

Preparing Influenza Pandemic Preparedness Plans: A Step-by-Step Approach

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1. INTRODUCTION

The situation of avian influenza is rapidly evolving in Asia, including countries in the South-East Asia Region. There is growing concern regarding the potential and the imminent threat of an influenza pandemic which could have the most devastating consequences. There is, therefore, an urgent need for countries to develop comprehensive, multisectoral influenza preparedness plans covering both animal and human health.

Recognizing that the formulation of plans should be a country-led process, WHO stands ready to assist Member States in the preparation or finalization of national plans either through country missions from the Regional Office or support through WHO country offices. These plans will provide not only a policy and strategy framework for a multisectoral response to avian influenza at the country level but also serve as an instrument for resource mobilization. The multi-bilateral agencies such as the World Bank, USAID and the European Commission are also willing to support in this area.

In order to facilitate this exercise, WHO has prepared a generic outline of a national plan in terms of the content and format, in addition to a pandemic preparedness check list, which can help Member States prepare a comprehensive and good quality plan through consensus building with the ministries of agriculture, livestock and animal husbandry as well as other relevant stakeholders and partners. WHO stands ready to support and has established teams that are ready to go to countries on missions to assist in the preparation of plans that will assist them to respond to this emerging and imminent threat. This will be shared at the donor meetings planned in November and it is necessary that good quality plans are ready before that.

Clearly, combating avian influenza will be difficult without a comprehensive and collaborative framework for providing human resources, training, supervision, strengthening health services and logistics for antiviral and laboratory supplies. Preparing a pandemic preparedness plan is therefore an important requirement for all countries.

1.1 Steps in Preparation of Pandemic Preparedness Plans

The planning process would involve the following steps:

- (1) Situation analysis, risk assessment;
- (2) Current capacity of various sectors, especially health and veterinary services, to respond;
- (3) Agreement on policies and priorities
- (4) Selecting strategies, activities and multisectoral cooperation mechanism;
- (5) Setting time frame for emergency response and allocating responsibilities;
- (6) Estimating budget requirements, and
- (7) Identifying ways of monitoring and evaluating progress.

1.2 The Objectives

- (1) Provide a time-bound framework for emergency response to the influenza pandemic based on national priorities.
- (2) Ensure that resources are mobilized and used most efficiently.
- (3) Facilitate coordination among various sectors, particularly those dealing with human and animal health.

2. PREPARATIONS

2.1 Involvement of the Ministry of Health

The preparations can begin only when there is consensus among the concerned Ministry of Health (MoH) officials on the need for a pandemic preparedness plan. A preliminary meeting of MoH officials could ensure ownership and commitment from the MoH for the plan and its implementation later. Once it is agreed to develop the plan, the MoH responsibilities could include:

- (1) Selecting of a national task force and team members for preparation of a plan
- (2) Ensuring collaboration with animal health and other relevant sectors

- (3) Obtaining support from international agencies notably WHO, OIE and FAO
- (4) Granting approval to international planning team members
- (5) Endorsing of the final plan
- (6) Mobilizing of resources for implementation of the plan

2.2 Initial Communication

An initial communication from WHO should be sent, at least two months prior to the actual plan formulation, to assist the communicable disease focal point in preparations. The communication should articulate the purpose and scope of the planning exercise, define the objectives of the plan as well as the possible mechanisms including the process used, time frame, and stakeholders/partners to be involved in planning. Most importantly, it should be ensured that information is collected prior to the arrival of the planning team. The need for identifying someone to head the national task force should also be emphasized.

2.3 National Task Force

A task force should be constituted to guide and facilitate the complete planning process including preparations, logistics and budgeting for the planning exercise. The task force should include high-level decision-makers from the ministries of health, agriculture, environment, livestock and finance, experts in programme management, and the major donor agencies.

This task force will:

- (1) Review the objectives for the proposed plan;
- (2) Define specific terms of reference for the planning team;
- (3) Appoint the planning team and planning coordinators;
- (4) Set tentative dates for the planning exercise;
- (5) Obtain official endorsement of the final plan; and
- (6) Assist in mobilizing resources to implement the plan.

2.4 Planning Team

The planning team will be responsible for carrying out various activities related to the actual writing of the plan. The team should consist of national and international members. A reasonable number would be five to six national members and two to three international members. It is important to ensure that all members are available full time and for the full duration of the planning exercise.

