# Declaration on Humanitarian Cooperation in Pandemic Preparedness and Response

## Progress Report – January 2009

## CONTENTS


| | Page |
|---|---|
| **Summary** | 3 |
| **Highlights of Individual Agency Achievements** | 5 |
| **Annex 1: 29 October Declaration** | 16 |
| **Annex 2: Report of Tabletop Exercise** | 18 |


**Cover page photographs** (clockwise from top left corner):

1. Dr. David Nabarro (Senior UN System Influenza Coordinator) makes concluding remarks at the Declaration on Humanitarian Cooperation in Pandemic Preparedness and Response on 29 October 2007 at IFRC headquarters in Geneva.

2. Participants at the tabletop simulation exercise held on 23 October 2008 under the auspices of the One UN System in Kigali, Rwanda.

3. Robert Glasser (Secretary-General, CARE International) signs the Declaration on Humanitarian Cooperation in Pandemic Preparedness and Response on 29 October 2007 at IFRC headquarters in Geneva.

4. Dr. Paul Gully (Senior Adviser to the Assistant Director General, Health Security and Environment, WHO) addresses participants at the high level Inter-Agency Tabletop Exercise in Geneva on 26 September 2008.

## SUMMARY

1. On 29 October 2007, the International Federation of Red Cross and Red Crescent Societies, the United Nations Office for the Coordination of Humanitarian Affairs and the UN System Influenza Coordinator jointly organized a meeting at which senior managers from 9 UN agencies, 8 NGOs, the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC), and 2 international organizations signed a Declaration committing to work together to get ready to respond to the consequences of an influenza pandemic on vulnerable populations. The Declaration is attached at Annex 1. During the course of the following year, two further UN agencies (ILO and UNFPA) signed the Declaration.

2. The 29 October meeting agreed to set up a technical group, co-chaired by IFRC and OCHA, which included CARE, UNICEF, USAID, WFP, WHO and WVI, to prepare a joint simulation exercise, monitor progress on the Declaration and report to the signatories. This is the report of that group to the signatories on progress against the 29 October Declaration.

3. Two of the key outputs sought by the Declaration were (a) to urge the December 2007 New Delhi Ministerial Conference on Avian and Human Influenza to emphasize the importance of preparing for the humanitarian consequences of an influenza pandemic – and (b) to conduct a joint inter-agency simulation exercise aimed at testing preparedness.

4. Dr Pierre Duplessis, Special Envoy of the Secretary-General of IFRC on Avian and Human Influenza, addressed the New Delhi Conference to emphasize the messages emerging from the 29 October meeting and the vital role of civil society in a pandemic response. These messages were given due emphasis in the New Delhi Road Map produced by the Government of India as the output of that Conference.

5. An inter-agency table-top exercise took place on 26 September 2008 in Geneva. This was preceded by a similar internal UN exercise for 15 UN agencies on 19 June which helped UN actors to prepare for the inter-agency event. These exercises benefited from generous financial support from USAID and were developed and facilitated by OCHA and the USAID contractor MPRI.

6. A report of the 26 September exercise is attached at Annex 2. Participants at the exercise agreed upon 13 next steps aimed at improving the collective readiness of the humanitarian community to respond to a future pandemic. These included (a) building on the 26 September exercise, one or two similar simulation exercises will be organized at a regional level; (b) a report will be commissioned on whether agency pandemic plans and policies give sufficient attention to inter-agency collaboration and complementarity; (c) WHO will establish a mechanism for ensuring effective communication and a predictable flow of information between WHO, the Red Cross Movement and NGOs; and (d) the UN will encourage national governments to recognize the importance of engaging with the Red Cross and NGOs in country-level pandemic planning.

7. As well as participating in the 26 September exercise, individual signatory organizations undertook a significant amount of individual activity to further the objectives of the Declaration. A sample of some of the highlights of what was achieved during the year is described in the following section.

## HIGHLIGHTS OF INDIVIDUAL AGENCY ACHIEVEMENTS

### International Civil Aviation Organization (ICAO)

8. Aviation can be a means by which disease of pandemic potential is spread globally and it is imperative that the aviation sector be involved in developing preparedness plans. The International Civil Aviation Organization (ICAO) has been working to mitigate the risk to human health in the event of an outbreak of a disease of serious public health concern.

