

United Nations country teams

1. Introduction

In order for the United Nations system to be better prepared for an influenza pandemic, the United Nations Secretary-General requested all United Nations duty stations to develop pandemic contingency plans in March 2006. To date, around 140 United Nations country teams (UNCTs) have developed plans and many of them have tested their plans through simulation exercises.

In order to assist UNCTs to run simulation exercises, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)/Pandemic Influenza Contingency (PIC) in collaboration with colleagues from partner agencies including United Nations System Influenza Coordination (UNSIIC) and the United Nations Children's Fund (UNICEF) developed two pandemic simulation packages:

- TTX pandemic simulation
- Functional pandemic simulation.

2. Types of simulation exercises

2.1 TTX pandemic simulation

The UNCT TTX pandemic simulation package has been developed by UNOCHA/PIC through a consolidation process using simulation materials developed by various organizations including UNICEF and UNSIC. The TTX pandemic simulation is primarily used as a tool to assist UNCTs, governments and agencies that may not yet have preparedness plans in place, or that may have a plan that is still in the process of being developed.

The main objectives of the TTX pandemic simulation are to:

- raise the level of awareness of pandemic influenza and the impact that it could have on staff health and safety and operational continuity;
- understand through the use of scenarios the key requirements for preparedness measures to ensure the health and safety of staff and continuity of essential services during a pandemic;
- identify and plan for additional requirements to support national pandemic preparedness and to assist governments during a pandemic.

A facilitator leads the exercise, trying to involve as many agencies and participants in the discussions as possible, providing some additional inputs to stimulate the discussions and ensuring that the discussion does not move on to other issues or go into too much specific detail, which should be taken up in the debriefing instead.



Group presentation on identified gaps and road map for steps forward.

The scenarios and injects that follow are delivered via audiovisual presentations with participants being given a series of three increasingly serious scenarios. The exercise starts with rumours about certain events that might indicate an outbreak of a respiratory disease (possibly influenza related) in a neighbouring country and then, in the second part of this scenario, within the country. The next scenario confirms an outbreak of H5N1 avian influenza with human cases in the country, leading to a situation where larger clusters appear and a mutation of a novel virus is confirmed by WHO. Finally, the scenario describes a full-blown pandemic that affects not only people's health but also the delivery and availability of essential services and critical infrastructure.

The scenarios are designed in such a way that WHO Pandemic Alert Phase 3 develops directly into Phase 5. The exercise in its current form does not involve recovery or additional waves of infection beyond the first wave.

After each scenario is introduced the facilitator raises a series of leading questions covering topics that are relevant to pandemic planning, including: communication with staff, governments and headquarters; command and control structures; triggers for decision-making; logistic back-up systems; and a number of likely ethical dilemmas.

The TTX is designed to be run based on a maximum ratio of 20 participants per facilitator. Participants are ideally at the level of head of agency or deputy or senior programme or operation manager, and will include some key staff dealing with security and medical services.

During the exercise, the participants discuss the actions that should or should not be taken in the face of the given situation and its development. Ideally the discussion is based on the provisions made in the UNCT contingency plan, but often involves ad hoc opinions and decisions of the participants. Contrary to functional exercises, no role play takes place.

The package has changed after each exercise carried out and is specifically designed to minimize the amount of preparation time required.

The TTX simulation takes up to four hours to run through the scenarios. A further three hours is required for debriefing (ideally the same afternoon), which is aimed at producing a table of identified weaknesses and action points, with responsibilities to work on the identified issues within a specific time-line.

Once the simulation has been completed, the participants should be able to use the information gained during the discussion session and subsequent debriefing by the facilitator as a basis for writing or updating their plan, including an agreement on it with the commitment of the present heads of agencies and the Resident Coordinator.

UNCT TTXs conducted in the Asia-Pacific region to date

Timor-Leste	11 September 2007
Lao People's Democratic Republic ...	2 October 2007
Fiji	15 November 2007
Philippines.....	21 November 2007
China	25 January 2008
Indonesia	5 March 2008
India	25 April 2008
Mongolia.....	14 May 2008
Malaysia	21 May 2008
Nepal	11 June 2008

The total number of participants, ranging from 25 to 60, depends on the number of agencies in each country. Each agency sent 2–4 participants, one of which was in most cases the head or deputy head of agency or another senior member of staff.

Some country teams invited in-country partners and observers from other country teams to participate in the exercises. In China, the UNCT in Mongolia took part in the activity as observers. The Ministry of Health,



United Nations Resident Coordinator, India, wraps up workshop and addresses need for commitment from all agencies.

Ministry of Agriculture and Beijing Health Bureau also sent observers to the exercise. In India, there was one observer from the UNCT in Sri Lanka.

2.2 Functional pandemic simulation

The functional simulation package was developed in November 2007 based on a UNICEF country office package. Since 2007, the package has been modified by UNOCHA/PIC based on pilot simulations conducted in Thailand and Cambodia. The functional simulation is a more structured package than the TTX and is essentially a tool for testing pandemic contingency plans that are already in place. The group size can be larger than the TTX, with participants divided into groups (Senior Management Team, Operations, Programming and Communications, or as decided by the Resident Coordinator). The scenarios against which the simulation is run are essentially the same as for the TTX.

