

CONCEPT OF OPERATIONS FOR
THE UN SYSTEM
IN AN INFLUENZA PANDEMIC

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INTRODUCTION

The Concept of Operations (CONOPS) was requested by the UN System Influenza Steering Committee as a guiding framework that defines ways in which all elements of the UN System should collaborate with each other in addressing the major challenges that are likely to be posed during different phases of a severe influenza pandemic. It is based on the agreed General Principles for UN System operations in the event of a Human Influenza Pandemic and endorsed by the UN System Influenza Steering Committee at its May 9th 2007 meeting. Following a UN system pandemic simulation held by OCHA in Geneva on 19th June 2008, a number of minor changes were made to the original version. The CONOPS outlines response and reporting structures during a pandemic. It lays out the working relationship between the UN Secretariat and WHO and describes global, regional, and country level procedures in the context of these institutional relationships. The CONOPS serves as an overarching framework into which the pandemic preparedness plans of different UN agencies, country teams and missions are expected to fit. It is designed to be a living document and should therefore continue to be tested through simulations and changes made based on approval of the UN System Influenza Steering Committee.

Two additional documents are being developed which will supplement the CONOPS:

- a) An implementation plan to include more detailed descriptions of the roles, responsibilities and accountability of the various UN System agencies, funds and programs during an influenza pandemic response; and
- b) A paper on coordination to ensure a synergised response by the UN System during a pandemic and clarifying the roles of the various UN committees that are likely to have an interest.

I. Operational Responsibilities of the UN System during a Pandemic

A pandemic will have wide ranging consequences for human health, economic and social issues, for which the UN System and UN System agencies, funds and programmes have many responsibilities. Consequently, efforts to prepare respond and recover from a pandemic will place demands on the varied parts of the UN System. The UN System faces two major challenges at different levels. On the one hand, it must ensure that the workings of the system can withstand the potential disruptions a pandemic might inflict on its ability to continue its critical operations. On the other hand, it must ensure that it meets the needs of UN country offices supporting a large number of essential programmes around the world.

The operational responsibilities of the UN System and specialized agency secretariats during a pandemic are:

- To provide continuous assessments of pandemic risks and ensure provision of up-to-date and reliable information on (a) the progression of the pandemic and (b) the appropriate international response.
- To assist individual governments with the rapid containment of and response to a potential pandemic and as far as possible assist in containment efforts during the early stages of a pandemic.
- To encourage joint working among neighbouring countries to set up collaborative cross-border responses to common pandemic-related threats.
- To assist countries with the provision of humanitarian assistance to support emergency responses and enable all populations, particularly the most vulnerable ones, to have access to basic needs.
- To assist with the provision of essential services to refugees.
- To coordinate international assistance to individual governments as they respond to the impact of a pandemic.

2. Procedures for Executing Responsibilities and Sustaining Operations

Standard operating procedures are needed to ensure that the respective actors undertake certain defined roles in a pandemic. The standard operating procedures link the different communications and management systems outlined in the pandemic preparedness plans of the various UN System agencies. These procedures must take into account the risk of disrupted telecommunications systems and social distancing policies.

This document focuses on the specific operational responsibilities of

- a) the Secretary General and the SG's office,
- b) the designated officials within UN country offices and Peacekeeping Missions,
- c) the security and management core of the UN secretariat,
- d) the UN Medical Services,
- e) the core communicators, including DPI, the Spokesman's Office, and the communication departments of the UN agencies.

It further takes account of the kinds of direction that are likely to be provided by the UN Security Council and the General Assembly.

The document also anticipates the roles to be played by

- a) specialized UN System agencies (WHO, FAO),
- b) the operational UN System agencies (UNICEF, WFP, UNHCR, UNDP),
- c) the Office for the Coordination of Humanitarian Affairs (OCHA),

In order to sustain operations, all offices/departments/agencies of the UN System, including UN country teams, peacekeeping missions, headquarter offices and offices away from headquarters, are, as originally requested by the UN Secretary-General in March 2006, responsible to update preparations for:

- Safety of staff and assets under their authority.
- Continuity of critical operations in the event of an influenza pandemic and implementation of extended operations in case there are additional needs.
- Support to national authorities with any new operations with which the UN system is asked to help.