9. In the aviation sector it has been found that the greatest challenge to developing a suitable plan involves cooperation and collaboration across different organizations. In particular, it is important that officers involved in both the public health and aviation sectors are consulted when formulating any plan that involves airports, aircraft and travelers. To this end, ICAO has established a close working relationship with WHO and both organizations collaborate closely to ensure that guidelines regarding 'points of entry' are up-to-date and appropriate to the risk.

10. Through its project, 'CAPSCA' (Cooperative Arrangement for Prevention of Spread of Communicable Disease though Air Transport) international organizations such as the World Health Organization (WHO), International Air Transport Association, Airports Council International, United States Centers for Disease Control and Prevention and the European Civil Aviation Conference and many individual experts have been brought together to provide guidelines for States, airlines and airport operators, and on-site training for officers involved in developing preparedness plans for aviation. These guidelines should be incorporated into national preparedness plans and should be in line with the WHO International Health Regulations (2005).

### International Organization for Migration (IOM)

11. IOM continues to promote pandemic preparedness for migrants and host communities through ensuring that IOM headquarters and field staff improve their pandemic preparedness and Business Continuity Plans and work with Member States, UN agencies and other stakeholders to ensure that migrants' needs are included in national preparedness and contingency plans.

12. Since the signing of the Humanitarian Declaration on the 29 October 2007, IOM has included Humanitarian Pandemic Preparedness (H2P) Initiative partners in IOM pandemic preparedness activities.

13. In 2008, as part of the pandemic preparedness for migrants' project in Cairo, Egypt, IOM invited Save the Children to participate in a roundtable discussion on pandemic preparedness for migrants and host communities in Egypt. IOM Cairo also invited the Egyptian Red Crescent to participate in a community based basic counselling and communication skills training. IOM sponsored Sudanese migrants to participate in a Red Crescent first aid training in Cairo.

14. In Cambodia IOM invited the national Red Cross to participate in pandemic preparedness for migrants activities in Svay Rieng province. In Vietnam, IOM has shared the findings of a pandemic preparedness for migrants and host communities KAPB survey and focus group discussion with AED.

15. IOM proposes to continue to work in collaboration with all stakeholders at headquarter, regional and country level on humanitarian pandemic preparedness with a focus on migrant needs.

### Office for the Coordination of Humanitarian Affairs (OCHA)
### Pandemic Influenza Coordination team

16. OCHA developed a package of pandemic simulation materials and conducted around 40 simulations during the year with UN country teams, humanitarian country teams, Governments and NGO groups. OCHA organized a table top exercise on 19 June 2008 in Geneva with senior staff from 15 UN agencies to test and improve the ‘Concept of Operations for the UN system in an influenza pandemic’. OCHA also organized, in close collaboration with IFRC, the table top exercise in Geneva on 26 September 2008 for signatories of the 29 October 2007 Declaration.

17. OCHA convened a “Humanitarians in Pandemic” working group, involving signatory agencies to the 29 October declaration, as a forum in which agencies could coordinate their efforts. OCHA also organized regional platforms in South East Asia, Southern Africa and West Africa to coordinate regional Avian and Pandemic Influenza actors from UN agencies, NGOs, the Red Cross Movement, donors, governments and the private sector.

18. OCHA established a website to track the level of preparedness of UN country teams and Governments, and to provide access to key guidance materials. OCHA developed 'who does what where' information for partners so as to facilitate the identification of opportunities for collaboration.

19. OCHA led an international taskforce which developed new WHO guidelines on preparing for the continuity of essential services during pandemic.

### United Nations Children's Fund (UNICEF)

20. UNICEF continued strengthening its internal preparedness for pandemic by (1) mandating all offices (field, regions and headquarters) to prepare a Business Continuity Plan by the end of 2008; and (2) organizing several pandemic simulations to test offices' capacities to respond to the humanitarian needs of the most vulnerable in the event of a Human Influenza Pandemic.

21. UNICEF continued playing a key role at country-level in supporting government planning for pandemic preparedness.

22. UNICEF carried out extensive research on lessons learned around the world on pandemic preparedness and is currently in the process of drafting revised Guidance on Pandemic Preparedness and Response

### UN System Influenza Coordination (UNSIC)

23. Since 29 October 2007, UNSIC has sought to further the Humanitarian Declaration through facilitating coordination and synergy of the UN System in its response and preparedness to Avian and Human Influenza. This includes the continued leadership of the Technical Working Group on Influenza and participation in the Deputy-Secretary General's Steering Committee on Influenza, within which the Concept of Operations of the UN System in an Influenza Pandemic (CONOPS) was advanced and revised following the June 2008 Inter-Agency Pandemic Simulation Exercise. UNSIC also continued to chair the UN Central Fund for Influenza Action, which to date has approved nearly US$ 27 million for projects, and UNSIC's

Asia and Pacific Regional Hub continued its close contact and provision of support to UN Country Teams, regional UN colleagues, donors and NGOs.