The national team should be selected on the basis of their responsibilities and experience with outbreaks and their knowledge of the local situation and background. As the planning team will be divided into sub-teams, national members should be able to act as interpreters, if necessary. They should be drawn from among the following:

- (1) Senior staff of Ministries of Agriculture, Livestock or Animal Husbandry;
- (2) Senior staff of health services;
- (3) Epidemiologists;
- (4) Clinicians;
- (5) Laboratory specialists; and
- (6) Specialists in programme management including programme planning, MIS and evaluation.

International team members should be selected on the basis of their specific expertise related to epidemiology, veterinary public health, laboratory services, food safety, programme management. etc. They should have good writing skills and should be computer literate.

The planning team will:

- (1) Assess the vulnerability, risk and capacity to deal with avian influenza by the health and veterinary sectors;
- (2) Identify constraints, challenges and gaps;
- (3) Review existing policies in relation to response to emerging disease and/or influenza pandemic;

- (4) Specify activities to be undertaken to enhance collaboration, preparedness and response;
- (5) Decide on the plan's timeframe and assign specific responsibilities;
- (6) Define indicators and milestones for measuring progress towards set objectives;
- (7) Determine the resource requirements for various components of the plan and identify existing and potential resources, and
- (8) Write the draft plan after the national consensus workshop.

2.5 Planning Coordinators

Two coordinators should be appointed. One will be national representative, and the other an international adviser.

The main role of the national coordinator will be to oversee the local organization of the planning process, including preparation of background materials. His/her tasks will include:

- (1) Preparing the background information required for the plan;
- (2) Coordinating with the focal point in the veterinary sector and the local offices of WHO, OIE and FAO;
- (3) Inviting national team members;
- (4) Arranging salary/per diem for national team members and support staff;
- (5) Managing internal transport and hotel accommodation;
- (6) Arranging meeting rooms for briefings, plan preparation, national consensus workshops and for the local secretariat;
- (7) Arranging secretarial and administrative support;
- (8) Arranging equipment and supplies ((computers, printers, photocopiers, office stationery, diskettes etc.)
- (9) Communications (telephone, fax, e-mail);
- (10) Arranging appointments with stakeholders;

- (11) Selecting sites for field visits if deemed necessary, and
- (12) Identifying local budgetary sources to meet the costs for the planning exercise.

The main role of the international adviser will be to provide technical assistance for the planning process. His/her tasks will include liaising with the national authorities, WHO, OIE and collaborating institutions throughout the plan formulation; assisting in collating and preparing background materials for plan formulation; assisting in planning and in facilitating the national consensus workshop; suggesting international team members, identifying external budgetary sources to meet the costs for the planning exercise, and arranging salary/per diem, travel and visas for international team members.

2.6 Budgeting for Planning Activities

The coordinators should prepare a detailed budget for the planning exercise, outlining expenses for various components. Collaboration with the WHO Representative's office and local offices of FAO and OIE should be sought to ensure that the budget developed is in consonance with the normal procedures and rates used by the Organization in the country. Government approval should be obtained and funding secured well in advance.

Budget items:

- (1) Salaries/per diem for international team members;
- (2) Travel to and within the country for planning team members;
- (3) Salaries/per diem for national participants;
- (4) Transport costs during the planning exercise and for the national consensus meeting;
- (5) Hotel costs;
- (6) Secretarial costs;
- (7) Rent for meeting rooms, if required;
- (8) Communication costs (fax, telephone);
- (9) Photocopying and printing costs;
- (10) Equipment and supplies including stationery;
- (11) Refreshments for briefing/debriefing, and
- (12) Consensus workshop.

2.7 Setting Dates for the Planning Exercise

The coordinators should select dates well in advance and develop a tentative agenda; deadlines for the various components and for the final preparation of the plan should be set. The planning exercise may take two to three weeks, depending on the size of the country, the level of preparedness including the availability of adequate background information prior to the visit of the planning team. Local festivals, national holidays, and other important events such as elections must be taken into account.

3. ACTIVITIES DURING THE PLANNING PROCESS

3.1 Initial Briefing of Team Members

The planning team should be briefed on the purpose of the mission and the methodology that will be used for planning. The logistics for the planning exercise should be discussed and finalized. Based on their expertise, individual team members should be assigned responsibilities for specific components of the plan document, to record observations and conclusions, to compile and consolidate data, and to write the plan.

