



***The Towards A Safer World Network of Pandemic Preparedness  
Practitioners:  
Taking Stock of Achievements: Charting Future  
Directions***

***Workshop held at the Geneva International Conference Centre on  
20 May 2013***

**Event Report<sup>1</sup>**

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<sup>1</sup> Prepared by the UN System Influenza Coordination System Office (UNSIC), June 2013

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## **Executive Summary**

1 The “Towards a Safer World” network: the network exists to ensure the ready availability of up-to-date expertise in “Whole of Society” Pandemic Preparedness. It consists of more than 200 experienced practitioners from a broad range of professional disciplines who are working, or have worked, within national Governments, regional and international organizations, the military, businesses, and civil society organizations.

2 History of the Network: The network was launched after the effectiveness of whole of society pandemic preparedness efforts was reviewed in 2010 and then examined at an international meeting of practitioners in September 2011. The meeting concluded that though this approach to preparedness has had an extraordinary impact on preparedness in many diverse settings, its potential will not be maintained within different Governments, organizations and institutions as they are reducing the priority they give to pandemic preparedness – not least because of continuous pressures on budgets for such activities.

3 Purpose of the network: The network enables experienced practitioners to help maintaining the capacity for pandemic preparedness by keeping their expertise and skills up to date, sharing experiences, communicating them widely, mainstreaming them within their institutions, and reaching out to engage others. Members of the network are available to be mobilized (and to mobilize others) in the event that there is an increased threat of a severe disease pandemic or similar unpredictable a high impact cross-border disaster increases.

4 Management of the Network: The network is managed by the office of the United Nations System Influenza Coordinator (UNSIC) in Geneva, Switzerland, in close cooperation with the World Health Organization (WHO), the Food and Agriculture Organization (FAO), the World Bank, the World Organization for Animal Health (OIE) and the UN Office for Disaster Risk Reduction. Exchanges of experience, tools and practices among members is made possible through (a) the TASW website, (b) the periodic TASW newsletter, (c) a regularly updated roster of expert practitioners, and (d) participation in regional and global preparedness forums.

5 Stocktaking workshop May 20<sup>th</sup> 2013: 47 members of the network met for a day long stocktaking workshop in Geneva, at the Global Platform for Disaster Risk Reduction, on May 20<sup>th</sup> 2013. They examined what has been achieved since 2011 and they considered how best to strengthen the capacity and contribution of the members. The workshop also led to proposals for ways in which pandemics and other health threats can best be incorporated in the international agenda for disaster risk reduction (the Hyogo Framework for Action, which will be revised in 2015).

### **Impact areas**

6 Impact area 1: Preparing for a unpredictable threats that cross borders and affect the safety of all people: The whole of society pandemic preparedness skills of network members makes them valuable contributors to preparations for and responses to a broad range of unpredictable threats.

They are especially useful when addressing threats that have the potential to cross borders – affecting the safety and well-being of all people, and the economic and social systems on which they depend.

7 Impact area 2: Preparing for worst case scenarios, on a basis of trust and mutual respect: Network members are most effective when they concentrate on worst-case scenarios, recognizing the interdependency between sectors and focusing on whole-of-society actions needed to reinforce essential services so that they are much more resilient. They have encouraged open information sharing between network members and others with whom they have established relationships based on trust and mutual respect. Formal partnerships can be helpful provided they are underpinned by shared principles and trust: if not, they tend to be ineffective or just function as spaces where information sharing is incomplete.

8 Impact area 3: Bridging gaps in information and differences in approach: Members of the Network have been most effective when they have helped bridge the information gaps and divergences in approach that can develop between military and civilian services, different departments of government, the public sector and businesses, different organizations within civil society, and agencies responsible for humanitarian or development assistance. Regional intergovernmental organizations, such as the East African Community or ASEAN, have played key roles in encouraging communication between countries and promoting synergy among different groups of actors engaged in preparing for pandemics and other unpredictable cross-border threats. In high-risk countries for avian influenza and emergence of zoonotic diseases, efforts have been made by all partners to develop a systematic One Health approach to prepare for and respond to these threats. Emphasis was put on whole of society and multisectoral collaboration for all critical sectors that might be affected by the threats or that can help to mitigate their impact. The International Civil Aviation Organization (ICAO) and the World Tourism Organization (UN WTO) promote multisectoral collaboration to improve preparedness planning in the aviation sector based on their extensive experience preparing for and responding to pandemic influenza. In this, they bring together different stakeholders within each public and private sectors, to good effect.

### **Future needs**

9 Future needs 1: Further development of network members' skills: Members of the network wish to continue sharing experiences and increasing their expertise, so they are better able to contribute to preparedness capacity, negotiate agreements and joint actions among diverse actors, and demonstrate what is being achieved through their efforts. Members will seek regular face-to-face or electronic meetings and continue sharing information through newsletter and the website. They will also seek to link with other disaster risk reduction and pandemic preparedness groups at national, regional and global levels. They will draw on existing tools that support synergized preparedness for reducing the risks posed by extreme and unpredictable threats (including frameworks and plans of action for contingency and business continuity planning, simulation exercises and inventories of expertise and capabilities). They will seek ways to measure gaps in preparedness and to establish the impact of the strategies and actions they promote.

10 Future needs 2: Intensify advocacy for a basic minimum level of resources to prepare for pandemics and other extreme unpredictable global threats. There are major gaps in preparedness that have widened in recent years as budgets have tightened. Efforts are being made to increase capacity and resilience, and minimize gaps, through joint working within existing preparedness platforms. However, the gaps will become more serious over time if the level of financial and human resources at all levels is pared down much further than they are now. The network will encourage advocacy around the economic impact of emerging extreme threats, definitions of pandemic-resilient essential services, and the compilation of evidence on optimal strategies and tactics for ensuring resilience. The network will also identify sources for technical support at national and regional levels and encourage the stress testing of capacities for leading both preparedness and response to such threats.

### **Looking ahead**

11 Looking ahead: the revised Hyogo Framework for Action (HFA2): One ultimate objective of disaster risk reduction is to protect the well-being of people and the resilience of the systems on which they depend. Hence health outcomes will be an element of many plans for disaster risk reduction – and are expected to feature in HFA2. Direct influences on human health – such as disease outbreaks and pandemics, leaks of toxic agents or unsafe food – are increasingly being identified as potential threats. This is leading to increased alignment of the HFA with the processes for Implementation of the International Health Regulations. The TASW network is set to play a key role in supporting preparation for and implementation of HFA2 – particularly priority action 4 (reducing risks). TASW members can support translation of the principles of global instruments (IHR and HFA) at the country level into key actions that national authorities can pursue to reduce risk. Members of the TASW will also be involved in the process leading to the development of HFA2 through national dialogues, regional platforms and the global platform of the World Conference on Disaster Risk Reduction in 2015. In this, they will seek to sustain and streamline pandemic preparedness and incorporate pandemic preparedness concepts of whole of society and multisectoral approaches into the HFA2.

12 Looking ahead: Follow up to this workshop: In August 2013 UNSIC will share a proposed plan of action for, and expected deliverables of, the TASW network with network members and potential funders. A review of progress will be held before September 2014.