24. UNSIC has also worked to help ensure synergy with the UN System, partners and governments, most notably through assisting with preparations for the International Ministerial Conferences on Avian and Pandemic Influenza (most recently held in New Delhi, India in December 2007 and in Sharm el-Sheikh Egypt in October 2008) and tracking of global preparedness efforts. Presented and discussed at the International Ministerial Conferences, UNSIC, in collaboration with the World Bank, has produced annual Global Progress Reports on Responses to Avian Influenza and State of Pandemic Readiness, which i) describe international financial assistance provided to date; ii) assess national capacities to respond to HPAI and prepare for the next influenza pandemic; iii) analyze implications of this progress for animal and human health and iv) recommend key next steps. Additionally, in response to the 2007 New Delhi Conference and in anticipation of the 2008 Sharm el-Sheikh Conference, UNSIC also worked closely with FAO, WHO, OIE and UNICEF, and the World Bank to develop a medium- to long-term strategy to address highly pathogenic avian influenza and other emerging infectious diseases (EID).The prepared strategic framework 'Contributing to One World, One Health – A Strategic Framework for Reducing Risk of Infectious Diseases at the Animal-Human-Ecosystems Interface' focuses on EID at the animal–human–ecosystems interface, where there is the potential for epidemics and pandemics that could result in significant and wide-ranging impacts at national, regional and global levels.

25. UNSIC has catalyzed the establishment of a UN Communications Group on Pandemic Influenza and – in media work – has consistently advocated for continued attention to pandemic preparedness with a focus on the social, economic and political impact of a pandemic and multi-sectoral readiness.

## World Food Programme (WFP)

26. In 2008, the World Food Programme (WFP) made significant progress in enhancing pandemic readiness. Notably, nine WFP Pandemic Preparedness Plans have been developed within priority countries. WFP has also supported the USAID - sponsored Humanitarian Pandemic Preparedness (H2P) initiative – led by IFRC together with NGOs – to strengthen livelihood analysis and preparedness at the

community level. Additionally, WFP completed the Pandemic Corridor Logistics Capacity Assessments for East and Southern Africa and Southeast Asia. Throughout the process, WFP hosted a series of workshops – bringing together not only the humanitarian community, but also government and commercial bodies – conducting joint risk analyses to identify potential threats along corridors and opportunities to mitigate these challenges.

27. As part of WFP's efforts to enhance capacity and strengthen awareness at regional level, WFP conducted a seven – day field - based simulation in Malaysia, with support from WHO and Mercy Malaysia. Over 220 participants, including representatives from 20 different national entities, UN agencies, Red Crescent, US Centre for Disease Control, international and local NGOS and military personnel took part testing and validating processes of UN system pandemic preparedness for port, airport and surface operations. Other assessments and food distribution exercises were conducted, and an inter - agency lessons learned team identified gaps and procedures as areas for improvement from the Pandemic Logistics Learning Exercise.

28. An interactive mapping tool has been created. This evolving tool includes a feature that generates on - demand pandemic outbreak scenarios and has been linked to close – to – real - time WFP data on food and non food assets. This tool is being developed to address the information needs of a number of humanitarian actors that are expected to be operational during a pandemic.

### World Tourism Organization (UNWTO)

29. UN World Tourism Organization continued its international simulation exercises to which tourism and health officials have been invited. The simulation exercises had high participation from UN organizations and private sector representatives making the verification of assumptions and the training realistic as those parties play an important role in a pandemic and coordination amongst them is important. UNWTO intend to actively encourage major NGOs to attend its future simulations.

30. A major survey on the integration of tourism into national emergency structures of Member States is underway. Travel and tourism have enormous international dependencies

and are dependent on stable environments. The analysis so far shows that preparedness is usually driven by major impacts societies have experienced before. However, pandemic preparedness is currently a major impetus for improving overall emergency structures and several countries with no emergency plans have prepared pandemic plans and focused in these plans on tourism. Pandemic preparedness is driving overall emergency preparedness and a dependency on international tourism helps to achieve this.