Each is expected to use existing management structures (such as Crisis Management Teams), to agree to the specific responsibilities of different individuals in this team, to assess location-specific risks, to identify triggers and actions to be taken during an influenza pandemic, to determine the functions and personnel critical for sustaining operational continuity, to identify areas of support to national authorities, and to test and revise their preparations. The UN System's progress of preparations is monitored by the Pandemic Influenza Contingency support team (created by the office of the UN System Influenza Coordinator and situated in OCHA Geneva and its regional hubs) and reported to the Deputy Secretary-General and the Avian and Human Influenza Steering Committee at regular intervals.

3. Global level procedures

At the global level, the following procedures will ensure that the UN System's planning for and response to a pandemic are undertaken in a coordinated manner:

- 3.1. The responsibility for determining the global alert and status of an influenza pandemic, for directing pandemic containment efforts and for communicating public health related advice to governments, the wider public and officers within the UN System, rests with the WHO as set out in the International Health Regulationsⁱ (2005) and WHO-

ⁱ The WHO International Health Regulations (IHR, 2005) adopted in 2005 by the World Health Assembly of WHO, entered into force on June 15, 2007 for WHO's Member States and other States which elect to be bound by them. The IHR (2005) establish a binding legal framework to prevent, protect against and provide a public health response to the international spread of disease while avoiding unnecessary interference with international traffic--a key step in improving and protecting international health security. The IHR (2005) scope is necessarily broad, governing events whether based upon biological, chemical or radio nuclear sources and whether based upon known diseases or unknown agents. The IHR (2005) establish obligations governing State-Parties' need to report and verify information to WHO on public health events which may result in public health emergencies of international concern or other important public health risks, as well as public health assessment and response functions of both WHO and the States. WHO is specifically mandated to conduct surveillance, assess events and seek verification from the States Parties concerning events which may constitute such public health emergencies. WHO is also mandated to disseminate information to States concerning key international public health risks and other important public health information. States and WHO actions would include influenza caused by a new subtype because of the potential for devastating health consequences.

In the context of international public health emergencies, the Director-General of WHO has the responsibility to determine, based upon specified criteria and procedures, whether a public health event constitutes a public health emergency of international concern; if such an emergency is determined to be occurring, the Director-General is mandated to issue Temporary Recommendations under these procedures concerning health measures to prevent or reduce international spread and minimize interference with international traffic. The IHR (2005) also provide for WHO to support and collaborate with States in risk assessment and public health control efforts. The IHR (2005) further obligate States-Parties to establish and maintain national minimum core capacities to detect, assess, and respond to these events. For international traffic, the IHR (2005) also establish a range of requirements and authorizations concerning public health aspects of international travel and trade, including the health measures that may be

developed protocols for rapid response and containment. To this end, the Director-General of WHO will be responsible for directing and coordinating the **international health response** to an influenza pandemic including assisting Member States with their health responses, in collaboration with other UN agencies and non-governmental agencies.