## Proceedings of the event

### Session 1

**What have networks members done and learnt since September 2010? And how has learning been applied in different institutional, organizational and political settings?  
Presentations and Facilitated discussion**

#### Opening Session: Introductions, Objectives and Programme

1 David Nabarro provided an introduction to the meeting highlighting the evolution of TASW network and the objectives of this event

#### Background

2 The Towards a Safer World (TASW) initiative was launched after the last ISDR Global Platform in 2011.

3 The **first phase** of the initiative was to review the impact of 'whole-of-society' pandemic preparedness efforts since 2005. 11 parameters were used in the analysis and key achievements and lessons were identified.

4 The **second phase** was an examination of the recommendations at a meeting in Rome (September 2011) by over 200 pandemic preparedness practitioners from a variety of sectors, organisations and countries over five continents. They resolved to create a network of practitioners committed to refining their practices, sharing experiences, communicating them widely, mainstreaming them within their institutions, and reaching out to engage others.

5 The **third phase** was the creation of this network. It was initially set up and managed from within the World Food Programme. Since mid-2012 the network has been managed by the UN System Influenza Coordinator's office (UNSIC) in Geneva. The network manager encourages exchanges of experiences, tools and practices among members through (a) the TASW website, (b) the periodic TASW newsletter, (c) a regularly updated roster of expert practitioners, (d) participation in regional and global preparedness forums and (e) continuous co-operation with development partners.

#### Session Objectives

6 The capacity of the "Towards a Safer World" (TASW) network depends on the strength of the ties between its members. The main objective of the 20th May 2013 TASW workshop is to provide network members and partners the opportunity to:

- (a) Take stock of achievements so far and their application to all emerging threats to health;
- (b) Consider how to strengthen and sustain commitment among members of the network.
- (c) Discuss ways to ensure the incorporation of pandemics and other health threats in the revised Hyogo Framework for Action.

## Presentations:

### Presentation 1: African Experience:

7 Julius Kabubi, Disaster Risk Reduction Advisor, East African Community (EAC) provided an outline of Africa’s vulnerability to disasters and pandemics, the cross sectoral nature of the potential impacts of disasters and pandemics, and the current status of preparedness in Africa. He then summarized achievements so far, and provided ideas of what needs to be done in the future to enhance preparedness in Africa and also provided ideas on how to link pandemic preparedness to HFA2.

8 Threats faced by African communities are increasing through population growth, climate change, and effects of industrialization. In addition, current infrastructure and institutions are overstretched, local communities are not fully involved in decision making and implementation processes, there is an inadequacy of human capital and finances to respond to disasters, measures for the protection of populations are inadequate and key infrastructure is insufficiently protected against threats. The response to disasters in Africa is generally ad-hoc and uncoordinated: a disaster quickly becomes a crisis.

It is important to acknowledge that potential impacts of disasters and pandemics are cross sectoral (through effects on human and animal Health, food and water security, availability of energy and functioning of Industries, tourism, triggering conflict and undermining security. They also contribute to poverty and undermine livelihoods. Their impacts are greatest for vulnerable populations (such as displaced people and refugees). Trans-boundary threats should be addressed as populations often cross borders in search of water, fodder and food.

9 Preparedness achievements include:

9.1 A “Pandemic Response Program (PRP) supported by the U.S Africa Command (USAFRICOM) which engages African member countries in pandemic preparedness and planning. The program ran from 2010 to the end of December 2012, and led to the development of ten national military pandemic preparedness plans (Benin, Burkina Faso, Ghana, Kenya, Nigeria, Rwanda, Senegal, Tanzania, Togo, Uganda), facilitated five national civilian pandemic contingency plans (Tanzania, Togo, Kenya, Uganda and Nigeria), and facilitated nine national tabletop exercises (Burkina Faso, Ghana, Kenya, Nigeria, Rwanda, Senegal, Tanzania, Benin, Uganda). Two regional tabletop exercises were conducted (hosted by Benin and Uganda), one regional academic workshop took place in Zanzibar (during 2011) and a regional program validation and way ahead conference was organized in Ghana (during 2012).

9.2 The successful implementation of PRP enhanced USAFRICOM’s relationships with African Partner Nations, which has paved the way for the execution of PRP’s national whole of government preparedness work – including exercises, contingency plans, capacity building, education and training.

**What needs to be done for the future in Africa:** strengthening regional preparedness, early warning and response mechanism, training of present and future emergency management personnel and promote diplomacy and generate international interest and regional economic development and build resilience through developing partnerships to marshal necessary economic and financial infrastructure to get ahead of the disaster cycle.

**To advance pandemic preparedness and the post HFA framework,** regional bodies (such as the African Union, IGAD, EAC, ECOWAS, SADC) should be adequately resourced to advance DRR and pandemic preparedness, to strengthen institutions, infrastructure and tactical capacities at all levels and to establish regional strategic communication and early warning capacities.

## **Presentation 2: World Health Organization experience**

10 David Harper, Special Adviser at the Office of the Assistant Director-General Health Security and Environment, World Health Organization (WHO) described current global health threats. These include (a) outbreaks and pandemics caused by infectious disease agents, transmitted through person-to-person contact or via contaminated food or water, (b) environmental and technological hazards, and (c) natural or man-made humanitarian disasters. The Review of the functioning of the IHR in relation to the H1N1 pandemic showed that the world is neither prepared for a major pandemic nor for other global health threats of similar magnitude.

11 The TASW network should:

- Encourage national governments to prioritize preparedness rather than response;
- Strengthen capacity through Implementing existing global public health initiatives such as the International Health Regulations (IHR) and the Pandemic Influenza Preparedness (PIP) Framework
- Increase multi-sectoral engagement through whole-of-society and whole-of-government approaches that go beyond the health sector.
- Encourage collaboration between countries on monitoring implementation of the IHR, sharing procedures and resources.

12 Based on this vision, WHO embarked on the development of a Global Framework for Emergency Risk Management for Health (ERMH) and on incorporating ERMH principles in the revision of the Pandemic Influenza Risk Management Guidance.

13 The ERMH is based on seven core principles: comprehensive risk management, all hazards, multisectoral and multidisciplinary approach, community resilience, sustainable development and ethical considerations. It aims to provide guidance to ministries of health and other sectors on developing comprehensive and effective health emergency risk management approaches, enable the health sector to advocate for and strengthen the health aspects of national and international policies

and frameworks related to emergency risk management, and outline and describe the roles of stakeholders at local, national, regional, and global levels and also the roles and responsibilities of WHO.

14 The 2013 Interim Pandemic Influenza Risk Management Guidance is about to be published and has four main features: a) incorporates Emergency Risk Management for Health principles; b) emphasizes a risk-based approach; c) uncouples global phases from national actions; and d) incorporates new developments such as the Pandemic Influenza Preparedness (PIP) Framework.

15 David Harper described the evolving emergence of two exceptional new virus infections Avian Influenza A (H7N9), and Novel Coronavirus situations. He shared WHO assessment it is unusual to face two highly credible pandemic threats at the same time. The most urgent concern is whether one or both viruses develop 'sustainable' human-to-human transmission. If this happens, a significant impact is expected. Therefore, individuals, communities, health and other systems, economies and countries should be adequately prepared.

### **Discussion of session 1:**

16 Participants from Cambodia, Christian Aid, the International Federation of Red Cross and Red Crescent Societies (IFRC), the UN Secretariat, the International Civil Aviation Organization (ICAO) and the World Tourism Organization (UNTWO), were invited to take the floor and make brief remarks.

17 Sock Touch, Director of Communicable Disease Control Department, Ministry of Health of Cambodia, highlighted the importance of contingency and business continuity planning that have been initiated for pandemic preparedness and now extended to all types of hazards.

