

Influenza Pandemic Simulation

A Participatory Tool to Promote Preparedness and Response Planning

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Why do simulation?

Learning experience.....

- Validate planning assumptions
- Clarify roles and functions
- Assess strengths and weakness of planning
- Test standard operating procedures (SOPs)
- Identify gaps in planning
- Stimulate creative problem solving

Types of Simulation

- Sensitization & Awareness raising exercises
- Detailed Exercises to refine pandemic planning
- Drills for test standard operating procedures and systems

Sensitization & Awareness Raising

- Used for high-level groups
- Highlights primary roles and functions
- Clarify needs for critical decision making
- Usually employ broad scenarios
- Limited time pressures
- Emphasis on discussion
- Highlight broad planning frameworks

Exercises to Refine Pandemic Plans

- More detailed scenarios
- Time constraints introduced
- Inputs of additional information throughout exercise
- Require responses from participants
- Emphasis on identifying strengths and weakness of planning

Drills for testing SOPs

- Focused on specific procedures and systems:
 - emergency communications
 - security systems
 - operations

UNICEF approach

- Office-based, functional simulation to test the preparedness and response capacity in the event of an influenza pandemic
- Takes 1 day to run + 1/2 day to debrief participants
- Participants: All CO staff plus key partners
- Designed as UNICEF exercise based on the agency pandemic contingency plan, but can involve Government, UN and NGO partners

Objectives of the simulation

1. Test the UNICEF CO pandemic preparedness:
 - To ensure staff safety and security
 - To maintain priority programmes
 - To support governments for pandemic response
2. Assess gaps in UNICEF CO pandemic preparedness and identify lessons learned
3. Identify key measures to improve UNICEF preparedness for pandemic response as part of the UNCT in support of national plans
4. Team building

We are now at WHO Pandemic Phase 3

Inter-pandemic period	<i>Phase 1</i>	No new influenza virus detected in humans. If a new influenza virus presents in animals, the risk of human infection is considered to be low
	<i>Phase 2</i>	No human infections, but a circulating animal influenza virus poses a risk to humans
Pandemic alert period	<i>Phase 3</i>	<i>Human infection(s) with a new virus, but no (or very infrequent) human-to-human spread.</i>
	<i>Phase 4</i>	Small human-to-human cluster(s) - less than 25 people, lasting less than 2 weeks, highly localised - virus is not well adapted to humans
	<i>Phase 5</i>	Larger human-to-human cluster(s) - between 25-50 people, lasting from 2-4 weeks, still localised but virus increasingly better adapted to humans
Pandemic period	<i>Phase 6</i>	Significantly increased and sustained transmission in general population

Scenario

The scenario covers a total of 4 to 8 weeks approximately, compressed in 8 hours:

- ▶ Begins with WHO Pandemic Phase 3
- ▶ Skips WHO Pandemic Phase 4
- ▶ Remains in Phase 5 to test response ("larger human-to-human clusters – between 25-50 people, still localized but virus increasingly better adapted to humans")
- ▶ Ends when Phase 6 is reached with the declaration of a global pandemic ("significantly increased and sustained transmission in general population")

Elements of the scenario

- Reports of infected poultry
- Simultaneous reports of people getting sick with ILI symptoms
- Initial h2h transmission limited to a specific area
- High infection and mortality rates within this area
- National containment policies restrict travel w/in affected area
- Deterioration in essential services within affected area
- High demand on medical facilities and supplies
- UNCT pandemic contingency plan implemented
- Humanitarian operations disrupted
- Possibility that virus is evolving to cause a pandemic

Scenario adapted to be country specific

- Nature of UN presence, partnerships and activities
- National scenarios and plans
- Impact on livelihoods, travel, health services
- National response including key prevention, containment and mitigation actions likely to take place
- Media response
- Regional and international responses

How does it work?

1. Starts with an all-staff meeting to introduce scenario and review instructions.
2. Participants return to their offices where they begin to receive a barrage of e-mails and phone calls.
3. Representative and heads of sections meet with staff when required.
4. Facilitation team sends emails, makes phone calls on behalf of external actors (government, other UN agencies, NGOs, media) and organises key meetings (UNCT, SMT, meeting with Government)

Results of the simulation

1. Improved planning processes and better CO preparedness to respond to pandemic and support national response
2. Identification of CO gaps and needs in pandemic preparedness and response planning
3. Enhanced understanding of pandemic influenza
4. Increased team spirit

Feedback from participants

- ※ Real tension and stress created
- ※ Served as an “eye opener” and helped to familiarize with a pandemic situation including contagion and personal safety
- ※ Provided an opportunity to test the contingency plan and identify gaps in preparedness
- ※ Raised awareness of the need for
 - Better coordination
 - Clearly defined roles and responsibilities
- ※ Learned to be calm in an emergency
- ※ Overwhelmed by the load of information
- ※ Helped to understand what it is to work under pressure
- ※ Reminded of previous emergency experiences
- ※ Importance of keeping existing plans updated

Next steps

- Continue to refine simulation methodology
- Conduct exercises in UNICEF offices throughout EAP with participation of UN and NGO partners
- Refine contingency plans based on lessons learned
- Support similar work with other partners

QUESTIONS?