- 3.2. In the event of an influenza pandemic being either suspected or confirmed, the authority and responsibilities of officers at different levels within the UN System will, unless otherwise indicated, remain in accordance with existing inter-agency arrangements.
- 3.3. Once there is strong suspicion that a pandemic virus has emerged, the Secretary-General will convene, in close consultation with the WHO Director-General, a meeting of an expanded UN System Influenza Steering Committee on Avian and Human Influenza and – at the same time – a meeting of the UN Senior Emergency Policy Team – Influenza Pandemic (SEPT-IP)ⁱⁱ. This joint committee meeting will (a) review the global situation, ensure a single strategic and coordinated approach of the UN's pandemic response and (b) seek to ensure staff safety and security, and operational continuity. This committee will include high-level officials from the UN Secretariat (including those responsible for management, public information, security, medical services, peacekeeping, and humanitarian affairs), the WHO, other agencies, funds and programmes, UN regional bodies, International Financial Institutions and other international organizations that work with the UN System on security and related issues or stand in defined relationships to it. During a pandemic, the committee will meet frequently to ensure efficient day-to-day coordination of, and provide guidance and direction to, the UN's activities. In addition, the committee will support the Secretary-General in communicating any UN-wide policy or other decisions related to the pandemic.
- 3.4. The Senior UN System Influenza Coordinator will remain a member of both the SEPT-IP and UN System Influenza Steering Committee on Avian and Human Influenza. The UN System Influenza Coordination (UNSIC) Office will continue to ensure that the UN's response in a pandemic is synergistic at all levels.
- 3.5. The UN System Technical Working Group on Influenza, chaired by the Senior UN System Influenza Coordinator, will also be expanded and will include representatives from UN system agencies, funds and programmes. The International Financial Institutions will be invited to participate. Depending on the intensity of humanitarian needs, OCHA will play a central role in the TWG. The office of the UN System Influenza Coordinator will provide secretariat services to the TWG. The UN System Technical Working Group on influenza will provide working level support to the UN System Influenza Steering Committee on Avian and Human Influenza. In case of a global WHO declared pandemic phase change or any other important development, this working group will meet first to come up with suggestions that are then endorsed by the UN System Influenza Steering Committee on Avian and Human Influenza.

implemented by States-Parties in differing circumstances, human rights protections for international travellers, and sanitary and documentary requirements applicable to international ships, aircraft and ground vehicles. For further information, please consult <http://www.who.int/csr/ihr/en/>

ⁱⁱ In addition to the SEPT-IP and DSG's Influenza Steering Committee, there are a number of existing committees, technical working groups and fora within the UN System that will expect to play a role in the response of the UN to a pandemic. Clarification of the role these existing groups will play during a pandemic is contained in a separate document outlined in the introduction to the CONOPS.

- 3.6. In accordance with response plans and based on their prioritisation of essential operations, UN System agencies, funds and programs will continue to implement their programmes of support to national authorities with specific focus on livelihoods, basic services, peacekeeping and humanitarian operations.
- 3.7. The UN Medical Services will at all times be responsible for policy and operational decisions regarding the assessment and management of risks to health and safety of UN System staff and dependents at country, regional office and headquarter levels, maintaining close liaison with WHO.
- 3.8. The operational UN System agencies will assist the UN's response in a pandemic according to their mandate. Regarding those operational agencies currently on the Deputy Secretary-General's Steering Committee for Avian and Human Influenza, UNICEF will focus on health and welfare issues as they affect children and their families and on strategic communications for social mobilisation and behaviour change; WFP will provide humanitarian support to vulnerable populations through delivery of food and will assist with maintenance of logistics and transportation services and capacities; UNHCR will respond to the needs of refugee communities; and UNDP will be responsible for the coordination of bilateral and multilateral external assistance to host governments.
- 3.9. The Office of Coordination of Humanitarian Affairs (OCHA) will coordinate responses to potential humanitarian consequences of a pandemic, in close collaboration with leads for humanitarian clustersⁱⁱⁱ and other supporters together with UN agencies and partners, and other external supporters. This will ensure that all countries have the necessary common humanitarian services in place and all populations, particularly the most vulnerable, have access to basic needs and are adequately protected.
- 3.10. Special attention will be given to public communications issues. WHO will have overall responsibility for determining the content of public health communications to be made to Member State governments, to health professionals and to the general public, and will do this using its well developed outbreak communications' procedures. The UN agencies that form part of DPI's inter-agency group on Avian and Human Influenza communications will support WHO's efforts in disseminating these messages through existing communications coordination mechanisms. In addition, they will provide communications according to their area of expertise and mandate. DPI will maintain a UN System communication coordination mechanism to ensure consistent messaging to the public.