18 Michael Mosselms, Head of Humanitarian Policy, Practice and Advocacy, Christian Aid UK, shared his thoughts on the work of TASW network since September 2011. He stated that the flagship activity led by WFP, which hosted the network until June 2012, was to conduct Pandemic Readiness and Response Exercises (P2RXs) most recently in Southern Africa, where seven Southern African National Disaster Management Authorities (NDMAs) were supported to organize a simulation exercise, training and information sharing. He believes simulations have proved a very effective way of stimulating momentum around pandemic preparedness.

19 Second, the TASW network sought to link up with and support other efforts by key TASW partner organisations to bolster whole of society pandemic preparedness in developing countries, particularly supporting the work of IMC/PREPARE; ICAO/CAPSCA, who have tirelessly fostered improved multisectoral pandemic preparedness in the aviation industry; of with the Africa Command, and with the IFRC's H2P initiative, which was an innovative approach to supporting community readiness through the Red Cross/Crescent National Societies.

20 Third, TASW issued occasional newsletters sharing leading edge practices contributed by network members.

21 The lack of resources for pandemic preparedness since pandemic influenza A (H1N1) in 2009 has proved a challenge. However, pandemics remain a low probability high impact threats. Over time, it is inevitable that we become less well-prepared than we were in 2009, if resources continue to decline.

22 The challenge for TASW is to keep the whole of society pandemic preparedness active so that the expertise, knowledge and practice are maintained, and hence they can be scaled up when needed. TASW network can also help to bring the multisectoral expertise of TASW to bear on the important agenda of WHO for emergency risk management for health. However, this will not be easy in the current resource constrained environment. Hopefully this circle will be broken.

23 Victor Kourenkov, International Civil Aviation Organization (ICAO) provided a brief on the project that ICAO is implementing since 2006 “Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation” (CAPSCA). The program is funded through the UN Central fund for Influenza Action (CFIA). Its aims are to ensure public health protection for the general public, air travellers and aviation personnel, provide assistance to States to establish public health preparedness plans at State and operational levels, and ensure collaboration with International Organizations, particularly between ICAO and WHO.

24 The CAPSCA program facilitates multi-sector communication, collaboration, cooperation and coordination, especially between the public health and aviation sectors. 93 States joined CAPSCA, out of 191 ICAO Member States. The key achievements of CAPSCA include:

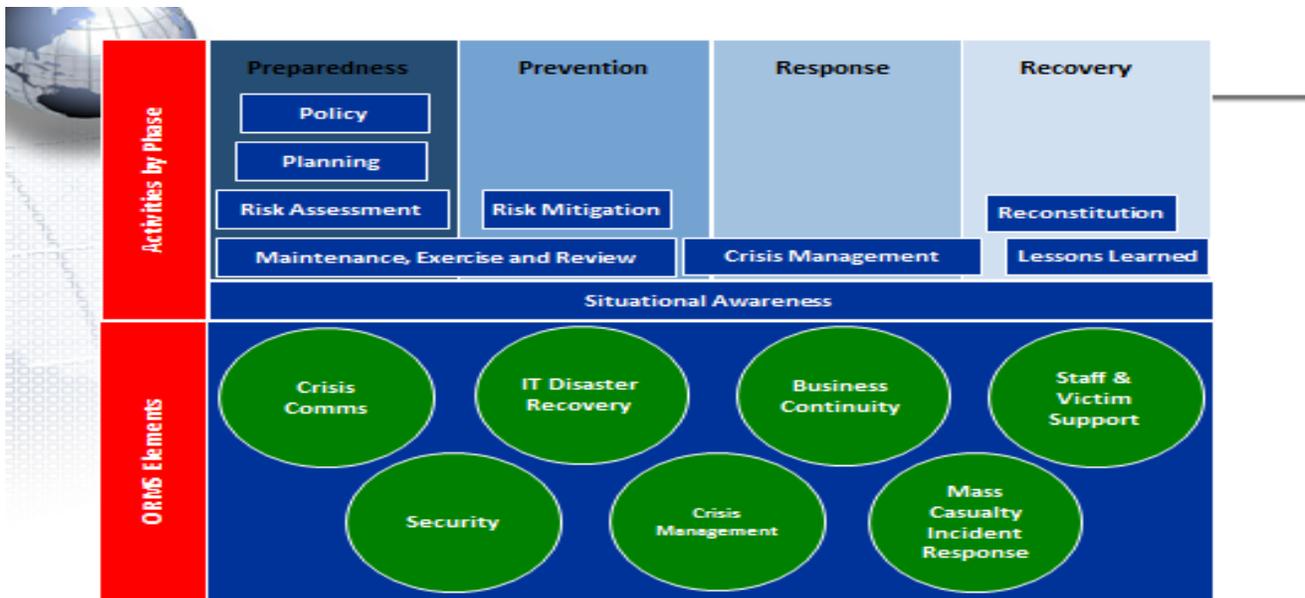
- CAPSCA is now a global program with five harmonized regional projects.
- Airport assistance visits are conducted using tools developed by the CAPSCA such as guidelines, a checklist and a report template.
- Gap analysis to individual States and international airports completed in 54 States and Territories.
- Training for 20 Technical Advisors, assigned to work on CAPSCA projects by States, was conducted in collaboration with WHO.
- CAPSCA’s scope is expanded beyond communicable diseases to address all biological, chemical and nuclear risks, as well as bioterrorism (subject to future funding).
- A template for a National Aviation Plan for a Public Health Emergency is developed and also other guidelines (e.g. business continuity).

25 Stefan Seebacher, Head of Health Department, The International Federation of Red Cross and Red Crescent Societies (IFRC), reported IFRC’s experience. Lessons learned and tools developed for pandemic preparedness are now being used for other emergency threats. It is important to enhance community-based capacity to respond to emergencies. This could be done through developing health management framework, business continuity planning and adopting a multihazard approach.

26 Paula Reid, The UN Secretariat- Business Continuity Management Unit in NY described two main lessons learned since September 2010. These are:

- Engagement of all stakeholders in preparedness and response is not optional but a requirement.
- The UN Secretariat recognized the need to establish an Organizational Resilience Management System (ORMS) to provide the basis for collaboration between the different departments of the Secretariat to address threats, including pandemic influenza.

27 The ORMS brings together various components and phases as noted in the figure below. At the end of March 2013 the ORMS was approved by the UN General Assembly as the emergency management framework for the UN Secretariat, including for the field missions of the Department of Peacekeeping Operations (DPKO) and the Department of Political Affairs (DPA). The Assembly challenged the Secretariat to extend the framework to the Agencies, Funds and Programmes. The main key points of the ORMS are the importance of partnerships, community development approach, and economy of effort by harmonization. Next Steps include employing a three phase implementation approach, support of early adopters of the ORMS, and integration of humanitarian contingency planning.



28 Dirk Glaesser, Coordinator of Risk and Crisis Management Programme, World Tourism Organization (WTO) highlighted that globally international arrivals of tourists crossed the one billion mark last year for the first time and will hit 1.8 billion by 2030. Tourists are vulnerable as they are unfamiliar with local emergency infrastructure, not prepared for extended stays, and often unfamiliar with local customs and languages.

29 UNWTO's interest in early warning and communications, especially in consistent messaging, as it can play a vital role in mitigating the effects of a major event of relevance to the travel and tourism sectors. In this, the UNWTO recognizes the success factors for UN interagency partnerships and also endorses the CAPSCA project by ICAO.

