

Strengthening pandemic preparedness of civil society and communities:

Preliminary findings and recommendations
of the Humanitarian Pandemic Preparedness
(H2P) Program Review

Pandemic Preparedness Forum | October 2010, Bangkok

Coverage of presentation

- H2P initiative/program – a review of objectives, components, players
- Program review – objectives, key questions, methods,
- Key findings and recommendations – program/project components
- Summary responses to ‘over-arching questions’
- Final works

H2P Program – outcomes, components

- **Overall outcome:** Pandemic-prepared communities
- **Components:**
 - *Global program:* partnership; tools, guidelines development and dissemination
 - *Country projects:* H2P country/district plans; tools and messages; trained leaders, responders; in-country partnership
- **Players:**
 - AED, CORE Group, InterAction, IFRC, USAID, UN agencies
 - Defense, academic institutions...



The H2P Program – project framework

At district level:

- Adapt, pre-position tools, guidelines, materials
- Prepare trainers; support leaders

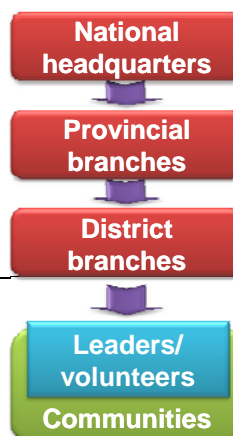
At country level:

Prep/response plan; map of partners and resources

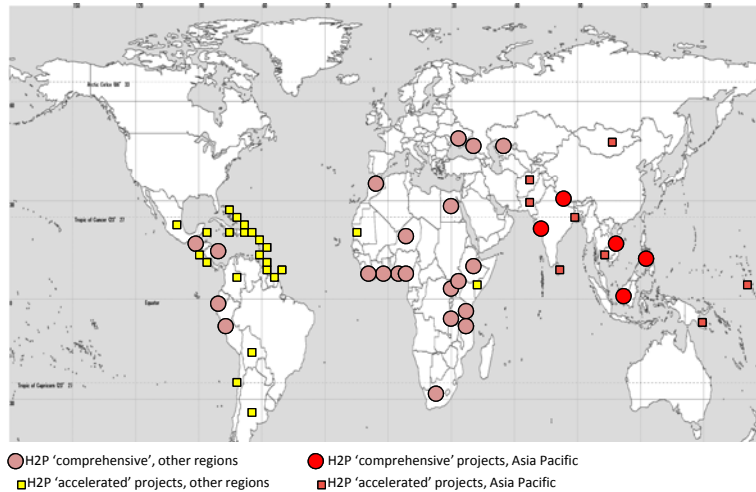
Sustained human-to-human transmission

Based on country-wide plan, roll out:

- 'Of the shelf' tools, guidelines
- 'Just in time' trainings
- Volunteer mobilisation



The H2P Program – global coverage



H2P Program review - objectives

- **At global level, review how the program:**
 - Developed and disseminated tools and guidelines
 - Served to support partnership
- **At project/country level, review:**
 - What activities were done, what were the outcomes of work?
 - What was the partnering experience in-country?
 - Did these improve preparedness and response capability?

H2P Program review

➤ Over-arching questions:

- To what extent of preparedness to effectively and rapidly roll-out appropriate interventions at scale in response to a severe pandemic?
- To what extent of support to implementation of appropriate interventions at scale in response to 2009 H1N1 influenza pandemic?
- Did H2P projects accomplish those outlined in sub-grants, agreements
- What unintended outcomes, benefits or problems occurred?