4. Regional level procedures

There are clear systemic challenges for coordinating the UN System response at a regional level, because regional offices of different UN agencies, funds, and programmes are not co-located,

ⁱⁱⁱ In September 2005 the Principals of the Inter-Agency Standing Committee (IASC) agreed to establish cluster leads in nine areas. First, clusters dealing with service provision: a) Logistics, chaired by the World Food Programme (WFP); and b) Emergency Telecommunications, chaired by the Office for the Coordination of Humanitarian Affairs (OCHA) as process owner, with the United Nations Children's Fund (UNICEF) as the common data communications service provider and WFP as the common security telecommunications service provider. Second, clusters dealing with relief and assistance to beneficiaries: c) Emergency Shelter, chaired by UNHCR (for conflict-generated IDPs) ; d) Health, chaired by the World Health Organisation (WHO); e) Nutrition, chaired by UNICEF; and f) Water, Sanitation, and Hygiene, chaired by UNICEF. Third, clusters covering cross-cutting issues: g) Early Recovery, chaired by the United Nations Development Programme (UNDP); h) Camp Coordination and Camp Management, chaired by the United Nations High Commissioner for Refugees (UNHCR) (for conflict-generated Internally Displaced Persons [IDPs]) and by the International Organization for Migration (for natural disasters); and i) Protection, chaired by UNHCR (for conflict-generated IDPs). In December 2005 they further reaffirmed the sector of agriculture, led by FAO.

and have different geographical coverage. Despite these challenges, the UN system at a regional level needs to ensure a coordinated response in line with the following procedures and work closely with relevant non-UN regional bodies to maximise efforts in threat assessment, contingency planning and support to national responses

- 4.1. The Regional offices of WHO will play a central role in rapid containment efforts for a potential pandemic and for on-going containment in conjunction with WHO Headquarters. During the response phase, all UN System agencies with operational capacity will be called upon to maintain critical functions and to take on additional tasks. Representatives of regional offices for UN System entities will meet on pandemic issues on a regular basis through ad-hoc regional pandemic task forces. The membership and geographical coverage of these task forces will be flexible, but concerned UN country teams will need to know to which regional task forces they are attached. UN System Influenza Coordination regional hubs and the Regional Planning Officers from the Pandemic Influenza Contingency (PIC) team within UN OCHA, will provide a secretariat support. In order to avoid the emergence of a second pandemic FAO and OIE will have to continue to play a key role to ensure that efforts to control the disease at its source in animals are sustained.
- 4.2. Coordination and support to humanitarian operations will be provided through OCHA Regional Offices using existing regional coordination bodies such as Regional Directors Teams (RDT) or Regional IASC Teams.

5. Country level procedures

At country level, effective UN country teams are at the forefront of addressing 'common service support' in a pandemic, both through their planning for operational continuity and support to national authorities. The UN System Resident Coordinators/Humanitarian Coordinator (or in integrated missions the Special Representatives of the Secretary-General)^{iv}, leading the UN presence in country, have a key role in bringing together representatives of UN System agencies, peacekeeping missions (where present), the World Bank and other development banks, intergovernmental organisations, the Red Cross Movement, NGOs and donors to support national governments in their pandemic planning efforts and response. In countries where the Designated Official (DO) is not the same individual as the RC (or HC), in accordance with standard UN practice, the DO will maintain full responsibility for all aspects of staff health and safety.

- 5.1. In responding to a humanitarian crisis caused by a pandemic, humanitarian agencies within and outside the UN system are encouraged to work together through a sector or cluster approach to ensure a coordinated response to the situation. To this end, Country Team response plans should be developed in accordance with the revised IASC contingency planning guidelines for humanitarian assistance.

^{iv} As specified in the General Assembly document A/61/531, Annex I, E, page 22: "In each country or designated area where the United Nations is present, the most senior official is normally appointed as the designated official for security. The designated official is accountable to the Secretary-General, through the Under-Secretary-General for Safety and Security, for the security of personnel employed by the organizations of the United Nations system and their recognized dependents throughout the country or designated area. The designated official is responsible and accountable for ensuring that the goal of the United Nations security management system is met at the duty station." The Head of Mission (HoM) of a multidimensional peacekeeping operation has overall authority over the activities of the United Nations in the duty station. Generally appointed as a Special Representative of the Secretary-General (SRSRG), the HOM reports to the Secretary-General through USG/DPKO and exercises United Nations operational authority in the field.