The briefing session should cover:

- (1) Definition of the purpose and objectives of the mission;
- (2) Explanation of the pandemic potential and the multisectoral response required;
- (3) Review of all relevant background information, reports and documents;
- (4) Clarification of policy issues;
- (5) Discussion of the schedule and logistic arrangements for various meetings and field visits;
- (6) Discussion of the technical content and format of the plan;
- (7) Assignment of specific roles and responsibilities in plan formulation to team members, and
- (8) Preparations for the national consensus workshop.

3.2 Meetings and Field Visits

A multisectoral response is essential in ensuring preparedness and the national plan should therefore be based on a broad consensus among the major stakeholders. Hence, meetings with existing and potential partners and stakeholders are crucial.

These meetings will provide an opportunity to:

- (1) Assess the current involvement of sectors other than health, including agriculture, animal husbandry ministries, academia, research and laboratory experts, NGOs, the private sector and any other major providers of health care.
- (2) Mobilize increased commitment for emergency response to avian influenza and sensitize and promote the active participation of various stakeholders as appropriate, and
- (3) Develop a consensus on future plans, including strategies, phases, the challenges and opportunities ahead.

The planning team may also be required to visit field sites. The purpose of these field visits is not to gather quantitative data, which should be available within the Ministries of Health and Agriculture, but to make an assessment of the organization and delivery of services. The field visits also provide an opportunity to learn, first hand, the experiences and opinions of health and poultry workers at field level; this information could be valuable in formulating the plan.

The planning team should be divided into sub-teams. While teams will be assigned roles and responsibilities for specific components of the plan, each sub-team should make observations on all or most of the following components during the field visits:

- (1) Advocacy and consensus within the health care system and veterinary services, existing capacity and the gaps;
- (2) Case identification and laboratory services including a system for quality assurance;
- (3) Availability of antivirals, the capacity for rapid delivery;
- (4) Logistics for supplies and equipment;
- (5) Resources - availability of sustained funding; level of staffing, plans for capacity building;

- (6) Risk communication;
- (7) Coordination with general health services and need for building capacity of hospitals to manage a massive and sudden load of cases;
- (8) Possibility of partnerships with other treatment providers such as medical teaching institutes, the private sector, health facilities of other public sector undertakings, NGOs, and
- (9) Research capacity, review of ongoing research.

3.3 Consensus Meeting

A critical part of the planning team's activities is to organize a national consensus meeting to be attended by the members of the task force, high level officials of the ministries of Health, Agriculture, Veterinary public health, Finance, the Planning Commission, other ministries, the private sector, NGOs, academic institutions, potential donors and other partners including UN agencies (WHO, OIE, FAO, UNDP etc). It is important to invite those individuals who are in a position to commit their sectors/organizations.

At the meeting, the planning coordinators should briefly present global, regional and national information on the existing influenza situation and the need for a preparedness plan. The team members will then make detailed presentations on existing policies and strategies as well as new initiatives and the support needed. Comments and suggestions made during the discussions that follow should be carefully noted by the designated team member.

The objectives of this workshop are as follows:

- (1) To disseminate information about the status of avian influenza and advocate for national commitment to influenza pandemic preparedness;
- (2) To increase the ownership of the plan;
- (3) To obtain a consensus on the policies and strategies to be included in the plan and ensure that these are fully agreed and accepted;
- (4) To agree on the time frame and allocate responsibilities for implementation of the plan
- (5) To secure the commitment, cooperation and collaboration of all concerned persons and agencies representing the health and veterinary sectors.

3.4 Writing the Plan

Process

Each team member should be assigned the responsibility to write certain section(s) of the national influenza preparedness plan. S/he should be provided with relevant information for that section by other team members. The planning coordinators should, in consultation with the planning team leaders, put together various components of plan.

The writing of the first draft should normally take two to three days. The first draft should be distributed to all members and the team should meet to make any corrections, amendments, additions or deletions. The revised draft should be shared with relevant stakeholders.

An executive summary should be included in the final document. It should include all important components of the plan including the situation of avian influenza, proposed preparedness strategies and activities, and budgetary requirements.