31. UNWTO actively uses its existing networks and information platforms to spread WHO's messages and other relevant information in an efficient and timely way to major tourism stakeholders. These targeted communications ensure the prompt delivery of relevant information while avoiding unnecessary distortions among the general public.

### Academy for Educational Development (AED)

32. Since the October 2007 meeting, which launched the H2P Initiative, the AI.COMM project (http://www.avianflu.aed.org) managed by the Academy for Educational Development has served as H2P's communications and formative research partner. AI.COMM has developed a Pandemic Communication Strategy, a Pandemic Influenza Advocacy Kit with individual topic sheets for different audiences, and is conducting formative research studies in Ethiopia, Bangladesh, Vietnam, and Azerbaijan.

33. AI.COMM has provided support on H2P country visits to Ethiopia, Nepal, Mali, and Rwanda. AI.COMM is currently working in Ethiopia and Nepal, with H2P partners, in developing key messages at the household level which can be disseminated in the event of an influenza pandemic. In October 2008, a Message Harmonization Workshop took place in Addis Ababa, Ethiopia coordinated by AI.COMM with participation from H2P Partners and National level stakeholders in order to introduce research results from Ethiopia and apply these results and other lessons from previous emergencies in Ethiopia to the development of messages. In addition, AI.COMM has developed an Emergency Communication Workshop methodology based on a pilot workshop conducted in Ghana in May 2008. A Workshop Facilitator's Guide has been produced to provide guidance at the Community/Municipal level in preparing for communicating during emergencies, including a possible influenza pandemic. AI.COMM is an active member on both the H2P Advisory and Operations Committees, has coordinated the Food Security Working Group, and provided technical assistance to the Health Technical

Working Group.

## CARE International

34. CARE offices have developed organizational plans for avian and pandemic influenza threats in 28 countries. These plans allow CARE to maintain operational continuity, protect staff and provide a humanitarian response if appropriate.

35. Through the H2P Initiative, CARE works with partners to progress pandemic preparedness in Uganda and Nepal. We pursue similar pandemic preparedness activities through other mechanisms in Vietnam, Indonesia and Laos.

36. CARE was a leading partner in improving pandemic preparedness in Nicaragua and is currently helping to expand these efforts to additional countries in Central America.

## CORE Group

37. CORE Group, a network of 48 International NGOs working in 180 countries, joined the H2P Initiative in September 2007 as the lead of the health technical materials for pandemic preparedness in over 20 countries and the convener of the NGO sector in preparedness and response. As of January 2009, CORE has supported NGOs in implementation of preparedness activities in the initial group of H2P countries in coordination with the National Societies of the Red Cross/Red Crescent and other key partners in order to bring about a united response for the humanitarian sector. Each selected NGO implementing activities will conduct trainings, disseminate materials and tools, and share lessons learned broadly with the NGO community in country after completion of early implementation in order to support preparedness and coordination at large scale.

38. CORE has held NGO pandemic orientation workshops in six countries, engaged the international NGO community at headquarter level with web-based trainings, presentations at CORE bi-annual meetings of NGO technical advisors, and in May 2008 conducted a table-top simulation exercise for 80 NGO headquarter representatives with UN OCHA/PIC. CORE launched a website with materials, presentations and tools from the H2P partnership as well as individual NGO member materials, preparedness plans and simulation exercises. In 2008,

CORE was a member of a technical advisory group for health experts at WHO headquarters to review a key technical document on treating common illnesses in a pandemic, and is currently incorporating this guidance into the health curricula and training materials for community level first responders. CORE attended the September 26 2008 UN simulation exercise in Geneva and is working with UN PIC/OCHA and the health technical working group to adapt pandemic simulation exercises for country-level district leaders and communities.

### InterAction (IA)

39. InterAction recently held a table top simulation concerning pandemic for InterAction member CEOs as part of the annual CEO retreat. OCHA/PIC conducted the simulation. InterAction has completed the pandemic map which will be useful for the planning phase that is beginning in the H2P countries. InterAction is working with the IFRC to explore the possibilities of creating a similar map for the national societies to create a tool that complements the NGO capacity map and links with the OCHA/PIC map. InterAction is preparing for the first H2P regional meeting to be held in Addis, Ethiopia starting on April 28, 2009. That meeting will bring together national societies, NGOs, government representatives and resource organizations (who have developed tools for H2P) in a three day meeting designed to assist H2P to move forward on its deliverables. InterAction has launched a website to support the regional meeting planning: http://h2pfirstregionalmeetingplannings.blogspot.com

### International Committee of the Red Cross (ICRC)

40. The ICRC has prepared specific operational guidelines in order to define a contingency plan for the whole institution (HQ and delegations), covering the three aspects of (a) crisis response or pandemic-related operations (b) business continuity for existing operations, and (c) staff protection. Context-specific plans for delegations will be prepared by the end of 2009, together with a plan for HQ.

