

**Pandemic Influenza Preparedness & Response:
Guidance and Template for Country Planning
By Humanitarian Organizations
On Overarching Actions & Public Health Interventions
Humanitarian Pandemic Preparedness (H2P) Initiative
Updated February 2019¹**

This document provides guidance and templates for humanitarian organizations to complete country preparedness and response plans to address the next influenza pandemic. The planning outlined in this document focuses specifically on humanitarian organizations' response in selected program priority areas (overarching actions, advocacy, health), within the context of government planning. Each country program can decide to expand the planning process to actively include other key actors, such as government and relevant U.N. agencies, and other issues, such as overall emergency preparedness and national security. District level planning, and planning for food security and livelihoods are addressed in separate documents.

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¹ Updated to remove out-of-date content, including out-of-date WHO phases of pandemic alert.

I. Introduction and Background

A. The H2P Initiative

The H2P Initiative was a USAID-funded program that developed humanitarian response networks in preparation for pandemic influenza. The initiative worked within the framework of both international and country-specific emergency response and pandemic preparedness plans. It built national, district, and community-level response capability in order to minimize excess mortality and potential social disruption in the event of a pandemic.

B. Pandemic Preparedness Plan and Government Emergency Preparedness

1. Scope of Humanitarian Organizations' Country and District Plans

These H2P tools are meant to guide the country and district-level planning of humanitarian organizations in the priority areas of advocacy and health. Many other important pandemic preparedness and response issues should be covered in the emergency plans of government and other organizations.

The tools include:

- A brief overview of the need and process for country and district planning
- Country plan template
- A version of the guidance and a template for use at district level

These documents include both country and district planning tools, as the national level should:

- Guide the district planning process
- Assess and revise generic district planning tools, before they are used, to reflect national priorities, policies, and guidelines
- Decide to what extent district planning will be implemented now, i.e., in all districts or in pilot districts for development of a generic district plan to be used by all districts in an eventual pandemic

H2P suggests that both the country and the district planning teams consider all sections in the respective templates, and include activities based on the local context and needs. Plans should reference all other documents containing further details of partners' pandemic response plans (e.g., government and organizational plans). Organizations and/or persons responsible for each action should be included in the cells of the matrix.

Humanitarian organizations should harmonize with government and U.N. plans so that all aspects of emergency pandemic preparedness are addressed and overall planning is coordinated and clear. In some countries, it might be possible to develop a joint and comprehensive plan, while in other countries this may not be realistic.

In all cases, the Country and District Plan documents should describe how they relate to government plans, what interaction has taken place with government to decide respective roles, and the extent of government endorsement of the plans of the humanitarian organizations. Greater

effort to coordinate with all relevant partners and make joint plans now will make overall responsiveness to an emergency more effective.

2. Plans' Contribution to Overall Emergency Preparedness

Authorities may not see planning for another pandemic as a priority, particularly after the experience with the 2009 H1N1 pandemic. They face many immediate, pressing problems and may doubt the likelihood or severity of the threat. Developing a pandemic flu plan within the context of overall emergency preparedness can help support:

- General national and district resilience to emergencies
- Strengthening of collective response to various threats
- Good hygiene practices that help protect from a range of illnesses
- Effective coalitions for non-pandemic humanitarian and development initiatives
- Application of models and techniques, such as simulation exercises, to other emergency preparedness planning.

C. H2P Planning Assumptions: Preparing for which Pandemic?²

According to WHO: “Neither the timing nor the severity of the next pandemic can be predicted with any certainty. At the same time, however, the present threat to international public health is sufficiently serious to call for emergency actions calculated to provide the greatest level of protection and preparedness as quickly as possible. More than half of all laboratory confirmed cases have died. Scientists do not know if the H5N1 virus will retain its present virulence should it acquire an ability to spread easily among humans. all concerned should keep in mind that no health emergency on the scale of a severe influenza pandemic has confronted the international community for several decades.”³

The number and weight of the uncertainties concerning the next influenza pandemic are such that the development of credible, detailed scenarios is practically impossible. Among such uncertainties, the following four are particularly worth mentioning:

- a) The date of onset of the next influenza pandemic is unpredictable (any time from sometime next week to sometime next decade or so).
- b) The virulence of the virus subtype responsible for the pandemic is unpredictable, with case fatality rates ranging from what is typical of seasonal flu to the – fortunately – unlikely, “end of civilization” levels of the current H5N1 human cases.
- c) The effectiveness and timely availability of pharmaceutical interventions (primarily antiviral drugs, vaccines, and antibiotics) is uncertain.

