

Foreword

The H5N1 highly pathogenic avian influenza virus has been confirmed in more than 60 countries during the past three years. The virus is capable of infecting and causing severe illness in humans, with more than 350 sporadic cases reported (over 240 have died). Governments have become increasingly alert to the possibility that this virus could undergo genetic change and become capable of sustained transmission between humans, triggering an influenza pandemic.

A severe influenza pandemic would have significant consequences for the whole of society. The world experienced three pandemics in the 20th century, one of which (1918–19) resulted in widespread loss of life and had serious economic and social impacts. History suggests that there will be another influenza pandemic at some time in the future; its impact could be greatly reduced by preparing to ensure continuity of essential services, governance, economic activity, transportation and health care. The alternative – as with any crisis – is that vulnerable people suffer unnecessarily.

Prompted by concerns resulting from the spread of avian influenza, almost all the world's nations have now developed national pandemic preparedness plans. The nature and scope of these plans varies: while most address medical and public health responses, many do not yet indicate how essential services will continue to operate under pandemic conditions, nor do they prepare sufficiently for a pandemic's economic, humanitarian and societal consequences.

The United Nations system advocates multisectoral pandemic preparedness at local, provincial and national levels with the involvement of government, civil society, private entities and the media. In our experience, the testing of pandemic preparation – through simulation exercises – is the most effective and efficient way to validate assumptions, examine capacity and ensure an optimal state of readiness.

Many national governments within the Asia-Pacific region have initiated actions to prepare for the next influenza pandemic. They are making provisions to ensure that they can contain it at source and respond to exceptional needs. They need to ensure that essential services will continue to operate under conditions of high absenteeism, diminished supply lines and altered demand. These governments have built considerable experience with simulation exercises.

I am delighted that representatives from countries in the Association of Southeast Asian Nations (ASEAN) Plus Three group were able to share their experiences of simulating responses to an influenza pandemic in November 2007 in Bangkok, Thailand. I am grateful to them for teaming up with the Asian Disaster Preparedness Center, the Kenan Institute Asia and the Asia-Pacific hub of the United Nations System Influenza Coordination to document their experiences. I am also grateful to the representatives from Australia, Fiji, New Zealand, Niue and key regional and international organizations who joined this endeavour.

So it gives me great pleasure to present you with this compendium of simulation exercises that have been used to test pandemic preparedness. Whether you are working in central or local government, international or regional organizations, or the nongovernmental or private

sector, my colleagues and I hope these experiences will help you as you prepare for the next pandemic.

I take this opportunity to thank the many dedicated people who worked so hard on the production of this booklet. They would be delighted both to receive your feedback on what is written here and to hear of your progress with pandemic simulation.

A handwritten signature in black ink, appearing to read 'D Nabarro', with a stylized flourish at the end.

David Nabarro
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