30 The Tourism Emergency Response Network (TERN) and the Inter-Agency Committee on Radiological and Nuclear Emergencies (*IACRNE*) improve crisis response procedures and facilitate optimal coordination for the tourism sector. These mechanisms were put to use during different types of emergencies such as the Fukushima nuclear accident, Arab spring, and the volcano ash cloud.

31 UNWTO is conducting a study on integration of tourism into national emergency structures and procedures in order to improve communications and coordination between these sectors in the event of emergency situations and to ensure consistency among all board.

32 **Summary of session1:** David Nabarro summarised the discussion as follows:

- Members of the TASW network are focusing on threats to people's health and wellbeing. They are doing this through communication, learning and capacity development facilitated through partnerships, networks, linkages, web-platforms, and through meetings.
- Different organizations and entities are involved in this effort including governments, civil society, non-governmental organizations, and regional and international organizations, with committed people to the cause driving it.
- Tools available to this work include frameworks, simulation exercises, inventory of expertise ready to be mobilized, and contingency and business continuity planning guidelines and checklists.
- Members of the TASW network recognize the difficulty to assess the impact of preparedness. They will seek ways to measure gaps in preparedness and to establish the impact of strategies and actions they promote.
- There are major gaps in preparedness that have widened in recent years as budgets have tightened. However, we could work together to fill these gaps even if fund is limited.

**Session 2**  
**How should pandemic preparedness be incorporated into the revised Hyogo Framework for Action (HFA) post 2015?**  
**Working Groups and Plenary Feedback**

1 This session drew on the synthesis report of Consultations on a Post-2015 Framework on Disaster Risk Reduction (HFA2) published in April 2013, with special emphasis on areas of focus for HFA2 and on what should a post-2015 framework (HFA2) on disaster risk reduction be like.

2 Participants discussed three main themes and questions:

**2. A. Incorporating pandemic preparedness into the revised HFA post 2015**

Participants were invited to consider how the following aspects of pandemic preparedness could be incorporated into the revised HFA:

- The Key public health measures related to early warning and monitoring; medical interventions; social distancing measures, cross-border policies; and risk communications;
- Protection and continuity of essential services and critical infrastructure; and
- Community-based resilience and preparedness capacity.

**2. B. Expected HFA post 2015 Outcomes; Strategic Goals; and Priorities for Action**

Participants were invited to consider the outcome for multi-sectoral pandemic preparedness that should be incorporated in in the revised HFA Framework:

- How should pandemic preparedness be reflected in the *strategic goals* of the HFA?
- How should pandemic preparedness be reflected in the *priorities for action* of the HFA?
- Which *cross-cutting issues* of the HFA that will be particularly important to pandemic preparedness?

**2. C. HFA post 2015 Implementation and Follow Up**

Participants were invited to consider the implementation of pandemic preparedness within the revised HFA Framework:

- What critical multisectoral pandemic preparedness activities need to be incorporated into the revised HFA Framework and under which priority for action?
- How to establish long-term, predictable and sustainable financing for pandemic and health emergency preparedness in the revised HFA?
- What should be the continuing role of TASW with respect to the revised HFA

## **Working Group 1- Facilitator Virginia Murray**

### **3 Highlights from the group discussion:**

- It is a challenge to convince local authorities to use the HFA. Some rely on WHO to support advocating policy makers to adopt the HFA. More expertise is needed in these areas to effectively use the HFA.
- Some uncertainty remains about the necessity to use the HFA in addition to the IHR. The IHR is a good foundation for national level work on health threats; it is a legal framework so reporting is required and for many countries this is the only legislative instrument in use for health. However, the IHR doesn't cover DRR and mainly focuses on reporting and technical aspects of the response to health threats (such as surveillance and clinical management) and on impact of threats on human health. All hazards approach and whole of society is not well engaged. There is a need for more.
- Implementing these frameworks effectively at national level require adequate local capacities. Therefore, there is a need to focus more on translating the principles of both instruments at the country level into key elements that the government should be doing to reduce risk. Ministries of Health and other sectors working on reducing risks need to understand the core principles of each instrument and how they can be applied at country level.
- It is important to measure the outcome of each framework. We need to find a common ground between the two frameworks. Evidence needs to be produced. Otherwise organizations will naturally maintain status quo. Therefore, it is important to simplify and prioritize to get leaders of governments to buy into this.
- The private sector has challenges integrating into larger structure of DRR that should be addressed.

### **4 Actions points recommended by the group to the HFA2 process:**

- Health should be included in all UN policies
- The IHR is a powerful legal instrument implemented at national level; however it lacks broad focus of the HFA. The IHR should be embedded within HFA so that the two instruments can complement and improve each other.
- There is a need for a roadmap of how the HFA policies are to be implemented at national level.
- We must measure the impact and assess if these instruments make a difference in reducing harm and saving lives. Measurement is difficult but needs to be done.

### **Working Group 2- Facilitator Steve Aldrich**

#### **5 Highlights from the group discussion:**

- There is a need for HFA2 to promote harmonization to the global legal framework and increase national cooperation.
- There is also a need to increase community surveillance to monitor threats at the animal human interface, and to develop community plans for response and recovery.
- It is important to understand the economic impact of emerging infectious diseases including the indirect costs due to disruption of services.

#### **6 Actions points recommended by the group to the HFA2 process:**

- Promote increased international cooperation toward a global legal framework for dealing with the spread of pandemic disease – including national legislations that would give the force-of-law to International Health Regulations.
- Strengthen community surveillance within a “One World, One Health” context.
- Explicitly acknowledge the central importance of fear as a consequence of infectious disease emergence – and recommend that all communication and decision-making around infectious disease emergence minimize the emergence and spread of public and institutional fear.
- Create a coordinating facility to assure the global supply and availability of non-pharmaceutical countermeasures.
- Encourage communities at all levels to put in place plans for ensuring the continuity of essential services under pandemic conditions – and to rapidly restore any essential services affected during the spread of infectious diseases.
- Define what “resilience” means in a pandemic context; communicate what is needed to build “resilience” in response to emerging infectious diseases; and provide concrete examples of helpful “resilient” planning and preparedness outcomes.
- Promote all-hazard, whole-of-society approaches to pandemic planning and preparedness – including close coordination among private sector, civil society, government, and military actors in planning and preparedness activities.

### **Working Group 3- Facilitator Cathy Roth**

#### **7 Highlights from the group discussion**

- Collaboration in preparedness planning should span across 4 axes: (a) between countries across borders; (b) between sectors within countries; (c) between national, provincial and local level; and (d) between the private sector, government and civil society (the whole of society approach). There is always a need to enhance cross-border and cross-governments collaboration and merge humanitarian and development actions starting at planning stage.
- It is difficult to strike a balance between all-hazard preparedness (may not capture all specific needs for pandemic preparedness) and pandemic-specific preparedness (difficult to maintain

interest during inter-pandemic period, and to maintain infrastructure for activation during what may be a prolonged 'quiet' interval.)

- We need to acknowledge that government does not have the capacity to respond to some risks, but that there may be alternative approaches which may benefit from coordination.
- The link between understanding and action is important in order to fulfil basic needs at the right time. It is also essential to identify vulnerabilities and support communities to prepare and respond.
- Establish trained management teams to facilitate help during risk events and to ensure the infrastructure for distribution is safe and protected.