² Also see: CIDRAP, Univ. of Minnesota, Pandemic Influenza Overview
www.cidrap.umn.edu/cidrap/content/influenza/panflu/biofacts/panflu.html

³ WHO strategic action plan for pandemic influenza 2006–2007, pages 3 & 4,
www.who.int/csr/resources/publications/influenza/WHO_CDS_EPR_GIP_2006_2/en/index.html (As of February 2019, H5N1 remains one of several pandemic threats.)

- d) The level of social, economic, and possibly even political disruption is unpredictable, and will vary from country to country. It will only partly depend on the severity of the pandemic.

The scenario outlined in this document, therefore, is in no way a “predictive” one. It depicts a near-worst-case scenario and is presented here only as a consensus framework, meant to guide the planning and implementation of activities.

The Scenario

1. Once sustained person-to-person transmission starts, geographical spread will be rapid: time for final planning and preparations will be limited to a few months at most.
2. Virtually all communities on earth will experience outbreaks: roughly 1 person in three in the world will become ill during a period of up to approximately 1 ½ years.
3. Communities will experience one to three outbreaks (“pandemic waves”) of the duration of 6 - 16 weeks each. The characteristics of the first wave (in terms of fatalities) may not be predictive of what will happen with the following ones.
4. The virus subtype responsible for the pandemic will show substantial virulence: at least 2% of the people who have contracted the disease (and possibly much more) will actually die from it.
5. Supplies of vaccines and antiviral drugs will be inadequate in developing countries. Even in developed countries, vaccines are unlikely to substantially reduce mortality and morbidity for at least the first six months of the pandemic.
6. Healthcare systems will be overwhelmed and not capable of coping with the large number of people who will suddenly fall ill: care will have to be provided at the community and household level. Many routine, non-flu-related health services will also be unavailable during the pandemic waves.
7. More in general, substantial social and economic disruption is to be expected: developed countries are particularly vulnerable because of the highly interdependent nature of advanced societies, whilst developing countries are particularly vulnerable because of the intrinsic, pre-existing vulnerability of large sectors of the population.
8. In many countries, localized and even generalized security problems (from erosion of law and order to open conflict triggered by the pandemic crisis) cannot be ruled out.
9. Because all countries will be affected, international assistance on a large scale will not be an option. Because entire countries will be affected, communities will receive only limited support from national-level government and other organizations.
10. Substantial absenteeism of staff (possibly 50%, because of illness, need to care for family, school closures, fear, etc.), obligations of protecting their own staff, economic and logistical disruptions, and/or large numbers of ill needing care, will substantially limit the capacity of governmental structures and civil society organizations to respond.

The Household Level

At the household level, the assumptions above will translate into the following picture:

11. At least one of the family members will contract the disease during one of the pandemic waves: there will be many families in which all potential care givers are ill at the same time and unable to care for their families.

12. Because of illness, of the need to care for the ill, of fear, or as a consequence of the mitigation measures, and/or of the difficulties in movement/transportation, many of the family members will de facto be confined at home during the peak intervals of the pandemic waves.
13. Children will spend most of the time out of school for extended periods of time.
14. In the vast majority of severe cases, the family will not be able to count on hospital-level health care.
15. Some families will be able to count on at least some community-level health care services, but many won't.
16. Regardless of its affluence (and of the development level of the country), the family's food security may be challenged. Such challenge is unlikely to result in clinical malnutrition for the general population.
17. The family will experience variable levels of difficulty in accessing key essential services (water, energy, telecommunications, transport, education, energy, finance) during the peak intervals of the pandemic waves. Some of these services may be interrupted altogether.
18. Regardless of its affluence (and of the development level of the country), the family's capacity to produce an income and to protect its assets may be challenged.
19. The family may experience security problems (lawlessness, conflict).