41. As partners of the Red Cross and Red Crescent Movement, the ICRC supports the objectives of the H2P Initiative and has been associated with some of its preparatory meetings. The ICRC also participated in the Humanitarians in Pandemic (HIP) informal sub-group of the IASC and in the working group 'Genève internationale' on issues of staff protection. Moreover, the institution is developing specific networks with relevant organizations in order to further

explore collaboration mechanisms during a pandemic.

42. The ICRC took part in the tabletop exercise of 26 September 2008.

### International Federation of Red Cross and Red Crescent Societies (IFRC)

43. The International Federation emphasized its pandemic preparedness and response efforts in drafting an overall strategy, and designing plans with specific interventions for implementation in most vulnerable countries.

44. The IFRC also produced guidelines for expatriate personnel, pre-positioned material, personal protective equipment and medicine for treatment of delegates, local staff and their family members, and progressed toward Business Continuity Plans for Geneva and the field.

45. The IFRC accepted a large grant from USAID and initiated the work in partnership with the Academy for Educational Development, the CORE Group and InterAction. Known as H2P, it selected 6 countries in a first trial round and began project implementation in five. It launched a tendering process and selected a further 20 countries.

46. The International Federation created with partners three working groups to address community and household level interventions. These were health, food security and early resumption of livelihoods activities. Additional working groups were created to build an inter-agency, comprehensive H2P website and to define the template of an H2P Country Plan.

47. The International Federation established an Inter-agency Operations Committee that brings together operational-level decision makers from AED, American Red Cross, IA, CORE, UN PIC/OCHA and USAID to review operational strategies and guidelines globally and in-country. This committee monitors sector- and project-specific progress, ensures awareness of operational challenges and successes among partners, and promotes consistent and coordinated communication from H2P partners.

48. Finally, the International Federation participated in country and regional exercises, facilitated country workshops and attended several symposia/conferences on the matter, including participation at the New Delhi International Ministerial Conference on Avian and

Pandemic Influenza in December 2007.

## SAVE the Children

49. Save the Children has developed pandemic preparedness plans - including preparedness, response and business continuity - in all headquarter and country offices. Each physical office has an identified and trained “Influenza Point Person/s” who attended one of three regional trainings (Africa, Asia, and the Americas) and is responsible for training and preparing staff in their offices. Save the Children has established an email network of point persons who stay informed of any developments in avian influenza cases, and new materials and tools available for pandemic preparedness, and maintains an extensive website dedicated to pandemic flu.

50. In 2008, Save the Children conducted an Africa and Asia area 5-day training on emergency health and nutrition for technical staff that included Save’s focused response plans when a pandemic occurs. These trainings were in partnership with WHO and CDC, and materials are on Save the Children’s website (Emergency Health and Nutrition Toolkit) and available for all. In December 2008, Save the Children’s Connecticut and Washington DC headquarter offices underwent an 8-hour real-time simulation of a pandemic and has launched activities to revise and update plans and systems according to lessons learned from the exercise. In 2009 Save the Children will begin similar simulations and planning updates in country and US field offices.

## World Vision International

51. World Vision has made a number of preparedness and response efforts to date. Guidelines for pandemic preparedness planning at regional and national levels have been developed. The Global Rapid Response Team has also developed pandemic response plans. A monthly Avian Influenza status report is compiled and circulated at WV regional, national and global levels.

52. In Latin America and the Caribbean, a Regional Preparedness Plan has been completed. At the country level, 4 WV National Offices have produced preparedness plans. Noteworthy are:

- Personnel in health and security hired
- Business/Operations continuity planning
- Programmatic response elaborated
- Personnel training along with Ministry of Health and Ministry of Agriculture
- Collaboration with national government contingency and response plan

53. In Africa a process is in place for the completion of a Regional Preparedness Plan. At the country level, 24 WV National Offices have preparedness plans. Of particular interest in those countries are:

- Appointed focal persons at country level
- Translated preparedness messages into local languages
- Networking with agriculture and veterinary services
- Local plans and budgets finalized
- IEC for local communities

54. In Asia a Regional Preparedness Plan has been completed and regional guidelines and business continuity plans have been developed. At the country level, 6 WV National Offices have preparedness plans and 3 more will be completed in the near future. Highlights include:

- Key messages and priority behaviors for programs developed
- Local plans and budgets have been completed
- Collaboration with National Governments to raise community awareness
- Round table discussion with other NGOs to coordinate and plan together
- Some countries secured Tamiflu

55. In the Middle East and Eastern Europe, there is a regional crisis management plan in place. In some countries community education and awareness raising are taking place, in collaboration with national governments.