3.5 Preparing the Budget Component of the Plan

A well-prepared budget is a crucial component of the planning document. The budget needs to include all resources required for ensuring preparedness and response from the pre-pandemic to pandemic phases. It will serve as a basis to identify funding gaps in negotiations with government finance offices or donor agencies. The budget must be comprehensive, realistic and easily comprehensible for funding agencies. The financial analysis of programme requirements often presents a difficult task for programme managers. Major areas for budgeting include:

- (1) antivirals (calculation of requirements, prices, drug distribution, etc.)
- (2) diagnostics (diagnostic supplies required include reagents, infrastructure investments, quality control, training, etc.)
- (3) Training (training requirements at various levels, consensus meetings)
- (4) Budget for surveillance and supervision

- (5) Monitoring and evaluation, and programme management
- (6) Research

Unit costs are available, which can be used for budgeting purposes.

4. FINALIZING AND OBTAINING OFFICIAL APPROVAL OF THE PLAN

After due consideration of the comments and suggestions made at the consensus workshop, the planning team should prepare the final plan thereafter. The national coordinator should submit the final plan to the Ministry of Health for government approval.

5. FOLLOW-UP ACTIVITIES

5.1 Disseminating the Plan

The final plan should be widely distributed to members of the task force as well as to all agencies concerned either with providing support or with implementing the plan. The plan should also be disseminated to all levels of the health, agriculture and other related services, potential donors and other partners interested in arresting the influenza pandemic. Copies of the plan should also be provided to the persons met during the field visits.

The plan should be distributed to the following:

- Members of the Task Force
- Senior policy-makers in the Ministries of Health, Agriculture, etc.
- Directors/Directors-General in the Department of Health Services and veterinary public health services
- Planning Commission
- Ministry of Finance
- Other ministries
- Academic institutions

- WHO, FAO, OIE representatives
- National and international NGOs
- Associations of medical practitioners
- National and international potential donors
- Managers of intermediate levels of health services (state/province/region)
- District health officers, and
- Persons met during field visits.

The consensus meeting may be followed by a media event to enhance awareness about the influenza pandemic and the actions proposed in the plan. Media persons from the national and international press, radio and TV should be invited to a media briefing, where a senior official in the Ministry of Health, usually the programme manager, could present highlights of the plan. A press release and other appropriate materials such as photographs and video footage should be provided to the media.

Advocacy is a valuable tool for encouraging greater political commitment. It is easy for policy recommendations to be ignored if they are of a report that can be filed away. It is much more difficult to ignore public concern about a problem. If care is taken when presenting the highlights of the plan to the media, it is unlikely to cause adverse publicity, criticism of the government, or raise unrealistic hopes in the community. In fact, the scheduling of a press event at the conclusion of the consensus meeting could be an excellent way to attract the interest and involvement of key government officials who are seeking to be proactive in addressing their country's social concerns.

5.2 Mobilizing Resources

Adequate resources must be secured from the government for implementation of the plan. National philanthropic organizations and international donors and foundations should also be approached. National allocation of resources is a prerequisite to securing funds from donors. It is important to note that external resources only supplement national resources and that unless national commitment is demonstrated, donors are unlikely to contribute.

While individual contacts with potential donors may yield positive results, in some situations, it might be more productive if all potential donors, both national and external, are brought together at a meeting to mobilize resources. Donors and funding agencies often choose their recipients from amongst programmes that are within their sphere of interest and which show the greatest capacity for efficient implementation. Potential donors should be identified from among those who have shown or are likely to show interest in avian influenza. For example, some may be interested in human resource development, others in establishment of infrastructure, yet others in providing supplies and equipment, such as antivirals, and so on. It would also be extremely useful to indicate the total resources required over the timeframe of the plan, broken down by different cost components, showing what the national contribution is and how much is being requested from donors. The plan should be distributed to the potential donors well in advance, about two months before the meeting. This will allow enough time for consultation within their organizations.

The meeting should be organized either by the Ministry of Finance or by the Ministry of Health in close coordination with the Ministries of Agriculture and Finance. The main highlights of the plan should be presented at the meeting with major emphasis on budgetary requirements in order to provide an opportunity for the donors to discuss the plan and to facilitate coordination of the components to be supported by them. The meeting should aim to secure definitive commitment or at least an expression of interest for specific areas from the donors.

The meeting should be followed by contacts with individual donors for preparation of detailed project proposals.