II. Developing the Country and District Plans

A. Planning for Three Intervention Stages

The country and district planning processes focus on three intervention stages, as outlined below:

- H2P recommends that “**preparedness**” activities be completed as soon as possible.
- The H2P Health Working Group recommends that WHO announcement of sustained human-to-human transmission (able to cause community level outbreaks), of a flu virus new to humans (an animal or hybrid animal-human virus, such as H5N1 or H7N9) anywhere in the world, serve as the trigger for immediate, urgent and “**rapid roll-out at scale**” of activities (for the actions listed in the matrix below) in every country. It is hoped that the role out of planned activities can be completed in the few weeks that most areas are likely to have before the local arrival of the first pandemic wave. On the other hand, if an initial outbreak of sustained person-to-person transmission is contained in the outbreak country, then country teams should be prepared to slow down or halt the roll-out of activities.
- Implementing community-level interventions (such as school closing, for example) before the start of a local outbreak will likely result in economic and social hardship without public health benefit, and intervention compliance fatigue. On the other hand, implementing these interventions after extensive local spread will likely limit the public health benefits. The H2P Health Working Group therefore recommends that in each district, the first cluster of cases identified in the district, or in any area near the concerned district, serve as the trigger for “**local response**” activities (for the actions listed in the matrix below) in that district.⁴

⁴ This recommendation is consistent with the 2007 US CDC guidance on community mitigation (<https://stacks.cdc.gov/view/cdc/11425>, page 39), but may need to be revised following WHO guidance.

Intervention Stage	When to Implement	What to Implement
Preparedness	Now	<ul style="list-style-type: none"> • Comprehensive planning and assignment of responsibilities • Development and testing of country training package and communication plan
Roll-out	When WHO announces sustained human-to-human transmission, in communities (outside of health facilities), of a new influenza virus, anywhere in the world.	<ul style="list-style-type: none"> • Immediate, urgent, and rapid rollout at scale of interventions listed in the attached country and district matrices • If outbreak country manages to contain transmission, national authorities may announce slow down or halt of roll out
Local response	When there is a cluster of cases in a geographic area in or near the district/area ⁵	Activities in the district, as listed in the district plan matrix.

It is also important to consider the *inter-wave stage*—the period of time between any two pandemic waves—which should be used to recover and prepare for the next wave. Activities during the *inter-wave stage* might include assessment and correction of response weaknesses from the previous wave and re-supply of drugs, supplies, food stocks, etc.

B. Suggested Plan Outline

The **Country Plan** should include all activities required to organize, coordinate, and deliver an effective humanitarian response throughout the country in a pandemic influenza outbreak. The **District Plans** should do the same for providing support down to the household level. Each cell in the plans should include designated names and/or titles of authorities responsible for the implementation of the specific activity.

The attached templates are generic documents that *outline* suggested interventions in a country or district plan, *remind* humanitarian actors of the best perceived actions to be taken according to evidence and, to some extent, allow comparisons of plans across countries. Country teams should revise the matrices to reflect the local situation before guiding appropriate teams to fill them in. The adapted matrices will then give a snapshot of the country and/or district plan. The plan documents will include both the completed matrices and explanatory narrative providing more detail, as needed.

Some planned actions will only be important or appropriate in a severe pandemic. Thus, the country or district matrix and associated documents should specify if the planned action is only to

(The 2017 US CDC guidance on community mitigation at <https://stacks.cdc.gov/view/cdc/44313>, pages 6-7, includes more detailed and complex information on triggers for implementation.)

⁵ The country planning team will need to define “cluster,” and “in or near the district/area” and give clear guidance on when this implementation stage will occur. This is most likely to be the district level, but may be a bigger administrative region (i.e., the country), as dictated by surveillance and reporting capabilities.

be implemented during a severe pandemic wave. (WHO will advise the world whether a pandemic, or pandemic wave, is mild, intermediate/moderate, or severe.)