## ANNEX 1: 29 OCTOBER DECLARATION

---

**Declaration**

**on**

**Humanitarian Cooperation in Pandemic Preparedness and Response**

---

1. A major public health crisis – such as a global influenza pandemic – would have devastating consequences on human health and the world economy. It could well result in high death rates. Economic activity may be severely curtailed, making developing countries especially vulnerable. Millions of people in multiple locations may become vulnerable and require support to protect their food security, health and livelihoods. Since there would be limited scope to mobilize external assets, local capacity would be critical. Governments, local communities, civil society and international organisations need to prepare to address the humanitarian needs that a pandemic will generate. Greater preparedness will lead to reductions in mortality.

2. Acknowledging the threat of avian influenza and influenza pandemic, as well as the important role community-based and civil society organizations play in mitigating its risks and challenges, a group of humanitarian, community-based and civil society organisations agreed to cooperate and coordinate their actions in fighting avian and human influenza in a signed letter of intent that was presented at the International Conference on Avian and Pandemic Influenza in Bamako, Mali, December 2006.

3. Building on this initiative, the under-signed gathered in Geneva on 29 October 2007 to further reinforce their commitment to pandemic preparedness and they:

- Urge the next International Ministerial Conference on Avian and Human Influenza in New Delhi on 4-6 December 2007 to emphasize the importance of preparing for the humanitarian consequences of an influenza pandemic as well as the need to control the virus at its animal source worldwide

- Are committed, within the scope of their mandate, capacity, expertise and resources, to:

    - get ready to respond to the consequences on vulnerable populations of an influenza pandemic and, by extension, other global health threats, including by strengthening existing emergency systems;
    - work together with national and local partners, and with governments to meet humanitarian needs during a pandemic;
    - conduct a joint inter-agency simulation exercise aimed at testing preparedness;
    - identify priority countries for support;
    - finalise complementary pandemic preparedness and response plans;
    - set up a technical group to (a) prepare a joint simulation exercise (b) monitor progress on this declaration; and (c) organize a follow-up meeting to report to the signatories.

*Signed in Geneva, 29 October 2007*

| | |
|---|---|
| ..... | **Academy for Educational Development** |
| ..... | **CARE International** |
| ..... | **CORE Group** |
| ..... | **Food and Agriculture Organization of the United Nations** |
| ..... | **InterAction** |
| ..... | **International Civil Aviation Organization** |
| ..... | **International Committee of the Red Cross** |
| ..... | **International Council of Voluntary Agencies** |
| ..... | **International Federation of Red Cross and Red Crescent Societies** |
| ..... | **International Labour Organization** |
| ..... | **International Medical Corps** |
| ..... | **International Organization for Migration** |
| ..... | **Office for the Coordination of Humanitarian Affairs** |
| ..... | **Save the Children** |
| ..... | **UNICEF** |
| ..... | **United Nations Development Programme** |
| ..... | **United Nations High Commissioner for Refugees** |
| ..... | **United Nations Population Fund** |
| ..... | **United Nations System Influenza Coordination** |
| ..... | **World Food Programme** |
| ..... | **World Organization for Animal Health** |
| ..... | **World Tourism Organization** |
| ..... | **World Vision International** |

## ANNEX 2: REPORT OF TABLETOP EXERCISE

---

**Tabletop Exercise on**
**Humanitarian Readiness to Respond to a Pandemic**
Geneva, 26 September 2008
**Report and Action Plan**

---

1. 23 international, NGO, Red Cross and UN organizations signed a declaration on 29 October 2007 committing to work together to get ready to respond to the consequences on vulnerable populations of an influenza pandemic. In the declaration, signatory agencies undertook to conduct a joint inter-agency simulation exercise aimed at testing preparedness. The exercise took place on 26 September 2008 in Geneva. Kasidis Rochanakorn (OCHA) and Pierre Duplessis (IFRC) co-chaired the event. The objectives of the exercise were to consider how NGO, Red Cross/Crescent and UN agencies could, should and would work together to tackle humanitarian issues in pandemic; to sensitize senior management in agencies to the importance of preparing for a pandemic; and to identify what further work is required to improve collective readiness. The key issues tackled during the discussions are recorded below.

