



**Second Consolidated Annual Progress Report on Activities
Implemented under the Central Fund for Influenza Action**

**Report of the Administrative Agent of the CFIA
for the Period 1 January to 31 December 2008**

**Multi-Donor Trust Fund Office
Bureau of Management
United Nations Development Programme
www.undp.org/mdtf**

29 May 2009

CENTRAL FUND FOR INFLUENZA ACTION

PARTICIPATING UN ORGANIZATIONS¹

FAO	Food and Agriculture Organization
ICAO	International Civil Aviation Organization
ILO	International Labour Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP	World Food Programme
UNWTO	World Tourism Organization

PARTICIPATING NON-UN ORGANIZATIONS²

IOM	International Organization for Migration
OIE	World Organization for Animal Health

¹ Refers to the Participating UN Organizations that have signed the Central Fund for Influenza Action (CFIA) Memorandum of Understanding with the Multi-Donor Trust Fund (MDTF) Office, as Administrative Agent (AA) of the CFIA.

² Refers to the Non-Participating UN Organizations that have signed the CFIA Memorandum of Understanding with the MDTF Office, as AA of the CFIA. The CFIA Management Committee endorsed IOM and OIE's eligibility to access CFIA funds as both organizations have financial regulations, rules and an oversight framework similar to UN Organizations.

CONTRIBUTING DONORS




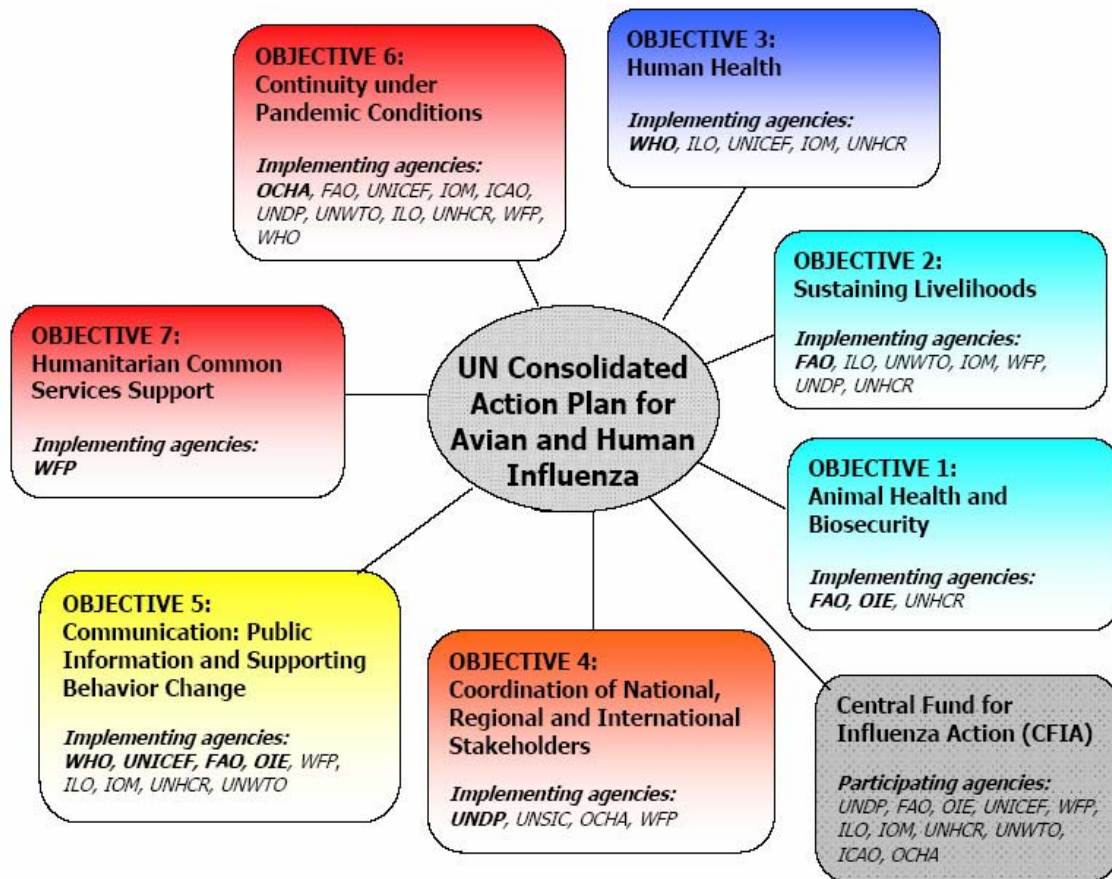
NORWAY	
SPAIN	
USA	

Figure 1: Involvement of the UN agencies and partners in the seven objectives of the UN System Consolidated Action Plan for Avian and Human Influenza (UNCAPAHI)³



³ Source: Review of the UNCAPAHI, p. 5, 15 November 2007.

ABBREVIATIONS AND ACRONYMS

AA	Administrative Agent
ACI	Airports Council International
AED	Academy for Education Development
AHI	Avian & Human Influenza
AI	Avian Influenza
APEC	Asia-Pacific Economic Cooperation
API	Avian and Pandemic Influenza
ASEAN	Association of Southeast Asian Nations
AU	African Union
BCP	Business Continuity Plan
CAPSCA	Cooperative Arrangement for the Prevention of Spread of Communicable Disease by Air Transport
CAREC	Caribbean Epidemiology Center
CDC	Centers for Disease Control and Prevention
CFIA	United Nations Central Fund for Influenza Action
CFIA MC	Management Committee for the CFIA
COG	Crisis Operational Group in United Nations HQ New York
CONOPS	Concept of Operations for the United Nations System in a Pandemic
CRS	Catholic Relief Services
ECAC	European Civil Aviation Conference
ECHO	European Commission's Humanitarian Aid Office
ECOWAS	Economic Community of West African States
ESCAP	United Nations Economic and Social Commission for Asia and the Pacific
FAO	Food and Agricultural Organization
FGD	Focus Group Discussions
FITUR	La Feria Internacional del Turismo
GoE	Government of Egypt
HPAI	Highly Pathogenic Avian Influenza
H2P	Humanitarian Pandemic Preparedness
IATA	International Air Transport Association
IASC	UN Inter-Agency Standing Committee
ICAO	International Civil Aviation Organization
ICAO SARPs	ICAO Standards and Recommended Practices
IEC	Information, Education and Communication
IFRC	International Federation of Red Cross
IHR	International Health Regulations
ILO	International Labour Organization
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
ITB	International Tourism Boerse
IUF	International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Associations
KAPB	Knowledge, Attitude, Practices, and Beliefs
KOMNAS	National Committee for Avian Influenza Control and Pandemic Preparedness in Indonesia

LOA	Letter of Agreement
LOG's CONOPS	Logistics Concept of Operations
MDTF	Multi-Donor Trust Fund
MOU	Memorandum of Understanding
NAHICO	National Avian and Human Influenza Coordination Office in Lao PDR
NATO	North Atlantic Treaty Organization
NGO	Non-Governmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OIE	World Organization for Animal Health
OSH	Occupational Safety and Health
P2LX	Pandemic Logistics Learning Exercise
PIC	Pandemic Influenza Coordination
PLCCA	Pandemic Logistics Corridor Capacity Assessment
PHI	Pandemic Human Influenza
PO	Participating Organization
PPP	Pandemic Preparedness Plan
RAMT	Regional Aviation Medicine Team
RC	Resident Coordinator
SADC	Southern African Development Community
SEPT	United Nations Senior Emergency Policy Team
SMEs	Small and Medium Enterprises
TERN	Tourism Emergency Response Network
TOR	Terms of Reference
TOT	Training of Trainers
UN	United Nations
UNCAPAHI	United Nations Consolidated Action Plan for Contributions of the UN System and Partners for Avian & Human Influenza
UNCT	United Nations Country Team
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNEP	United Nations Environment Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNSIC	United Nations System Influenza Coordination
UNWTO	United Nations World Tourism Organization
USAID	United States Agency for International Development
WHO	World Health Organization

DEFINITIONS⁴

Approved Project

A project that has been approved by the Central Fund for Influenza Action Management Committee (CFIA MC) for which a project document has been subsequently signed.

Donor Commitment

A legally binding commitment of a donor contribution to the Central Fund for Influenza Action (CFIA) formalized through a Letter of Agreement signed between the donor and the UNDP Multi-Donor Trust Fund Office, in its capacity as the Administrative Agent of the CFIA.

First Window

Refers to unearmarked voluntary contributions to the CFIA where the programmes/project(s), objectives, and Participating Organizations shall be approved by the CFIA MC.

Second Window

Refers to earmarked contributions to the CFIA available for the purpose of financing Participating Organizations and specific objective(s) of the UN Consolidated Action Plan for Avian and Human Influenza, for which programme/project(s) concerned shall be approved by the CFIA MC.

Project Commitment

The amount for which a legally binding contract has been signed between a Participating Organization of the CFIA and a vendor.

Project Disbursement

The amount paid to a vendor or entity for goods received, works completed and/or services rendered.

⁴ Common definitions used by the Multi-Donor Trust Fund Office for use in MDTF Annual Progress Reports.

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EXECUTIVE SUMMARY

The United Nations Central Fund for Influenza Action (CFIA) was established in November 2006 to enable rapid funding of urgent unfunded and under-funded priority actions of the Consolidated Action Plan for Contributions of the UN System and Partners for Avian & Human Influenza (UNCAPAHI). The Multi-Donor Trust Fund (MDTF) Office of the United Nations Development Programme (UNDP) serves as the Administrative Agent (AA) of the CFIA, and between December 2006 and May 2007, concluded a Memorandum of Understanding (MOU) with a total of nine United Nations (UN) and two Non-UN Organizations participating in the UNCAPAHI.

This is the second CFIA Annual Progress Report prepared by the MDTF Office as the AA, in fulfillment of the reporting requirements set out in the Letter of Agreement (LOA) concluded with donors, which stipulate that the AA shall submit annual consolidated narrative and financial reports to donors through the CFIA Management Committee (MC). The consolidated narrative and financial report covers the period from 1 January 2008 to 31 December 2008, CFIA's second year of operation. The report is based on the individual progress reports submitted by the eight Participating UN and Non-UN Organizations (hereafter referred to as "Participating Organizations") for which CFIA funding was approved.

In June 2007, the CFIA received an initial grant of \$2.20 million from the Government of Norway, which was used to fund six projects addressing the objectives of the UNCAPAHI for \$1.96 million. In December 2007, the CFIA received an additional grant of \$1.82 million from the Government of Norway that funded in February 2008 an additional six projects for \$1.81 million addressing UNCAPAHI objectives.

In July 2007, the United States Government through the United States Agency for International Development (USAID) made a multi-year pledge of \$35 million earmarked to Objectives 6 and 7 of the UNCAPAHI - Continuity under Pandemic Conditions and Humanitarian Common Services Support. This pledge prompted the CFIA Management Committee to open a 'second window' to the CFIA. Negotiations on the Grant Agreement between the MDTF Office and USAID were finalized in January 2008. The first tranche of USAID funding was received in March 2008, following the decision of the Management Committee of February 2008 to approve five projects for funding, for a total amount of \$11.14 million.

In December 2008, the Government of Spain signed an agreement contributing \$558,000 to the CFIA. In December 2008, the Government of Norway replenished the CFIA with an additional contribution of \$1.01 million. In addition, in November 2008 the USAID released its second tranche amounting to \$9.75 million. The Management Committee meeting was held in November 2008 and ten more projects were approved, for a total amount of \$11.88 million.

With CFIA funds, in 2008 Participating Organizations have successfully contributed to the following Objectives of UNCAPAHI, securing long-term positive impacts on global capacity to control Highly Pathogenic Avian Influenza (HPAI) and prepare for the next pandemic:

- Objective 2: Sustaining Livelihoods
- Objective 3: Human Health
- Objective 4: Coordination of National, Regional and International Stakeholders
- Objective 5: Communication: Public Information and Supporting Behaviour Change
- Objective 6: Continuity under Pandemic Conditions
- Objective 7: Humanitarian Common Services Support

While some Participating Organizations implemented projects which contributed to a single UNCAPAHI Objective, others had projects addressing multiple Objectives.

The International Labour Organization (ILO) contributed to Objective 3 (as well as Objectives 2, 4 and 5), aiming at preventing the spread of the avian influenza virus and focused on information-sharing through trainings and seminars on the promotion of sound preventive behaviour in the workplace in Thailand and Indonesia in 2008. The ILO projects expanded to Viet Nam, Lao PDR, Cambodia, and Malaysia in 2009. The United Nations Development Programme (UNDP) contributed to Objective 4, by assisting the governments of Egypt, Indonesia and China with Avian and Human Influenza (AHI) programme plans and activities. The UN World Tourism Organization (UNWTO) contributed to Objective 5 by preparing travellers, the travel industry, and tourist destinations for a potential AHI outbreak. It has developed strategic communication outlets, such as a news alert and an information portal, www.sos.travel, which will keep stakeholders abreast of pandemic news and activities.

Six Participating Organizations contributed to Objective 6. The UN Office for the Coordination of Humanitarian Affairs (OCHA) is the lead agency for Objective 6. In 2008 OCHA assisted 77 UN country teams (UNCTs) in developing contingency plans, ensuring staff health and safety, continuity of essential operations and supporting national governments in pandemic preparedness. The International Civil Aviation Organization (ICAO) contributed to the same Objective by helping States in Asia Pacific, Africa, and the Americas to develop national aviation-related preparedness plans to manage the effects of a pandemic and to help minimise the adverse effects on health, the economy and the aviation sector. ICAO began implementing its Standards and Recommended Practices and Supporting Guidelines, which are based on the World Health Organization's (WHO) International Health Regulations (2005), in the Asia Pacific and Africa regions. UNWTO worked on preparing and conducting regional and national simulation exercises to rehearse preparedness plans.

The International Organization for Migration (IOM) and the Office of United Nations High Commissioner for Refugees (UNHCR) contributed to Objective 6 (as well as Objectives 3 and 5). IOM addressed the needs of migrants and mobile populations in the case of a pandemic, and advocated for their inclusion in national pandemic contingency plans. In 2008, IOM's projects covered Egypt, Cambodia, Lao PDR, Nigeria, Viet Nam, and are being expanded to Indonesia, Thailand, three countries in Latin America, and two pilot countries in Africa. UNHCR assisted in the development of pandemic contingency plans and advocated for the inclusion of refugee communities and camps in pandemic preparedness plans of host countries.

The World Food Programme (WFP) contributed to Objectives 6 and 7 (as well as Objective 2) by strengthening the capacity of its operational continuity plans under pandemic conditions, developing information management related to avian influenza, logistic expertise, contingency planning and joint operations approach to interagency processes.

The Second Annual Progress Report is presented in six sections. Section one provides an overview of the CFIA's background and the strategic framework underlying CFIA operations. Section two describes the governance aspects of the CFIA. Section three presents an overview of approved projects, including the overview of implementation, achievements and challenges. Section four highlights project-level achievements, compiled from individual annual progress reports submitted to the MDTF Office, by the UNCAPAHI Objective. Section five provides an overview of the financial performance of the CFIA. The conclusion to the report is presented in section six.

1. CENTRAL FUND FOR INFLUENZA ACTION STRATEGIC FRAMEWORK

In the face of the risk of an influenza pandemic, effective and coordinated efforts by the UN System and its partners are a fundamental pre-condition for meeting key objectives and managing the complexity of the challenges at stake. As such, in July 2006, the UNCAPAHI⁵ was developed as a basis for coordinated action as well as a tool for resource mobilization and the strategic allocation of resources. This Action Plan identifies seven strategic objectives (Figure 1), which cover the scope of the response to Avian and Human Influenza (AHI).

In October 2006, the UN System Inter-Agency Technical Working Group on Influenza developed a Terms of Reference (TOR) for a pooled fund in advance of the fourth inter-governmental conference on Avian and Pandemic Influenza held in Bamako, Mali (December 2006). Such a mechanism was seen as a critical element of a coordinated UN response, by enabling rapid funding for urgent unfunded and under-funded priority actions of the UNCAPAHI. The CFIA was created shortly thereafter.

In accordance with the CFIA TOR finalized in November 2006, CFIA funds are available to Participating Organizations to assist countries with restricted implementation capacity, respond to unforeseen needs for urgent action, and support joint programming where it can provide either start-up or supplementary resources to on-going activities for local, regional, and/or global initiatives.

As shown in Table 1.1, during the current reporting period, the CFIA received a total contribution of \$22.6 million in donor deposits. This was comprised of \$1.57 million in unearmarked funds from the Government of Norway and the Government of Spain. In addition, the USAID deposited \$21 million of its \$35 million contribution in two tranches. The first tranche, amounting to \$ 11.25 million, was made available in February, and the second tranche, amounting to \$ 9.75 million, in November 2008.

Table 1.1: Contributions, by Donor and Year (\$)

DONOR	2007	2008	2009	2007-2009 TOTAL
Norway	4,018,886	1,013,577		5,032,463
USA	-	21,000,000	14,000,000	35,000,000
Spain	-	558,040		558,040
TOTAL	4,018,886	22,571,617	14,000,000	40,590,503

⁵ This document is available at the CFIA web site, www.undp.org/mdtf/influenza/ and at the portal maintained by UNSIC, www.un-influenza.org.