#### 8 **Actions points recommended by the group to the HFA2 process:**

- The interdependency between sectors needs to be reflected in the HFA2 and thus the inter-sectoral and coordination approach. Business Continuity Planning is a key tool to ensure maintenance of critical services, especially for vulnerable populations.
- Communication and simulation practices also should be reflected in the framework. Simulation is a key tool for stimulating preparedness.
- It is important to invest in preparedness and building resilience. Financing must be coordinated and planned and innovative financing mechanisms are needed.
- Clarify what resilience means in pandemic preparedness. Resilience is the backbone of preparedness. It is the capacity to adapt behaviour and practice in response to the demands of a changed or changing context. It will be augmented by preparedness and will facilitate a community's capacity to rapidly respond and recover sustain, prepare, respond and recover.

#### 9 **Summary of session 2- Working Groups**

David Nabarro summarised the outputs of the three working groups as follow:

- Group 1: brought out the power of the International Health Regulations and the need to measure progress and its essential role in advocacy for policy makers.
- Group 2: highlighted the role fear plays in pandemic response as it spreads faster than the disease itself and impacts the continuity of the essential services. They also highlighted the role of community in surveillance of emerging infectious diseases.
- Group 3: stressed the issue of interdependency between the different sectors and the importance of intergovernmental processes and of multiple stakeholders' engagement. They also stressed the need for finances for preparedness, and for simulations and better communication.
- Overall the groups concluded that the IHR is the centre of set of instruments and resilience is the combination of a set of system attributes. It is critical now to bring these regulations and attributes to the inter-governmental processes like the HFA.

**Session 3**  
**How to sustain pandemic preparedness and to enrich the value of the TASW network? What role of TASW network with respect to HFA?**  
**Presentations and Facilitated Discussions**

**Presentations**

**Presentation 1: Neil McFarlane, Chief, Regional Programmes and DRR Coordination, UNISDR**

1 Neil McFarlane emphasized the need to recognize that pandemic preparedness is a key part of disaster risk reduction. They use the same methodologies. Momentum has been made by the disaster reduction community to build on past lessons and integrate a multi-hazard approach, including pandemic preparedness. We need to work out how to prepare for new and emerging risks and threats.

2 In line with the mandate of the ISDR to identify and assess disaster risk, the Towards a Safer World (TASW) should be connected with the work of the ISDR. The role of TASW network members in relation to each priority area of work for the HFA is illustrated in the following table:

<b>HFA Priorities for Action</b>	<b>Role of TASW Network Members in the HFA</b>
1. Make Disaster Risk Reduction a Priority	Advocate a multi-sector approach to pandemic preparedness.
2. Know the Risks and Take Action	Coordinate issues related to Whole-of-Society pandemic preparedness and response, and financing for preparedness.
3. Build Understanding and Awareness	Build a common messaging system.
4. Reduce Risk	Support and address the One Health approach to tackle challenges arising from the animal-human interface.
5. Be Prepared and Ready to Act	Work with the Tripartite of One Health agencies (FAO, OIE and WHO) to provide technical direction, and ensure coordinated action across the System.

3 For the future, the HFA2 can be used as an anchor for TASW (on pandemic issues) to unpack and implement HFA priority 4 (reduce risks). As the outcome of the HFA2 is keeping people healthy and alive, a continued focus on a prevention message is needed. This could be done through engaging members of the TASW network in multi-stakeholder processes to develop the HFA2 over the next two years including for example Regional Platforms, National Dialogues, as well as in the Global Platform at the 2015 World Conference, and also through developing and using existing practical guidance.

4 With regard to sustaining pandemic preparedness among the TASW network, Neil McFarlane suggested that as governments have various national strategic plans on risk, TASW members can link with governments around risk assessments. They could also connect with stakeholders, for example, NGO's, communities, mayors, parliamentarians and other agents for change, and leverage specialization of the private sector and disaster risk reduction.

5 Partners can integrate pandemic preparedness in their daily operations to help reduce the vulnerabilities of hazard exposure, including epidemics and pandemics, and develop the capacities to manage risks at all levels to maintain critical services. UNISDR services such as (Prevention Web; information and knowledge management; regional gatherings; Making Cities Resilient Campaign) can be used to advance this goal.

### **Presentation 2: Mona Chaya, Coordinator, Food Chain Crisis Management Framework, Food and Agriculture Organization (FAO)**

6 Mona Chaya provided an introduction of FAO role, framework, objective, and activities with regard to pandemic preparedness. She stressed that better surveillance and monitoring systems of known and unknown risks, better risks analysis, better early warning systems linked to early reaction, and better preparedness and timely response, are fundamental pillars of FAO's Strategic Objective to increase the resilience of livelihoods of people.

7 With regard to FAO's response to the H5N1 strain of Highly Pathogenic Avian Influenza (HPAI) emergency, which began in January 2004, FAO and OIE took the initiative to coordinate international efforts to control the H5N1 virus at the animal source. They developed the Global Strategy for Prevention and control of H5N1 in 2005 in consultation with WHO. To implement the strategy, FAO subsequently developed a Global Programme for the Prevention and Control of H5N1 in 2006-2008.

8 Since 2009, there have been increased efforts to understand and incorporate other important dimensions beyond traditional disease responses so that currently FAO's H5N1 HPAI programme is an integrated, multidisciplinary approach which more fully includes vital aspects of disease control, such as biosecurity, socio-economics, public- private partnerships, wildlife aspects, understanding drivers of disease, and advocacy and communication.

9 While much progress has been made, HPAI remains a significant threat to the poultry industry, destabilizing agriculture in countries where backyard farming of poultry is common, impacting the food security and livelihood of millions of people and maintaining a very real potential for emergence of a pandemic human influenza. A continued pandemic potential is troubling given the new H7N9 avian influenza virus in China, as well as the mounting evidence of increasingly active bi-directional swine-human virus genetic exchange.

10 To ensure countries' long-term success for HPAI and other diseases, FAO's work currently focuses on strengthening the animal health infrastructure, and developing capacity for surveillance, early warning, detection and timely response. Since 2011, FAO has taken the lessons learned from the

HPAI global programme and applying this knowledge to other emerging and transboundary diseases that threaten animal and human health, rural populations and livelihoods in the context of a One Health strategic framework. This broad multisectoral and collaborative Strategic Action Plan on One Health is consistent with TASW's efforts to a whole of society pandemic preparedness and applying lessons learned from pandemic preparedness to other health threats.

11      FAO's work on H7N9 new crisis utilizes and builds upon knowledge, infrastructure, capacities, lessons learned and donor investments from the successful H5N1 HPAI and the Global Strategy and the subsequent Strategic Action Plan on One Health. A H7N9 FAO Global Framework concept note is under preparation. It will outline technical and resource needs, elaborate essential areas to address knowledge gaps to this novel virus, enhance efforts to control it in affected provinces in China, and increase preparedness and risk mitigation measures in non-affected provinces in China as well as surrounding and at risk countries.

**Presentation 3: Nicolas Studzinski, Senior International Public Health Advisor , USAID**

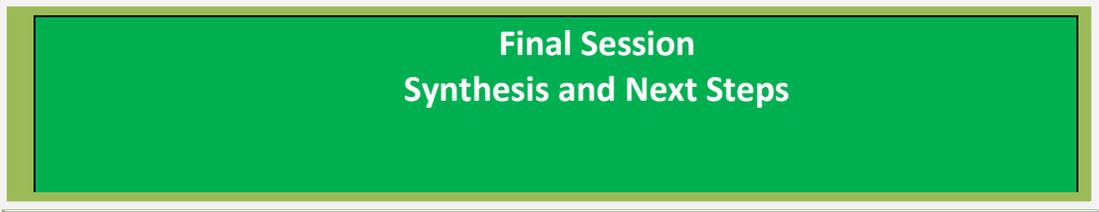
12      Nicolas Studzinski stressed that there is no universally accepted definition of "preparedness and there are no globally accepted indicators and standards for evaluating preparedness. Therefore, it is difficult to judge whether or not we were prepared. Strategic goals of national and regional pandemic plans are often unclear and not always aligned. They generally refer to limiting adverse impacts on public health, the economy, and social stability in order to promote resilience.