The objectives of the functional simulation are to:

- test the pandemic preparedness of the UNCTs and individual United Nations agencies (or other organizations) to:
 - ensure health and safety of staff;
 - ensure continuity of operations, including delivery of humanitarian aid to the most vulnerable groups;
 - support the government for pandemic response.
- assess response gaps and identify key measures to enhance pandemic preparedness;
- test the decision-making and coordination mechanisms within the UNCTs and with national authorities and non-United Nations partners;
- assess the capacity of each United Nations agency to support the government;
- strengthen team building among UNCT members.

The simulation is normally run over the course of two days, 4–5 hours for the simulation followed the next day

by a four-hour debriefing session. The package is best delivered electronically, with participants receiving the scenarios, injects and action requests by e-mail.

As a result of the simulation and debriefing activities, UNCT members should:

- be better prepared to act and respond appropriately according to their roles;
- assess gaps in pandemic preparedness and identify lessons learnt (potentially applicable to other disaster planning scenarios);
- be familiar with the current plans, information, guidelines, documentation and tools available to manage a pandemic influenza;
- gain a better sense of the respective role of each United Nations agency in supporting the national authorities in responding to a pandemic;
- assess the actual capacity of the country team to continue current programmes and undertake new activities to support the government pandemic response;
- be familiar with United Nations administrative rules for pandemic situations;
- strengthen team building for managing pandemic response and other emergencies among country team members.

Adaptability

It should be noted that while the simulation packages described above were created with the specific purpose of pandemic planning, both can be easily adapted for use in other forms of emergency or multi-hazard planning.

Functional simulation exercises conducted in the Asia-Pacific region

Bhutan 1–2 March 2007 (Led by UNICEF)
 Maldives 1 May 2007 (e-mail-based)
 Thailand 3–4 December 2007
 Cambodia 29–30 January 2008

3. Evaluation

Evaluation sheets were distributed to all participants and observers at the start of the exercise and collected at the end of the exercise. The evaluation covers aspects of feedback on (a) simulation objectives (review the pandemic preparedness of UNCTs and individual United Nations agencies, assess gaps and weaknesses and identify measures to enhance pandemic preparedness of country teams, review coordination mechanisms within the country teams and with national authorities and non-United Nations partners, renew or create commitment to the contingency planning process, decide on a 'road map' for future action); (b) self-preparedness;

and (c) facilitation. Some country teams developed reports annexed with outcome evaluations.

4. Lessons learnt

Although simulation exercises usually take place at a later stage of the planning cycle, in order to identify gaps and strengths of the plan, one common experience was that in many cases the exercise made the possible impact of a pandemic clear to the participants for the very first time. In addition to testing the plan, it therefore helped to renew the interest and the commitment of the UNCT to the process of developing appropriate pandemic preparedness and contingency plans.

As a result, the exercises usually succeeded in producing a road map on the next steps to be undertaken by the country team with the agreement and the renewed commitment of the different agencies and the Resident Coordinator.

The exercises usually succeeded in producing a road map on the next steps to be undertaken by the country team.

The main issues that were usually identified as weak or in need of revision were:

I. Clear definition of responsibilities for:

- monitoring of events in or outside the country that might require a discussion among senior country team members;
- decision-making structures (organigram);
- a comprehensive system to assure effective communication between the country team and all agencies, at all levels and in all locations;
- communication with external actors (government, media, other organizations, etc.);
- trigger mechanisms that would lead to the country team and the individual agencies taking specific (new) actions;
- sets of actions to be taken if the situation develops to a new level.

II. Detailed preparation of specific issues:

- human resources issues (definition of essential staff and their alternates, leave entitlements, inclusion of consultants and short-term staff, etc.);
- medical issues (entitlement to receive oseltamivir, legal issues related to dissemination of oseltamivir

and instructing staff on how to use it, issues of disposing of expired oseltamivir and procurement of replacement stocks, knowledge of contracted external 'United Nations physicians' about United Nations procedures and expectations, etc.);

- communication measures that can be prepared and be readily available at different stages of the developments towards a full-blown pandemic;
- clear definitions within the different United Nations agencies about their projects and programmes with regards to their eventual continuation or discontinuation (business continuity planning).

III. Other issues:

- provision of assistance to the government during a pandemic;
- linkages between the different WHO phases and the United Nations security levels;
- linking United Nations agency contingency plans with the UNCT contingency plan;

- questions related to the cluster approach and the work of interagency standing committees (IASC) in relation to the country team contingency plan;
- need for sharing of information between country teams, interagency standing committees and government with regards to the different preparedness or contingency plans.

At the end of the simulation exercises, the UNCTs usually committed themselves to further revising or developing their contingency plans (UNCTs and United Nations agencies) and assigning responsibilities for this process to certain staff members and agencies or working groups. External follow-up and support might be helpful or even necessary in order to make the best out of such renewed commitment and to eventually transfer lessons learnt from the avian influenza contingency planning process to other contingency planning activities (UNCTs, interagency standing committees, United Nations agencies) and towards an integrated all hazards planning and preparedness approach.