2. GOVERNANCE AND DECISION-MAKING

2.1 THE CFIA MANAGEMENT COMMITTEE

The CFIA is governed by an inter-agency Management Committee (MC) composed of representatives from each Participating Organization to the UNCAPAHI that has concluded an MOU with the MDTF Office, as the AA. The World Bank participates in the MC as an observer, while the MDTF Office is an ex-officio member. Following the amendment of the CFIA Terms of Reference in July 2007 to permit participation of donors as members of the committee, Norway and USAID joined the MC. The Committee oversees and coordinates the operations of the CFIA, including providing strategic direction, approving projects and deciding on fund allocation. It is chaired by the UN System Senior Coordinator for Avian and Human Influenza.

During 2007, the CFIA MC held a total of four meetings in which it: (a) agreed on the composition of the MC; (b) approved the CFIA MC TOR and Rules of Procedure; (c) approved funding for six of the seven project proposals submitted for funding; (d) agreed to open a second window to the CFIA for receipt of funds pledged by USAID for humanitarian pandemic preparedness (Objectives 6 and 7 of the UNCAPAHI); (e) adopted a financial performance indicator for approving additional tranches; and (f) decided that Participating Organizations receiving funding will provide quarterly progress updates to the MDTF Office, as the AA, and the CFIA Secretariat to supplement the official annual reporting requirements.

During 2008, the CFIA held a total of two meetings. At its meeting held on 20 February 2008, the CFIA MC reviewed and approved 11 project proposals⁶ for funding out of the contributions received from Norway and USAID, totaling \$12.95 million. At its meeting held on 14 November 2008, the CFIA MC reviewed and approved ten project proposals for funding out of the contributions received from Norway, Spain and USAID, totaling \$11.88 million. Table 2.1 lists all funded projects by approval dates of the Management Committee.

⁶ Of which ten projects have been funded.

Table 2.1. Management Committee Approved Projects

Project Number	Participating Organization	Funds Approved (\$)	Funds Transferred (\$)	Start Date	Completion Date
<i>CFIA MC Meeting: 12 July 2007</i>					
CFIA-A1	WFP	400,000	400,000	27-Jul-07	31-Mar-09
CFIA-A2	ILO	250,000	250,000	20-Sep-07	31-Jan-09
CFIA-A3	UNDP	400,000	400,000	25-Jul-07	17-Jul-09
CFIA-A4	UNWTO	400,000	400,000	26-Jul-07	31-Dec-09
CFIA-A5	ICAO	201,800	201,800	26-Jul-07	31-Dec-10
CFIA-A6	IOM	162,488	162,488	28-Sep-07	31-Mar-09
<i>Sub-total:</i>		<i>1,814,288</i>	<i>1,814,288</i>		
<i>CFIA MC Meeting: 20 February 2008</i>					
CFIA-A7	ILO	250,000	250,000	1-Apr-08	30-Jun-09
CFIA-A8	OCHA	320,000	320,000	24-Mar-08	31-Dec-08
CFIA-A9	IOM	312,690	312,690	1-Apr-08	30-Sep-09
CFIA-A10	UNWTO	252,000	252,000	10-Mar-08	31-Oct-09
CFIA-A11	ICAO	549,960	549,960	2-Mar-08	2-Mar-09
CFIA-A12	WFP	279,484	279,484	6-Mar-08	5-Mar-09
CFIA-B1	OCHA	1,485,000	1,485,000	25-Apr-08	30-Sep-08
CFIA-B3*	WFP	4,205,100	3,041,760	4-Mar-08	30-Apr-09
CFIA-B4	IOM	990,000	990,000	13-Mar-08	31-May-09
CFIA-B5	UNHCR	2,970,000	2,970,000	11-Apr-08	10-Apr-09
<i>Sub-total:</i>		<i>11,614,234</i>	<i>10,450,894</i>		
<i>CFIA MC Meeting: 14 November 2008</i>					
CFIA-A13	ILO	396,887	396,887	1-Jan-09	31-Dec-09
CFIA-A14	ICAO	399,960	399,960	19-Dec-08	18-Dec-09
CFIA-A15	IOM	304,950	304,950	25-Mar-09	24-Mar-10
CFIA-B6*	OCHA	2,475,000		19-Jan-09	18-Jan-10
CFIA-B7*	WFP	3,217,500		11-Dec-08	10-Dec-09
CFIA-B8	UNHCR	2,970,000	2,970,000	22-Dec-08	31-Dec-09
CFIA-B9	IOM	990,000	990,000	22-Dec-08	21-Dec-09
CFIA-B10*	OCHA	324,456		19-Jan-09	31-Dec-09
CFIA-B11	OCHA	400,000	263,000	19-Jan-09	31-Dec-09
CFIA-B12	IOM	399,645	399,645	22-Dec-08	21-Dec-09
<i>Sub-total:</i>		<i>11,878,398</i>	<i>5,724,442</i>		
Grand Total:		25,306,920	17,989,624		

*Note: Funds for projects under the Second Window have not been transferred upfront for OCHA and WFP projects, since their respective financial rules and regulations do not permit interest reporting and refunding.

2.2 THE ADMINISTRATIVE AGENT

The CFIA Participating Organizations have appointed UNDP's MDTF Office to serve as their AA for the CFIA. The AA is responsible for a range of fund management services, including: (a) receipt, administration, and management of donor contributions; (b) transfer of funds approved by the CFIA MC to Participating Organizations; (c) reporting on the source and use of donor contributions received; (d) synthesis and consolidation of the individual annual narrative and financial progress reports submitted by each Participating Organization for submission to donors through the MC; and (e) ensuring transparency and accountability of CFIA operations by maintaining the CFIA web site on the MDTF Portal, which was launched in January 2008. The CFIA web site complements the United Nations System Influenza Coordination's (UNSIIC) portal in that it focuses on the fund management and operational aspects of the CFIA, including donor contributions, CFIA MC decisions, and approved projects. The AA broadened the scope of the web site in response to MC decisions in order to give more visibility to the work of the CFIA. The financial information on the CFIA portfolio such as pledges, deposits, and the transfers of funds to Participating Organizations, is updated monthly. Quarterly progress updates have been institutionalized in the first quarter of 2008, and updates are posted on the web site two weeks after the end of each quarter.

As of 31 December 2008, nine Participating UN Organizations and two Participating Non-UN Organizations (the IOM and the World Organization for Animal Health [OIE]) signed an MOU with the AA. In December 2008, the AA concluded a Letter of Agreement with the Government of Spain and an Addendum to the Letter of Agreement with the Government of Norway. The AA also finalized USAID's Grant Agreement under a special arrangement in January 2008, and concluded the Addendum for USAID's second tranche release in October 2008.

3. PROJECT APPROVAL, FUNDING, AND IMPLEMENTATION UPDATES

This section describes the timeline of when projects were approved by the CFIA MC, as well as how much funding was allocated to each project. Table 3.1, in section 3.1, delineates the details of each project with regards to implementing Participating Organization, project title, project budget, and which UNCAPAHI Objective(s) the project is trying to achieve. Section 3.2 describes the activities of each Participating Organisation as they pertain to each UNCAPAHI Objective. Section 3.3 describes the challenges that Participating Organisations faced in this reporting year.

3.1 PROJECT APPROVAL

The CFIA became operational in 2007 and, as of 31 December 2008, the CFIA MC approved 26 projects. Six of these projects were approved and funded in 2007, while ten were approved by the MC in February 2008 and their implementation is well underway. The remaining ten projects were approved in November 2008, with funds transferred⁷ in December 2008, with their implementation initiated in 2009. The projects funded in 2008 are for a total of \$ 23.5 million. The call for proposals, issued for the un earmarked contributions of Norway and Spain, capped projects at \$400,000 to accommodate as many proposals as possible. The CFIA maintains an emergency reserve of \$200,000 to ensure some funding is available at all times to enable immediate response to unforeseen emergencies. Table 3.1 below provides details of approved funding and the UNCAPAHI Objectives addressed by the Participating Organizations.

Table 3.1 CFIA Projects and UNCAPAHI Objectives as of 31 December 2008

Project Number	Participating Organization	Project Title	Objectives ⁸	Funds Approved (\$)
CFIA-A2	ILO	Avian Influenza and the Workplace in Thailand	2, 3 (incl. 4, 5)	250,000
CFIA-A7	ILO	Avian Influenza and the Workplace in Indonesia	2, 3 (incl. 4, 5)	250,000
CFIA-A13	ILO	Livelihoods Support for AHI Pandemic Prevention and Preparedness at the Workplace	3, 5, 6	396,887
CFIA-A6	IOM	AHI Pandemic Preparedness for Migrant Construction Workers in Lao PDR	5, 6 (incl. 3)	162,488
CFIA-A15	IOM	Pandemic Preparedness among Migrant Populations in Latin America	5, 6 (incl. 3)	304,950
CFIA-A3	UNDP	Support to Coordination of Avian & Human Influenza Activities	4	400,000
CFIA-A4	UNWTO	Targeted Communications for Travellers, the	5	400,000

⁷ As of 31 December 2008, the transfer of funds did not take place for three OCHA projects and one WFP project approved at the November 2008 MC meeting. This is due to OCHA's and WFP's financial regulations and rules that do not permit the recording, reporting and refund of interest - a requirement of USIAD financing. Agreement was reached between the two Organizations and MDTF Office that they will exceptionally pre-finance their CFIA operations and will request reimbursement on a bi-annual basis.

⁸ Refers to UNCAPAHI Objectives.

		Travel Industry, and Tourist Destinations	(incl. 6)	
CFIA-A9	IOM	Social Mobilization of Migrant Poultry Workers, Traders, and Transporters in Nigeria	5	312,690
CFIA-A5	ICAO	Cooperative Arrangement for the Prevention of Spread of Communicable Disease by Air Transport (CAPSCA-Asia Pacific)	6	201,800
CFIA-A11	ICAO	Cooperative Arrangement for the Prevention of Spread of Communicable Disease by Air Transport (CAPSCA-Africa)	6	549,960
CFIA-A14	ICAO	Cooperative Arrangement for the Prevention of Spread of Communicable Disease by Air Transport (CAPSCA-the Americas/ Caribbean)	6	399,960
CFIA-A8	OCHA	Pandemic Influenza Contingency West Africa Regional Platform	6	320,000
CFIA-B1	OCHA	The Pandemic Influenza Contingency Team	6	1,485,000
CFIA-B6	OCHA	Pandemic Influenza Contingency Work Programme	6	2,475,000
CFIA-B10	OCHA	Pandemic Influenza Contingency Work Programme for Southern Africa	6	324,456
CFIA-B11	OCHA	Pandemic Preparedness Small Project Funding Facility for UN Resident Coordinators	6	400,000
CFIA-A10	UNWTO	Development and Conducting Regional and National Simulation Exercises to Rehearse and Assess Preparedness Plans and Uncover Shortcomings	6	252,000
CFIA-B3	WFP	Pandemic Preparedness and Planning-Phase I	6, 7 (incl. 2, 4)	4,205,100
CFIA-B7	WFP	Pandemic Preparedness and Planning-Phase II	6, 7 (incl. 2, 4, 5)	3,217,500
CFIA-B4	IOM	Pandemic Preparedness for Migrants and Host Communities I	6 (incl. 3, 5)	990,000
CFIA-B9	IOM	Pandemic Preparedness for Migrants and Host Communities II	6	990,000
CFIA-B12	IOM	Humanitarian Pandemic Preparedness and Response: Capacity Building for Migrants and Host Communities	6 (incl.5)	399,645
CFIA-B5	UNHCR	Avian and Human Influenza Preparedness and Response in Refugee Settings	6 (incl. 3, 5)	2,970,000
CFIA-B8	UNHCR	Avian and Human Influenza Preparedness and Response in Refugee Settings	6 (incl. 3, 5)	2,970,000
CFIA-A1	WFP	Development of a Logistics Concept of Operations for Humanitarian Activities in a Pandemic Environment	6, 7	400,000
CFIA-A12	WFP	Supporting the Humanitarian Common Services through Provision of Data Management and Mapping Tools	7	279,484
Total:				25,306,920

3.2 SUMMARY OF PROJECT ACHIEVEMENTS BY UNCAPAHI OBJECTIVE

This section briefly describes Participating Organizations' achievements in the global efforts to promote pandemic preparedness, by UNCAPAHI Objective (Objectives 2, 3, 4, 5, 6, and 7)⁹. Participating Organizations, along with their partners, have worked on long-term positive impacts to build global capacity for the control of HPAI and prepare for the next pandemic.

3.2.1 Objective 2: Sustaining Livelihoods and Objective 3: Protecting Human Health

With the CFIA funding, **ILO** has launched efforts to better prepare the workplace for a pandemic, using its unique tripartite structure to address the concerns of governments, employers and workers. In September 2007, **ILO's** first project started in Thailand. This project is the first of its type to address pandemic prevention and preparedness in the workplace by ensuring the participation of social partners (workers and employers). It targets an estimated 150,000 poultry workers, both at the farm level, through small enterprises and the informal sector, and at the industrial level, through commercial poultry-processing companies. Two training manuals were developed and extensive training provided, which focused on protecting workers' health and the businesses of small and medium size enterprises (SMEs) during a pandemic. **ILO** held several training workshops for its networks, thus building capacity and ensuring the transfer of knowledge. Training workshops for employees and SMEs were organized by **ILO's** trainee networks, in partnership with the government, employers' groups and labour unions. These activities promoted awareness, and allowed for the sharing of information and best practices.

A total of 34 workshops were held within a period of two months, with approximately 1,403 participants. In April 2008, a sister project started in Indonesia. The existing training manuals were translated and adapted to the local context, and tested through **ILO's** networks. A participatory, action-oriented approach was used, and training workshops for workers and enterprises were held across five target provinces in Indonesia. **ILO's** first project in Thailand ended in January 2009. A second phase has started in February 2009 with a broader focus, including business continuity planning for SMEs, and expanding to neighbouring countries (Viet Nam, Lao PDR, Cambodia, and Malaysia).

3.2.2 Objective 4: Coordination of National, Regional, and International Stakeholders

Based on its experiences in South-East Asia following AHI outbreaks in late 2005 and early 2006, **UNDP** has supported governments through AHI capacity-building to formulate joint UN/Government cross-sectoral programmes as a basis for international and domestic resource mobilization. Through its project, which started in July 2007, **UNDP** has been assisting governments in Indonesia, Egypt and China to define national capacities and processes required for the prevention of, preparation for, and response to an AHI pandemic.

3.2.3 Objective 5: Communication: Public Information and Supporting Behaviour Change

UNWTO is building up the resilience of the tourism sector to the impacts of a pandemic through a communication support campaign using existing networks and resources. It maintains its portal www.sos.travel as a two-way communication system for programme planning with ministries of tourism

⁹ Several Participating Organizations have projects which fulfil multiple UNCAPAHI Objectives. For ease of reading and to ensure that a complete picture of each Participating Organization's work is understood, these organizations are organised under the primary objective of their work.

in developed and developing countries. **UNWTO** provides centralised computer systems, thus allowing fast, reliable and up-to-date responses for all members.

3.2.4 Objective 6: Continuity under Pandemic Conditions

ICAO is assisting States in three different regions to develop national aviation related preparedness plans to manage the effects of a pandemic and to help minimise the adverse effects on health, the economy and the aviation sector. In cooperation with participating States/administrations, airports and airlines, **ICAO** began implementing its Standards and Recommended Practices and supporting Guidelines, which are founded on the WHO's International Health Regulations (2005), in the Asia Pacific and Africa regions with two "Cooperative Arrangement for the Prevention of Spread of Communicable Disease by Air Transport" (CAPSCA) projects. The CAPSCA projects aimed at preventing the spread by air travellers of communicable disease, such as influenza having pandemic potential, and reducing the financial impact of an outbreak by having an efficient management plan in place. A similar project has been developed for the Americas. To date, nine airports in Asia have been evaluated against the ICAO Standards and associated guidelines. Further, Regional Aviation Medicine Teams, consisting of representatives from governments, airports, airline industries, communicable disease experts and others, were established in Asia Pacific and met twice in 2008 to discuss and update the ICAO guidelines. In 2009, CAPSCA projects are continuing in Asia Pacific and Africa, and commenced in the Americas, through additional airport evaluations, workshops and the expanding participation of States.

OCHA assisted 77 UNCTs in developing contingency plans, ensuring staff health and safety, continuity of essential operations, and supporting national governments in pandemic preparedness. Thirty-seven UNCTs undertook simulation exercises in 2008 to test and update their plans. **OCHA's** Pandemic Influenza Coordination (PIC) team has supported UNCTs by providing guidelines, planning and facilitating simulation exercises. **OCHA** has also developed and maintained an online assessment and guidance tool that monitors pandemic preparedness of UNCTs and national governments. The web site includes best practice materials to help governments and UNCTs in their preparedness efforts.

IOM is strengthening its capacity to respond to the needs of migrants and mobile populations during a pandemic and ensuring that they are included in national pandemic contingency plans. In Lao PDR, **IOM** signed an MOU with the government during this reporting period. This has led **IOM** and Lao PDR to address the gaps in AHI knowledge and awareness among Vietnamese migrants and their host communities, using appropriate language and cultural strategies. In Nigeria, **IOM's** national task force advocated for the inclusion of migrants needs in existing pandemic preparedness plans. **IOM** has also begun a broader project expanding pandemic preparedness activities to Egypt, Viet Nam, and Cambodia, through social mobilization activities, strengthening AHI national capacities, as well as community-based capacity in the surveillance, prevention, and home based-management of AHI. A second phase of the latter broader project started at the beginning of 2009 and aims at strengthening the pandemic preparedness capacity of district officials, community workers, migrants and host communities. In addition, in 2009 **IOM** has begun building the capacity of migrants and host communities in Indonesia, Thailand, and two pilot countries in Africa. In 2009, **IOM** will be advocating for the inclusion of migrant populations' needs in national disaster and pandemic preparedness plans in Latin America as well.

