Limiting the impact of pandemic influenza through community-level actions

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Influenza pandemics are rare but recurring events. Ten pandemics have been recorded over the last 300 years, with starting points ranging from 10 to 49 years apart. In the 20th century, pandemics occurred in 1918, 1957 and 1968. Considered one of the deadliest disease events in human history, the 'Spanish influenza' in 1918 claimed more than 40 million people worldwide. By any calculation, that outbreak killed more people in a year than the Black Death of the Middle Ages killed in a century; it killed more people in 24 weeks than AIDS has killed in 24 years.

According to Robert Kaufman, head of the International Federation of Red Cross and Red Crescent Societies' (IFRC) programme for avian and human influenza: "There are usually as many as three pandemics per century. Four decades have now passed without a pandemic and the alarm bells are ringing."

Although no one can predict when the next pandemic will occur, both scientists and policy makers around the world have acknowledged that another one is inevitable. [1]Since 1968, all prerequisites for the start of a pandemic have been met, except that the virus has not yet readily and sustainably spread among human beings. Nevertheless, the highly pathogenic avian influenza (HPAI) H5N1 virus has already caused widespread outbreaks in wild birds in over 60 countries[2]; it has also claimed the lives of 256 people from 15 countries[3] and presents a 63 per cent death rate, high by any measure.

Basic education in proper hand washing techniques in countries like Cambodia can go a long way to preventing the transmission of influenza.

Considering that the virus is now endemic in countries in Asia and that outbreaks have recurred despite aggressive control measures, the next pandemic may just be a matter of time. The World Health Organization (WHO) notes that neither its timing nor severity can be predicted with any certainty; however, it is estimated that 20 – 40 per cent of Earth's population will become ill because a pandemic virus is new and human beings have no pre-existing immunity.[4] It is feared that the burden of the next influenza pandemic will be overwhelmingly focused in the developing world, where public health systems are weak and resources for preparedness and readiness have to compete with other pressing priorities. [5]It is also expected to bring devastating effects on the socio-economic, educational and health condition of the entire population across the world. Entire transportation systems and public utilities including water supply systems, schools, colleges, industries, banks and government offices may be forced to close during outbreaks.

Community preparedness and individual resilience is essential

Many national governments have already developed and rehearsed pandemic influenza preparedness and response plans. As these plans focus primarily on health sector response at the central and national government level, additional effort must be dedicated to integrating non-health sector, non-state and non-government components into the plan, as well as further defining response at community level. This necessity rests at the heart of the role the IFRC will play across Asia and around the world.

"Red Cross and Red Crescent Societies will save the most lives and prevent the spread of infection most effectively by working on the ground within communities," stresses Kaufman. "Volunteers and community leaders must first be well trained – and we're doing this now – and then we need to be ready to implement specific, well-planned community-based interventions when a pandemic surfaces."

Red Cross and Red Crescent H2P projects are developing trainings and materials that enable volunteers, like these in Bangladesh, to share simple messages that prevent or mitigate the transmission of influenza in households and communities

Considering that nearly everyone in a given community will be affected in an influenza pandemic, communities need to anticipate that there may be no outside help even though material resources for response may be available. As a result of severe illness due to influenza and other causes, health facilities may be overwhelmed, there may be shocks to livelihood and businesses due to high absenteeism, and lifelines may collapse. Communities may be left to respond on their own.

In an effort to survive a pandemic influenza wave, communities need to develop plans that involve all sectors to ensure that influenza infection is controlled, and that the delivery of essential services is continued to maintain basic functions of society – namely health, food, water and sanitation, energy, public security and order, finance, telecommunications and transportation.

The Red Cross and Red Crescent approach to community pandemic influenza preparedness

Red Cross and Red Crescent National Societies based in 37 nations throughout Asia and the Pacific, and 186 nations worldwide, are ideally positioned to support community preparedness for pandemic influenza. They have independent status and formal auxiliary relationships with national authorities and government ministries, coupled with expertise and capacity to reach the most vulnerable in the community. These societies have massive networks of branches and volunteers, and have extensive experience and knowledge in disaster planning and public health, and in responding to disasters and infectious disease outbreaks with life-saving goods and services.

Through those branches and community volunteers, Red Cross and Red Crescent National Societies will develop detailed plans for responding to a pandemic and disseminate simple but effective prevention and mitigation messages for households and communities. These include promotion of non-pharmaceutical interventions such as proper hand-washing, sneezing or coughing practices, avoiding gatherings and social distancing among children and adults, and voluntary isolation of ill household members.

