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BRIEF ON WFP PREPAREDNESS FOR AVIAN AND HUMAN INFLUENZA

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INTRODUCTION

1. Over the past several months, outbreaks of avian influenza, or “bird flu”, have affected bird populations in many countries in Asia and have recently reached Central Asia and Europe. Experts are warning of a possible pandemic affecting humans resulting from mutations in the virus. In a worst-case scenario, a global pandemic would have wide-reaching implications for WFP and could significantly change its operational environment. The purpose of this Information Note is to update the Board on WFP’s preparedness strategy and activities in relation to the avian and human influenza (AHI) risk.

THE THREAT

2. Since 2003, there has been a rapid spread of highly pathogenic avian influenza, with outbreaks occurring at the same time in several countries. This development is historically unprecedented and of great concern for human health as well as for the agricultural sector.
3. In terms of risks for human health, there is particular alarm about the detection of a highly pathogenic strain known as “A/H5N1” as the cause of most of these outbreaks. A/H5N1 does not usually infect humans, but on several occasions recently it has jumped the species barrier and caused severe disease in humans. Over the past two years, the number of human cases of A/H5N1-related influenza has increased. To date, all cases to date appear to be the result of transmission from birds to humans. The virus mutates easily, however, so there is rising concern among experts that the A/H5N1 virus may change into a highly pathogenic strain that can spread easily from human to human. If a new A/H5N1 strain developed, humans would have little natural immunity to infection. An influenza outbreak of this sort could result in a serious global pandemic, possibly causing millions of casualties. On the basis of developments to date, WHO has assessed that the world is currently in Phase 3 on its pandemic alert scale, where there is spread from animals to human but no efficient and sustained human-to-human transmission.¹
4. Although experts agree that a global pandemic is due and that the current A/H5N1 virus is a likely candidate to cause such an occurrence,² it is extremely difficult to make precise predictions about the timing, nature and impact of a possible human pandemic. Experience with the SARS epidemic, however, suggests that a full-blown influenza pandemic would at least temporarily cause significant disruption of social, economic and political life on a global scale and would thus seriously affect WFP’s ability to operate. WFP works in many countries with poor health facilities, so a pandemic would put the health and safety of WFP staff at risk. In addition to concerns related to staff, the impact of a pandemic on international travel, trade and public services would complicate implementation of WFP programmes, and would increase needs and create new beneficiary groups that would require humanitarian support.³

¹ WHO’s pandemic scale ranges from 1 (no new virus sub-types in circulation among humans) to 6 (increased and sustained transmission the general population).

² There are three prerequisites for a human pandemic to develop: (i) a novel influenza strain must emerge to which the general population has little or no immunity; (ii) the virus must be able to replicate in humans and cause disease; and (iii) the virus must be efficiently transmitted from one human to another. H5N1 meets the first two of these prerequisites.

³ The SARS outbreak in 2002–2003, which provides the most recent reference point for understanding the implications of a rapidly developing disease, is estimated to have had an economic impact upwards of



PREPAREDNESS FRAMEWORK

5. In order to manage the AHI risk, WFP has embarked on a process of preparedness planning. AHI is characterized by a high level of uncertainty and has become a highly visible public and political issue. Many of the drivers that would influence a pandemic, such as the virulence of a virus, its likely global reach and case mortality rate are difficult, if not impossible, to predict. This increases the risk that the preparedness process and measures to manage the risk become guided by fear and based on inaccurate information. WFP has therefore recognized the need to confront some of those uncertainties and to develop as far as possible a platform for rational planning and decision-making related to AHI. WFP is striving to confront the AHI threat with the best possible level of preparedness through an intense process of contingency planning, information management, continuous monitoring and management engagement.
6. WFP's preparedness planning supports the three-pronged strategy of prevention, preparedness and response outlined by the United Nations System Coordinator for Human and Avian Influenza, Dr D. Nabarro. WFP has developed a preparedness framework that sets objectives and develops scenario-specific action plans related to a number of inter-related areas: (i) the health and safety of WFP staff and dependents; (ii) business continuity in terms of programming and plant; (iii) possible new programme responsibilities and (iv) services beyond food aid that WFP could be called upon to deliver in support of the broader United Nations AHI strategy. The following matrix shows the background against which WFP's AHI-related objectives and contingency plans are being developed:

	Prevention & Containment	Preparedness	Response	
(A) Health & Safety				
(B) Business Continuity (plant & ops)	Objectives and Activities			
(C) New Programme Response				
(D) New Services				

US\$50 billion. Though the SARS event was significant, an influenza pandemic would be likely to have much more severe consequences, with cascading impacts on public health, local and regional economies, global trade and finance. The political and security ramifications could be significant, particularly if weak nations and unstable countries are affected.