The country and district plans will be part of an “off-the-shelf” capability to be rolled out when WHO announces there has been sustained human-to-human transmission of a new virus anywhere in the world.

Plans for the continuity of key activities and services of humanitarian organizations during the next flu pandemic are an important component of preparedness planning, but are beyond the scope of this guidance. H2P suggests that all partner organizations develop business continuity plans, and reference these plans in the Country Preparedness and Response Plan Summary. (Please refer to the section below on references.)

Planning teams may also find the IFRC *Project Planning Process Handbook* (PPP) a useful resource.⁶

C. Instructions for Completing the Plan(s)

- If feasible, countries should first complete the country plan, and then use the country plan to guide completion of district plans. Although these planning exercises are likely to be separate, the general guidance is the same for both processes.
- Review the suggested plan outline in the box below and the generic activities listed in the templates.
- Adapt the outline and template content to reflect national policies, emergency preparedness structures and plans, and locally appropriate actions.
- Fill in the revised templates, including the agency and, if possible, staff person responsible (by title) for each action.
- Write explanatory narrative to provide detail, as needed.

⁶ *Project Planning Process Handbook*, Organisational Development Department, International Federation of Red Cross and Red Crescent Societies, Geneva, 2002.

Suggested Plan Outline

1. Background

A. Describes the following:

- National (or district) context
- Emergency preparedness partners
- Relevant government actions to date
- Government policies, structures, and planning documents, if they exist
- Relation of this plan to emergency preparedness
- (For district plans), refer to the country plan for much of this information

B. Reviews planning assumptions in ***Section I.C. H2P Planning Assumptions: Preparing for which Pandemic?*** above, outlining local adaptation or adjustments

2. Country (or District) Plan

Updates and completes the list of activities in the matrix

- Detailed by implementation stage
- Assigned to different agencies, by staff function/title

3. References

Specific references such as detailed plans of each individual organization, government plan(s), or other necessary documents should be attached to the plan.

Template for Country Plan Matrix (Includes organizations/persons responsible & severity considerations.)

A. Overarching Actions			
Objectives of Humanitarian Organizations (most important objectives identified by *)	Implementation Stages		
	Preparedness: <i>When to do:</i> Now or as soon as possible	Rapid Roll-Out at Scale: <i>When to do:</i> When WHO announces sustained human-to-human transmission anywhere in the world	Local Response: <i>When to do:</i> When the first cluster of cases is identified in this district or nearby area
1. * Effective planning and coordination among NGO/civil society groups and with national government and UN partners.	<ul style="list-style-type: none"> • Establish humanitarian/NGO steering committee • Establish cooperation mechanism with national and U.N. pandemic preparedness groups • Review national preparedness plan to identify opportunities for integration of humanitarian plans • Determine which organization will immediately communicate WHO announcements of changes in Phase of Pandemic Alert, & immediately announce the initial in-country outbreak, to all jurisdictions & partners in country, & direct all to start implementing planned actions 	<ul style="list-style-type: none"> • Immediately communicate WHO announcement of change in Phase of Pandemic Alert to all jurisdictions & partners in country, & direct all to immediately commence rapid roll-out at scale of planned actions • Convene steering committee to reassess preparedness plans • Coordinate plans with national and UN planning groups • Announce the initial in-country outbreak to all jurisdictions & partners in country as soon as confirmed, & direct all to be ready to commence local response as soon as first cluster is identified in district or nearby 	