H2P Program review – methods, team

➤ Methods:

- *Global partner interviews* – 21 pax from agencies actively involved in H2P initiative; 1 hour interviews with protocol
- *Country visits* – 10/72 project countries, randomly selected; 4-5 days/visit by inter-agency team
- *On-line survey* – 21 questions to 62 H2P NS, 76% response; 8 questions to 38 non-H2P NS, 53% response
- *Desk review* of relevant H2P documents

- **Review team:** Nine members from AED, CORE Group, USAID, IFRC, and three consultants

Program/project context, a note

- **Novel endeavor, challenging vision**
 - Engagement: global policy-making to local implementation
 - District, community preparedness for future unspecified event; country-wide roll out through one-year projects
- **Evolution of 2009 H1N1 influenza pandemic** when most projects were about to start
 - Scaled up countries involved – 25 to 94
 - Shifted preparedness for severe pandemic to response to H1N1 (mild pandemic)
- **Disasters in 3Q/2009** – EQ in Indonesia; typhoons/floods in Cambodia, India, Philippines, Vietnam; AWD in Nepal

1. Tools and guidelines development

- Produce generic communication, training and planning guidelines in public health, food security and livelihoods which are:
 - Practical, realistic, grounded guidelines
 - Clear, simple, short messages which are easy to translate and disseminate in communities
- Done by technical working groups, consisting of H2P partners and experts
- Adaptation/review processes (guideline) required before in-country roll-out to communities
- Disseminated electronically, via forums and conferences

1. Tools and guidelines development

➤ Challenges faced

- Rapid testing of new materials vs. usual formative research (esp. with evolution of H1N1 outbreaks)
- Lack of global guidance on severity-based response, community level NPI, food/livelihood security guidelines for communities/households
- Limitations in Internet access and material reproduction
- Lengthy in-country approval processes
- Addition of inaccurate messages, increased complexity of materials resulting from local adaptation

1. Tools and guidelines development

➤ Conclusions

- Build products using best advice, available guidance
- Important that materials focus on basic, less complex information that can be implemented well at scale
- Adapt messages to reflect severity, cultural sensitivity, local feasibility
- In-country approval process important – need to be planned, take into account into preparedness work
- Employ various ways in disseminating materials to in-country partners



2. Training of leaders, responders

- Aimed to prepare:
 - Community leaders on roles in pandemic response
 - First responders to conduct 'just in time' trainings to community health volunteers
- Cover 'the whole country' as possible by:
 - Ensuring partner involvement in different phases of training component
 - Developing strategic training plan
 - Creating a simple standardized approach and content



3. Preparedness planning

- H2P country plans – main product of projects:
 - Intended to outline civil society's role in supporting government's national pandemic plans
 - Included mechanisms for potential cascade to district and community levels, eventually covering the entire country
 - *Hence, creating bridges in planning between national and community actors*
 - Reinforced by individual agency contingency/response plans, including BCP, to increase likelihood of implementation and sustainability

3. Preparedness planning

- How have NS and partners developed plans?
 - Created national/district committees to lead planning
 - Closely worked with national/district pandemic committees/task forces and DM committees/networks
 - Conducted vulnerability and capacity assessments and mapping
 - Convened series of planning and review workshops, meetings
 - Organized tabletop and field exercises to test plans
 - Advocated endorsement of plans by authorities

3. Preparedness planning

- Challenges faced
 - Most national pandemic plans based on HPAI H5N1, still be to be updated to give more attention 'pandemic'
 - Many plans have limited mention on non-pharmaceutical interventions and role of civil society actors
 - Evolution of pandemic H1N1 2009 undermined planning work; revision of plans received less attention during that time.
 - Tension between making plans simple and applicable to different levels of severity.



3. Preparedness planning

➤ Conclusions

- National plans will be stronger if existing gaps are addressed: focus on influenza pandemic, role of civil society and community NPI
- More responsive plans accommodate different severity levels; global guidance for national response by severity levels essential to meet this goal
- Engagement of multiple actors and those with critical roles in response maximize benefit of simulations



4. Partnership and coordination

➤ Why work with partners?

