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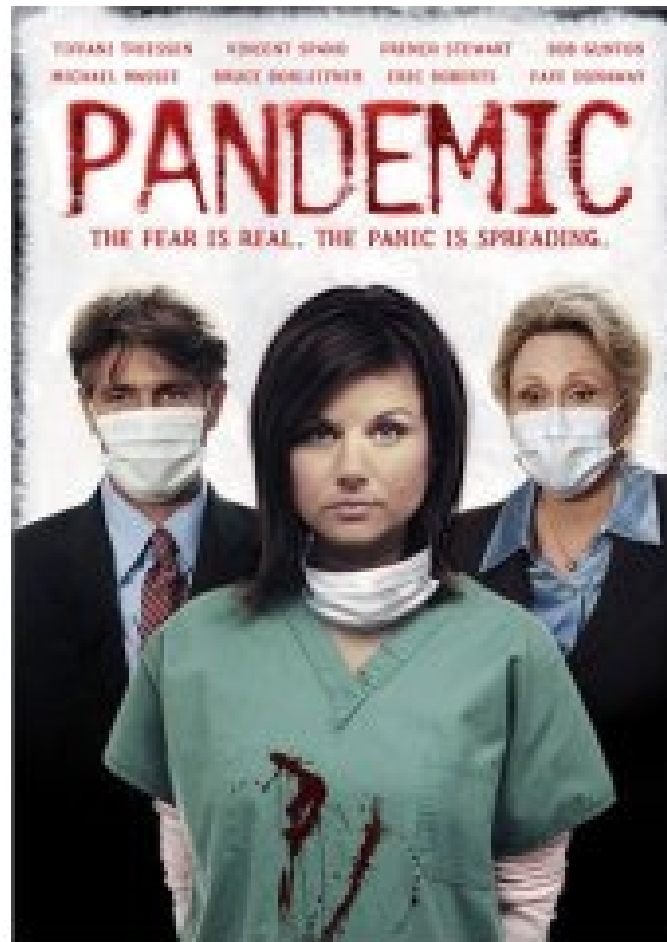
Contingency Planning – the Case of Pandemic Influenza

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The Vision Thing





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AMREF's country director for Kenya, Mette Kjaer, explained: "We've lost 60 per cent of patients who were on anti-retroviral (ARV) treatment and another 30 per cent of those on TB therapy." Patients had to leave treatment behind as they fled for their lives, and are now unable to reach the health centre to replace it.



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"Don't worry. The boss said if we miss the target he's got a backup plan."