National Societies can also augment the human resource needs of communities in the delivery of health and other services. Experience in community health programming will allow National Societies to provide home and community care to people who have influenza and other illnesses, and to refer ill community members to health facilities. Volunteers may also be enlisted to support the distribution of food and non-food items, management of dead bodies, provision of psychosocial support, or collection and reporting of information received from the community.

At the same time, because the actual occurrence of a pandemic remains a big uncertainty, over-preparing community volunteers now who are already heavily involved in the implementation of existing public health and other programmes would be inappropriate. While generic infectious disease messages and guidelines can be distributed at any time, it is believed that pandemic influenza-specific tools and materials can be given to volunteers at the ideal moment through 'just-in-time' trainings.

What is thought to be appropriate in the current circumstance is the preparation of simple, easy-to-use tools, guidelines and materials for community leaders and volunteers, and their pre-positioning close to communities. These may include culturally-sensitive and acceptable Information, Education, and Communication (IEC) materials for print and broadcast distribution that contain prevention and mitigation messages. Guidelines for volunteers identified to distribute food and non-food items can be put in place, and masks, gloves, aprons and other protective materials can be distributed for volunteers who may be caring for sick individuals.

To ensure that these tools, guidelines and materials are delivered to community volunteers when risk has

increased – such as when WHO declares that human-to-human transmission has occurred – a cadre of trained district officials from National Societies and partners will be prepared to deliver those tools and materials to communities. A countrywide rollout plan will outline trigger mechanisms for national society response and coordination arrangements for working with partners during pandemic will be made clear. Simulation exercises will be conducted to test the effectiveness and completeness of these plans.

National Societies have recognized the fact that, despite their experience and knowledge in disaster management and public health emergencies and their extensive networks of chapters and branches, they must work with partners. Due to anticipated absenteeism during a pandemic wave, preparing township or district officials from various organizations will be important in the roll-out of tools and guidelines. Working with partners will also maximize geographical coverage and ensure that as many communities as possible receive essential support.

Next steps for the IFRC

With the aim of contributing to increased household and community level response and preparedness to limit the impact of pandemic influenza, the IFRC has embarked on a three-year Humanitarian Pandemic Preparedness (H2P) programme to achieve the above-mentioned outputs in at least 25 countries. Host National Societies will play the primary role in implementation of this programme. In Asia Pacific, the Nepal Red Cross began implementing a 20- month community pandemic preparedness project late last year, while the Red Cross Societies of India, Indonesia, Laos, Philippines and Viet Nam will implement similar projects beginning in the first half of 2009.

These projects are being carried out through the support of the US Agency for International Development (USAID), which leads and funds the H2P Initiative. The Initiative also consists of partners that have established competencies relevant to pandemic preparedness:

UN agencies such as WHO, WFP, UNHCR, UNSIC/OCHA and IOM, constitute the normative group through the development of relevant global guidelines, and are supporting governments in the preparation of national pandemic preparedness and response plans.

The CORE Group, which leads the public health working group, is responsible for the development and design of guidelines and materials related to care for the ill, reduction of transmission and lowering of excess mortality from common non-influenza illnesses in a pandemic. It also seeks opportunities to stimulate country-level coordination of NGOs.

AI.COMM, managed by the Academy for Educational Development (AED), is the principal partner in behavioural change and communication. In addition to the development of communication materials, it leads formative research.

InterAction will take responsibility for communication with the private voluntary organizations (PVO) sector. It will also map out international non-governmental organizations (INGOs) and their partners' programmatic capacities at national levels that may be mobilized for response. InterAction will also coordinate three major regional meetings aimed at introducing the Initiative on a larger scale in Africa, Asia and Latin America.

The IFRC serves as the coordinating agency for the initiative. It also provides technical and financial support to Red Cross and Red Crescent National Societies to implement pandemic preparedness activities. It will hire or oversee experts, consultants and technical working groups tasked to develop appropriate tools and protocols in public health, food security and livelihoods. The IFRC will also facilitate coordination between partners in keeping the wider Red Cross Red Crescent Movement informed on H2P progress.

Experience and credibility in pandemic preparedness and response

Pandemic influenza is not new to the Red Cross and Red Crescent. During the 1918-1919 Spanish flu, Red Cross and Red Crescent National Societies were requested by governments to provide volunteers to care for the sick and dying. The word influenza was also mentioned prominently in the written history of the IFRC, which was founded in May 1919 within a few months of the peak death rate of the Spanish flu.