13      Challenges to our shared vision of multisectoral pandemic preparedness include pandemic fatigue in commitment and allocation of resources for a relatively "rare event" in the face of competing priorities; inadequate appreciation of global socioeconomic interdependencies; persistence of the public health model on pandemic preparedness; unclear global and national strategic goals and less than compatible inter-national policies; and lack of readily available public health interventions of high efficacy.

14      To sustain pandemic preparedness he proposed the following actions:

- Re-frame severe pandemics as non-traditional, global and national security threats to the global socioeconomy. This needs to be backed up with documented interdependencies of consequence in various sectors and associated costs – economic, social, and political.
- Validate - through practical, documented, quantifiable evidence- that the multisectoral pandemic preparedness model is cost-effectively applicable to preparedness and response against other major natural and human-made disasters. This may broaden the political, managerial and financial base of support to justify investments in an "all hazards" model whose core principles and methods can be effectively and flexibly applicable to scalable disasters.
- Proactively expand the base of engaged stakeholders beyond public health sector to all critical infrastructure, at all levels.
- Incorporate pandemic preparedness through TASW into the HFA to secure high-level political commitment, and continued allocation of resources.

- 15 The exceptional potential of the valuable TASW Network can be “enriched” through:
- The pursuit of the above agenda and through exercise of strategic leadership in pursuit of both policy advocacy, and results-oriented technical and organizational innovation.
  - Encouraging and promoting large-scale, regional “best practices”.
  - Introduction of networking innovations such as “open system” participatory and collaborative planning, design, and feedback systems to engage a wide range of stakeholders.
- 16 The Role of TASW Network with Respect to HFA can be seen in taking pro-active, strategic, policy advocacy and technical role through:
- Incorporating the concepts and content specific to the pandemic preparedness agenda within the HFA.
  - Articulating a risk reduction agenda for pandemic preparedness developmental in character – that is, focused on systems resiliency, exceeding and complementing the humanitarian disaster relief model.



**Final Session  
Synthesis and Next Steps**

1 The United Nations Deputy Secretary-General (Jan Eliasson) was welcomed to the room: heard a short overview of the discussions and the main conclusions emerging so far in the event.

**Remarks by the Deputy Secretary-General**

2 I am pleased to be with you here today. This meeting comes at an important time where reports of H7N9 in China and the Novel Coronavirus (nCOV) in the Middle Eastern region, and now in Europe, require us to assess the preparedness of our system as we respond to the challenge of unpredictable threats to human health. Are we in a position to protect staff and their families in potentially vulnerable locations? Are we providing coordinated support in response to requests from national authorities – as they prepare to respond to these threats?

3 The challenge is great and so many uncertainties remain around these two viruses. Most importantly scientists are still trying to figure out the sources of human infection - whether wildlife species or domestic animals. They are trying to establish how the virus is transmitted to humans and the extent of infection in different ecosystems. They are working out how best to manage people infected with the new cononavirus and to evaluate potential interventions.

4 The response by the Chinese authorities to H7N9 is outstanding. Collaboration between China and the UN specialized agencies such as WHO and FAO is going well building on past experiences with

SARS and pandemic influenza H1N1. China is also collaborating with other international organizations and research institutions, many of them are present here today.

5 There are always concerns about the lack of transparency with regard to any emerging disease. Openness between professionals is vital when a local outbreak evolves into a global threat. That is why this network of practitioners is so important. You have the experience and expertise that is necessary. You have the contacts. You do not need to start from scratch.

6 I understand that you had several important issues for discussion during the meeting today. Firstly you took stock of what have network's members done and learnt since your last conference held in Rome on September 2010. You also discussed how has learning been applied in different institutional, organizational and political settings.

7 This was followed by groups work to elaborate on how should pandemic preparedness be incorporated into the revised Hyogo Framework for Action (HFA) post 2015? Following this item, you discussed how to sustain pandemic preparedness and to enrich the value of the Towards A Safer World (TASW) network? What role of TASW network with respect to HFA?

8 I am pleased to join you now as you finalize your discussions and consider how best this network can go forward in the coming months and years.

### **Pleanry discussion on the future roles of the TASW network**

9 Participants took the floor starting with the World Bank, World Organization for Animal Health (OIE), and Sweden Civil Contingencies Organization (MSB).

#### **Nicole Klingen, Acting Director of Health, Nutrition and Population, World Bank.**

- 10 Nicole Klingen highlighted the work of the Bank in advancing pandemic preparedness:
- The World Bank believe that planning and preparedness are crucial—the world's poor and marginalized suffer the most in natural disasters. Much of the suffering could be prevented through better preparedness.
  - Pandemic preparedness is critical to ensuring that we can reach our goals to end extreme poverty and boost shared prosperity. Because even though pandemics are relatively infrequent, when they occur, the scale and scope of the damages they inflict can devastate both people and their economies.
  - The World Bank has estimated that a severe flu pandemic could cost 4.8% of GDP—or more than \$3 trillion globally. A pandemic is not very likely to occur in a given year. But if there were a 1% probability in one year, the expected annual cost could be \$30 billion. This could undermine—or even reverse—the progress we've made toward ending poverty, especially in fragile states that can't absorb such a shock.
  - The World Bank's upcoming World Development Report on risks to development forecasts a possible doubling of disease burden due to a severe pandemic. This is a serious threat to the health systems that countries have built: to ensure that all people have access to quality health

services, to safeguard people from public health risks, and to protect people from impoverishment due to illness.

- The Bank collaborates closely with countries to support building strong health systems, including for pandemic preparedness, it also collaborates very closely in efforts to strengthen animal health systems. This is especially important because we know that most diseases have zoonotic origins.
- The systems we put in place today to address pandemics will serve us well as we face other threats. Such system delivers essential public goods.

11 To sustain preparedness, she offered the following recommendations:

- Towards a Safer World is at the forefront of tackling tomorrow's disease burden. And its initiative to integrate whole-of-society preparedness with the Hyogo Framework of Action is increasing effectiveness and lowering the burdens on capacity in developing countries.
- But advocating for better preparedness is easier said than done. To sustain preparedness, we need to re-energize our efforts, and capitalize on opportunities to dovetail pandemic preparedness with other efforts—such the push for universal health coverage or in advocacy around the ongoing AIDS pandemic.
- Collaboration is not enough. We need to break down the barriers that separate us on the global, national and country levels—because health outcomes do not just depend on health sector interventions; they are a product of many interventions across the development spectrum.
- Mainstreaming this issue in core policy discussions—both in the health sector and in broader economic management—will pay dividends.
- We should build on these efforts and make sure that we don't miss the opportunities we have today to better prepare for the pandemics of tomorrow.

