

Call to Action 17 August 2009

WHO, IFRC, UNSIC, OCHA and UNICEF, prompted by the humanitarian imperative, will work with partners such as the Red Cross and Red Crescent Societies, NGOs and civil society to support governments and communities to reduce the impact from the pandemic (H1N1) 2009.

KEY PRINCIPLES

- The H1N1 influenza pandemic is spreading rapidly, but its future evolution cannot be predicted. Most data about the pandemic have been acquired in countries with well-functioning health services.
- Worldwide, the overwhelming majority of cases continue to experience mild symptoms and recover fully, without the need for medical care.
- Pregnant women and people with underlying medical conditions are known to be at increased risk of severe and sometimes fatal illness.
- Although viruses from all outbreak sites are virtually identical, the impact of the pandemic is likely to be more severe in countries with weak health systems, poor health status, and limited resources.
- In these settings, the pandemic can divert scarce resources and strain already weak health services.
- Countries where health services are overburdened by diseases, such as HIV/AIDS, tuberculosis, and malaria, will have great difficulty managing the surge of cases seen when pandemic influenza spreads.

TO REDUCE THE IMPACT OF THE PANDEMIC

1. Identify populations at increased risk of disease and death

- Identify and prioritize high-risk groups and areas for increased disease (crowded or closed settings) and death (those with underlying illness, pregnancy or poor access to health care).

2. Reduce death by treating acute respiratory illness and pneumonia

- Train, supervise and ensure health care workers, including community health workers, can identify, triage, classify and treat acute respiratory illness and pneumonia in line with national protocols.
- Governments with support by humanitarian partners and donor governments plan for an additional 30 percent buffer stock of medical supplies to treat pneumonia such as paracetamol, antibiotics, and oxygen, at the outpatient and inpatient levels.
- Inform and educate the community about home-care of symptoms of non-severe influenza-like illness including diarrhoea and dehydration. Include advice about voluntary separation of the sick and when to seek health care.

- If antiviral therapy is available, ensure use for treatment of severe influenza.

3. Reduce spread of the disease

- Prepare and disseminate risk communication messages by health care workers, volunteers and the community on individual and societal prevention measures in line with national policies and local risk assessment. Risk communication should promote home-care of mild cases; reduced time in crowded settings, especially by high-risk groups; and respiratory etiquette and hand hygiene.
- Map and train social mobilization networks to promote prevention measures when activated.
- Identify target groups to receive first doses of vaccination and advocate for their access.
- Develop operational plans for mass vaccination, when vaccine is available.

4. Continue critical services and plan for the worst

- Review, revise or create business continuity plans for all key organizations to continue critical operations.
- Revise, reactivate or create contingency plans at the country and local levels that prioritize continuation of critical health and other essential services as part of a whole of society approach. Ensure a scenario for a severe pandemic building on existing multi-hazard multi-sector contingency plans and engage national disaster management organizations.
- Ensure at least 8 to 12 weeks of buffer stocks of essential medicines to continue treating priority conditions (i.e. diarrhoea, malaria, malnutrition, HIV and TB) in the community and in health facilities.

5. Plan and coordinate efforts

- Incorporate pandemic activities into existing coordination mechanisms such as the Health Cluster/health sector for coordination, resource mapping and mobilization, assessments and gaps, information management, joint strategies, contingency planning, and training.
- No one agency can provide all of priority interventions. Instead they should be coordinated by building on capacities and comparative advantages of each partner.