KEY ACTIVITIES TO DATE

7. Since June 2005 WFP has:
 - incorporated the possibility of an AHI pandemic as a corporate strategic risk;
 - established an Avian Influenza Working Group, which meets weekly and is chaired by the Asia Regional Director; the work of this group has focused on implementing the most urgent preparedness measures, briefing senior WFP staff and guiding the avian influenza preparedness planning process;
 - allocated US\$265,000 to purchase medicines to treat influenza (tamilflu) and other medical and non-medical items for staff and their dependents in the countries currently most at risk, as recommended by WHO; this has initially been done in Asia to safeguard the safety and health of staff in that high-risk region;
 - allocated US\$390,000 to reinforce the preparedness planning process;
 - increased knowledge of the threat;
 - conducted initial risk assessment and scenario-building and developed a preparedness framework, which will lead to the identification of urgent preparedness and policy decisions;
 - established a web-based information platform where staff can obtain information and guidance on AHI;
 - informed all staff of the AHI threat and WFP's strategy and activities in that regard;
 - ensured inter-agency engagement; and
 - created an AHI task force led by Headquarters.
8. WFP is coordinating its AHI-related work with United Nations technical agencies and the United Nations Secretariat to ensure that the measures it takes in line with United Nations policies and technical guidance. WFP has from the outset participated in inter-agency technical working groups established to deal with the AHI threat and is currently integrated in the United Nations AHI coordination structure established under the supervision of United Nations Deputy Secretary-General Louise Frechette. This structure consists of a Steering Committee and a Technical Working Group managed by Dr. D. Nabarro with strong links to regional coordinators and United Nations country teams.

INFORMATION MANAGEMENT AND COMMUNICATION

9. Given the situation in countries where WFP operates and the intense public and political coverage of the issue, WFP has prioritized active communications and information-management. The aim is for WFP staff to have access to up-to-date and accurate information to guide their work and private life when confronted with the uncertainties of the AHI threat. All WFP staff have been briefed on the risk assessment and ongoing preparedness work through a communication from the Executive Director. WFP has also established a web-page that serves as an information-management platform for those engaged in preparedness and planning work and as an information source for WFP staff in general on avian influenza. In consultation with WHO, WFP is developing an avian influenza page on the on the Humanitarian Early-Warning Service (HEWSweb) website managed by the Inter-Agency Standing Committee (IASC).



OVERSIGHT

10. WFP initially established a dedicated Avian Influenza Working Group chaired by the Regional Director for Asia to accelerate preparedness and planning. It has recently established a high-level AHI Task Force to strengthen the corporate dimension of the AHI response and to comply with developments in AHI-related activities in the United Nations system, following the establishment of the coordination structure under Deputy Secretary-General Frechette. The AHI Task Force is chaired by Deputy Executive Director Ms S. Malcorra, with Senior Deputy Executive Director Mr J-J. Graisse as alternate chair.
11. The AHI Task Force will establish and oversee various working groups as required, which will address aspects of planning and preparedness, including contingency planning, staffing, medical issues, logistics and information and communications technology (ICT).

FUNDING

12. All WFP AHI activities to date have been covered primarily out of PSA funds. Because the preparedness requirements have progressed from a regional to a global level, WFP now has to commit considerable funds to comply with the United Nations Medical Contingency Plan and to continue the broader preparedness process as outlined above. It is not sustainable to continue funding these activities from PSA, so WFP has decided to seek funding from its donors to continue this work. A decision has been made to develop a six-month special operation (SO) starting on 1 December 2005 to cover:
 - WFP compliance with the medical and non-medical elements of the United Nations Medical Contingency Plan – stocks of medicines, hygiene kits and personal protection kits;
 - continue development of WFP contingency plans for (i) the health and safety of staff and dependents; (ii) business continuity; (iii) new programme responsibilities and (iv) new services;
 - finance immediate preparedness measures as decided by the AHI Task Force;
 - ensure continued WFP engagement in United Nations AHI-related activities;
 - maintain a dedicated information-management system; and
 - develop a plan of operation for the movement of WFP and United Nations staff in the event of an influenza pandemic.
13. The SO will be shared with donors by late November 2005.