- Societal impact of pandemics are enormous; no one organization can sufficiently address threats and potential impact
- Communities bear the brunt of pandemic events; hence, community preparedness is essential
- Even poor communities have capacities; efforts are sustained if people and organizations are active participants and own processes
- Mobilization of civil society engaged in community programming also critical
 - ✓ *Have relevant programs and presence in communities*
 - ✓ *Have technical, logistical and admin capacity/resources*

4. Partnership and coordination

➤ **Partnership approaches at global level**

- Actively worked with international community to collectively address pandemic threats
- Collaborated with HIP, UN agencies, other global partners
- Convened NGO networks via H2P initiative

➤ **Outcomes of global collaboration**

- Recognition of importance to invest in communities, involve civil society and NGO as key players
- Framework for community-based pandemic preparedness
- Generic tools, guidelines and material for planning, training, communication/education

4. Partnership and coordination

➤ **Partnership approaches at national and local levels:**

- Worked with existing pandemic committees, task forces; health and DM authorities
- Supported/facilitated/convened inter-agency coordination mechanisms, NGO working groups

➤ **Key partnership efforts at national, local levels**

- Advocacy: whole of society, community preparedness
- Engagement of civil society and NGO in pandemic forums, partnerships in H2P project
- Development, adaptation, roll out of local tools, guidelines and materials for planning, training and communications
- Scaled up communication work in response to H1N1

4. Partnership and coordination

➤ Added value of partnership?

- Increased volume and coverage of 'pilot initiatives' as partners -
 - *'Magnified' activities: complemented, shared resources*
 - *Integrated relevant components/activities in on-going, new projects and activities*
- Extended pandemic 'community of practice' as civil society/NGO networks also involved/mobilized, resulting to -
 - *Stronger advocacy, representation in task forces*
 - *More credible preparedness work*
 - *More organizations have developed plans, BCP*

4. Partnership and coordination

➤ Facilitating factors

- Trust and confidence on collaboration and with partners
- Clear, agreed purpose; clear roles and responsibilities
- Shared priorities/common areas of interest; sense that joint work and actions are meaningful
- Understanding and recognition of organizational culture, capacities and constraints
- Sense that one can 'give', 'receive' and part of the whole thing – inclusive convening approach
- Build on existing collaboration, partnership arrangements
- Less staff changes and movement

4. Partnership and coordination

➤ Conclusions

- Partnership was considered an appropriate mechanism to increase coverage and efficiency; helped achieve a better level of implementation
- In-country partnership is difficult and challenging
- It takes time to achieve meaningful partnership and should be started early on

Over-arching questions: summary of responses

➤ Extent of preparing interventions for effective and rapid country roll-out at scale:

- Most H2P NS and partners did not have a chance to prepare, instead focused on H1N1 response
- H2P projects mostly worked in the health area – communication and training; small efforts around food security and livelihood.
- NS and partners are more prepared in the areas of:
 - *Training of staff and volunteers*
 - *Pandemic communications*
 - *Preparedness planning (completed or started)*

Over-arching questions: summary of responses

- **Extent H2P partners supported implementation of interventions at scale:**
 - Given severity of disease, outbreak communications as main response was considered appropriate and mostly at scale
 - Technical support provided aided by quality partnerships seemed to have been sufficient and appropriate.
 - Evidence exists for expansion of collaboration in other programs

Over-arching questions: summary of responses

- **Extent which H2P projects achieved objectives:**
 - Objectives related to adapting communication and training materials, and partnering were met
 - Progress towards planning objectives is still on-going with different degrees of success
- **Unintended outcomes, benefits, problems**
 - Deeper and more varied partnerships were developed
 - NS and civil society role in preparedness clarified and expanded, and their credibility increased with government and peers at different levels

Final words

- H2P has been able to introduce and test a framework, set of tools and material that support community pandemic preparedness
- It has also contributed to expanding partnerships at various levels, particularly bringing in civil society and NGO
- While many communities are now more prepared to responding to influenza pandemics, a lot of work still need to be done to:
 - Institutionalize partnerships
 - Refine tools, complete plans per H1N1 experience
 - Integrate, mainstream H2P into routine programs