



UNHCR

United Nations High Commissioner for Refugees
Haut Commissariat des Nations Unies pour les réfugiés

UNHCR Avian Flu Preparedness measures

31/02/06

Rationale

Refugees and populations displaced by conflict are likely to be particularly vulnerable to a human influenza pandemic, especially in countries which have weak infrastructure to deal with such a pandemic. As an example, refugees and displaced populations in countries like Afghanistan and the Democratic Republic of the Congo registered case fatality rates up to 40% during seasonal human influenza.

The main risk factors for increased morbidity and mortality of pandemic influenza in the population of concern to UNHCR are:

1. Overcrowding (specially in camp settings)
2. Poor sanitation
3. High prevalence of malnutrition
4. High prevalence of communicable diseases
5. Barriers to access health facilities
6. Lack of health staff
7. Lack of medical supplies

Without advocacy, the refugees, displaced people and other population of concern to UNHCR will risk being excluded from national and regional preparedness planning.

In the event of an emergency, limited resources for surveillance, infection control and disease management are unlikely to be directed towards refugees and other populations of concern (POC) to UNHCR.

Communication efforts may not take into account specific linguistic and cultural needs. Refugees and other POC risk being stigmatised and quarantine of whole camps may follow, without necessarily employing evidence-based principles.

UNHCR and other humanitarian agencies will be affected in their capacity to provide help, due to absenteeism, disruption in supply chains and restriction on movements. On the other side, as relief providers they will most likely face an increase in demand for humanitarian action.

UNHCR preparedness measures

The UNHCR Technical Working Group (WG) on Avian and Human Influenza Contingency Plan is composed of two sub-groups:

1. Crisis Management Group: focus on HCR **staff**
2. Operational Technical Group: focus on HCR **beneficiaries**

The objective of this WG is to provide guidance and advice to UNHCR country teams in the preparation/finalisation of practical and effective AHI contingency plans adapted to the country specific needs. All communications to country representatives regarding staff and beneficiaries are coordinated. Measures are different regarding the nature of each operation in every country. Those with camps situations should elaborate more specific procedures; while others (as for example urban refugees well integrated within local population) should be linked to national and regional preparedness plans.

1. Crisis Management Group

1.1 Achievements:

Information on AHI was sent to all branch offices (BO), regarding staff health and continuation of core activities (business continuity)

Staff administration guidelines prepared and sent to the countries

Supplies delivered: 91% of vaccines, 79% of face masks and 80% of tamiflu treatment

Key issues:

- . Identification of essential/ non-essential functions/staff (less than 10%)
- . Modalities of working/traveling
- . Leave and attendances
- . Recruitment and re-assignments
- . Death of a staff member
- . Procurement of vaccines and medical supplies/treatment
- . Harmonization of administrative guidelines with other UN Agencies

1.2 Outstanding issues:

Further develop the administrative guidelines (adapting to the specific circumstances of the Field locations and HQ)

To finish/update stockpiling (medical supplies)

2. Operational Technical Group

2.1 Achievements:

Guidelines for pandemic influenza preparedness among refugees and other population of concern to UNHCR (draft), prepared and sent to the countries

Key issues:

- . Ascertain and advocate for the inclusion of populations of concern in national preparedness plan
- . Ensure that national information campaigns to include refugees (settlement-based and rural) and returnees
- . Strengthen linkages with technical and UN agencies
- . Communication/awareness campaigns among POC
- . Distribution of appropriate language leaflets to POC with AHI basic precautionary messages

2.2 Outstanding issues:

Develop local preparedness plans for each specific setting, covering:

- Preparedness, early detection, control and response measures and
- Maintenance of core activities in the event of a pandemic (business continuation: protection and assistance to population of concern)

(* Identify **countries to be targeted** for extra-assistance based on weak national preparedness plans)

Summary of Information/feedback received from 45 UNHCR CO

National Governments and UN country teams are fully involved in Human Influenza Preparedness Planning

Advocacy to include refugees and displaced populations in national planning process is being done by UNHCR and other UN agencies but need to be emphasized in some countries

UNHCR Human Resources contingency plan is being prepared in the majority of the countries with stockpiling of drugs and supplies

UNHCR beneficiaries' contingency plan/operational strategies need to be addressed: guidelines still in development process.

Communication/Awareness campaigns for refugees already started in some settings: basic precautionary messages

Main concern: budget to support contingency plan to the population of concern to UNHCR.

Constraints for an Avian and Human Influenza Contingency Plan for UNHCR:

1. Overcrowding and close habitation with livestock
2. Remote/isolated locations (logistic constraints)
3. Small and basic health facilities: lack of space for isolation, lack of specific medical supportive material
4. Presence of active conflict (logistic and security constraints)
5. Poor water and sanitation infrastructures
6. Lack of electricity
7. Languages barriers
8. Economic marginalization
9. Lack of adequate surveillance system to detect local avian and human influenza cases/clusters
10. Lack of clear AHI early warning indicators (how to adjust for each setting)
11. Lack of staff
12. Lack of place for stockpiling
13. Dificult to implement community coping mechanism (vulnerable, weak and external dependance population)
14. Lack of funds. Need advocacy for additional funding requirements

Needs for UNHCR beneficiaries

1. Stockpile of drugs and medical supplies
2. Laboratory diagnostics
3. Capacity building on surveillance and disease control at field level
4. Medical staff training: PEP, handling poultry and procedures on reporting dead birds (FAO)
5. Public health education in the camp community
6. Improved infrastructure
Personal hygiene: water and waste disposal, soap, water containers
Infection control in health centers: clean water, waste disposal (incinerators, latrines) isolation rooms

Operationalization of Contingency Plan

Strategy 1:

To contain outbreaks of highly pathogenic H5N1 avian influenza in poultry and thus reduce opportunities for human infections to occur

- identification and reporting of such outbreaks in birds
- health education and risk communication to populations

Strategy 2:

Planning for implementation of public health measures to reduce morbidity and mortality, and the development of communication plans and messages to improve compliance with recommended measures and reduce social and economic disruption

The key focus of pandemic preparedness for refugee and displaced populations will be targeted towards the Pandemic phase (or phase 6). The aim will be to limit the impact of pandemic influenza among the population by decreasing attack rates (through reducing disease transmission) and by decreasing case fatality ratios (through good case management)

- key measures that could be implemented in refugee/IDP settings to reduce morbidity and mortality

