caseload, which is located predominantly in rural areas.

<sup>23</sup> “Mandated operations” include all current and future operations that lie within the mandate of a given organization. It should be borne in mind that during a pandemic new operations might need to be launched to meet the needs arising from sudden-onset disasters such as earthquakes, wars, etc. “Out-of-mandate operations” include all AHI-specific activities that do not lie within the mandate of a given organization. For instance, WFP might be requested to distribute food to the entire population of a given region, rather than to vulnerable groups only.

## 4. Overarching principles

4.1. All key humanitarian principles (humanity, neutrality, impartiality and independence) remain fully applicable in case of an epizootic/epidemic/pandemic.

4.2. In addition, ten substantive values and five procedural values have been identified to guide ethical decision-making in an influenza pandemic.<sup>24</sup> The ten substantive values are:

Individual liberty	Restrictions to individual liberty should: <ul style="list-style-type: none"> <li>▪ be proportional, necessary, and relevant;</li> <li>▪ employ the least restrictive means;</li> <li>▪ be applied equitably.</li> </ul>
Protection of the public from harm	Decision makers should: <ul style="list-style-type: none"> <li>▪ weigh the imperative for compliance;</li> <li>▪ provide reasons for public health measures to encourage compliance;</li> <li>▪ establish mechanisms to review decisions.</li> </ul>
Proportionality	Restrictions to individual liberty and measures taken to protect the public from harm should not exceed what is necessary to address the actual level of risk to or critical needs of the community.
Privacy	Individuals have a right to privacy in health care and other matters.
Duty to provide care	Inherent to all codes of ethics for health care professionals is the duty to provide care and to respond to suffering.
Reciprocity	Reciprocity requires that society support those who face a disproportionate burden in protecting the public good, and take steps to minimize burdens as much as possible.
Equity	All of those in need of humanitarian action have an equal claim on resources necessary for their survival and well-being.
Trust	Trust is an essential component of a beneficial and sustainable relationship between beneficiaries and aid organizations.
Solidarity	A pandemic will require a new vision of global solidarity as well as meaningful solidarity between nations. It also requires solidarity within and among humanitarian and related services.
Stewardship	Those entrusted with governance roles should be guided by the notion of stewardship. Inherent in stewardship are the notions of trust, ethical behaviour, and good decision-making.

## 5. Overarching strategies & operational objectives

5.1. Define the overarching strategies that should inform the response. Consider in particular the following strategic choices:

- Seek to meet the new humanitarian needs arising from a pandemic or prioritize the existing humanitarian caseload?
- Focus response on the most vulnerable regions (those with lower governance capacity & greatest number of vulnerable people) or try to reach all those affected by the pandemic?

<sup>24</sup> For a detailed discussion of ethical considerations in pandemic planning and programming, see Annex 6.



- Take on new roles (e.g. generalized food distributions), or stick to traditional humanitarian roles?
- Launch programmes in the absence of reliable needs assessments, or wait until reliable needs assessments are feasible?
- Outsource some programmes to new and possibly non-reliable partners, or scale down programmes?

5.2. What should the *realistic* objective of the response be?

- a. Minimizing the scaling down
- b. Maintaining the same level of services to the same caseload
- c. Maintaining the same level of services to a different (re-prioritized) caseload
- d. Scaling up to meet new needs

5.3. Define criteria for programme continuity and suspension.

5.4. Define criteria for prioritizing the humanitarian response.

## **6. Management & coordination arrangements**

6.1. Define operational roles & responsibilities with regard to:

- response mechanisms
- information management
- risk communication
- staff health
- resource mobilization
- resource allocation

6.2. Define mechanisms for ensuring accountability.

6.3. Define coordination arrangements with non-IASC members (the government, the military, the private sector, local NGOs, etc.)

## **7. Operational response plans (by sector)**

7.1. Define sectoral planning assumptions

7.2. Define sectoral objectives.

7.3. Define sectoral activities.

7.4. Define sectoral management & coordination mechanisms.

7.5. Define sectoral resource requirements (material/human/financial).

7.6. Define which resources are already available.

## **8. Follow-up**

- 8.1. Define a schedule for regularly reviewing and updating the plan and related programme activities.
- 8.2. Spell out (in a matrix including responsibilities and timelines) the preparedness actions to be taken. These include:
  - risk analysis
  - monitoring of early warning indicators
  - baseline assessments
  - training and cross-training of staff
  - stand-by arrangements
  - resource inventory
  - risk communication

**Annex 1. Avian and Human Influenza: UNSIC Model Scenarios**

**Annex 2. Economic Implications of a Human Influenza Pandemic**

**Annex 3. Social Implications of a Human Influenza Pandemic**

**Annex 4. Governance Implications of a Human Influenza Pandemic**

**Annex 5. Avian and Human Influenza: Implications for humanitarian action**

**Annex 6. Ethical Considerations in Pandemic Planning and Programming**