

The Towards a Safer World initiative is taking stock of what has been achieved through the coordinated, multi-sector, whole-of-society approach used for pandemic planning during the past five years. It is identifying which approaches have proved effective and developing a strategic communications and advocacy campaign to help ensure the successes from pandemic preparedness will be actively replicated in disaster preparedness programs.

Background

Global biological disasters have occurred several times over the last two decades. The social, political and economic consequences of previously unknown diseases such as SARS and BSE served as a wake-up call to the world that worse things could happen. In the late 1990s, a novel influenza virus of avian origin, H5N1 highly pathogenic avian influenza, wreaked havoc in Hong Kong. In a successful effort to control the spread of the virus, the entire poultry population of the territory was destroyed.

In 2003, H5N1 avian influenza re-appeared in humans in Hong Kong. The public health world was galvanized to prepare for the probability that the avian virus would continue to infect humans and might develop the ability to cause human-to-human transmission, with consequences as dire as that of the 1918-1920 influenza pandemic that was responsible for the death of up to 40 million people. As wildlife, veterinary and human public health authorities intensified influenza surveillance in birds and people, by 2009 H5N1 had been reported in 63 countries, with almost 500 human cases and nearly 300 deaths.

Efforts to control avian influenza at its source focused on detecting outbreaks at the earliest possible moment, culling infected flocks and shutting down affected poultry establishments. The public health strategy focused on early detection of human cases and efforts to contain spread through isolation and quarantine. Over time it became clear that if the H5N1 virus were to acquire the ability to spread effectively from person-to-person, it would be difficult to contain,

and that greater effort needed to be put into mitigating the consequences of a pandemic.

Major investments were made in vaccine research and in the production and stockpiling of antiviral drugs. But the technology for vaccine production, the high costs of a pandemic influenza vaccine, and the fact that wealthy countries had contracted with vaccine manufacturers for most of what could be produced, meant that most parts of the world would not be able to provide vaccine to their populations even if one should become available.

The realization that the health system might not be able to cope with all the consequences of a pandemic led to a recognition that other vital functions of society might also be paralyzed. Under the leadership of the UN, working closely with the International Federation of Red Cross and Red Crescent Societies, NGOs and private sector firms, a “whole of society” approach to pandemic preparedness was adopted. Pandemic planners looked at the overall architecture of society and engaged a variety of stakeholders in the planning processes.

Forging strong links between non-traditional partners from different sectors including agriculture, public health, the military, and the humanitarian community proved to be a successful formula. An analysis of the interconnectedness of the various sectors led to an identification of the critical services that would be affected by a severe pandemic. Multi-sectoral considerations needed to be taken into account. This could best be accomplished through

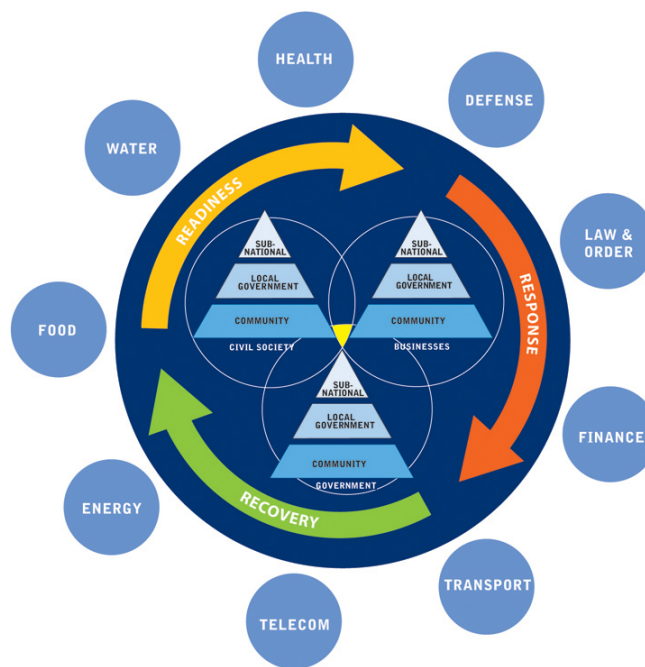
repeated simulations that highlighted gaps in plans.

The influenza A H1N1 (2009) pandemic took the world by surprise. While all eyes were on Southeast Asia, and on H5N1 highly pathogenic avian influenza, the pandemic began in North America and was caused by an entirely different virus. Fortunately, while serious, its impact was less than what had been feared.



The risk of a severe pandemic remains. All of the fears that were held in regard to H5N1 remain. Whole-of-society preparedness for a pandemic, and for other disasters, should not be abandoned.