**Keith Hamilton, Scientific and Technical Department, World Organization for Animal Health (OIE)**

12 Keith Hamilton highlighted the value of the TASW network as follow:

- TASW plays a strong role in advocacy and coordination.
- From OIE perspective, TASW can further facilitate and enhance important collaborations including between the tripartite of health agencies (WHO, OIE, FAO) and with other actors. Collaboration between vet services and public health is essential for pandemic preparedness and response at international, regional and national level.
- TASW can help to promote 'whole of society approach' at international, regional and national level.

13 To reduce risks he offered the following recommendations:

- It is impossible to predict or anticipate what the next major infectious disease threat will be, when it will happen or where it will occur. Therefore it is important to strengthen health systems (public health and animal health systems) that will reduce threats from all infectious diseases whether they are natural, intentional, or deliberate releases, or emerging infectious diseases.
- Most emerging infectious diseases of humans are of animal origin. Therefore veterinary services play a key role in reducing public health threats by detecting and controlling zoonotic

pathogens in the animal source (e.g. H5N1 and H7N9). Unfortunately many national vet services around the world are very weak and in urgent need of strengthening.

- Strengthening of vet services requires consideration, not just of physical resources (laboratories, veterinarian etc), but to legislation, governance, expertise, education, human and financial resources, and appropriate public-private partnerships.
- During consultations on the future of the HFA, and integration of pandemic preparedness into a new UN resolution, the importance of strong well governed veterinary services and collaboration between animal health and public health sectors is accounted for.

14 Keith Hamilton provided his views on future role of TASW network

- We hope that TASW can promote improved compliance with WHO and OIE standards (IHR for public health, and OIE standards for animal health) as a means of ‘adequate preparedness’ and as a yard stick to measure impact of capacity building. To use existing tools including WHO’s IHR and OIE’s PVS pathway for capacity building and data from OIE and WHO gap analyses to target national capacity building activities effectively and efficiently.
- TASW can promote the public good concept – that weak health systems (public and veterinary) in one country are a threat to the whole world and conversely investments in one country’s vet services are a benefit for all.
- Acknowledging that other networks (from development, security, health sectors) are working towards similar objectives, it would be interesting to see how TASW can interact with them e.g. the G8 Global Partnership. This may contribute to sustainability.

***Bengt Sundelius, Strategic Advisor to the Director General of the Sweden Civil Contingencies Organization (MSB)***

15 *Bengt Sundelius stressed the following main points:*

- Whole of Society approach is needed. There are still boundaries between professionals that need to be broken. Science should be linked to policy making
- It is important to stress test UN Leadership for response to high-impact disasters. Simulation exercises are useful tools to achieve this.
- The cost of cooperation is always less than the cost of lack of communication when dealing with disasters.
- Investment in preparedness is needed to coordinate actions and overcome capacity deficit.

**Summary of interventions**

17 David Nabarro summarized the three interventions as follow:

- Potential economic impact needs to be understood and linked to assessment of risks.
- HFA provides an anchor for TASW efforts to sustain and streamline pandemic preparedness and integrate it into the DRR.
- Strategies to achieve this include adopting the Whole of Society approach, considering pandemic preparedness as public goods, establish hubs to facilitate the work at different

geographic locations, advocate for cross-sectoral work and inter-governmental collaboration and sharing of information.

- Harmonizing languages between the different actors is important including the concept of resilience, and strategies and tactics.
- Handling health threats require that all actors unite around international standards including governments and private sector, link different networks, subject leadership to stress tests and establish a strong relationship between science and decision makers.
- Collaboration is not an option, it is a must.

## **Conclusions**

The UN Deputy Secretary-General commented:

- I believe that a number of important issues were raised during this discussion, which will require attention and follow up in the coming months. I would ask Dr. Nabarro to keep us updated on the work being taken forward from our discussion. I also request all to continue working together on the challenges of pandemic preparedness.
- The H7N9 situation in China and the novel coronavirus in Saudi Arabia call for us to remain vigilant, and to be systematic and focused. We need to continue coordination and collaboration using the platforms that have been made for this purpose – such as the Towards A Safer World Network. It is evident the interdependency between sectors and actors as no one alone can solve the problem. Health is priority for us but it needs more transparency and information sharing. We have to be prepared for the worst case scenarios.
- I am very pleased that all key members of the network are present here today including practitioners from countries and regional organizations, from civil society and business, from the international specialized organizations WHO, FAO and OIE, as well as from the World Bank and key donor agencies, notably USAID. A network is strong when all those who need to be part of it are properly connected. We have to connect vertically and horizontally to solve the problem and putting the problem at the center of our attention and efforts until resolved.
- I commend you for taking the trouble to update your own preparedness, to look forward past 2015, and to help us all as we appreciate the risks posed by emerging new diseases. Thank you for participating in today's meeting.

- 18 There were some short interventions from Participants:
- Frederick Spielberg, Emergency Specialist, UNICEF:** we should use the term pandemics are threats to human security instead of threats to national security to avoid increasing militarization of the response.
- Neil McFarlane, Chief, Regional Programmes and DRR Coordination, UNISDR:** ISDR will work with the TASW network to anchor pandemic preparedness into the HFA2.
- William Garvelink, Senior Advisor, International Medical Corps (IMC):** seconded the DSG point of putting the problem at the centre of our work.
- Paula Reid, Business Continuity Management Unit, UN Secretariat:** stressed that we should work together not in silos.
- Sok Touch, Director of Communicable Disease Control Department, Ministry of Health, Cambodia:** emphasised that focus should be put on establishing public-private partnerships to pandemic preparedness and response.
- Jack Holt, GSK:** underlined that public-private partnerships are always critical for preparedness and response to all types of hazards and disasters.

### **Closure of Event**

- 19 David Nabarro thanks all participants and speakers for their valuable contributions. He stressed that we will follow up intensively to ensure that the network yields the best possible results in terms of sustained pandemic preparedness. Network members will receive a report of the meeting, an action plan for next steps and proposals on a follow-up event to review progress in 2014.

**The Towards A Safer World Network of Pandemic Preparedness Practitioners:  
“Taking Stock of Achievements: Charting Future Directions”**

**Pre-GPDRR event in Geneva International Conference Centre (Rooms 3+4)  
20 May 2013**

**Agenda**

**Session 1: 09.00 – 10.30**

**What have networks members done and learnt since September 2010? And how has learning been applied in different institutional, organizational and political settings? Presentations and Facilitated discussion**

**09.00-09.20 Opening Session: Introductions, Objectives and Programme**

David Nabarro, UN System Senior Coordinator for Avian and Pandemic Influenza (UNSIC)  
Chadia Wannous, TASW Network Coordinator and Senior Policy Advisor, UNSIC

**09.20-09.40 Presentations**

09.20-09.30 African Experience:

Julius Kabubi, Disaster Risk Reduction Advisor, East African Community (EAC),  
Tanzania

09.30-09.40 World Health Organization experience:

David Harper, Special Adviser, Office of the Assistant Director-General Health  
Security and Environment, World Health Organization (WHO)

**09.40-10.25 Opening Discussion**

Participants from Cambodia, Christian Aid, the International Federation of Red Cross and Red Crescent Societies (IFRC), the UN Secretariat, the International Civil Aviation Organization (ICAO) and the World Tourism Organization (UNTWO), will first be invited to take the floor and make brief remarks. Other participants will be invited to share their experience as time allows.