UNHCR, in coordination with governments and UNCTs, is involved in developing pandemic contingency plans and advocating for the inclusion of refugee communities in pandemic preparedness plans of host countries. **UNHCR** is also rolling out preparedness activities at the camp level and creating appropriate conditions to ensure continuity of operations for the delivery of basic assistance. In 2008, **UNCHR**

initiated contingency planning and improved water delivery capacity and sanitation conditions in camps in several countries.

UNWTO is building capacity and assessing preparedness and planning at the regional and national level, particularly in the tourism sector. **UNWTO** has developed a multi-stakeholder simulation scenario, and has conducted an international simulation exercise in Thailand. **UNWTO** plans to schedule similar simulation exercises in Central America, Africa and Europe.

3.2.5 Objective 7: Humanitarian Common Services Support

WFP produced three Pandemic Logistics Corridor Capacity Assessments (PLCCAs) for Africa and two for South-East Asia, and drafted logistics Concept of Operations for the United Nations System in a Pandemic (CONOPS). **WFP** conducted a seven-day Pandemic Logistics Learning Exercise (P2LX) with 220 participants. The exercise produced recommendations for improving logistics operations during a pandemic. **WFP** finalised an online simulation tool to test pandemic plans. **WFP** completed contingency plans in ten countries. Logistics training programmes based on the International Health Regulations (IHR) were completed. **WFP** launched a Pandemic Influenza Health and Safety intranet web site in 2008. Pandemic Preparedness Operation and Safety trainings were also conducted.

3.3 IMPLEMENTATION CHALLENGES

The unstable financial situation in 2008 and the avian flu fatigue constrained projects by the **UNWTO** and **OCHA**. Despite the turbulent financial environment and its dramatic impacts on the tourism industry, **UNWTO** kept simulation exercises active on the agenda of its Member States subject to slight rescheduling. **OCHA** had challenges persuading some UNCTs and some governments to give serious attention to pandemic preparedness given the lack of AHI incidents in some regions, and the seriousness of other issues such as poverty and conflict. However, the problem of a declining pandemic profile is less of an issue in 2009, as the recent outbreak of Influenza A(H1N1) brought acute attention to the need for pandemic preparedness planning.

Due to unforeseen emergencies, namely the Kenya Crisis, and Cyclone Nargis in Myanmar, **WFP** was forced to redirect staff from various projects to undertake life-saving logistics operations, thus curtailing and delaying completion of the project. **UNWTO** had to delay project activities due to the hurricane season in the Caribbean region. There were also reasons which caused the delay of **UNWTO** plans for a scheduled simulation exercise in Kenya. Follow-up talks with the Ministry of Tourism and Wildlife Office of Kenya are in progress to finalize a timeline and financial aspects of the next simulation exercise. Various **UNHCR** 2008 missions had to be postponed or cancelled because of conflict in the South Africa Region and Pakistan, and security problems in Algeria after last year's bombing. Work plans are difficult to follow through when emergencies occur at the time of scheduled activities.

Many Participating Organizations had problems engaging target groups in project activities. **IOM** faced the challenge of obtaining timely approval from the Vietnamese authorities to implement community activities in the targeted border province. National capacity to conduct a situation analysis was strengthened through **IOM** organised trainings. National staff were not always available to attend these training. It was initially difficult for **IOM** to access the casino and the garment factory workers but this was possible with the help of the Ministry of Health in Cambodia.

The **IOM** project in Egypt identified the fact that the concept of pandemic preparedness was new to both migrants and several Organizations. The terms pandemic and epidemic, were found to be

confusing as there is no clear distinction in Arabic between epidemic and pandemic. Thus this created a challenge for **IOM** during the development of IEC (Information, Education and Communication) and training materials and the implementation of social mobilization activities. Similarly, the **IOM** Viet Nam project identified difficulties in promoting the concept of human pandemic influenza and pandemic preparedness. Workshops were conducted to increase the level of awareness of human pandemic influenza and pandemic preparedness among partners at the national, provincial, district, and community levels.

The **UNDP** and **OCHA** had challenges in coordinating partners around pandemic planning, given a certain amount of flu fatigue amongst some partners. The **UNDP** revised its strategic approach to partnerships in Indonesia in order to reach communities, market places, the private poultry sector, and poultry aggregation points. Closer coordination was also needed between Indonesian health and agriculture offices. **OCHA** PIC advocated to have robust pandemic planning in place and asked UN Resident Coordinators and UN headquarters agencies to upgrade their pandemic plans. The UN Deputy Secretary General's Influenza Steering Committee and the UN Deputy Secretary General were asked by **OCHA** to issue a renewed high level message for pandemic planning, which was issued in early 2009.

Despite these constraints, the degree to which all project activities could be implemented by the Participating Organizations exceeded expectations and specific achievements are being realized that surpassed the initial targets set.

4. PROJECT ACHIEVEMENTS BY UNCAPAHI OBJECTIVES

The following section presents a summary of key activities of all 26 projects which began in 2007 and 2008. This section contains the compilation of project achievements from the individual annual progress reports submitted to the MDTF Office, as the AA. The results are organized: (a) by UNCAPAHI Objectives; (b) by Participating Organization; and (c) by the individual project. It should be noted that several Participating Organizations have projects which fulfill multiple Objectives; for ease of reading (and to ensure a complete picture of each Participating Organization's work is understood), these Participating Organizations are organised under the primary UNCAPAHI Objective of their work (though other Objectives are highlighted within the text).

4.1 OBJECTIVE 1: ANIMAL HEALTH AND BIOSECURITY

Objective 1 aims to ensure, through a global, cohesive framework in response to avian influenza in poultry, that animal health is safeguarded, bio-security is brought up to standard, and capacity is there, when needed, for scaling up veterinary services to detect early and stamp out rapidly new avian infections through prompt movement restrictions and culling, and for sustaining vaccination of poultry and other interventions when they are indicated. It also aims to clarify how the emergence of pandemic agents, food and agricultural practices, land use and ecosystem management are related.

No projects were funded under Objective 1.

4.2 OBJECTIVE 2: SUSTAINING LIVELIHOODS

Objective 2 aims to ensure that the economic and poverty impact of avian influenza as well as related control measures are monitored and rectified. It also aims to limit any adverse repercussions on the Millennium Development Goals and seek fair and equitable compensation for those whose livelihoods are endangered by avian influenza and control measures.

Projects implemented by ILO and WFP sought to achieve outputs under Objective 2. ILO has been working on the development of a methodology to examine measures adopted to mitigate health and livelihood-related hazards.

In Thailand, ILO and the International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Association (IUF) conducted workshops for unorganized workers. A national programme on Avian Influenza (AI) workplace action, and a study on working conditions of commercial poultry workers was conducted. In Indonesia, ILO also conducted an Occupational Safety and Health (OSH) best practices exercise. Field visits focusing on hygiene and sanitation conditions at the plant level were organised. A pilot workshop to protect SME workers and businesses from Pandemic Human Influenza (PHI) was conducted.

WFP has strengthened strategic partnerships and has identified best practices in its capacity for livelihood/ food security analysis and monitoring. WFP is also outlining a strategy to build local and national resilience mechanisms such as pre-positioned local food production units to strengthen food

assistance programmes in a pandemic. The details of projects' achievements are provided in sections 4.3.1 and 4.7.1.

4.3 OBJECTIVE 3: HUMAN HEALTH

Objective 3 aims to strengthen the public health infrastructure, including surveillance systems, to (a) reduce human exposure to the H5N1 virus; (b) strengthen early warning systems, including early detection and rapid response to human cases of avian influenza; (c) intensify rapid containment operations for a newly emerging human influenza virus; (d) build capacity to cope with a pandemic, including surge capacity for a pandemic; and (e) coordinate global science and research, particularly as this pertains to the availability of a pandemic vaccine and antiviral drugs. It also aims to strengthen community based treatment of acute respiratory infections, including pre-positioning of medical supplies in peripheral areas to enhance capacity to respond as well as to enhance nutrition security and access to micronutrients to minimize the impact of infection on susceptible populations.

ILO contributed to Objective 3 as well as Objectives 2, 4, and 5. In Thailand and Indonesia, the ILO produced two sets of training materials; one for farmers and poultry workers, and the other for owners and workers of SMEs. Training of Trainers (TOT) workshops on the prevention of AHI were conducted for workers in both countries.

4.3.1 International Labour Organization (ILO)

The ILO's activities, funded by CFIA, support the broader framework of UNCAPAHI; with a focus on Objective 3, ILO contributes to the following UNCAPAHI Objectives:

1. Objective 3, Purpose 3.1 of UNCAPAHI "Reducing Human Exposure to the Virus" through improving working conditions and protection of workers against AHI. ILO has worked on promoting awareness and best practices on occupational health and safety issues relating to workers' rights and protection, and preventing the spread of influenza in the workplace, and assisting SMEs to protect their workers and businesses from AHI.
2. Objective 2, Purpose 2.1 of UNCAPAHI "Monitor and Assess Economic and Poverty Impact of Avian Influenza." ILO has worked on development of the methodology to examine measures adopted to mitigate health and livelihood-related hazards.
3. Objective 4, Purpose 4.2 of UNCAPAHI "Assist National Governments in their Coordinated Response to AHI." ILO has worked on harmonizing the actions undertaken by different governments and agencies in tackling Avian Flu, and promoting the engagement of employers and workers organizations as part of the private sector involvement in the response to AI and PHI.
4. Objective 5, Purpose 5.2 of UNCAPAHI "Social Mobilization for Awareness and Behaviour Change." ILO has worked on preparedness measures and behaviour change around occupational safety and health issues.

ILO's projects focus on information-sharing through a course of training and seminars on the promotion of sound preventive behaviour in the workplace, and aim at preventing the spread of avian influenza virus. Since the workplace is one of the main centres where people gather, it is an opportune spot for

the promotion of awareness-raising activities on avian influenza. Moreover, trained workers can pass on the information to their families and communities.

Project CFIA-A2 “Avian Influenza and the Workplace in Thailand” aims at: (a) preventing and reducing the risk of AI among poultry workers and farmers with low to minimal bio-security; and (b) promoting PHI preparedness of the business sector, in particular among SMEs. The project focuses on information sharing and the promotion of sound preventive behaviour in the workplace.

Achievements

Two participatory training materials have been developed in English and Thai: (a) “Protecting Your Health and Business from Avian Influenza” is targeted at farmers and poultry workers; and (b) “Protecting Your Employees and Business from Pandemic Human Influenza” is targeted at owners and workers of SMEs. These two training materials are user-friendly, and provide a checklist of prevention measures. Technical inputs from UN research, especially from the WHO and the Food and Agricultural Organization (FAO), have been combined with ILO’s participatory training methods in the workplace. ILO’s tripartite networks (via the government and the trade unions) disseminated information for Avian and Pandemic Influenza (API) prevention, preparedness, and planning in line with national action plans. The project complemented the work of the Asia-Pacific Economic Cooperation (APEC) Pandemic Flu Planning Guide for SMEs undertaken by APEC by reflecting content of the Guide in the produced ILO training materials.

Two pilot and TOT workshops were organized by the ILO and the Ministry of Agriculture and Cooperatives, Ministry of Public Health, National Institute for the Improvement of Working Conditions and Environment, and IUF. The trainees then conducted the trainings in their communities. Within a span of two months 34 workshops were conducted, covering approximately 1,400 people in the Greater Bangkok Metropolitan Area, Saraburi, and Nakorn Ratchasima. In the ILO TOT workshops, UNSIC presented the UN’s global response on AI and PHI. FAO, United Nations Children’s Fund (UNICEF), and WHO provided technical and editing support to the training materials. The post-workshop assessment indicated that participants had developed a better understanding of AI and PHI, and could disseminate information to relevant parties either at the workplace or in their communities.

Several field missions to Nonthaburi were organized to visit layer farms, meat chicken farms, small slaughter houses, and wet markets. A field mission to Supanburi province was undertaken to observe the “Work Improvement in Neighbourhood Development” training programme coordinated by Mahidol University. Awareness-raising session “Panel Discussion: Pandemic Human Influenza at the Workplace Issue” was held during the 22nd National Safety Week in May 2008.

A documentary in English and Thai was produced on the project’s activities and accomplishments in December 2008 for the National Tripartite Achievements Workshop. The documentary film crew captured pictures and conducted interviews at slaughterhouses and poultry farms in Nonthaburi province, Pathumthani, and the UN compound.

AI workshops were organized by IUF for unorganized workers in Thailand. The collaboration of IUF not only has widened the scope of the project but has also provided information on the mapping of risks. A consolidated national programme to support workplace level actions on AI was developed, and a study on the current working conditions of commercial processing poultry workers in Thailand was conducted.

CFIA-A7 “Avian Influenza and the Workplace in Indonesia” aims at promoting awareness on preventing AI in the workplace, and assisting SMEs to protect their workers and businesses from PHI.

Achievements

The project developed two training materials which were adapted from project CFIA-A2 using a participatory action-oriented training system: (a) "Protecting Your Health and Business from Avian Influenza"; and (b) "Protecting Your Employees and Business from Pandemic Human Influenza". The training materials were translated into Bahasa Indonesia, and adapted to the local context. The first training material focused on promoting key messages such as knowledge of transmission of the virus, personal hygiene practices at the workplace and at home, safe poultry handling, and safe food handling. The project designed promotional posters, flyers and stickers to reach workers in the informal economy.

Several activities were conducted, in parallel with and to support the preparation and development of the training materials. First, a consultative meeting with constituents was organised and a National Advisory Committee was established. This meeting was a success as it gathered participants from the tripartite constituents as well as the National Committee for Avian Influenza Control and Pandemic Preparedness, an inter-ministerial body dedicated to coordinating activities relating to avian influenza and pandemic preparedness. Second, a mapping exercise of the informal economy and a rapid assessment on the knowledge level of workers in target areas was undertaken. The mapping exercise and a Knowledge, Attitude, Practices, and Beliefs (KAPB) study of workers started in September 2008. Third, an exercise to collect OSH best practices was conducted. A visit to observe OSH best practices in the factory took place in September 2008 in coordination with the employers' association, and the observation focused on the hygiene and sanitation conditions at the plant level. Fourth, engagement with stakeholders around national activities relating to AI and PHI issues was initiated. Discussions have been held with tripartite constituents, the National Committee for Avian Influenza Control and Pandemic Preparedness, the Ministry of Health, the Ministry of Tourism, UNICEF, WHO, and FAO.

The project has been involved in several national workshops/ meetings on the development of national guidelines for non-health pandemic preparedness, held by the National Committee for Avian Influenza Control and Pandemic Preparedness. The ILO supported the Indonesian government in developing the Business Continuity Plan (BCP) guidelines for the private sector.

The first TOT workshop on the prevention of AI for workers was organised in collaboration with three trade union confederations in December 2008. It was attended by participants from the unions and by the Domestic Workers Training and Placement Association. It aimed to promote awareness on AI and preventive measures, focussing on personal hygiene in the workplace and at home. Commitments from participants to conduct and replicate further training sessions in their respective areas were made, and the project will assist the participants in organising the training.

A pilot workshop in assisting SMEs to protect their workers and business from PHI was conducted on 11-12 December 2008 in collaboration with APINDO, the Employers' Association of Indonesia. This workshop aimed at discussing the potential impacts of PHI on business and employees, and the importance of pandemic preparedness and business continuity plans. The workshop was attended by participants from SMEs and by APINDO's representatives from five target provinces. Representatives from APINDO agreed to support and get involved in organizing similar workshops at the provincial level.

CFIA-A13 "Livelihoods Support for Avian and Human Influenza Pandemic Prevention and Preparedness at the Workplace" will work within the countries of Thailand, Indonesia, Cambodia, Lao PDR, Malaysia and Viet Nam. The activities commencing in February 2009 include training for SMEs, poultry workers and farmers, developing model business continuity plans for SMEs, and assisting national policy development.

4.4 OBJECTIVE 4: COORDINATION OF NATIONAL, REGIONAL AND INTERNATIONAL STAKEHOLDERS

Objective 4 aims to ensure that national government ministries work together in a focused way, bringing in civil society and private sector groups, in pursuit of sound strategies for avian influenza control and pandemic preparedness.

UNDP is the lead agency for Objective 4. UNDP assisted national governments of Indonesia, Egypt and China in their coordinated response to AHI and aimed to improve national, regional and international coordination. The UNDP Indonesia held technical coordination meetings for open information exchange. In Indonesia, a consolidated report was developed, that included a results matrix and preliminary steps for a joint programme. Linkages between the government of Egypt, partners, and UN agencies resulted in the provision of coordinated inputs in the development and implementation of the AHI Integrated National Plan. In Egypt, UNDP supported the government in priority setting and integrating pandemic influenza into national multi-hazard crisis and response planning. The UNDP and the government of Egypt also coordinated to draft a booklet on best practices in controlling AI in Egypt, and two others entitled “Egypt’s Vision to Control HPAI in 2009”, and “The Final Statement of the 6th International AHI Conference.” UNCT China, in coordination with the government, developed a joint China UN API Programme and a Pandemic Preparedness Plan (PPP), to strengthen the national leadership capacity.

4.4.1 United Nations Development Programme (UNDP)

UNDP activities, funded by the CFIA, support Objective 4 of UNCAPAHI and directly contribute to (a) Purpose 4.1 of UNCAPAHI “Ensure High Level National Leadership in the Response to AHI”, and (b) Purpose 4.2 “Assist National Governments in their Coordinated Response to AHI.”