Just as disasters of biological origin will continue to occur, other disasters with global reach and multi-sector consequences can be foreseen, from climate change to food crises. Even disasters of a more local nature will need to be addressed, in an increasingly inter-connected world, through a multi-sector approach.



Towards a Safer World Process

The purpose of the Towards a Safer World Initiative (TASW) is to draw on the lessons learned from the practical preparations that were taken for the recent pandemic threat and to demonstrate how and when they might be applied to different kinds of disasters. While every type of disaster has aspects of preparedness that are specific to it, the basic processes of multi-sector preparedness are the same and the soundness of the Whole of Society approach has been demonstrated.

TASW is preparing reports on pandemic preparedness efforts under 11 themes: animal

health; health; civil-military coordination; communications; community level preparedness; health; humanitarian assistance; logistics; multi-sector preparedness in Asia; private sector preparedness; travel and tourism; and whole of government planning.

Discussion and presentation of the data will take place at a conference at WFP Rome from September 15-16. This conference will gather participants from Governments, UN agencies, technical and specialized agencies, NGOs, community-based organizations and private companies.

Emerging TASW Findings

Some of the emerging issues flowing out of TASW's work so far include:

Multi-sector networks: Pandemic preparedness highlighted the value of establishing multi-sector networks to facilitate communication, collaboration, coordination and information-sharing. The best responses to emerging threats are from a sophisticated, inclusive approach which brings together the experiences and resources of the private sector and civil society as well as governments. It requires a concerted, collaborative effort by Government, businesses and civil society to mitigate the impacts of a pandemic. Effective preparedness requires coordination, integrated planning and the management of complex relationships across different sectors; and between international, national and local actors. All of the relevant stakeholders had to be identified and brought together to communicate and agree on their roles in preparedness and response.



Existing relationships aid response: Relationships formed through collaborative planning make response more efficient, as connections have already been established and tested. Experience has demonstrated that where there are good inter-agency relationships, results have been better. Such inter-agency relationships

work best where they have been developed in advance of a disaster.

Identify critical services: Pandemic planning highlighted the importance of identifying the critical services that will be affected during any disaster, and the ripple effect this has across all aspects of society.

Operational and business continuity planning are key: Fear of a pandemic stimulated an upsurge in business continuity planning – a growing recognition of the importance of planning to deal with the impact of a major crisis on societies and organizations' ability to function. Good continuity planning strengthens an organization's resilience to all threats.

Innovative coordination approaches: UNSIC pioneered an innovative, inclusive and light approach to UN coordination. UNSIC used a small, cost-effective, catalytic taskforce to build links and strengthen coordination of an informal network. The UNSIC approach has relevance to other complex areas of multi-sector work where there is a major global political profile, a wide range of stakeholders, and an urgent need to work in a more coordinated way.

The value of simulations: In preparing for pandemic, multi-sector simulation exercises have helped to refine plans, improve communication and coordination, identify the impact on critical services, find gaps, and clarify roles and responsibilities of different stakeholders. Simulation exercises increased awareness and knowledge among participants, and served as good networking and training opportunities by bringing together individuals from different backgrounds and sectors. Such exercises have also been critical in serving as a springboard for continued actions.

Stimulating private sector investment: Authoritative scientific advocacy about the threat

coupled with economic analysis demonstrating the cost of the threat stimulated the private sector to invest unprecedented funding in pandemic preparedness. This approach could be replicated to stimulate private sector funding for other threats.

Seed funding incentivizes action: OCHA and UNDP created an innovative seed funding mechanism under the auspices of the Central Fund for Influenza Action to help incentivize and kick-start country-level preparedness processes. This funding mechanism could be replicated to stimulate preparedness for other threats.



Systems for measuring readiness: ASEAN, the US Centers for Disease Control and Prevention (CDC) and OCHA pioneered systems for measuring preparedness, helping to enable

prioritization of support and to prove impacts of efforts. These systems could be replicated to measure progress in preparing for other threats.



Different communication strategies needed: Communication of scientifically sound risk information is critical but insufficient for effective disaster response. For example, we told people not to sleep with chickens in their house. But if they leave the chickens outside the house, they will get stolen. The risk of catching H5N1 because you have a chicken in your house is less than the risk of it being stolen from leaving it outside your house, so the message was not implemented. Timely risk communication must be supplemented by social mobilization that fosters dialogue among community members and behaviour change communication that takes into account differing customer perceptions of risk and cultural and economic barriers to recommended new behaviours.

Further Information

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