- 5.2. As outlined by the Pandemic Planning and Preparedness Guidelines for the UN system of 15 March 2006, the existence of a functional Crisis Management Team (CMT) is essential in ensuring coordinated response. The CMT, consisting of a group of senior operational staff selected from different UN agencies, should be set-up to assist the RC (or HC where applicable). Its role will be to monitor the situation, recommend decisions and particular courses of action to the RC, maintain working level links with the national authorities, ensure that all UN system agencies are consulted about critical issues, and ensure that precise information is provided in a timely manner. The WHO country representative will have a central role in this small team, providing recommendations to the RC (or HC where applicable). The details of such arrangements are likely to differ between countries. UN country teams should adjust these concepts of operations to reflect their circumstances. For instance, it may be decided to combine meetings of the Heads of UN Agencies, the Security Management Team (SMT), and the CMT.
- 5.3. The UN Department of Safety and Security (DSS) through its Field Security Advisors will manage issues related to security, with the Security Management Team (SMT) or other existing security mechanisms being responsible to assess the effects of a pandemic on a case-by-case basis in-country. As a country becomes affected by the pandemic, the SMT will receive continuous support through the UN Department of Safety and Security, the UN Department of Management, DGO, the UN Secretariat, OCHA and the Department of Peacekeeping Operations and Department of Field Support as required. Health related issues will be managed through the established medical services used by the UN country team. Depending on local medical infrastructure, the preferable source of medical service for UN staff (consultation and treatment in the case of illness) will be within existing local medical channels. In the case of inadequate or overloaded local medical services, UN medical services will assist to the extent practicable.
- 5.4. In accordance with UNMS Guidelines, all organisations of the UN system should ensure that they have sufficient quantities of pharmaceutical supplies to enable the continuation of essential functions and operations. The SMT will review and decide on the deployment of medical supplies, protective equipment and other essential commodities available to staff of UN Systems bodies at country level, taking account of any additional stocks that may be available in national or regional stockpiles. During a pandemic, these will be placed at the disposal of the senior UN medical professional in country. This is in line with normal procedures and will require close coordination between the members of the UN country team, the security and medical services and the Designated Official. In order to ensure the most effective use of pharmaceutical supplies, the RC in collaboration with the UNCT and SMT may need to exercise authority over the prioritisation of essential programmes, operations and functions.
- 5.5. The SMT, in coordination with WHO and DSS, will identify and prioritize needs for staff to move in country, taking into account assessments of risks to health and safety. The SMT will meet frequently during a pandemic and will decide on special procedures for managing the movement of all UN systems personnel in country. In addition the SMT will decide on security measures for country offices and recommendations for critical staff (staff that are involved in critical functions). The SMT should be able to function under a situation where movement of staff (even from homes to point of work) is extremely restricted. It should also be able to maintain links with other agency headquarter offices in and out of country.

5.6. The RC (or HC where applicable) will, lead the UN System in high-level national meetings, such as inter-ministerial meetings, to facilitate communication between the UN country team and national authorities. The UN country team will seek to be part of national task forces and will work with national authorities to maintain a regular overview of:

- The population's access to basic needs, such as water, food, health care, and education.
- The functioning of communication services (radio, telecommunication, internet).
- Financial and banking services.
- Fuel and power supplies.
- Functioning of government.
- Media and public information.

The UN country team will further assist with the establishment of a common humanitarian infrastructure to provide humanitarian support to communities that are at risk of suffering, placing a special emphasis on vulnerable populations. UN country teams will develop situation reports on a regularly basis and share them with UN HQ, relevant regional task forces and neighbouring UN country teams.

6. Testing outlined procedures through simulation exercises

The procedures outlined in this CONOPS framework will need to be tested at global, regional, and country level to ensure their utility and allow for revision where necessary. Several UN country teams have already conducted simulations to test coordination structures and other procedures outlined in their pandemic plans. Further simulation exercises at regional and global level are needed to test coordination structures and operating procedures. Such large scale simulations will require the commitment of different UN entities. It is anticipated that this CONOPS will continue to be tested through simulation exercises at global, regional and country levels during 2009.