CFIA-A3 “Support to Coordination of Avian & Human Influenza Activities,” has aimed at assisting governments in Indonesia, Egypt and China to define national capacities and processes required for the prevention of, preparation for, and response to an AHI pandemic. The outputs are to have national multi-sectoral inter-ministerial AHI strategies and implementation plans in place, and to have stakeholders working in a coordinated manner.

Achievements

In Indonesia in 2008, a consolidated report was developed, that included a results matrix and preliminary steps for a joint programme. The report was shared with the National Committee for Avian Influenza Control and Pandemic Preparedness (KOMNAS), relevant donors and UN agencies, and feedback revealed that expanding the report to include references to all international support to API activities in Indonesia would be useful. Substantial progress has continued with the UN System-wide pandemic preparedness in Indonesia and after conducting of a simulation exercise in April 2007, the plan was further revised to incorporate the findings.

UN agencies have met regularly with UNDP Indonesia, with rotational chairing of the bi-monthly meetings. Donors have been invited to every other meeting. Across the board these Indonesia meetings were valuable particularly when UN agencies and donors were brought around the same table, in the absence of similar regular meetings convened by the government coordinating body.

Continuous activities in Indonesia include: (a) the development of a consolidated UN System strategy and joint programme, in line with the national strategy that addresses the challenges outlined in the

study; (b) an up-date of existing donor, non-governmental organization (NGO) and UN support, working with government systems to establish and maintain appropriate databases and information; and (c) continued regular technical coordination meetings to provide a venue for open information exchange.

In Egypt over the course of 2008, the Office of the UN Resident Coordinator (RC) and the UNCT strengthened the coordinated and coherent response to AHI, focusing on national priorities and national planning processes. In 2008, the RC office became a member of the National Supreme Committee for AHI, and will facilitate future coordination efforts and provide technical support to national authorities. Further, a UN System wide coordination network for AHI in Egypt was established, which was composed of representatives of all related UN agencies. Its purpose was to provide technical and logistical support to the Government of Egypt (GoE) in organising the “6th International Ministerial Conference on AHI.” The team also has been providing support to the GoE in the implementation of the AHI Integrated National Plan. Linkages between the GoE, partners, and UN agencies resulted in the provision of coordinated inputs in the development and implementation of the national AHI plan.

The UNDP Egypt project provided direct support to GoE in updating its national plan, priority setting and integrating pandemic influenza into national multi-hazard crisis preparedness and response planning. The project has also supported the GoE to draft several important documents including a booklet on best practices in controlling AI in Egypt, and two others entitled “Egypt’s Vision to Control HPAI in 2009,” and “The Final Statement of the 6th International AHI Conference.” In addition, several press releases in English and Arabic were published. Further, a news alert was established to expedite daily information sharing of recent articles, studies and reports on AHI in Egypt. The news alert is distributed to all concerned UN agencies, international partners, national authorities, and NGOs.

During the month of operation covered in this report, the UNCT China, in coordination with the government, developed a joint China UN Avian and Pandemic Influenza (API) Programme and a China UN PPP to strengthen national leadership capacity for prevention and preparedness for an AHI pandemic. The API Programme aims to provide international technical support to strengthen China’s capacity to respond to AHI, while the UN PPP aims to provide operational and decision-making support to the government during a pandemic. The China project is working to establish a multi-sectoral working group to implement the UN API, create a bilingual UN AI web page, assess epistemological and institutional capacity, and evaluate a joint pandemic exercise.

4.5 OBJECTIVE 5: COMMUNICATION: PUBLIC INFORMATION AND SUPPORTING BEHAVIOUR CHANGE

Objective 5 aims at strategic communication to provide clear and unambiguous risk and outbreak information to the general public and key groups of people with the highest potential for stemming the spread and impact of disease. This includes communicating with the public, households, and communities to mobilize them to adopt appropriate behaviours to reduce risks and mitigate the impact of any outbreaks or pandemic.

UNWTO has contributed to Objective 5 of UNCAPAHI¹⁰. UNWTO completed a campaign inception report to alert travellers to the Tourism Emergency Response Network (TERN). Avian flu information was

¹⁰ Given that one of the UNWTO’s projects addresses Objective 5, while the other project Objective 6, the UNWTO’s achievements are reported under two objectives, respectively.

developed and the strategic plan was finalized. The communications team designed strategies and instruments for the roll-out campaign of the SOS.travel platform. Communication strategies for the platform included the dissemination of promotional brochures to the travel industry stakeholders, in addition to video clips to the general public, press briefings, and articles.

4.5.1 United Nations World Tourism Organization (UNWTO)

UNWTO's activities, funded by the CFIA, support UNCAPAHI and directly contribute to the following two UNCAPAHI Objectives:

1. Objective 5, Purpose 5.2 of UNCAPAHI "Social Mobilization for Awareness and Behaviour Change." UNWTO has been working on developing targeted communications for travellers, the travel industry, and tourist destinations.
2. Objective 6, Purpose 6.1 of UNCAPAHI "Contingency Planning for Continuity of Operations during a Pandemic." More specifically, UNWTO has been working on capacity building and technical assistance in risk and preparedness assessments and crises management planning, including recovery strategies and special marketing support activities.

There has been a recognized need to strengthen targeted communication to travellers and the general public to limit the potential negative impacts of an Avian and Human Influenza (H5N1) outbreak and the immediate disruption it could bring the travel and tourism industry.

CFIA-A4 "Targeted communications for travellers, the travel industry, and tourist destinations" aims at promoting strategic communication for awareness and convergent messages on AHI directed towards the tourism sector. The objectives are: (a) to develop a campaign to alert travellers to the TERN and its Avian Flu information; and (b) create and distribute broadcasts and internet-based information vignettes. The project is targeted at vulnerable regions and countries with significant flows of travellers and at countries where tourism is an important economic activity. UNWTO cooperates with FAO, ICAO, OCHA, OIE, UNICEF, and WHO for the implementation of this project.

Achievements

The campaign inception report to alert travellers to the TERN and its avian flu information was developed in March 2008 and the strategic plan was finalized in June 2008. The web and communications teams designed the instruments for the roll-out campaign to increase awareness and promote the SOS.travel platform.

The web portal, www.SOS.travel, was established in 2006 and is a one-stop-shop where users can access the latest critical information in anticipation of, or in response to, natural and man-made crises. SOS.travel enables executives in different organizations facing similar challenges to better coordinate their efforts and rapidly exchange information. Work is underway to obtain support for SOS.travel from the Australian Agency for International Development (AusAID) to Indonesia/ UNWTO for the implementation of "dark site elements" (i.e. stand-by web pages), which are managed by Member States and are not made viewable to the public until a crisis breaks. Once activated, the stand-by web pages provide a powerful communication platform for sending important messages to the public, Tourism Emergency Response Network (TERN), and to other groups.

Communication strategies to increase awareness and promote the SOS.travel platform include the dissemination of fact sheets, promotional sheets and brochures to the travel industry stakeholders, in

addition to video clips to the general public, press briefings, and articles. Major industry gatherings, such as la Feria Internacional del Turismo (FITUR) and the International Tourism Boerse in Berlin (ITB), are used to actively promote the SOS.travel platform, as an instrument to ensure the continuity of essential social, economic and governance services, and effective implementation of humanitarian relief under pandemic conditions. Communications staff made regular use of the professional media database, “PR Newswire,” established in July 2008, which feeds the latest updates and news wires to a subscription list of approximately 300,000 journalists.

The roll-out campaign phase of the programme started at the end of 2008 and ended with the recent outbreak of Influenza A (H1N1). Given the current development of the virus (considered less severe than initially expected), the project activities have been geared toward identifying and mitigating the possible impacts of an outbreak and maintaining the continuity of the global travel and tourism industry. The deployment of communication instruments to increase awareness and promote the SOS.travel portal was stopped in favour of targeted communications on the actual Influenza A (H1N1) situation.

4.6 OBJECTIVE 6: CONTINUITY UNDER PANDEMIC CONDITIONS

Objective 6 aims to ensure the continuity of essential social, economic and governance services, and effective implementation of humanitarian relief, under pandemic conditions.

ICAO, OCHA, IOM and UNHCR contributed to Objective 6. ICAO conducted workshops on aviation preparedness planning for civil aviation, airports, airlines, and health personnel. Participants received technical training on ICAO’s Standards and Recommended Practices and guidelines, and on the WHO International Health Regulations (2005). Up to the end of 2008, ten international airports had been evaluated by ICAO, one in collaboration with WHO. The evaluations have provided an opportunity for local officers to receive on-the-job training on pandemic preparedness planning

OCHA/PIC met with UN and government representatives from 77 countries to advocate for, and support, pandemic preparedness activities. PIC organised simulations with UNCTs in 37 countries. PIC finalised a “Table Top Simulation Exercise” for UNCTs with weaker AHI plans, and a “Functional Simulation” for UNCTs with more advanced plans. In addition, PIC provided leadership by chairing and participating in regional meetings, platforms and task forces.

The IOM conducted AHI preparedness activities for migrants in Egypt, Viet Nam and Cambodia. In Lao PDR, IOM succeeded in including migrants and mobile populations in the communication strategy section of the 2008-2010 National Avian and Human Influenza Coordination Office (NAHICO) National Plan. A Knowledge, Attitude, Practices, and Beliefs (KAPB) survey and Focus Group Discussions (FGDs) were conducted with Vietnamese migrants and Lao PDR host community to create a baseline assessment on AHI. A booklet, brochure, posters, and radio spot were produced in Lao and Vietnamese. Baseline information through KAPB surveys and FGDs were also conducted by IOM in Nigeria, Egypt, Cambodia and Viet Nam. This information was used to develop IEC material in appropriate national languages and languages of the targeted migrant groups.

UNHCR advocated for the inclusion of refugee communities in the National Pandemic Contingency Plans of Egypt, Democratic Republic of Congo, Burundi and Rwanda. Contingency planning has been initiated in refugee camps in an additional 12 countries. Water and sanitation projects were completed in 14

different countries. Training and the translation of public awareness documents for refugees has been done in 14 countries with a total of 37 camps.

UNWTO completed a simulation exercise on AHI preparedness in Bangkok targeting South-East and Central Asia, where AHI has been most widespread. The exercise was attended by more than 60 participants from UNWTO Member States. Plans are underway to schedule simulation exercises in other regions – namely Central America, Africa and Europe.

4.6.1 International Civil Aviation Organization (ICAO)

ICAO is the lead coordinator of preparedness planning in the aviation sector. ICAO has been working on: (a) assistance to States in their pandemic preparedness planning, (b) evaluation of major international airports and undertaking on-site training, (c) provision of on-going advice to the aviation sector and local stakeholders. ICAO's activities, funded by the CFIA, support UNCAPAHI and directly contribute to Objective 6, Purpose 6.1 of UNCAPAHI "Contingency Planning for Continuity of Operations during a Pandemic."

CFIA-A5 "Cooperative Arrangement for the Prevention of Spread of Communicable Disease by Air Transport in Asia" aims to: (a) prevent the spread of communicable diseases through air transport; (b) develop aviation preparedness plans, in compliance with ICAO guidelines; (c) review and assess the effectiveness of the preparedness plans; (d) provide on-the-job training to civil aviation, airports, and health officials, on the implementation of the aviation preparedness plans; and (e) develop greater cooperation and coordination among the concerned authorities.

Achievements

ICAO conducted seminars and workshops on aviation preparedness planning for civil aviation, airports, airlines, and health personnel of participating States and Administrative Regions¹¹. Participants received technical guidance on the application of ICAO Standards and Recommended Practices (SARPs) and guidelines and the International Health Regulations (2005).

Nine international airports have been successfully evaluated and assessed by ICAO: Singapore, Macao (China), Hong Kong (China), Jakarta and Bali (Indonesia), Manila and Cebu (Philippines), Kuala Lumpur (Malaysia), Bangkok (Thailand), in addition to a joint WHO/ CAPSCA evaluation of Jinan Airport in China¹². The airport evaluation visits ensured that aviation preparedness plans are in compliance with ICAO requirements and guidelines and with WHO's International Health Regulations. In addition, airport evaluations enabled on-the-job training to be provided to national personnel in the development and implementation of pandemic preparedness plans.

The Steering Committee meets once a year and discusses any difficulties encountered, lessons learned and further actions. The Regional Aviation Medical Team (RAMT) was established at the first Steering Committee meeting and has held two meetings thus far. RAMT brings together experts and medical personnel to review "ICAO's State and Airport Specific Guidelines and Checklists for Evaluations," and make appropriate conclusions and recommendations on the effectiveness of airport and airline preparedness plans. At the second RAMT meeting, a report was submitted to the Steering Committee

¹¹ Eleven States and Administrative Regions have joined the programme - China, Hong Kong (China), Indonesia, Macao (China), Malaysia, Nepal, Philippines, Singapore, Solomon Islands, Thailand and Tonga.

¹² An informal review of an international airport in China has been conducted in 2008 at the initiative of WHO with the collaboration of the ICAO CAPSCA Asia Pacific Regional Coordinator with the idea of developing a joint ICAO-WHO evaluation protocol.

related to the medical aspects of the preparedness plans. The second Steering Committee meeting was held in Indonesia in June 2008.

ICAO has worked closely with the WHO, which (a) assists in the development of pandemic preparedness guidelines for aviation; (b) ensures harmonization with International Health Regulations; and (c) participates in regional training workshops for the aviation sector. ICAO also collaborates with the Airports Council International (ACI), which facilitates the development and implementation of detailed pandemic preparedness guidelines for airport operators and participates in related regional training workshops. ICAO also works with the International Air Transport Association (IATA), which facilitates the development and implementation of detailed pandemic preparedness guidelines for airlines and participates in related regional training workshops. Other organizations that have contributed to the project are OCHA, IOM, European Civil Aviation Conference (ECAC), and the Centers for Disease Control and Prevention (CDC).

CFIA-A11 “Cooperative Arrangement for the Prevention of Spread of Communicable Disease by Air Transport in Africa,” aims to: (a) improve cross-organizational cooperation at national and international levels between the aviation and public health sectors; (b) ensure a preparedness plan for aviation is established by States in compliance with the ICAO guidelines; (c) undertake evaluations of international airports; (d) establish a network of experts to provide ongoing advice; (e) increase the level of preparedness of States and regions by developing and testing contingency plans; (f) ensure that aviation related plans are incorporated into the State’s national general preparedness plan; (g) coordinate a global effort to ensure that national plans are harmonized with each other, within regions, and globally; and (h) minimize the economic fall out from an outbreak.

Achievements

Two aviation medicine workshops were jointly organized by ICAO, WHO, IATA, and ACI and were held in Johannesburg and Dakar in March 2008. The workshops were attended by the above-mentioned organizations, airline and airport operators and an OCHA representative. These workshops enabled the identification of other professionals who will in the future contribute to the network of experts. It is estimated that approximately 15 per cent of the planned establishment of such a network is now available.

The Steering Committee of the project includes the Directors General of Civil Aviation and a public health representative of each State. A major ICAO Africa-Indian Ocean (AFI) Regional Air Navigation (RAN) Meeting, which took place in Durban in November 2008, recommended (Recommendation 6/27) States to join the CAPSCA project. Chad, Cape Verde, Nigeria and South Africa formally joined the project in 2008. Two regional coordinators out of the three have joined the project. Meetings of the Regional Aviation Medicine Team are ongoing and provide technical guidance to the project by interpreting ICAO guidelines and the IHR (2005) for applicability in the region. They provided evaluation and planning advice to States, reviewed and finalized a draft communicable disease plan for aviation.

Activities for the Americas and Caribbean are scheduled for 2009 under **CFIA-A14 “Cooperative Arrangement for the Prevention of Spread of Communicable Disease by Air Transport in the Americas and Caribbean”¹³**.

¹³ CFIA-A14 project’s objectives are: (a) to facilitate States in establishing a preparedness plan in compliance with the ICAO guidelines; (b) to evaluate international airports in the region; and (c) to establish a network of experts to provide ongoing advice.

4.6.2 United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

OCHA is the lead agency for Objective 6. OCHA's activities, funded by the CFIA, support UNCAPAHI and directly contribute to Objective 6, Purpose 6.1 of UNCAPAHI "Contingency Planning for Continuity of Operations during a Pandemic, including Preparation for Humanitarian Actions under Pandemic Conditions (WHO alert 5 and 6)." More specifically, OCHA has been working on: (a) having pandemic influenza preparedness plans built upon existing mechanisms for disaster preparedness and response and integrated into existing structures for disaster and crisis management; (b) engaging stakeholders in the facilitation of coherent strategies for pandemic preparedness and response, including humanitarian settings; and (c) assessing and monitoring pandemic preparedness. A Pandemic Influenza Contingency (PIC) team operates through seven regional offices who liaise with UNCTs and national governments.

CFIA-B1 "The Pandemic Influenza Contingency Team" aims to: (a) conduct "Table Top" and "Functional" simulations to improve and test planning; (b) maintain an online global preparedness tracking and guidance platform, (c) conduct simulations for the H2P initiative in priority countries; (d) encourage existing humanitarian coordination mechanisms at the global, regional and country levels, including clusters, to develop plans for their roles in a pandemic; (e) facilitate the joint work plan of the UN Inter-Agency Standing Committee (IASC) "Humanitarians in Pandemic" working group and pandemic preparedness actors at the regional level; (f) advocate with governments to include a multi-sector AHI contingency plan; (g) promote the incorporation of influenza pandemic planning into other multi-hazard contingency plans, in collaboration with IASC colleagues; and (h) put in place multi-hazard business continuity plans.