**Information Management**

2. The meeting emphasized the need for streamlined information exchange networks and communication mechanisms, noting that it would be inefficient and counterproductive to establish new structures during an emergency. Global information sharing networks are already in place for animal and human health surveillance, but monitoring networks tend to be disparate and unconnected. It would be useful to set in place a simple reporting mechanism for global situation monitoring on matters of humanitarian concern such as border closures, travel restrictions, population movements and civil unrest - as well as on humanitarian community activity (both programmatic response and repatriation of staff/closure of offices). It was noted that it is not easy to measure pandemic preparedness, but that it would be valuable to seek to track humanitarian community progress in attaining both greater readiness and inter-agency collaboration and synergy.

**Communication with WHO**

3. Participants noted the significant political and operational implications of a shift from

WHO Phase 3 to 4, and that many actors will depend on WHO's official notification to take timely actions (such as tourist repatriation or quarantining). WHO stressed the importance of in-country actors knowing who their country's International Health Regulations (IHR) focal point is and recommended that agencies should proactively seek information from IHR Focal Points. During a pandemic, NGO and Red Cross partners said that they would welcome daily situation reports from WHO. Participants noted the desirability of ensuring a predictable flow of information between WHO, the Red Cross Movement and humanitarian agencies. The establishment of such an information flow would greatly enhance the ability of the Red Cross and NGOs to respond to an international health emergency at its earliest stage and to manage its humanitarian, economic and political consequences.

**Engaging Partners**

4. Participants highlighted planning gaps between the key pillars of the humanitarian community — NGOs, Red Cross/Crescent Movement and UN — and noted the importance of engaging private sector and smaller NGO partners. There was recognition that the military will play a prominent role in pandemic response. It was agreed that more efforts were required to engage with the private sector, the military and local NGOs. There was also a case for doing more to secure high-level buy-in within humanitarian agencies for pandemic preparedness.

**Engaging with Governments**

5. Participants acknowledged the critical role of Governments in every country. Country pandemic preparedness planning would be most effective if Governments, international organizations and civil society worked together. Participants recommended that Governments should include humanitarian actors and civil society in their country planning processes.

**Pre-Training & Pre-Positioning**

6. In Phases 4-6, the ability of the humanitarian community and others to move assets and personnel for response will be limited. WHO noted that current stockpiling focuses on enabling rapid containment activities. Participants noted the importance of planning to ensure the safety of humanitarian workers and beneficiaries. Agencies saw value in investing in pre-training of key operational personnel and 'first responders'.

**Inter-Agency Coordination**

7. Many humanitarian actors were in the 'planning to plan' stage of pandemic preparedness. A majority of local implementing partners have not started planning for pandemic at all. The Inter-Agency Standing Committee (IASC) was cited as the lead forum for

humanitarian coordination in a pandemic. It was important to ensure non-UN actors are fully included. The desirability of getting pandemic preparedness onto the agendas of existing coordination processes was highlighted. Participants recognized the need to make sure that country-level contingency plans were more concrete and operational. Participants expressed an interest in sharing common planning assumptions.

8. Participants envisaged that UN Resident Coordinators were likely to become UN Humanitarian Coordinators in a pandemic. It would be important for the UN to instruct Resident Coordinators to expand Humanitarian Country Teams to include a broad range of partners, given the critical role that the Red Cross Movement and NGOs would have during a pandemic. Countries and areas afflicted by armed conflict where Government or UN actors were not welcome were a challenging and important consideration. It would be valuable to bring more NGOs into the 29 October Declaration follow-up process and activities. We should also seek to encourage global cluster leads to develop plans as to how their clusters would operate in pandemic phase 6.

**Staff Management**

9. Agencies highlighted the implications that a severe pandemic would have on staff management and protection, and voiced concerns over the risks of perceived divergences in policies and treatment of staff between agencies. It would therefore be valuable for agencies to share their staff policies for a pandemic (such as timing and modalities of evacuations, provisions for staff family safety, and insurance and legal arrangements) so that major divergences can be identified and best practice can be replicated.