Since then, the IFRC and its member National Societies have been in the forefront of delivering effective response to disasters and public health emergencies through health and care services, enhancing resilience and coping mechanisms, and reinforcing and complementing weak national health care systems. During the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003, national societies in Southeast and East Asia made it possible for volunteers and members to reach out to a large number of people with preventive measures, such as information and education materials, hygiene kits and other supplies, community-based health workshops, advocacy and volunteer training.

Throughout Asia, volunteers are engaged every day in promoting healthy habits. These Philippines National Red Cross volunteers may one day play a vital role in responding to a pandemic

An Afghan Red Crescent trainer supervises a community volunteer as she demonstrates proper hand-washing techniques. H2P projects will also develop guidance for volunteers on what they need to do differently during an influenza pandemic to protect themselves through infection control measures

When the first highly-pathogenic avian influenza H5N1 was reported in early 2004, Red Cross and Red Crescent Societies were quick to help communities in raising awareness on the risks of exposure to sick or dead birds, poultry and animals, and how to avoid such risks. This was done through health and hygiene education, reinforcing good practice in the management of sick or dead animals, distribution of IEC materials, supporting social mobilization, case detection and referral, and strengthening communication.Over the last 90 years the IFRC and its member National Societies have responded to the most urgent, life-threatening needs. Today, in preparing for an influenza pandemic that WHO estimates could risk 70 million lives, the IFRC continues to rely on its enormous volunteer network while it develops new tools and methods to respond to an evolving threat, so that vulnerable communities are prepared for and can respond to emergencies.

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3. WHO. Cumulative Number of Confirmed Human Cases of Avian Influenza A/(H5N1) Reported to WHO. Accessed via: http://www.who.int/csr/disease/avian_influenza/country/cases_table_2008_09_10/en/index.html, on 26 September 2008.
4. Pandemicflu.gov: Pandemics and Pandemic Threats Since 1900: http://www.pandemicflu.gov/general/historicaloverview.html
5. Murray C, et al. 'Estimation of potential global pandemic influenza mortality on the basis of vital registry data from the 1918-29 pandemic: a quantitative analysis'. Lancet 2006; 368: 2211-18.

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Updating laws for pandemics and other disasters

The IFRC is working on another important aspect of pandemic preparedness – ensuring that countries have the best legal frameworks in place to contain and respond to potential outbreaks. Three 'Legal Preparedness Projects' are currently underway in Cambodia, Laos and Viet Nam to review existing laws and policies for communicable disease emergencies and other disaster situations, and to make recommendations for legislative improvement. The Legal Preparedness Projects are funded by the Pooled Fund of the Greater Mekong Sub-region Communicable Disease Control Project of the Asian Development Bank, and are conducted in close collaboration with different government ministries, Red Cross and Red Crescent National Societies, WHO and other key organizations in each country.

Among the challenges of pandemic preparedness, and indeed preparedness for other major disasters, is ensuring that national laws, plans and systems are compatible with regional and international prevention and response mechanisms. Thus, a major objective of these projects is to improve the implementation of relevant international laws and standards and ensure that domestic legal systems facilitate international cooperation. In this regard, there are two international instruments of central importance:

Guidelines for the Domestic Facilitation and Regulation of International Disaster Relief and Initial Recovery Assistance of 2007 (IDRL Guidelines)

The IDRL Guidelines are a set of recommendations for governments on the legal requirements needed to receive international assistance in the immediate wake of a disaster that exceeds national capacities. They cover issues such as rapid customs clearance for relief goods and medications, the issuing of visas and necessary legal status to incoming humanitarian organizations, coordination of relief and recovery efforts and the monitoring of quality and accountability standards. Although non-binding, the IDRL Guidelines were adopted by governments at the International Conference of the Red Cross and Red Crescent in 2007 and have been recognized by a number of other international forums. Their principles are drawn from a large number of pre-existing treaties, resolutions and other international standards.

International Health Regulations of 2005 (IHRs)

The IHRs are a legally binding instrument, adopted by the World Health Assembly in 2005 to prevent and control the international spread of disease. They include a number of measures relating to disease surveillance, alerts, prevention, containment and response activities. A number of these measures require the development or amendment of laws to allow authorities to undertake necessary activities, such as the inspection and quarantine of goods and travellers, vaccinations and decontamination, the management of international borders and the exchange of information to assist international prevention and response. Additionally the IHRs seek to ensure that all such measures are consistent with human rights obligations and minimize disruption to international trade and travel.

It is hoped that the findings and recommendations from these Legal Preparedness Projects will provide valuable assistance to governments in identifying and resolving the most pressing legal issues which stand in the way of their readiness to respond to potential pandemics and other disasters.

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