<p>2. *Advocacy and communication strategies and materials enlist the support of leaders and inform communities about key actions.</p>	<ul style="list-style-type: none"> • Establish link with national government and U.N. communication partners • Review existing pandemic/risk communication plans • Adapt H2P advocacy materials for local situation • Conduct advocacy visits to key national stakeholders to promote preparedness activities • Determine how community perceptions and concerns will be addressed following reports of onset of sustained person-to-person transmission, & following local arrival of pandemic wave • Adapt H2P communication messages and materials for local application • Engage local design and production firms to produce camera-ready materials 	<ul style="list-style-type: none"> • Link with national emergency communication team • Conduct risk communication training for designated spokespersons • Print/produce and begin dissemination of communication materials 	<ul style="list-style-type: none"> • Coordinate with national communication partners to roll-out emergency communication program • Intensify dissemination of communication materials
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<p>3. *Keep districts and communities regularly informed -</p> <ul style="list-style-type: none"> - numbers of cases - location of cases - severity of cases - best sources of information and guidance 	<ul style="list-style-type: none"> • Determine how districts in country will be promptly informed of the numbers & location of (probable?) cases & clusters of cases of pandemic flu in or near their districts (in order to promptly trigger local response activities) • Determine which sources of information & guidance related to local response will be used to keep districts & communities informed. Test plans for the above at district & community levels. • Develop plan for roll out to all districts. 	<p>(To be completed in country, based on decisions made in Preparedness Stage)</p>	<p>(To be completed in country, based on decisions made in Preparedness Stage)</p>
<p>4. *Assist the neediest/ sickest households:</p> <ul style="list-style-type: none"> - care - food - water - psychiatric first aid? - handling of the dead? 	<ul style="list-style-type: none"> • Draft guidance for districts & communities on how to identify & assist the neediest/ sickest households during local pandemic outbreaks. • Test plans for the above at district & community levels. • Develop plan for roll out to all districts. 	<p>(To be completed in country, based on decisions made in Preparedness Stage)</p>	<p>(To be completed in country, based on decisions made in Preparedness Stage)</p>

B. Health

Objectives of Humanitarian Organizations (Most important objectives identified by *)	Implementation Stages		
	Preparedness: <i>When to do:</i> Now or as soon as possible	Rapid Roll-Out at Scale: <i>When to do:</i> When WHO announces sustained human-to-human transmission anywhere in the world	Local Response: <i>When to do:</i> When the first cluster of cases is identified in this district or nearby area
5. * Inform community members & leaders: What is pan flu, symptoms, transmission	Country Level <ul style="list-style-type: none"> • Adapt global content/ messages to _____ (name of country). • Pilot testing of training in these messages at district & community levels. • Revise messages & develop job aids. • Develop plan for roll out in all districts. • Conduct MTOT, including regional, zonal, &/or district trainers. 	(To be completed in country, based on decisions made in Preparedness Stage)	(To be completed in country, based on decisions made in Preparedness Stage)

Family/household level prevention & care			
<p>6. * Reduce transmission:</p> <ul style="list-style-type: none"> • Keep your distance • Wash your hands • Cover your cough • Isolate your ill (including ventilation of room used for isolation of the ill, household cleaning of materials & surfaces contaminated by the ill, masks or scarves for the ill & for caretakers, & if pandemic is severe: household members minimizing interaction with people outside the household). <p>(All of the above are voluntary practices.)</p>	<p>Country Level</p> <ul style="list-style-type: none"> • Adapt global household-level prevention messages to _____ (name of country). • Pilot testing of training in these messages at district & community levels. • Revise messages & develop job aids. • Develop plan for roll out in all districts. • Conduct Master Training of Trainers, including regional &/or zonal trainers. • Regional &/or Zonal trainers conduct training of district trainers. 	<p>Below Country Level</p> <ul style="list-style-type: none"> • District trainers train sub-district/health facility trainers. • Sub-district trainers /health facility staff train Community Health Workers (CHWs) & volunteers to use all individual, family, & group encounters, as soon as they are trained, to ensure that community members understand & plan to practice the 4 prevention messages following local onset, & over the 6-16 week duration, of the anticipated local outbreak of pan flu. 	<p>Community Level</p> <ul style="list-style-type: none"> • CHWs & volunteers use all individual & family encounters to ensure that community members understand & plan to practice the 4 prevention behaviors (while maintaining a distance of at least 1 to 2 meters, depending on pandemic severity).
<p>7. * Care of those ill with flu/ influenza-like illness (ILI): rest, fever, medications, fluids, nutrition, & care seeking</p>	<p>(As above, for reducing transmission)</p>	<p>As above. (Sub-district trainers /health facility staff train CHWs & volunteers in counseling for families with ILI in the household.)</p>	<p>CHWs & volunteers counsel families with ILI in the household on home care for ILI (while maintaining a distance of at least 1 to 2 meters, depending on severity).</p>

