Strategic Choices

AHI & Humanitarian Action
Pre-Pandemic, Pandemic, and Post-Pandemic Periods

22-24 February 2006, Geneva

Introduction

Many actors, including those within the humanitarian community, are already engaged in activities pertinent to the current pre-Pandemic Alert Phase 3 period. This is particularly the case in those geographic areas where avian flu outbreaks, and the related deaths of humans, are, or have been, a reality. In this connection, a great deal of attention has, and is, being focused on preventive measures so as to address the problem at source and inhibit its transmission to humans.

Beyond those areas that are known to be infected, there has been a range of initiatives (from tentative to vigorous) by humanitarian actors to mobilize and/or accelerate action on contingency planning and related preparedness activities.

Few will dispute that what happens NOW is critical both in terms of pre-empting, or delaying, the onset of a pandemic as well as instituting measures that will mitigate its impact once a pandemic is declared or suspected. Given a range of competing priorities on humanitarian resources, humanitarian agencies and the wider humanitarian community needs to decide on a number of critical issues. Such issues, or potential list of issues are outlined below.

1. Scenario/Planning Framework(s)?

The humanitarian community needs to determine what scenario(s) (or potential future situation), and related planning framework(s) should guide the formulation of contingency plans, and their translation into concrete activities, that will help mitigate the adverse effects of AHI and a pandemic should it occur.

A critical number of unknowns shape the discourse on AHI planning and preparedness. WHO says that a pandemic "may be imminent." However, it is not known when it might occur; its severity, duration and consequences are also unknown. Neither is it apparent how long the current Pandemic Alert Phase 3 will last, whether the H5N1 virus will result in Alert Phases 4 and 5 and the duration and impact of such events if they occur.[1]

(1) Thus, humanitarian actors need to determine

    a) whether this is merely an issue of scale and put in place a programme that allows for all contingencies.
    b) Alternatively, some or all humanitarian actors may decide that the best course of action is to invest in activities geared to inhibiting the further spread of the virus

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[1] The draft WFP scenarios and Models in the UNSIC draft Guidance Note document refer.

including rapid response capabilities to deal with continuing or an accelerated pace of outbreaks and related knock-on effects for vulnerable groups.

c) Others may conclude that there is no option but to invest in the here-and-now situation and simultaneously prepare for a worse case scenario, namely a severe pandemic, as well as the post-pandemic world.

(2) A related critical issue is whether there is value in striving for a common stance and coordinated approach in relation to planning an preparedness activities.

2.   Caseload?

There is a range of opinion on the extent to which humanitarian actors will be able to scale-up in the face of growing humanitarian need or whether, in fact, humanitarian actors should acknowledge and prepare for the consequences of being obliged to scale-down. Within this context, there are important questions to be addressed both in terms of existing annual caseload levels (approximately 40-45 ml) and scope of potential future caseload.   Clearly, planning assumptions in relation to size and nature of caseload within the context of planning and preparedness activities is a critical issue. Thus, it is proposed that a third strategic issue is the determination of whether the humanitarian caseload will increase, decrease, or remain somewhat similar to current levels.

3.   Priority Settings?

It is well understood that each and every country, society and community should have contingency plans and preparedness programmes in place to deal with AHI. It is also a given that humanitarian and other relevant actors need to contribute to, and support, such activities as appropriate.   However, in terms of humanitarian-specific planning and preparedness, questions arise as to whether priority should be given to those populations and locations that are high on vulnerability charts and/or where humanitarian caseloads currently exist. Another way of posing this question is whether in the absence of adequate resources to go full steam in all settings, should the humanitarian community prioritize and focus, in the first instances, on those who most vulnerable?

4.   Timeframe?

Given the fast-paced movement of the H5N1 in recent times, should the humanitarian community give itself a deadline for development of contingency plans and initiation of preparedness progrmames?   If yes, should this be, for example, 4 weeks after the mid March IASC Working Group meeting?

5.   Humanitarian Code?

A number of well-known Codes and agreed protocols currently exist to help ensure that humanitarian action is in line with humanitarian principles and standards. Inherent in all codes of ethics for health care and many essential services (such as the police or fire department) is the duty to provide care and to respond to emergencies. It may be that (some) relief personnel will be confronted with difficult choices and will have to weigh competing obligations to their own health/family/friends and that of their professional

responsibilities. (Other ethical choices may also obtain. Some of these are set out in the outline paper on Ethics that is slated for discussion in the final Session.) Thus, a critical question is whether the humanitarian community should consider the formulation of a Code concerning the responsibility of humanitarian actors, at the organizational and individual level, in the face of a pandemic?

6.   Access Protocol

Should humanitarians/others (eg UNSIC) define, and advocate for, a "Purple Brigade" protocol[2] geared to an international agreement for the maintenance of essential services and access in the event of a severe pandemic when it is likely that borders will be closed and population movements severely restricted?

7.   Commitment/Investment in Preparedness?

Should humanitarians identify an agreed level of engagement and support required in senior policy and decision-making circles to secure and maintain support for adequate AHI planning and preparedness measures as part of a multi-hazard risk management agenda? Is it necessary to identify and/or mobilize additional resources to ramp up planning and preparedness initiatives?

8.   IASC AHI Institutional Architecture

Given the many unique issues surrounding the AHI and humanitarian equation, as well as the need to accelerate contingency planning and humanitarian preparedness, is there a need for a dedicated IASC mechanism to deal with this situation?

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[2] In times of war, the red cross/crescent emblem goes far in advancing the principle/objective of humanitarian access/right of affected populations to receive help. The idea here is to mimic this concept so that all "purple" approved consignments/convoys will be able to deliver essential goods through closed ports etc. Such a protocol would, for example, allow for the deployment of INSARAG teams in the event of an earthquake, help maintain supply lines to food insecure regions, rapid shipment of medicines etc.