Achievements

OCHA enabled PIC team members to meet with UN and government representatives from 77 countries¹⁴ in 2008 to advocate for, and support pandemic preparedness activities. PIC team members provided support to a number of countries through participation in simulation exercises, either directly through national simulations or as participants in simulations. PIC organised simulations with UNCTs in 37 countries. As a result, 22 UNCTs (16 per cent) demonstrated more than 10 per cent improvement in their pandemic planning indicators. During the reporting period, PIC joined USAID and the International Federation of Red Cross (IFRC) led humanitarian pandemic preparedness missions in Ethiopia, Mali, Nepal, Uganda and Rwanda. PIC helped to promote and advise on the integration of pandemic plans into over 30 national disaster plans.

PIC finalized the development of two UNCT simulation packages. These were a "Table Top Exercise" geared towards UNCTs with weaker plans (to raise awareness and support the identification of planning elements, particularly focused on business continuity considerations), and a "Functional Simulation" geared towards UNCTs with more advanced plans (to test plans and planning assumptions). These have been developed and improved through interagency collaboration with UNICEF and WFP in the South-East Asia region.

At the headquarters level, PIC worked with USAID-partner Military Professional Resources Inc. to develop two simulation events: (a) the "June 19th United Nations System Pandemic Simulation Exercise" that focused on coordination issues associated with a UN response to a global influenza pandemic. The exercise identified weaknesses in "The Concept of Operations for the United Nations System in a Pandemic" (CONOPS) document. A revised version of the document was prepared and approved by the

¹⁴ Information on the countries involved is available upon request from the CFIA office.

UN Deputy Secretary General high level committee. The second simulation event was organised by OCHA and the IFRC to look at how NGOs, IFRC and the UN should work together during a pandemic.

PIC convened seven regional coordination “Platforms,” bringing together UN agencies, international non-governmental organizations (INGOs), IFRC, donors, governmental organizations and the private sector in South-East Asia, Southern Africa, and West Africa. A number of regional and sub-regional organizations invited PIC to support meetings and events on improving pandemic preparedness, including the Mediterranean Inter-Parliamentary Union, the Association of Southeast Asian Nations (ASEAN), Southern African Development Community (SADC), Caribbean Epidemiology Center (CAREC), North Atlantic Treaty Organization (NATO), and African Union (AU). PIC participated in the annual Inter-Ministerial Conference on Avian and Pandemic Influenza, which took place in October 2008 in Sharm El Sheikh, Egypt.

PIC chaired and organised the UN inter-agency “Humanitarians in Pandemic” group, which agreed on an action plan setting out the next steps in inter-agency work on humanitarian readiness. PIC also chaired and organised the UN Inter Agency Standing Committee (IASC)-based NGO/Red Cross/UN “29 October follow-up” (TOFU) group, which focused on preparations for the 26 September high level inter-agency simulation exercise, which OCHA and IFRC co-hosted for senior managers from Humanitarian Pandemic Preparedness Declaration signatory organizations.

In 2008, at the invitation of WHO, PIC chaired an international task force which prepared a paper called the “Whole of Society Readiness Guidelines.” This paper captures the essential actions that need to be taken by governments to ensure that the whole of society is prepared for the consequences of an influenza pandemic. This document is an important component of the revised WHO Global Pandemic Preparedness Plan, which was released in the spring of 2009. PIC also managed the work of a task force called “Beyond Health Pandemic Preparedness,” with the participation of specialists from UN agencies and Member States. Further, PIC supported the “Southern Africa Regional Consultative Meeting on Pandemic Influenza Preparedness” for disaster managers from SADC countries.

In 2008, PIC assisted UNSIC and other key UN, IFRC and NGO stakeholders in updating the “UN Concept of Operations for an Influenza Pandemic.” PIC helped the Business Continuity Management Unit in New York to prepare an external evaluation of a pandemic simulation for members of the UN Senior Emergency Policy Team (SEPT) and the Crisis Operational Group (COG) in UN HQ New York. PIC supported the joint WFP-Mercy Malaysia-WHO logistics cluster pandemic simulation exercise in Malaysia. PIC participated in a regional pandemic simulation organised by the UN Military Pacific Command (PACOM) in the Asia Pacific region.

CFIA-B6 “The Pandemic Influenza Contingency Team Work Programme” is a continuation of CFIA-B1 project, and has began in 2009.

CFIA-A8 “Pandemic Influenza Contingency West Africa Regional Platform” aims to: (a) build pandemic preparedness plans into existing disaster preparedness, mitigation and response structures; (b) engage stakeholders in the facilitation of strategies for pandemic preparedness; (c) evaluate and monitor pandemic preparedness; and (d) support national pandemic preparedness plans.

Achievements

OCHA PIC supported UNCTs in Senegal, Niger, Nigeria, Gambia, Liberia, Guinea, Togo, Benin, Burkina Faso, Cap Verde, Mali, and Guinea Bissau. UNCTs used PIC tools to improve national readiness in ten countries. PIC West Africa successfully facilitated simulation exercises to test if the AHI plans are

operational in Senegal and Gambia. PIC undertook three missions to Mali to provide technical support to the government in developing pandemic preparedness plans and to prepare a simulation exercise involving military participation from the Economic Community of West African States (ECOWAS).

PIC advocated for the inclusion of pandemic preparedness in national disaster management structures during a regional workshop organized by FAO in May 2008. About 40 representatives from 13 countries participated in this event. PIC also participated in the West Africa Regional Consolidated Appeals Process (CAP) workshop to formulate the CAP for 2009. The CAP focuses on addressing the humanitarian consequences of natural disasters, infection disease outbreaks and the effects of an increase in global food prices. The appeal mentions pandemic influenza as a worst case scenario. Further, PIC completed an update of the AHI web pages on the OCHA ROWA web site, found at <http://ochaonline.un.org/rowa>

The project was able to persuade ECOWAS to include pandemic preparedness on its September 2008 meeting agenda. PIC West Africa successfully organized four AHI regional platform meetings to promote coordination among over 15 organizations working on AHI preparedness in West Africa, including WHO, CDC, WFP, UNDP, OCHA, IOM, the Academy for Education Development (AED), IFRC, USAID, European Commission's Humanitarian Aid Office (ECHO), Catholic Relief Services (CRS), CDC, the government of Senegal, the French Technical Cooperation, and the Pasteur Institute. The Regional Planning Officer participated in the ECOWAS Avian Influenza Control Expert meeting in September 2008.

The implementation of newly approved **CFIA-B10 "The Pandemic Influenza Contingency Work Programme for Southern Africa"¹⁵** began in 2009.

CFIA-B11 "Pandemic Preparedness Small Project Funding Facility for UN Resident Coordinators" is a funding facility that will be used to fund small high-value pandemic preparedness projects in priority countries currently lacking adequate capacity and resources. The project will strengthen national pandemic preparedness in Lao PDR, Zambia, Nigeria, and Mozambique.

4.6.3 International Organization for Migration (IOM)

The IOM's activities funded by the CFIA support the broader framework of UNCAPAHI and contribute to the following UNCAPAHI Objectives:

1. Objective 6, Purpose 6.1 of UNCAPAHI "Contingency Planning for Continuity of Operations during a Pandemic". IOM has been working on putting in place operations to respond to the needs of migrants and mobile populations under pandemic conditions.
2. Objective 5, Purpose 5.2 of UNCAPAHI "Social Mobilization for Awareness and Behaviour Change." IOM has been working on behaviour change strategies for migrants and mobile population.
3. Objective 3, Purpose 3.2 of UNCAPAHI "Strengthening Early Warning Systems" and Purpose 3.3 "Intensifying Rapid Containment Operations and Responses for a Newly Emerging Human Influenza Virus". More specifically, IOM has worked on: (a) strengthening the capacity for surveillance among migrant and mobile population; and (b) improving access to health services for migrant and mobile populations at risk of avian influenza or of any potential future pandemic.

¹⁵ The project activities include: (a) conducting Table Top and Functional Simulation exercises to improve and test planning; (b) conducting simulations for the "Humanitarian Pandemic Preparedness Initiative"; (c) facilitating and collaborating in regional planning meetings with pandemic preparedness actors of the region; and (d) advocating with governments to include influenza pandemic preparedness in multi-sector contingency plans.

CFIA-A6 “Avian and Human Influenza Pandemic Preparedness for Vietnamese migrants and Lao host communities in Lao People’s Democratic Republic” aims at supporting the Government of Lao PDR to enhance its avian and human influenza pandemic preparedness by including migrants and host communities, and to raise awareness and understanding of AHI among migrant populations.

Achievements

With IOM’s advocacy efforts, migrants and mobile populations were included in the communication strategy section of the 2008-2010 NAHICO’s National Plan. Migrants were identified as one of the top five priorities for AHI communications in Lao PDR in the coming year.

IOM collaborated with NAHICO and UN agencies in several meetings. NAHICO organized field visits and arranged meetings for IOM with provincial officials to introduce the project. The Provincial Health and Agriculture Offices supported the project. IEC task force and consultative meetings with UN partners were held.

IOM conducted FGDs with targeted Vietnamese migrants and Lao host communities to create a baseline assessment on AHI. FGD findings were shared amongst UN organizations at the Cross-Sectoral AI Working Group Meeting. A KAPB survey was completed and key findings presented to IEC taskforce on AHI in October 2008. The “Protect Yourself from AHI” booklet, two posters, one brochure and one radio spot were translated, and produced 2,000 Lao copies and 1,000 Vietnamese copies. Materials were pre-tested among 25 target populations in Phonehong District, Vientiane Province, in December 2008.

The capacity of provincial, district and community health workers was strengthened for AHI pandemic preparedness through research trainings, workshops, and on-the-job training conducted. IOM included government health workers in all key project activities and they have been involved in planning and implementation which strengthened their capacity.

CFIA-A9 “Social mobilization of migrant poultry workers, traders and transporters in Nigeria” aims to: (a) conduct a KAPB survey among migrant poultry workers, traders and transporters related to AHI; (b) map and identify migratory routes of this target population; (c) implement AIPP social mobilization activities among poultry workers, traders, and transporters at the state level in Nigeria; and (d) evaluate the impact of social mobilization activities.

Achievements

A KAPB and a mapping survey of migratory patterns was conducted. Based on the results, the project produced IEC materials in four different languages - Arabic, English, Ibo and Yoruba. The project produced T-shirts, face caps, car stickers, posters and flyers for dissemination. Four orientation workshops were organized in each target state, with a total of 346 participants. At the workshops, the federal government stated its commitment to the fight against AHI. In coordination with the IOM, the main implementing partners were the Ministry of Information and Communication (MOIC), the Ministry of Agriculture, the Ministry of Health and the members of the Nigerian National Avian Influenza Task Force. UNICEF supported IOM in the development of appropriate IEC materials.

CFIA-B4 “Pandemic Preparedness for Migrants and Host Communities I” aims at ensuring continuity of essential, social, economic and governance services and effective implementation of humanitarian relief under pandemic conditions for migrant populations in Cambodia, Viet Nam and Egypt.

Achievements

The project conducted AHI pandemic preparedness social mobilization activities for migrant

communities, civil society and border control agencies in Egypt, Viet Nam and Cambodia. In Egypt, a KAPB study was completed and included 293 households, five FGDs and five in-depth interviews. Approximately 40 participants took part in the FGDs. In Viet Nam, a situational analysis on AHI preparedness of migrants was completed. Eight FGDs were conducted with a total of 65 participants. In Cambodia, a similar situational analysis was conducted in Svay Rieng. The findings were shared with national and UN stakeholders, the provincial governments and migrant leaders. IOM Cairo produced 3150 items of IEC material in English and Arabic, and 89 per cent were disseminated during 11 social mobilisation activities. A new batch of fliers (4000 in Arabic and 300 in English) were produced, and 705 of these (16 per cent) were distributed. Pre- and post-intervention evaluations showed a significant increase in the perception of risk, and awareness of the best ways to prevent infection with AHI.

The project conducted pandemic preparedness activities and strengthened national capacities to include migrants in disaster preparedness and pandemic contingency plans. In Cairo, IOM organized a roundtable to map gaps in the response to AHI among Sudanese migrant communities. Participants included WHO, Red Crescent, OCHA PIC, USAID, and UNICEF, to name a few. IOM Cairo took part in the workshop held by WFP in May 2008 to draft Egypt's National Pandemic Response Plan. IOM Cairo met with the Ministry of Health and Population (MoHP) on two separate occasions to present the IEC materials developed. IOM Cairo attended the "6th International Ministerial AHI/Pandemic Conference" in Sharm el-Sheikh in October 2008, and the "International Canadian Conference on Health" in Ottawa in October 2008, to present pandemic preparedness information. A total of 439 IEC materials were disseminated during events. In Cambodia, meetings were held with the provincial government to promote migrants needs in cross-border districts. Several consultation meetings were held with the government to identify the migrant groups to be the targeted for the project. In Viet Nam, Tay Ninh authorities formed the Tay Ninh Provincial Management Board (PMB) in coordination with the IOM.

The project has increased capacity for community-based surveillance, prevention, home-based management of AHI, and social wellbeing of migrant communities in the event of a pandemic or other crisis. In Cambodia, village health support groups, migrants, and cross-border communities completed TOT workshops on health promotion material distribution, hand washing, and covering mouth and nose to prevent AHI. A total of 166 participants were trained to disseminate IEC materials and messages. Approximately 5000 stickers, 160 banners, and 5000 surgical masks were distributed in Svay Rieng Province, Cambodia. In Viet Nam, workshops were held on AHI preparedness and were attended by UN partners, IFRC, and government health authorities. IOM sponsored nine Sudanese community leaders and Egyptian NGO workers to obtain a First Aid certification from the Egyptian Red Crescent Society. IOM has committed funds to sponsor one of the participants for the introductory course offered by the Psychosocial and Mental Health Training Centre for Refugees in Cairo in 2009.

CFIA-B9 "Pandemic Preparedness for migrants and host communities II" is phase II of **CFIA-B4**. Phase II aims at strengthening the capacity of district officials, community workers, migrant and host communities to be prepared for a pandemic or any other humanitarian crisis.

CFIA-B12 "Humanitarian Pandemic Preparedness and Response: Capacity Building for Migrants and Host Communities" aims at: (a) strengthening existing national pandemic and disaster management plans and advocating for implementation of those at the district level and the inclusion of migrants needs; (b) conducting pandemic preparedness and social mobilization activities for migrants, civil society and national agencies; and (c) facilitating simulation exercises to test pandemic and disaster preparedness plans at the district, community and household levels. Activities will take place in Asia in Indonesia and Thailand. In Africa, IOM will identify two pilot countries. The project activities commenced in 2009.

CFIA-A15 “Pandemic Preparedness among Migrant Populations in Latin America” aims at strengthening disaster and pandemic preparedness in Central America to include migrant populations’ needs in national plans. As a first step, the project will focus on Nicaragua, Costa Rica and Panama. The project activities began in April 2009.

4.6.4 The Office of the United Nations High Commissioner for Refugees (UNHCR)

UNHCR’s activities funded by the CFIA support UNCAPAHI and directly contribute to the following three UNCAPAHI Objectives:

1. Objective 6, Purpose 6.1 of UNCAPAHI “Contingency Planning for Continuity of Operations during a Pandemic, including Preparation for Humanitarian Actions under Pandemic Conditions (WHO alert 5 and 6)”. UNHCR worked on having operations planned and ready for responding to the needs of pandemic-affected refugees and other populations of UNHCR concern.
2. Objective 5, Purpose 5.2 of UNCAPAHI “Social Mobilization for Awareness and Behaviour Change.” UNCHR worked on properly informing and encouraging refugees and other populations of concern to adopt healthy AHI-related behaviours to reduce risks and mitigate the impact of any outbreak or pandemic.
3. Objective 3, Purpose 3.2 of UNCAPAHI “Strengthening Early Warning Systems” and Purpose 3.3 “Intensifying Rapid Containment Operations and Responses for a Newly Emerging Human Influenza Virus”.

Lack of preparedness, sensitisation, hygiene education and preventive measures could have important consequences in the case of a human pandemic, as refugees and internally displaced persons (IDP), live in poor conditions with limited access to general services and suffer from stigmatization. Camp-based populations are particularly vulnerable to a human pandemic. High population densities, close habitation with livestock and poultry, remote locations, poor nutrition, access only to basic health facilities, high prevalence of other communicable diseases, poor sanitation, poor links to national disease surveillance systems and the lack of trained staff to investigate and detect clusters, increases the risk for refugee communities to any outbreak. Refugee camps are located in countries where outbreak management of communicable diseases, including a human pandemic, is already a challenge for national populations. Refugees, in most countries hosting refugees’ communities, are not included in national contingency plans.

CFIA-B5 “Avian and Human Influenza Preparedness and Response in Refugee Settings” objectives include: (a) advocate for refugees, IDPs, returnees and other persons of concern to UNHCR, to be fully integrated as beneficiaries in the national host government contingency plans; (b) prepare affected communities for the detection, prevention and mitigation of epidemics including AHI; (c) ensure continuity of humanitarian services by organising adequate planning and collaboration with implementing and operational Partners; and (d) monitor and support implementation of AHI programs activities at the region, country and camp level. Project activities were implemented in 27 different countries hosting 69 refugee camps. UNHCR has offices in Geneva, Cairo, Nairobi, Pretoria, Kinshasa, Dakar and Kathmandu, which act as regional coordination centres. Missions to the countries took place

according to approved work plans and depending on security situations¹⁶.