Community/district-level prevention (Guidance should depend on severity of pandemic wave. May require legislation or legal review/revision.)			
<p>8. * Reduce transmission among children & students: Interventions to reduce transmission among students & children in child care, such as dismissal of all school classes, closure of child care centers, & reduction in out-of-school mixing of children & students (depending on severity of pandemic wave & extent of disproportionate or severe disease in children.)</p>	<p>Country Level</p> <ul style="list-style-type: none"> • Draft/ finalize/ review government guidance for school & day care closure in mild, intermediate & severe pandemic. • Pilot testing of school/ child care closing plans at district & community levels. • Development of plan for roll out in all districts. 	<p>(To be completed in country, based on decisions made in Preparedness Stage)</p>	<p>(To be completed in country, based on decisions made in Preparedness Stage)</p>
<p>9. * Reduce non-essential travel & avoid overcrowded transport.</p>	<p>Country Level</p> <ul style="list-style-type: none"> • Meeting with MOH & WHO to consider travel & transport-related guidance, depending on severity of pandemic wave. • Finalize written guidance. • Pilot testing of plans at district & community levels. • Development of plan for roll out in all districts. 	<p>(To be completed in country, based on decisions made in Preparedness Stage)</p>	<p>(To be completed in country, based on decisions made in Preparedness Stage)</p>
<p>10. * Reduce public crowding, gathering, mixing, or contacts, through other measures (specify). Close, cancel, restrict, or modify:</p> <ul style="list-style-type: none"> • Sports events? • Worship services? • Theatres? • Funerals, weddings, parties? • Workplace practices? • Others? 	<p>(As above, for travel & transport)</p>	<p>(To be completed in country, based on decisions made in Preparedness Stage)</p>	<p>(To be completed in country, based on decisions made in Preparedness Stage)</p>

<p>11. * Infection control for community workers.</p>	<p>(Same plans as for 6., above: Family/household level prevention & care)</p>	<p>(Same plans as for 6., above: Family/household level prevention & care)</p>	<p>Community Level Staff & volunteers follow recommended infection control practices, to the extent feasible, depending on pandemic severity, to help reduce risk of infection.</p>
<p>Community/district-level care</p>			
<p>12. Community case management (CCM), by Community Health Workers (CHWs), including antibiotics for pneumonia)</p> <ul style="list-style-type: none"> • Advocacy for CCM and/or development of protocols for CCM during pandemic • Supply and support CHWs 	<p>Country Level <u>If CCM is permitted:</u> Meeting with MOH to consider CCM issues during a pandemic:</p> <ul style="list-style-type: none"> • Continuity of drug supplies to CHWs • Should CHWs receive guidance & antibiotics to also treat pneumonia in older children &/or adults? <p><u>If CCM is NOT permitted:</u> Meeting with WHO & UNICEF to consider advocacy with MOH for permission to introduce CCM.</p>	<p>(To be completed in country, based on decisions made in Preparedness Stage)</p>	<p>(To be completed in country, based on decisions made in Preparedness Stage)</p>
<p>13. Continuity of care for selected conditions (specify):</p> <ul style="list-style-type: none"> • HIV & TB • Treatment of malnutrition • Key interventions for safe delivery • Essential newborn care • Contraception 	<p>Country Level Meeting with MOH to consider strategies for continuity of care during a pandemic wave, including:</p> <ul style="list-style-type: none"> • Feasibility of providing HIV & TB patients and FP users with 3 month drug supply at start of local pandemic wave • Treatment of malnutrition • Key safe delivery interventions • Essential newborn care 	<p>(To be completed in country, based on decisions made in Preparedness Stage)</p>	<p>(To be completed in country, based on decisions made in Preparedness Stage)</p>