**Country Planning**

10. Participants observed that many national plans focus on strategies to control the spread of Avian Influenza, and fail to focus on the local level. Deployment of surge capacity personnel will be challenging during a pandemic due to operational constraints. The need for community-based humanitarian agencies to strengthen community level preparedness was emphasized. Participants also discussed the need for pandemic planning efforts to fit into a uniform planning paradigm that addresses multiple risks and hazards, while remaining cautious not to ‘dilute’ the importance of planning specifically for pandemic.

**Financing Pandemic Response**

11. Participants expected that the donor community will want coordinated, prioritized and transparent appeals for assistance. It would be valuable to think further about how best to

present funding demands to donors. The Central Emergency Response Fund (CERF) was mentioned as a significant funding tool. But there were concerns that it is largely UN-focused and not readily accessible to NGOs. Agencies might wish to explore flexible funding arrangements with donors, such as advance agreements allowing agencies to use discretion in reallocating donor funds to pandemic response when WHO declares Phase 5. It would be desirable to negotiate and set up now the mechanisms to allow that flexibility to occur as soon as Phase 5 is declared.

**Public Messaging**

12. It was considered unrealistic for the entire humanitarian system to issue a single message in event of such a global crisis. But it would be important to avoid sending conflicting messages. The UNWTO information portal was cited as a good example of a communications platform. It was noted that the UNDPI-led Communications Group has set up mechanisms to receive and share messages from WHO with partners. It would be important to develop clear thinking as to how communications would work in pandemic.

**Maintaining Momentum**

13. The group considered 'next steps' for the 29 October 2007 Declaration signatories. The group felt that there would be value over time in developing further inter-agency simulation events at a regional, country or global level; in occasional meetings to exchange updates on key developments in the margins of other events at which relevant actors were present, when a need for a meeting was identified; and in commissioning an analysis of existing agency pandemic policies and plans to assess whether they yet gave sufficient weight to the need for humanitarian agencies to work together, collaborate and ensure complementarity.

14. All Declaration signatories were asked to prepare brief reports to IFRC and OCHA by the end of October on what key activities they have undertaken against the Declaration commitments over the past year so that IFRC and OCHA could prepare an annual report to Principals as envisaged in the Declaration.

**Action Plan**

15. In the light of the tabletop exercise, the following action points are recommended:

| ACTION | LEAD ACTOR | TARGET DATE |
|---|---|---|
| **1.** UN to ensure that its pandemic planning frameworks, like CONOPS, give due weight to the role of the Red Cross Movement and NGOs | UNSIC and OCHA | Ongoing |
| **2.** UN to encourage Resident Coordinators to ensure that the Red Cross Movement and NGOs are fully included in pandemic coordination mechanisms at country level | UNSIC and UNDP | Message to issue by end 2008 |
| **3.** UN to encourage national governments to recognize the importance of engaging with the Red Cross Movement and NGOs in country-level planning | UNSIC, OCHA and IFRC to seek opportunities to deploy message | Ongoing |
| **4.** IASC sub working group on the CAP and the CERF to consider what fundraising mechanisms should apply in pandemic; and to examine the use of the CERF during pandemic, including whether it can be made more accessible to NGOs | OCHA | By April 2009 |
| **5.** WHO to establish a mechanism for ensuring effective communication and a predictable flow of information between WHO, the Red Cross Movement and NGO partners. | WHO | By April 2009 |
| **6.** WHO to notify partners when a decision to move to Phase 4 is under consideration so that partners can prepare the ground with constituencies | WHO | Before Phase 4 is declared |
| **7.** Conduct 1 or 2 simulation exercises at the regional/zone level | TOFU technical group | By end 2009 |
| **8.** Keep in view the case for a second table top exercise for senior managers from agencies in some two years time | TOFU technical group | To consider in March 2010 |
| **9.** Keep under review the scope for organizing a meeting of 29 October Declaration signatories in the margins of an existing event - when necessary - to exchange information on progress and best practices | TOFU technical group | Ongoing |
| **10.** Set up a small team to make contact with signatory agencies to assess whether their existing pandemic plans and policies give sufficient attention to the importance of inter-agency collaboration and complementarity during pandemic, and to report back | TOFU technical group | By June 2009 |
| **11.** Share policies on staff management issues so as to identify best practice and promote complementarity | Individual agencies | Ongoing |
| **12.** Train personnel who would be expected to deploy so that they understand how to operate safely in a pandemic | Individual agencies | Ongoing |
| **13.** Agencies to report on progress they have made against the Declaration commitments so IFRC and OCHA can prepare an annual report to Principals | All agencies | By 24 October |