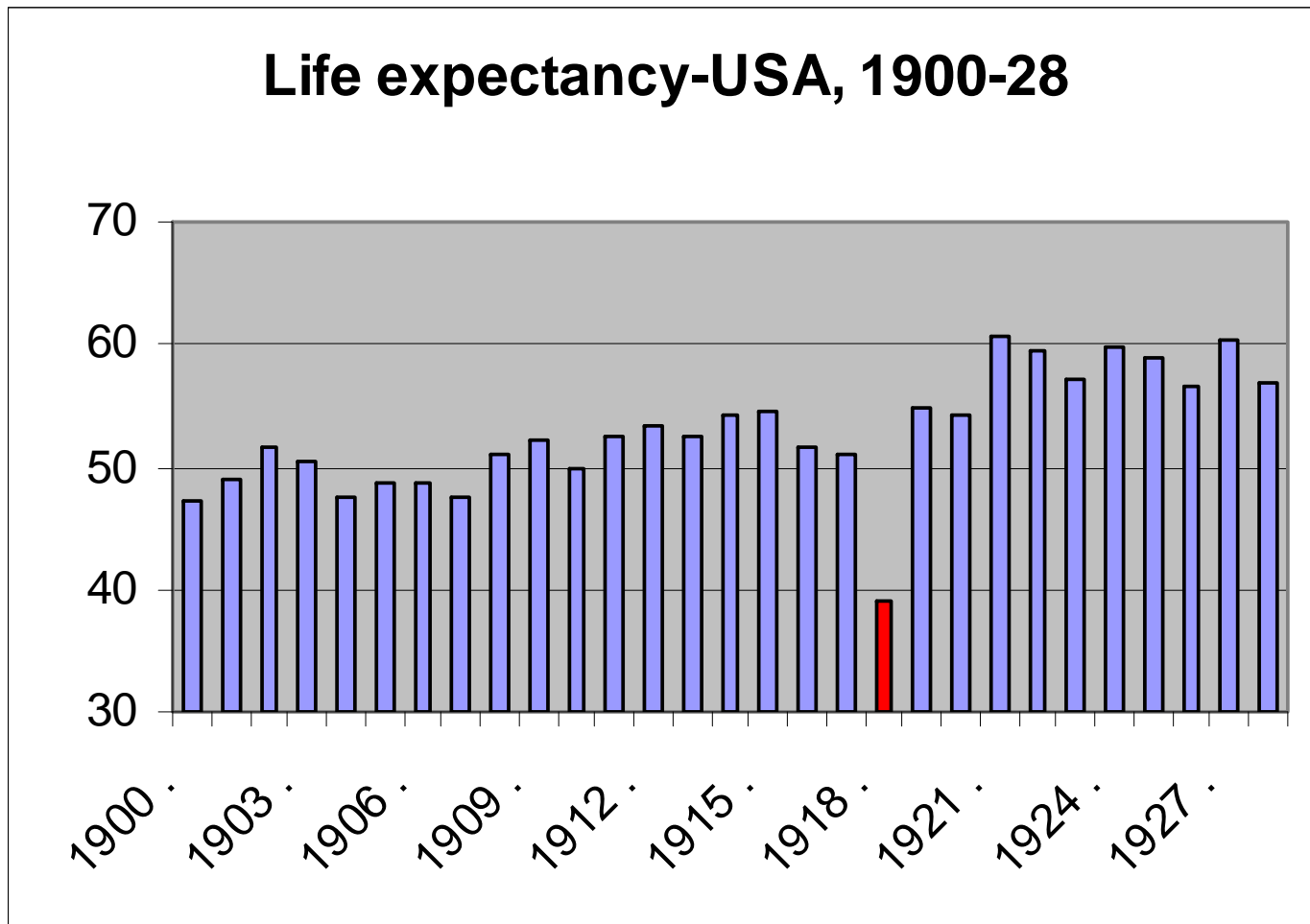
WHO Pandemic Classification

Inter-pandemic phase New virus in animals, no human cases	Low risk of human cases	1
	Higher risk of human cases	2
Pandemic alert New virus causes human cases	No or very limited human-to-human transmission	3
	Evidence of increased human-to-human transmission	4
	Evidence of significant human-to-human transmission	5
Pandemic	Efficient and sustained human-to-human transmission	6



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Can pandemic influenza have the kind of impact that AIDS has had at its worst?





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Phase VI Preparedness



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The Singular Goal

To limit excess mortality during a pandemic



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***Come one, come all
to the Humanitarian
Circus***



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Assumptions

- Country capacity will be exceeded
- Vaccines and anti-virals will not be available in adequate quantity
- Substantial mortality will be due to illnesses other than influenza
- Time required for action will be limited
- Funding will be available for response
- Limiting impact will be dependent on community-level actions



I -- Limit Direct Impact

- **Care for those ill with influenza**
 - Vaccine?
 - Antivirals?
- **Limit transmission of influenza**
 - Community mitigation (non-pharmaceutical interventions)



II -- Reduce Indirect Impact

- Treat potentially fatal diseases when health services are disrupted
 - **Bacterial pneumonia**
 - **Malaria**
 - **Diarrhea**
 - **AIDS**
 - **Tuberculosis**
 - **Diabetes**
 - **Hypertension and other CVDs**
 - **Mental disorders and other NCDs**



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III – Ensure Food Security

- Objectives:
 - Ensure continuity of food supplies for people who are sick and their households
 - Prevent mass migration to limit disease transmission
 - Prevent nutritional consequences of food shortages caused by market disruptions and higher prices



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III – Food Security (2)

- Target the Most Vulnerable
 - Urban populations
 - Malnourished children
 - Migrants



III – Food Security (3)

- Options:
 - **Local:**
 - **Communications**
 - **Networked distribution systems**
 - **Attention to urban areas**
 - **Build on CMAM models**
 - **National:**
 - **Communications**
 - **Stockpile non-perishable, or semi-perishable items**
 - **Plan distribution networks**
 - **Implement planned market policies**
 - **Provide for urban areas**



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III – Food Security (4)

- Options:
 - International
 - Learn from current crisis
 - WFP, World Bank partnership
 - Other schemes



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IV – Accelerate Resumption of Livelihoods



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Specifics of USAID Program

First-responders

- IFRC
- CORE Group
- Interaction

Norm-setters

- United Nations agencies
- Host-country governments



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Recommendation (2005)

“An improved seismic detection system should be developed and implemented in the region as quickly as possible.”



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Major Features of the Humanitarian Initiative to Prepare for a Pandemic Influenza Emergency (HIPPIE)

- **Triage!**
- **Moving coordination forward to before the disaster**
- **Multi-hazard usefulness**
- **Strengthening community resilience**
- **Getting development and emergency communities together**
- **Urge the UN to get its act together**
- **Urge the NGOs to understand “togetherness” – the Kumbaya thing**
- **Bringing UN and NGOs and national governments together (in advance)**
- **Getting country-level public and private sectors to work together**
- **Lunch**



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If (when) you have the solutions, please call:

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