**10.25-10.30 Summary**

**10.30-11.00 Break (Refreshments provided)**

**Session 2: 11.00 – 12.30**  
**How should pandemic preparedness be incorporated into the revised Hyogo Framework for Action (HFA) post 2015?**  
**Working Groups and Plenary Feedback**

**11.00-12.00 Working Groups**

***Working group 1:***

Facilitator: Virginia Murray, Head of Extreme Events and Health Protection, Public Health England, UK

***Working group 2:***

Facilitator: Steve Aldrich, President of Bio Economic Research Associates LLC (bio-eraTM), USA

***Working group 3:***

Facilitator: Cathy Roth, Scientific Policy Advisor to the Assistant Director General for Health Security and Environment, World Health Organization (WHO)

**12.00-12.20 Plenary feedback from Working Groups**

**12.20-12.30 Summary**

**12.30-13.15 Break (Refreshments provided)**

**Session 3: 13.15 – 13.45**  
**How to sustain pandemic preparedness and to enrich the value of the TASW network? What role of TASW network with respect to HFA?**  
**Presentations and Facilitated Discussions**

**Presentations:**

- |             |   |
|-------------|---|
| 13.15-13.25 | Neil MacFarlane, Senior Coordinator, The United Nations Office for Disaster Risk Reduction (UNISDR)                     |
| 13.25-13.35 | Mona Chaya, Coordinator, Food Chain Crisis Management Framework, United Nations Food and Agriculture Organization (FAO) |
| 13.35-13.45 | Nicholas Studzinski, Senior International Public Health Advisor, US Agency for International Development (USAID)        |

13.45-13.55 Preliminary reactions from participants (Moderator: Chadia Wannous)

**13.55-14.00 Break**

**Final Session: 14.00-15.00  
Synthesis and Next Steps**

**14:00-14.10 Welcome to the United Nations Deputy Secretary-General**

Welcome by David Nabarro (5 minutes)

Remarks by the Deputy Secretary-General (5 minutes)

**14:10-14.35 Discussion on the future roles of the TASW network**

Participants will be invited to take the floor starting with Sweden Civil Contingencies Organization (MSB), World Bank and World Organization for Animal Health (OIE). Other participants will be invited to share their thoughts briefly, as time allows.

**14.35-15.00 Synthesis, Next Steps and Closure:**

Intervention by David Nabarro, Senior UN Influenza Coordinator (2 minutes)

Intervention by The UN Deputy Secretary-General (10 minutes)

Interventions from Participants (10 minutes)

Closure of event

**The Towards A Safer World Network of Pandemic Preparedness Practitioners:  
“Taking Stock of Achievements: Charting Future Directions”**

**Geneva International Conference Center- 20 May 2013**

**Participants**

**Moderators:**

David Nabarro, UN System Senior Coordinator for Avian and Pandemic Influenza (UNSIC)

Chadia Wannous, TASW Network Coordinator and Senior Policy Advisor, UNSIC

**Government entities**

	<b>Name</b>	<b>Title and Agency</b>
1.	Bengt Sundelius	Strategic Advisor to the Director General of the Swedish Civil Contingencies Agency
2.	Virginia Murray	Head of Extreme Events and Health Protection Public Health England (PHE)-UK
3.	Sok Touch	Director of Communicable Disease Control Department , Ministry of Health, Cambodia
4.	Ute Jugert	Head of Pandemic Preparedness Initiative, Health Section, GIZ, Germany
5.	Regina Meissner	Advisor Pandemic Preparedness Initiative, (GIZ) GmbH, Germany
6.	Ibrahim Alkassoum	Department of Public Health, Directorate for Surveillance and response to epidemics, Niger
7.	Mohamed Al Hajri	Manager, Health Protection and CDC, Department of PH, Qatar
8.	Marwan Alkaabi	Head of Cbrn Unit, National Emergency and Crisis Management Authority, UAE
9.	Khalifa Al Kaabi	Head of Support & Communication Unit, National Emergency and Crisis Management Authority, UAE
10.	Nicholas Studzinski	Senior International Public Health Advisor , USAID
11.	Susie Boggess	International Health and Biodefense, U.S. Department of State
12.	William Garvelink	Senior Advisor, International Medical Corps and former U.S. Ambassador to the Democratic Republic of Congo

### Non-Governmental Organizations

	Name	Title and Agency
13.	Michael Mosselmans	Head of Humanitarian Policy, Practice and Advocacy Christian Aid, UK
14.	Amnat Barlee M.D.	Red Cross-Thailand
15.	Anne Ancia	ICR, Switzerland

### Academic Institutions

	Name	Title and Agency
16.	Jemilah Mahmood	Senior Fellow Khazanah Research and Investment Strategy, Malaysia And Humanitarian Futures Programme, King's College London
17.	Magnus Hagelsteen	Researcher, Lund University Centre for Risk Assessment and Management (LUCRAM), Sweden
18.	Andrew Bates	Professor at Hawaii Pacific University

### Regional Organizations

	Name	Title and Agency
19.	Julius Kabubi	DRR Regional Advisor East African Community, Tanzania
20.	Massimo Ciotti	Deputy Head of Unit and Head of Country Preparedness and Support Section, ECDC

### Private Sector

	Name	Title and Agency
21.	Steve Aldrich	President, Bio Economic Research Associates (BioEra)
22.	Jack Holt	Global Director, Crisis & Continuity Management, Corporate Security & Investigations, GlaxoSmithKline

### UN and International Organizations

	Name	Title and Agency
23.	Neil McFarlane	Chief, Regional Programmes and DRR Coordination, UNISDR
24.	Cathy Roth	Scientific Policy Advisor to the Assistant Director-General of the Health Security and the Environment Cluster, World Health Organization
25.	David Harper	Special Adviser , Office of the Assistant Director-General Health Security and Environment, World Health Organization (WHO)
26.	Liviu Vedrasco	Technical Officer, WHO
27.	Adrienne Rashford	Technical Officer, WHO

28.	Sara Lacy	Intern, WHO
29.	Nicole Klingen	Acting Director, Health, Nutrition and Population, World Bank
30.	Maryse Pierre-Louis	Senior Public Health Officer, World Bank
31.	Daniela Wuerz	Business Continuity Specialist, Office of Director/Division of Admin UN Office in Geneva (UNOG)
32.	Paula Reid	Business Continuity Specialist, Business Continuity Management Unit, United Nations Secretariat
33.	Vincent Briac	Consultant, UNDP in Chad
34.	Frederick Spielberg	Emergency Specialist, UNICEF
35.	Keith Hamilton	Scientific and Technical Department, OIE
36.	Daniel Longhurst	Humanitarian Officer , FAO Liaison Office Geneva
37.	Mona Chaya	Coordinator, Food Chain Crisis Management Framework, FAO
38.	Chaitan Jain	Assistant Director, Government and Industry Affairs, International Air Transport Association (IATA)
39.	Victor Kourenkov	International Civil Aviation Organization (ICAO) Paris Office
40.	Dirk Glaesser	Coordinator of Risk and Crisis Management Programme, UNTWO
41.	Stefan Seebacher	Head, Health Department, International Federation of Red Cross and Red Crescent Societies (IFRC)
42.	Panu Saaristo	Emergency Health Coordinator , IFRC
43.	Kiflemariam Amdemariam	Senior Officer- Food Security , Community Preparedness and Disaster Risk Reduction Department, IFRC
44.	Annie Toro,	Senior Advisor for Global Health Policy, IMC
45.	Atilio Vasquez,	Public Health Advisor, IMC
46.	Yumi Terahata,	Japan Country Representative, IMC
47.	Jacob Schafer	Development Innovations & Global Strategies , IMC