Achievements

The project advocated for having refugee communities included in national pandemic contingency plans prepared by national authorities with the support of UNCTs. Advocacy is rendered with full cooperation and support of other UN agencies, especially OCHA PIC at the regional and national levels. Egypt, Democratic Republic of Congo, Burundi, and Rwanda have formally included refugee communities in their national pandemic contingency plans. Contingency planning has been initiated in all camps in Kenya, Uganda, Djibouti, Tanzania, Rwanda, Burundi, Namibia, Mozambique, Malawi, Nepal, Bangladesh and Thailand. Focal points in camps have been set up to maintain a good level of task force vigilance and to ensure regular assessment of the operationalization of the contingency plans. Focal points have been identified in camps within local staff of implementing partners in most of the countries visited¹⁷.

UNHCR worked on ensuring continuity of its operations under pandemic conditions targeting continuity of delivery of basic assistance like food, water and medical supplies. A large review of the existing water and sanitation facilities in camps was implemented, which resulted in the running of new projects monitored by UNHCR water and sanitation engineers. Water and sanitation projects were completed in 14 different countries including: Botswana, Burundi, Ethiopia, Kenya, Malawi, Mozambique, Rwanda, Sudan, Tanzania, Uganda, Zambia, Zimbabwe, Bangladesh, and Myanmar. The distribution and the storage of medical supplies and protective equipment, purchased during 2007, was finalized at health posts in 42 camps. Storage conditions were reviewed and “refresher drug management” training has been completed in the camps provided with equipment and supplies.

Translation of public awareness documents into appropriate languages for refugees has been done in 14 countries with a total of 37 camps. Trainings were organized and conducted for camp staff and refugees in the following countries: Mozambique, Namibia, Zambia, Nigeria, Sierra Leone, Dadaab, Tanzania, Uganda, Egypt, Rwanda, Burundi, Nepal, Pakistan and Myanmar. During these courses, specific emphasis was placed on non-medical responses at the community level, such as social distancing and preventive behaviours.

UNHCR worked on strengthening health services for refugees, which aimed to include surveillance and detection of communicable diseases, hygiene education, and other forms of infection control and containment. Systems for surveillance of influenza-like illness were developed in all the refugee camps through the strengthening of health services. Existing reporting systems, coordination and surveillance mechanisms at the camp level were reviewed and assessed. Outbreak response task forces are in place in 45 camps with good operational capacity. Training on health information systems and epidemiological surveillance continued during missions of the Regional AHI Coordinators in the camps.

UNHCR participated in coordination activities initiated by WFP in South Africa for setting up operational mechanisms for sustaining logistics and food delivery in case of a crisis. Regular meetings took place between WFP and UNHCR headquarters for information exchange and workshop planning. UNHCR and WFP worked on a common guidance for a Food Assistance Strategy in a Pandemic Environment, which will be utilised for finalizing food contingency plans at the camp level.

¹⁶ Refugee camps in countries with high security problems, like Chad, Algeria and Zimbabwe remained without mission during 2008. A mission took place in Pakistan, but only in regional capitals, not to the camps.

¹⁷ The only exceptions are the following: Zambia, Zimbabwe, Pakistan, Myanmar, Democratic Republic of Congo, Algeria, Ethiopia and East Sudan.

4.6.5 United Nations World Tourism Organization (UNWTO)

The UNWTO's activities contribute to Objective 6, Purpose 6.1 "Contingency Planning for Continuity of Operations during a Pandemic" through preparedness assessments and crises management planning, including recovery strategies and special marketing support activities.

CFIA-A10 "Development and Conducting of Regional and National Simulation Exercises to Rehearse and Assess Preparedness Plans and Uncover Shortcomings" aims at building capacity and assessing preparedness and planning at the regional and national level, particularly in the tourism sector. The objectives of the simulation exercises are to: (a) explore the specific implications a pandemic has on travellers and tourism in an international environment; (b) increase the awareness of, and identify, weaknesses in national contingency plans, as they relate to tourism; (c) promote intensive surveillance; (d) encourage rapid reporting by government bodies responsible for early warning systems, especially from the health and tourism sectors; and (e) provide training on the coordination of contingency planning and response efforts, including the "Concept of Operations for the United Nations System in an Influenza Pandemic".

The project established initial contacts with host countries for simulation exercises through UNWTO Member States networks. Progress was made in all the four target regions of this project - Asia, Europe, Africa, and Central America.

A simulation exercise was carried out in Bangkok in September 2008 targeting Asia in general, and South-East Asia in particular, where AHI has been most widespread. The exercise was attended by more than 60 participants from UNWTO Member States (e.g., Indonesia, Japan, Macao (China), Malaysia, Philippines, Thailand, Viet Nam), Affiliate Members (e.g., the International Hotel & Restaurant Association), UN Agencies (ICAO, UN Economic and Social Commission for Asia and the Pacific [ESCAP], UN Department of Safety and Security [UNDSS], UN Environment Programme [UNEP], UNICEF, UNSIC, UNDP, WFP, and WHO), international organizations (IOM), the World Bank, Tourism Emergency Response Network, and delegates of the ASEAN. The simulation exercise was interactive and instructive and enhanced the network between the health and tourism sectors. It consisted of a plenary where participants were introduced to the exercise and guided through the different scenarios, followed by the division of the participants into eight working groups where discussions took place based on the scenarios. Core findings of this simulation exercise included: (a) a rapid reporting response to an outbreak was confirmed as vital; (b) the private sector should play a bigger role in crisis situations; (c) evacuation of citizens from foreign countries was considered a grey area that lacked clarity for enforcement; (d) limited resources available in the case of an AHI pandemic could relegate tourists to a secondary position; (e) essential travel would continue during an AHI pandemic and measures must be taken to safeguard it without affecting WHO principles; (f) there would be a greater demand for domestic tourism and this sector would recover faster than others; (g) WHO plays a vital role in crisis communications during an AHI pandemic; (h) information networks should be established to facilitate effective dissemination of information; (i) the economic impacts of tourism were perceived to be significant and could bring drastic socio-economic consequences; and (j) tourism would bounce back at least in the medium-term after an AHI pandemic. This exercise enabled UNWTO to further advance its knowledge and research on AHI preparedness, particularly in its regional applications. A publication based on the discussions and findings of the exercise was written.

Plans are underway to schedule simulation exercises in other regions. In Central America, relationships with potential host countries are being pursued. UNWTO evaluated the possibility of hosting simulation exercise at the training centre of the Ministry of Foreign Affairs and the Ministry of Technical

Cooperation of Spain in Central America. Most countries in the Caribbean region expressed the desire to host the event after the hurricane season. In Africa, Kenya was asked to host the forthcoming simulation exercise. Follow-up talks with the Ministry of Tourism and Wildlife Office of Kenya are in progress to finalize the timeline, programme and financial aspects of the simulation exercise.

A simulations exercise in Romania, as the host country for the European region, was originally scheduled for 25-26 November 2008. Talks between UNWTO and the Ministry are currently underway to agree on the timeline of the exercise. If unsuccessful, alternative host countries will be determined.

Despite the turbulent financial environment and its dramatic impacts on the tourism industry, UNWTO kept simulation exercises active on the agenda of its Member States subject to slight rescheduling. The unstable financial situation and the looming avian flu fatigue made reframing of the simulation exercises necessary to fully address the issues proposed in this project.

4.7 OBJECTIVE 7: HUMANITARIAN COMMON SERVICES SUPPORT

Objective 7 aims to ensure that – in the event that national capacity is overwhelmed by pandemic conditions – agreed emergency operating procedures are invoked and benefit from information technology and logistics capacity set up and made operational beforehand.

WFP is the lead agency for Objective 7. WFP produced three Pandemic Logistics Corridor Capacity Assessments (PLCCAs) for the eastern and southern African corridors, developed two draft PLCCAs of the North-South [Economic] corridor in South-East Asia, a draft of the Indonesian Transport Network and drafted a logistics CONOPS. The “Pandemic Logistics and Learning Exercise” made recommendations for improving logistics operations during a pandemic. WFP finalised an online simulation tool to test pandemic plans. WFP completed contingency plans in ten countries. Logistics training programmes based on the International Health Regulations (IHR) were completed. WFP also conducted a seven-day P2LX with 220 participants. WFP launched a Pandemic Influenza Health and Safety intranet web site in 2008. Pandemic Preparedness Operation and Safety trainings were also conducted.

4.7.1 World Food Programme (WFP)

WFP provides effective humanitarian support to vulnerable groups, including maximizing logistics capacities, whose survival and well-being will be endangered by a pandemic. This includes increasing logistic capacities. The WFP’s activities, funded by the CFIA, support the broader framework of UNCAPAHI and contribute to the following UNCAPAHI Objectives:

1. Objective 7, Purpose 7.1 “Providing Technology and Logistic Capacity in the Event of a Pandemic through Common Services.” More specifically, WFP has been working on: (a) developing information management related to avian influenza, logistic expertise, contingency planning, and a joint operations approach to interagency process; and (b) getting ready to provide humanitarian and logistical support through the delivery of food assistance under pandemic conditions to societies, particularly to vulnerable groups.
2. Objective 6, Purpose 6.1 “Contingency Planning for Continuity of Operations during a Pandemic”. More specifically, WFP has been working on: (a) strengthening capacity of its operation

continuity under pandemic conditions; and (b) supporting governments in countries with large vulnerable and food-insecure populations.

3. Objective 2, Purpose 2.1 “Monitor and Assess Economic and Poverty Impact of Avian Influenza” and Purpose 2.3 “Assist in the Design and Implementation of Mechanisms for Compensation and the Development of Alternative Livelihoods” through sustaining and protecting the livelihoods of poorer farmers whose livelihoods depend on small scale livestock production.

4. Objective 4, Purpose 4.2 “Assist National Governments in their Coordinated Response to AHI,” through assisting the national structures in charge of coordinating avian influenza and pandemic preparedness in integrating food security aspects in national plans.

CFIA-A1 “Development of a logistics concept of operations for humanitarian activities in a pandemic environment / Logistics Network Analysis for Southern Africa and Asia” objectives include: (a) developing transport alternatives of humanitarian goods along the main delivery corridors during a pandemic; (b) developing Pandemic Logistics Corridor Capacity assessments; and c) producing hazard and risk matrices with key logistic stakeholders.

Achievements

Since July 2007, WFP has conducted PLCCAs in Africa and Asia and is preparing a Concept of Operations (CONOPS) for the provision of Humanitarian Response in a pandemic environment. More specifically, WFP produced assessments (PLCCA) of the eastern and southern African corridors¹⁸, developed a draft PLCCA of the North-South [Economic] corridor in South-East Asia, and revised the CONOPS.

The PLCCAs form the basis for the analysis of operational continuity for WFP and partner agencies, ensuring that life-saving assistance reaches the most vulnerable in the event of a pandemic. The PLCCAs include a component identifying best practices, gaps and operational engagement. A series of capacity-building initiatives were identified as essential to ensure the continuity of operations. In addition, the “Pandemic Logistics and Learning Exercise” produced recommendations for improving logistics operations during a pandemic. In addition, stakeholder analysis and hazard and risk analysis are being considered while finalizing the outputs of this project.

PLCCAs include a component identifying best practices and gaps and the operational engagement of WFP and partners. Capacity-building initiatives harmonizing government and WFP initiatives were identified to ensure continuity of operations. Lessons learned, best practices, and technical knowledge was integrated throughout the implementation plan. For example, the P2LX component of WFP’s Pandemic Preparedness Planning (CFIA-B3) project evaluated operational guidelines and produced a gap analysis. In addition, project activities contributed to cluster activities in emergencies, such as the Kenya logistics cluster operations.

The project identified commercial and institutional logistics capacities and highlighted risk areas; evaluated current national infrastructure; assessed local institutions and local authorities in the logistics field; trained and raised awareness of local response entities; outlined the optimal logistics strategy for achieving an effective intervention; incorporated lessons learned of the assessment process; identified

¹⁸ These are the Northern Corridor - East Africa (Kenya, Uganda, Rwanda, DRC, Somalia, and Sudan), the Beria Corridor - Central Southern Africa (Mozambique, Zimbabwe, Malawi, Zambia and DRC) and the Central and Southern Corridors - East Africa (Tanzania, Uganda, Rwanda, Burundi and DRC).

best practices, provided gap analysis; and identified and highlighted the need for cooperation with various stakeholders including, but not limited to, uniformed personnel.

CFIA-A12 “Supporting the Humanitarian Common Services through Provision of Data Management and Mapping Tools” aims at developing user-friendly online dedicated dynamic mapping services for pandemic influenza within the IASC humanitarian portal to facilitate contingency planning, visualization and the analysis of scenarios and operations during pandemic preparedness and humanitarian response.

Achievements

An interactive simulation tool was developed which can be used by planners to test pandemic readiness plans. This online module enables the dissemination of critical pandemic response data to UN agencies, governments, and research groups (during a simulation). It is expected to form the basis for a mapping tool (phase one), which will provide a logistical network of information and facilitate the analysis of food assistance. During 2008, the initial demonstration model of the planned interactive simulation software was completed. The preliminary tool was presented to major UN stakeholders for additional technical and data input. The product is expected to provide the basic platform for a more advanced decision-making tool for operations in the event of a pandemic.

CFIA-B3 and CFIA-B7 “Avian and Human Influenza Preparedness and Planning” aim at: (a) ensuring that the WFP, the UN, governments, and civil societies have robust pandemic preparedness and response plans in place, on a priority basis; and (b) ensuring a better understanding of the impact of avian influenza and a potential pandemic on the most vulnerable groups of the society.

Achievements

Operational Contingency Plans have been completed for ten countries, including Indonesia, Cambodia, Egypt, Uganda, Kenya, Mali, Lao PDR, Nigeria, Ethiopia and Bangladesh. Priority countries of operations were identified; contingency planning workshops were held in priority countries in advance of the development of the plans; and finally, draft contingency plans were developed. The development of future contingency plans will continue in close liaison with UN partners, IFRC, NGOs, and civil society.

Logistics training programmes were developed based on the International Health Regulations (IHR). WFP conducted a seven day field-based P2LX simulation in November 2008. Over 220 participants took part in testing of the UN System pandemic preparedness for port, airport, and surface operations. The exercise identified gaps in pandemic-specific guidelines for logistics operations. A series of focus groups provided important recommendations for improving logistics operations and procedures under pandemic conditions. A Logistic CONOPS was drafted and took into account the recommendations of the P2LX.

The development of contingency plans included business continuity planning measures and operational response modalities. Countries were selected based on a hazard and risk analysis tool customized to reflect WFP’s priority areas of operation. As a result of the pilot P2LX, WFP enhanced emergency logistics response skills and took into account operational requirements of clusters in the case of a pandemic. The P2LX recommended improving logistics operations in a pandemic to promote the continuity of operations and humanitarian services support. Recommendations include the development of logistics tools, hazard and risk analysis tools, trainings, civil-military cooperation guidance and additional operational guidelines.

Transport alternatives for humanitarian goods along the main delivery corridors during a pandemic were properly analysed and assessed. In line with project CFIA-A1, PLCCA for the East and Southern Africa

Logistics Corridors have been completed and PLCCAs for the North-South [Economic] corridor and the Indonesian Transport Network have been drafted.

WFP launched a Pandemic Influenza Health and Safety intranet web site in 2008, which is accessible through WFPGo. An instructional staff health and safety training video was developed and produced by WFP. Pandemic Preparedness Operation and Safety trainings were conducted by the WFP at the local, national and international level. WFP partnered with UNICEF and the UNDP to conduct trainings within the framework of Pandemic Preparedness rolled out in 100 per cent of WFP country offices.

WFP continues to provide technical input to and work in synergy with the USAID-funded Humanitarian Pandemic Preparedness (H2P) initiative. WFP is expected to incorporate, where appropriate, the outcomes of the H2P initiative into the food security and livelihood analysis component of this project. WFP has established and strengthened strategic partnerships with UN agencies, IFRC, NGOs and national authorities. WFP is in the process of identifying best practices to strengthen its capacity for livelihood/food security analysis and monitoring.

WFP enlisted in the technical input and guidance of WHO for the P2LX initiative and ensured the participation of OCHA PIC, UNICEF, UNSIC and UNHCR in the practical exercise. WFP participated in the UNICEF training initiative on Business Continuity Management, which was carried out throughout 2008. In addition, WFP participated in, and contributed to OCHA PIC simulation exercises.

WFP has begun shifting the focus of its initiatives from Pandemic Preparedness to Pandemic Readiness. A series of analyses and recommendations were made which were translated into trainings and workshops, technical refinement of specific outputs, and resulted in a better understanding of the impact of a pandemic on WFP's operations.

WFP is outlining a strategy to build local and national resilience mechanisms, such as the pre-positioning of local food production units, to strengthen food assistance programmes in a pandemic. WFP has conducted pilot hazard and risk workshops with local, national and international stakeholders from various sectors, to identify threats and mitigation strategies for maintaining humanitarian operations and other critical services. Phase II of the project has begun in 2009.

5. FINANCIAL PERFORMANCE

The UNDP MDTF Office, as the Administrative Agent (AA) of the CFIA, officially reports to the CFIA MC and donors every year on total contributions (un-earmarked and earmarked) received, transfers made to Participating Organizations for the implementation of approved projects, and the expenditures incurred (with analysis) against these projects.

In accordance with the provisions of the CFIA MOU, for each project approved for funding from the CFIA, each Participating Organization provides the UNDP MDTF Office with yearly financial statements and reports prepared in accordance with the accounting and reporting procedures applicable to the Participating Organization concerned. During the reporting period, the Participating Organizations harmonized their reporting formats and submitted their financial expenditure report using the United Nations Development Group (UNDG) -agreed 2006 expenditure categories.

5.1 SOURCES, USES, AND BALANCE OF CFIA FUNDS

As of 31 December 2008, the CFIA received deposits of \$17,231,168 from Norway, Spain and USA. It is important to note that this amount includes \$13,219,405 of USAID's total amount of \$21,000,000 available as a Letter of Credit. Of the total deposit of \$17,231,168, \$16,005,935 had been transferred to eight Participating Organizations by 31 December 2008. Table 5.1 provides an overview of the overall sources, uses, and balance of the CFIA funds as of 31 December 2008.

Table 5.1. Sources, Uses, and Balance of CFIA Funds, as of 31 December 2008 (\$)

		31 December 2008
Source of Funds		
Gross Contributions*		17,231,168
Fund Earned Interest Income		39,980
Agency Earned Interest Income***		-
	Total – Source of Funds	17,271,149
Use of Funds		
Transfers to Implementing Agencies**		16,005,935
	From Donor Contributions	16,005,935
	Refunds from Implementing Agencies	-
Administrative Agent Fees		265,905
Direct Costs		-
Other Expenditures from Fund Earned Interest		-
Bank Charges		-
	Total – Use of Funds	16,271,840
Balance of Funds Available		999,309

* Includes \$13,219,405 of USAID's total amount of \$21,000,000 available by letter of credit

** Refers to Participating UN and Non-UN Organizations.

*** To-date interest earnings of \$48,346 has been reported by four Participating Organizations which will be subsequently deposited in the CFIA Account

Apart from donor contributions, the other source of funds for the CFIA is interest income. The two sources of interest income are the AA (Fund) earned interest, which is the interest earned by the AA on the balance of unallocated funds remaining in the CFIA Bank Account (maintained by UNDP Treasury), and Agency earned interest, which is the amount earned by Participating Organizations on the undisbursed balance of the CFIA funds. As of 31 December 2008, the Fund-earned interest amounted to \$39,980. A detailed explanation of interest income is provided in Sections 5.5.

The AA fee of \$265,905, which is one per cent of the total funds deposited¹⁹, was charged upfront for the entire duration of the CFIA as per the LOAs signed with the donors, and the MOU signed with the Participating Organizations.

5.2 DONOR CONTRIBUTIONS

As shown in Table 5.2, Norway, Spain and USA were the three contributors to the CFIA in 2008 with a gross total contribution of \$22.57 million in 2008. The USAID committed a three-year contribution of \$35 million to the fund, with \$11.25 million earmarked for 2007 (\$7.58 million drawn down by 31 December 2008), \$9.75 million for 2008 (\$4.06 million drawn down by 31 December 2008), and \$14 million for 2009.

Table 5.2. Total Donor Deposits into the CFIA, as of 31 March 2009 (\$)

Donor	Jan to Dec 2007		Jan to Dec 2008		Jan to Mar 2009		Total				
	(Donor Curr)		(Donor Curr)		(Donor Curr)		(Donor Curr)				
		(US\$)		(US\$)		(US\$)		(US\$)			
Norway	NOK	23,314,534	4,018,886	NOK	7,167,000	1,013,577			NOK	30,481,534	5,032,462
Spain				EUR	400,000	558,040			EUR	400,000	558,040
United States of America*				USD	21,000,000	21,000,000			USD	21,000,000	21,000,000
TOTAL			4,018,886			22,571,617					26,590,502

* Of the \$21,000,000 shown here, only \$11,640,666 has been drawn down, bringing the actual total deposits to the CFIA to \$17,231,168.

Irrespective of whether donor contributions are earmarked or not, all projects submitted by Participating Organizations to the CFIA MC undergo the same review and approval procedure. Thus, a project using resources earmarked by a donor to a specific Participating Organization requires comments of the CFIA MC members and their approval. This ensures that all CFIA projects are in accordance with UNCAPAHI and CFIA TOR.

5.3 TRANSFER OF FUNDS TO PARTICIPATING ORGANIZATIONS

Tables 5.3 and 5.4 provide an overview of the fund transfers by Window and Participating Organization. As of 31 December 2008, the CFIA had transferred funds for approved projects for a total amount of \$16,005,935 to eight Participating Organizations. This amounts to approximately 63 per cent of approved funds.²⁰

¹⁹ This includes the total amount of \$21,000,000 of USAID funding available by letter of credit.

²⁰ The remaining 37 per cent of the approved funds will be transferred to OCHA and WFP in 2009, since these two Participating Organizations pre-finance their project activities and get reimbursed subsequently.

Table 5.3. Funds Transferred, by Window, as of 31 March 2009 (\$)

Window	as of 31 December 2008					as of 31 March 2009				
	Net Deposits	Total Funds Approved	Total Funds Transferred	% of Total Funds Approved	No. of Projects	Net Deposits	Total Funds Approved	Total Funds Transferred	% of Total Funds Approved	No. of Projects
	(\$)	(\$)	(\$)			(\$)	(\$)	(\$)		
A - Un-earmarked	5,534,597	4,880,219	4,575,269	93.8	14	5,534,597	4,880,219	4,880,219	100.0	15
B - Earmarked*	20,790,000	20,426,701	11,430,666	56.0	7	20,790,000	20,426,701	11,430,666	56.0	7
TOTAL	26,324,597	25,306,920	16,005,935	63.2	21	26,324,597	25,306,920	16,310,885	64.5	22

* Of the \$20,790,000 Earmarked deposits, only \$11,430,666 has been drawn down, bringing the actual total net deposits to the CFIA to \$16,965,263.

Under the First Window, 94 per cent of the approved funds were transferred to Participating Organizations as of 31 December 2008, and 100 per cent transferred as of 31 March 2009. Under the Second Window, not all programmed funds are transferred to Participating Organizations. Participating Organizations that have Regulations and Rules that restrict the reporting and refund of interest²¹ to the CFIA, operate on the pre-finance basis and request the transfer of funds every six months based on the actual amount of expenditure incurred under the respective projects. It is important to note that the USAID funds are not deposited to the CFIA fund account, but drawn down as and when transfers to the Participating Organizations need to be made. As of December 2008, 56 per cent of total available funds under the Second Window were drawn down.

Table 5.4. Funds Approved and Transferred, by Participating Organization, as of 31 March 2009 (\$)

AGENCY	as of 31 December 2008				as of 31 March 2009			
	Funds Approved		Funds Transferred		Funds Approved		Funds Transferred	
	Amount	No. of Projects	Amount	No. of Projects	Amount	No. of Projects	Amount	No. of Projects
ICAO	1,151,720	3	1,151,720	3	1,151,720	3	1,151,720	3
ILO	896,887	3	896,887	3	896,887	3	896,887	3
IOM	3,159,773	6	2,854,823	5	3,159,773	6	3,159,773	6
OCHA	5,004,456	5	1,805,000	2	5,004,456	5	1,805,000	2
UNDP	400,000	1	400,000	1	400,000	1	400,000	1
UNHCR	5,940,000	2	5,940,000	2	5,940,000	2	5,940,000	2
UNWTO	652,000	2	652,000	2	652,000	2	652,000	2
WFP*	8,102,084	4	2,305,505	3	8,102,084	4	2,305,505	3
TOTAL	25,306,920	26	16,005,935	21	25,306,920	26	16,310,885	22

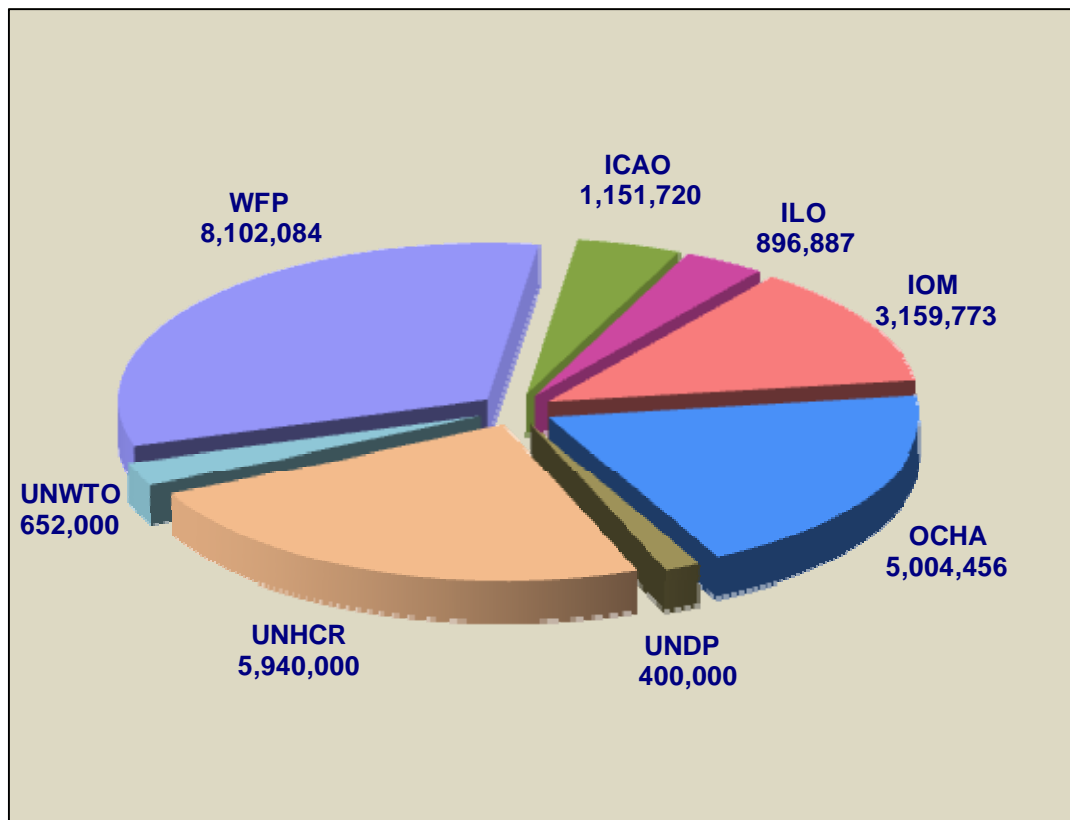
* An additional \$1,415,739 was transferred to WFP in April 2009

As of its 10 December 2007 meeting, the CFIA MC agreed to set a performance indicator with a rate of 40 per cent of funds received to be legally committed and 20 per cent to be legally disbursed as a condition for approval of additional CFIA funding. The CFIA MC also agreed to reserve the right to waive this performance indicator based on consideration of qualitative progress indicators.

²¹ OCHA and WFP are the two Participating Organizations that cannot report on, and refund, interest income in accordance with their financial Regulations and Rules.

As shown in Table 5.4, as of 31 March 2009, 26 projects amounting to \$25,306,920, have been approved by the CFIA Management Committee. As shown in Graph 5.1, the four largest recipients of the CFIA funding are WFP, UNHCR, OCHA, and IOM.

Graph 5.1. Approved Funding, by Participating Organization, as of 31 March 2009 (\$)



5.4 EXPENDITURE

As indicated earlier in the report, the LOA and MOU governing the CFIA stipulate that for each project approved for CFIA funding, each Participating Organizations shall provide the AA with the expenditure reports prepared in accordance with the accounting and reporting procedures applicable to the Participating Organization concerned. As shown in Table 5.5 and 5.7, the total cumulative expenditure as of 31 December 2008 was \$8,949,711, which represents 56 per cent of total funds transferred. It is important to note that the funding for seven newly approved projects was approved at the end of 2008 and transferred at the end of 2008 or early 2009. Consequently, no expenditures were reported against those projects, lowering the ratio of spent to approved funds.

Table 5.5 provides a summary of total expenditure by reporting period and by six categories of expenditure used. Participating Organizations spent \$8,648,570 in 2008, compared to \$301,140 in 2007. In line with its mission of avian and human influenza prevention and preparedness, the major portion of the CFIA funded project expenditure was for personnel (63 per cent of total programme costs), contracts (17 per cent), supplies/ commodities/ equipment/ transport (10 per cent), training of counterparts (4 per cent), and other direct cost (6 per cent). A detailed breakdown of the values of all expenditures in these categories can be found in Tables 5.5, 5.6, 5.7, and 5.8, and Graph 5.2.

Table 5.5. Total Expenditure, by Category and Reporting Period, 1 January 2007 - 31 December 2008 (\$)

CATEGORY	EXPENDITURE			
	Jan - Dec 2007	Jan - Dec 2008	January 2007 - December 2008	% of Total Programme Costs
Supplies, Commodities, Equipment and Transport	3,114	815,550	818,664	10.1
Personnel and Travel	166,696	4,972,469	5,139,165	63.3
Training of Counterparts	35,412	248,286	283,698	3.5
Contracts	61,000	1,294,711	1,355,711	16.7
Other Direct Costs	377	515,076	515,453	6.4
Total Programme Costs	266,599	7,846,092	8,112,691	-
Total Indirect Support Costs	34,541	802,479	837,020	10.3
TOTAL Expenditure	301,140	8,648,570	8,949,711	

As stated earlier (and shown in Table 5.6), the cumulative expenditure as of 31 December 2008 amounted to \$8.95 million, which represents 35 per cent of total approved projects. Of eight Participating Organizations, WFP, UNCHR and OCHA reflected high expenditures, namely \$3.28 million, \$2.12 million and \$1.81 million respectively. Those three Participating Organizations received 75 per cent of the total CFIA funding, and accounted for 81 per cent of the total CFIA expenditure. On average, the UNDP reflected the highest expenditure as a percentage of total funds approved (46 per cent). The calculated percentage figures (ratio of expenditure to approved funding) should be interpreted with caution with the understanding that six Participating Organizations had funding approved in December 2008 for a total of ten projects. The zero expenditure of those ten projects lowers the ratio of spent to approved funds.

Graph 5.2. Total Expenditure, by Category, 1 January 2007 - 31 December 2008 (\$)

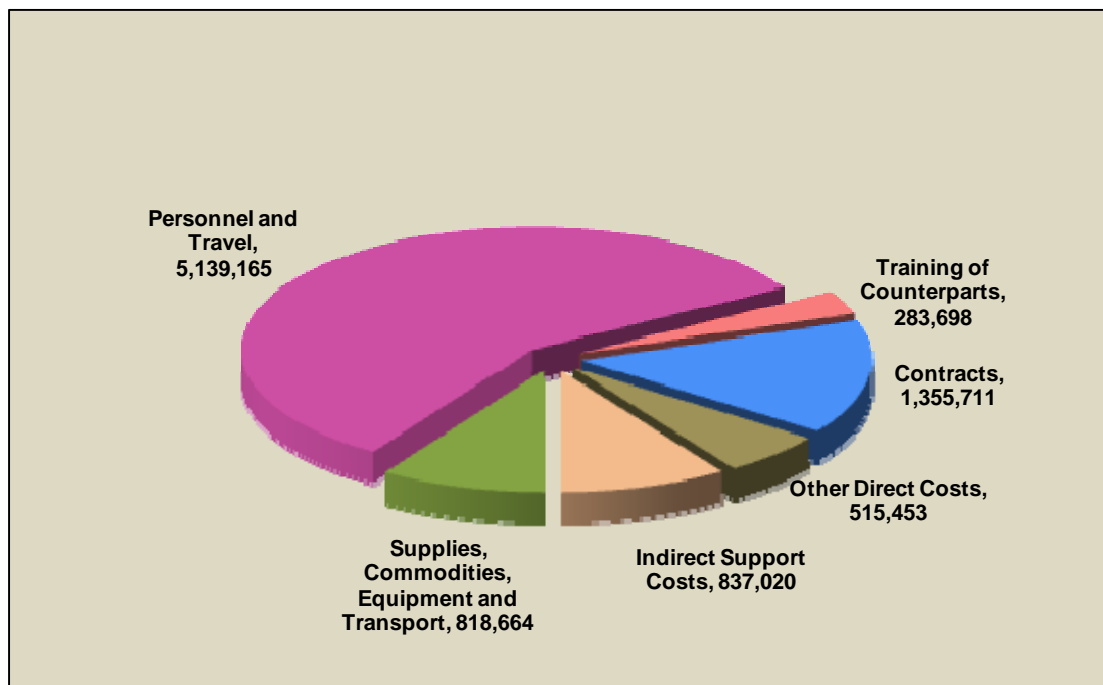


Table 5.6. Total Expenditure, by Participating Organization and Reporting Period, 1 January 2007 - 31 December 2008 (\$)

Part Org	APPROVED FUNDING		EXPENDITURE			% of Approved Funding
	Amount	No. of Projects	Jan - Dec 2007	Jan - Dec 2008	January 2007 - December 2008	
ICAO*	1,151,720	3	20,733	81,664***	102,397	9
ILO*	896,887	3	72,114	181,042	253,156	28
IOM*	3,159,773	6	20,396	925,427	945,823	30
OCHA**	5,004,456	5	0	1,805,000	1,805,000	36
UNDP	400,000	1	12,228	172,599	184,827	46
UNHCR*	5,940,000	2	0	2,123,297	2,123,297	36
UNWTO	652,000	2	0	255,600	255,600	39
WFP**	8,102,084	4	175,669	3,103,941	3,279,610	40
TOTAL	25,306,920	26	301,140	8,648,570	8,949,711	35

Note: *For the following Participating Organizations (POs) funds were approved at the CFIA MC meeting on 14 November 2008, and transferred in December 2008: ICAO- \$399,960, ILO - \$ 396,887, IOM -\$1,389,645, UNHCR - \$2,970,000, and in March 2009 for IOM \$304,950.

** Funds Approved equals Funds Transferred for all POs except for OCHA and WFP, since these two POs are reimbursed based on expenditure.

*** The ICAO project expenditure funded by the CFIA appears to be low because, in addition to getting funding from the CFIA, ICAO has been active in mobilizing contributions in-kind and in-currency.

A summary of total expenditure by Participating Organization with the breakdown by category is provided in Table 5.7.

The Participating Organizations, except OCHA and WFP, have spent between 9 and 46 per cent of total funds transferred. Funds transferred equal funds approved for the six Participating Organizations. The two special cases are, as stated earlier, OCHA and WFP, which operate on a pre-finance basis and get subsequently reimbursed based on expenditure. In 2008, OCHA spent 100 per cent of funds received and WFP spent 142 per cent of funds received, requesting reimbursement on a bi-annual basis.

Table 5.7. Total Expenditure, by Participating Organization and Category, 1 January 2007 - 31 December 2008 (\$)

PARTICIPAT ORGANIZATION	TOTAL FUNDS TRANSFERRED	EXPENDITURE (Jan 07 - Dec 08)		EXPENDITURE by CATEGORY (\$)					
	USD	USD	% of Total Funds Transferred	Supplies, Commodities, Equipment and Transport	Personnel	Training of Counterparts	Contracts	Other Direct Costs	Indirect Support Costs
ICAO*	1,151,720	102,397***	9	692	86,837	0	396	1,455	13,017
ILO*	896,887	253,156	28	3,908	119,425	36,304	68,870	8,087	16,562
IOM*	2,854,823	945,823	33	147,957	434,869	100,138	196,295	7,128	59,436
OCHA**	1,805,000	1,805,000	100	29,961	1,364,033	0	4,181	199,232	207,594
UNDP	400,000	184,827	46	2,694	181,345	0	0	0	788
UNHCR*	5,940,000	2,123,297	36	242,218	740,413	81,273	821,623	29,870	207,900
UNWTO	652,000	255,600	39	9,693	191,973	0	41,613	150	12,171
WFP**	2,305,505	3,279,610	142	381,540	2,020,270	65,983	222,733	269,532	319,552
TOTAL	16,005,935	8,949,711	56	818,664	5,139,165	283,698	1,355,711	515,453	837,020
<i>Percentage of Total Programme Costs</i>				<i>10.1</i>	<i>63.3</i>	<i>3.5</i>	<i>16.7</i>	<i>6.4</i>	<i>10.3</i>

Note: *For the following POs funds were approved at the CFIA MC meeting on 14 November 2008, and transferred in December 2008: ICAO- \$399,960, ILO - \$ 396,887, IOM -\$1,389,645, UNHCR - \$2,970,000.

** Funds Approved equals Funds Transferred for all POs except for OCHA and WFP, since these two POs are reimbursed based on expenditure.

*** The ICAO project expenditure funded by the CFIA appears to be low because, in addition to getting funding from the CFIA, ICAO has been active in mobilizing contributions in kind and in currency.

A summary of total expenditure by Participating Organization and Window with the breakdown by category is provided in Table 5.8. Under the First Window (un-earmarked contribution from Norway and Spain), Participating Organizations have spent between 9 and 100 per cent of total approved and transferred funds. OCHA has utilized 100 per cent of funds approved and transferred under the First Window. IOM's expenditures were 48 per cent of the approved budget, UNDP's 46 per cent, UNWTO's 39 per cent, and WFP's 35 per cent. These four organizations had not received funding for new projects under the First Window at the end of 2008; therefore, their percentage figures correctly depict the implementation rate. ICAO and ILO, on the other hand, had new projects approved at the last MC meeting in November 2008 and received funding late December 2008. Both had reported zero expenditure for the new projects in 2008.

Under the Second Window (earmarked contribution from USAID) only those Participating Organizations that could report on and refund interest income had received the total approved amounts. Funds for

projects under the Second Window have not been transferred upfront for OCHA and WFP projects, since their respective financial rules and regulations do not permit interest reporting and refunding. IOM reported 30 per cent and UNHCR 36 per cent expenditure against funds transferred in 2008. It should be noted that both IOM and UNHCR had received funding in December 2008 for the new projects. If the new funding is not used to calculate the implementation rate, then UNHCR's expenditure were 72 per cent and IOM's 73 per cent of funds received. In 2008, under the Second Window, OCHA spent 100 per cent of funds received and WFP spent 187 per cent of funds received.

Table 5.8. Total Expenditure, by Window, Participating Organization and Category, 1 January 2007 - 31 December 2008 (\$)

PARTICIPATING ORGANIZATION	TOTAL FUNDS TRANSFERRED	EXPENDITURE (Jan 07 - Dec 08)		EXPENDITURE by CATEGORY (\$)					
	USD	USD	% of Total Funds Transferred	Supplies, Commodities, Equipment and Transport	Personnel	Training of Counterparts	Contracts	Other Direct Costs	Indirect Support Costs
Window A - Unearmarked									
ICAO*	1,151,720	102,397***	9	692	86,837	0	396	1,455	13,017
ILO*	896,887	253,156	28	3,908	119,425	36,304	68,870	8,087	16,562
IOM	475,178	228,192	48	34,008	121,678	41,585	18,433	0	12,488
OCHA	320,000	320,000	100	6,224	221,324	0	556	55,081	36,814
UNDP	400,000	184,827	46	2,694	181,345	0	0	0	788
UNWTO	652,000	255,600	39	9,693	191,973	0	41,613	150	12,171
WFP	679,484	237,850	35	14,516	117,469	38,483	22,374	556	44,452
Total Window A	4,575,269	1,582,023	35	71,735	1,040,052	116,372	152,242	65,329	136,293
Window B - Earmarked									
IOM*	2,379,645	717,631	30	113,949	313,191	58,553	177,862	7,128	46,948
OCHA**	1,485,000	1,485,000	100	23,737	1,142,708	0	3,625	144,150	170,779
UNHCR*	5,940,000	2,123,297	36	242,218	740,413	81,273	821,623	29,870	207,900
WFP**	1,626,021	3,041,760	187	367,024	1,902,801	27,500	200,359	268,975	275,100
Total Window B	11,430,666	7,367,688	64	746,928	4,099,114	167,326	1,203,469	450,123	700,727
TOTAL	16,005,935	8,949,711	56	818,664	5,139,165	283,698	1,355,711	515,453	837,020
<i>Percentage of Total Programme Costs</i>				10.1	63.3	3.5	16.7	6.4	10.3

Note: *For the following POs funds were approved at the CFIA MC meeting on 14 November 2008, and transferred in December 2008: ICAO- \$399,960, ILO - \$ 396,887, IOM -\$1,389,645, UNHCR - \$2,970,000.

** Funds Approved equals Funds Transferred for all POs except for OCHA and WFP under Window B, since these two POs are reimbursed based on expenditure.

*** The ICAO project expenditure funded by the CFIA appears to be low because, in addition to getting funding from the CFIA, ICAO has been active in mobilizing contributions in kind and in currency.

5.5 INTEREST EARNED

5.5.1 Administrative Agent (Fund-level) Earned Interest

During the reporting period, the CFIA AA (Fund)-earned interest income was \$13,092, which when combined with the interest income for 2007 brings the total Fund-level earned interest to \$39,980.

5.5.2 Interest Earned by Participating Organizations

As explained above, all interest earned by the Participating Organizations is credited to the CFIA account unless the governing bodies of the said Participating Organizations have approved decisions that govern the specific use of interest earned on donor contributions. As shown in Table 5.9, as of 31 December 2008, ICAO, ILO, UNDP, and UNCHR reported interest earnings of \$48,346. It is expected that the other Participating Organizations (except WFP and OCHA), in accordance with their rules and regulations, will report and refund interest once their books of accounts are financially closed for the year ending 31 December 2008.

Table 5.9. Reported Interest Earned by Participating Organization on Project Unutilized Balances, as of 31 December 2008 (\$)

Participating Organization	INTEREST		
	2007	2008	2007-2008
	Amount Reported	Amount Reported	Total Amount Reported
ICAO	7,919	16,106	24,025
ILO	-	8,092	8,092
IOM	-	-	-
OCHA	-	-	-
UNDP*	814	638	1,453
UNHCR	-	14,776	14,776
UNWTO	-	-	-
WFP	-	-	-
	8,733	39,612	48,346

* Interest of \$814, was included in the 2008 report for 2007

5.6 COST RECOVERY

The cost recovery for the CFIA is guided by the applicable provisions of the CFIA TOR, the LOA concluded by UNDP, as the AA of the CFIA, with donors, and the MOU concluded with the Participating Organizations.

For the period ending 31 December 2008, the actual costs were as follows:

- a) The AA fee of \$265,905 charged for the entire duration of the fund is one per cent of total contributions deposited in the fund bank account as per the LOA and the MOU and is in line with the AA fee charged by UNDP for administering similar funds.
- b) The cumulative indirect support costs of the Participating Organizations for period 1 January 2007 through 31 December 2008 were \$837,020, which represents 10.3 per cent of total programme costs, which is within the ceiling of 13 per cent specified in the CFIA TOR. This information is presented in Tables 5.5, 5.7 and 5.8.

5.7 TRANSPARENCY AND ACCOUNTABILITY OF THE CFIA

5.7.1 Increased Transparency

Details of the CFIA MC's approval and implementation procedures and descriptions of the activities carried out under approved projects are posted on the CFIA web site (www.undp.org/mdtf/influenza). This web site is updated monthly to provide the most current information on contributions received and projects approved. Project Quarterly Progress Updates, containing highlights of project progress, project anticipated timelines, project commitments and disbursements, are posted on this site on a regular basis.

5.7.2 Increased Quality Assurance and Accountability

The individual Participating Organizations have the primary responsibility for project monitoring, evaluation, and audits. In addition, the Participating Organizations, through the CFIA Management Committee, may commission an annual "lessons learned and review exercise."

6. CONCLUSION

This is the Second Consolidated Annual Progress Report on Activities Implemented under the Central Fund for Influenza Action. It covers the progress of implementation of 26 projects funded during 2008, the second year of operations of the CFIA, to address urgent unfunded and under-funded priority actions of the Consolidated Action Plan for Contributions of the UN System and Partners (UNCAPAHI). The Annual Progress Report is consolidated by the MDTF Office, in its capacity as the Administrative Agent of the CFIA based on individual annual progress reports as well as certified and financial statements submitted by the Participating Organizations to the MDTF Office. It is neither an evaluation of the CFIA nor an assessment by the MDTF Office of the performance of the Participating Organizations.

In 2008, the CFIA received a total of \$22.57 million from USA, Norway and Spain, in addition to \$4.02 million received from Norway in 2007. The CFIA Management Committee approved the first batch of projects under the CFIA in July 2007. The second batch was approved in February 2008, and the third in November 2008. Projects of the Participating Organizations that began implementation in 2007 or early 2008 are coming to an end. Projects approved in November 2008 started their activities in 2009.

From the reports received, it is clear that the Participating Organizations have set ambitious targets for themselves in addressing the respective UNCAPAHI Objectives. Participating Organizations reported on project achievements made in 2008, which ranged from preparing the workplace for a potential pandemic, to evaluating airports, and supporting business continuity planning. Target populations have included the general public, travellers and the tourism industry, migrants, refugees, and poultry workers, to name a few. Governments have particularly been targeted for support in pandemic planning at the national level. Workshops and simulation exercises to rehearse preparedness plans have been held by all Participating Organizations, and IEC materials have been developed in local languages. Additional resources will be required to support their efforts and to build on their achievements.

The CFIA has enabled the Participating Organizations to formulate and deliver a wide range of UNCAPAHI-based activities. Project implementation continued during 2008 with \$8.65 million in expenditure, bringing the cumulative expenditure, from inception to 31 December 2008, to \$8.95 million.

The resources deposited by donors in the CFIA account have been fully programmed and approved by the Management Committee. With the recent outbreak of Influenza A (H1N1) it became clear that there is need for additional funding commitments in order to assist the UN System to strengthen further its preparedness for a possible pandemic, by supporting local and national authorities and ensuring little or no interruption in the critical services the UN provides. Since a number of Participating Organizations have either formulated or are ready to formulate projects that address the human and avian influenza challenges, further replenishment of CFIA resources is vital for continuation of advancing UNCAPAHI objectives. The MDTF Office envisages, therefore, that the Annual Progress Reports will give the CFIA MC the basis to better assess resource requirements and to advocate and mobilize additional funding.

Annex 1. Total Expenditure Incurred against Approved Projects, as of 31 December 2008 (\$)

Project Number	Project Title	Partic Org	Start Date	End Date	Funds Approved (\$)	Expend 2007 (\$)	Expend 2008 (\$)	Total Expend (\$)	% of Funds Approved
WINDOW I - UNEARMARKED FUNDS									
CFIA-A1	Development of a Logistics Concept of Operations for Humanitarian Activities in a Pandemic Environment	WFP	Jul-07	Mar-09	400,000	175,669	43,897	219,566	55
CFIA-A2	Avian Influenza & the Workplace in Thailand	ILO	Sep-07	Jan-09	250,000	72,114	117,343	189,457	76
CFIA-A3	Support to Coordination of Avian & Human Influenza Activities	UNDP	Jul-07	Jul-09	400,000	12,228	172,599	184,827	46
CFIA-A4	Targeted Communications for travelers, the travel industry, and tourist destinations	UNWTO	Jul-07	Dec-09	400,000	-	173,075	173,075	43
CFIA-A5	Cooperative Arrangement for the prevention of spread of communicable disease by air transport (CAPSCA-Asia)	ICAO	Jul-07	Dec-10	201,800	8,013	13,799	21,812	11
CFIA-A6	Avian and Human Influenza pandemic preparedness for migrants and host communities in Lao PDR.	IOM	Sep-07	Mar-09	162,488	20,396	116,699	137,095	84
CFIA-A7	Avian Influenza & the workplace in Indonesia	ILO	Apr-08	Jun-09	250,000	-	63,699	63,699	25
CFIA-A8	Pandemic Influenza Contingency West Africa Regional Platform	OCHA	Mar-08	Dec-08	320,000	-	320,000	320,000	100
CFIA-A9	Social mobilization of migrant poultry workers, traders, and transporters in Nigeria	IOM	Apr-08	Sep-09	312,690	-	91,097	91,097	29
CFIA-A10	Development and conducting regional and national simulation exercises to rehearse and assess preparedness plans and uncover shortcomings	UNWTO	Mar-08	Oct-09	252,000	-	82,525	82,525	33
CFIA-A11	Cooperative Arrangement for the Prevention of Spread of Communicable Disease by Air Transport (CAPSCA-Africa)	ICAO	Mar-08	Mar-09	549,960	12,720	67,843	80,563	15
CFIA-A12	Supporting the humanitarian common services through provision of data management and mapping tools	WFP	Mar-08	Mar-09	279,484	-	18,284	18,284	7
CFIA-A13	Livelihoods Support for Avian and Human Influenza Pandemic Prevention and Preparedness at the Workplace	ILO	Jan-09	Dec-09	396,887	-	-	-	-
CFIA-A14	Cooperative Arrangement for the Prevention of Spread of Communicable Disease by Air Transport (CAPSCA-the Americas and Caribbean)	ICAO	Dec-08	Dec-09	399,960	-	22	22	0
CFIA-A15	Pandemic Preparedness among Migrant Populations in Latin America	IOM	Mar-09	Mar-10	304,950	-	-	-	-
WINDOW I Total					4,880,219	301,140	1,280,882	1,582,023	32

Annex 1. Total Expenditure incurred against Approved Projects, as of 31 December 2008 (continued)

Project Number	Project Title	Partic Org	Start Date	End Date	Funds Approved (\$)	Expend 2007 (\$)	Expend 2008 (\$)	Total Expend (\$)	% of Funds Approved
WINDOW II - EARMARKED FUNDS									
CFIA-B1	The Pandemic Influenza Contingency Team	OCHA	Apr-08	Sep-08	1,485,000	-	1,485,000	1,485,000	100
CFIA-B3	Pandemic Preparedness & Planning-Phase I	WFP	Mar-08	Apr-09	4,205,100	-	3,041,760	3,041,760	72
CFIA-B4	Pandemic Preparedness for Migrants and Host Communities I	IOM	Mar-08	May-09	990,000	-	717,631	717,631	72
CFIA-B5	Avian and Human Influenza Preparedness & Response in Refugee Settings	UNHCR	Apr-08	Apr-09	2,970,000	-	2,123,297	2,123,297	71
CFIA-B6	Pandemic Influenza Contingency Work Programme	OCHA	Jan-09	Jan-10	2,475,000	-	-	-	-
CFIA-B7	Pandemic Preparedness and Planning-Phase II	WFP	Dec-08	Dec-09	3,217,500	-	-	-	-
CFIA-B8	Avian and Human Influenza Preparedness and Response in Refugee Settings	UNHCR	Dec-08	Dec-09	2,970,000	-	-	-	-
CFIA-B9	Pandemic Preparedness for Migrants and Host Communities II	IOM	Dec-08	Dec-09	990,000	-	-	-	-
CFIA-B10	Pandemic Influenza Contingency Work Programme for Southern Africa	OCHA	Jan-09	Dec-09	324,456	-	-	-	-
CFIA-B11	Pandemic Preparedness Small Project Funding Facility for UN Resident Coordinators	OCHA	Jan-09	Dec-09	400,000	-	-	-	-
CFIA-B12	Humanitarian Pandemic Preparedness And Response: Capacity Building For Migrants And Host Communities	IOM	Dec-08	Dec-09	399,645	-	-	-	-
WINDOW II Total					20,426,701	0	7,367,688	7,367,688	36
GRAND TOTAL					25,306,920	301,140	8,648,570	8,949,711	35