

# **AVIAN AND HUMAN INFLUENZA (AHI)**

## **REVIEW OF THE CONSOLIDATED ACTION PLAN FOR CONTRIBUTIONS OF THE UN SYSTEM AND PARTNERS (UNCAPAHI)**

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**Produced on behalf of  
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## INTRODUCTION

### **The changing context for Avian Influenza response and Pandemic Preparedness**

Two years ago we were working in a climate of widespread international concern about a potential pandemic, including unprecedented media coverage and political engagement. At the time, highly pathogenic avian influenza (HPAI) outbreaks in birds, caused by H5N1, had been reported by 17 countries (of which 13 countries in poultry); and 98 cases (43 deaths) of confirmed human H5N1 infection reported by 5 countries. As of today, 60 countries and territories have reported H5N1 HPAI outbreaks (of which 43 in poultry) and 12 countries reported 327 cases (200 deaths) of confirmed human H5N1 infections<sup>1</sup>. We are no more certain, now, about the H5N1 pandemic risk in the next 2-3 years than we were in 2005. Such uncertainty makes preparedness planning difficult – including the level of resources to commit, the nature of preparedness to be attained, and the best ways in which the issue can be communicated to those constituencies with an interest as well as to the general public– but vital given the potential scale of the pandemic’s impact. Although the issue is now receiving a lower (and probably more appropriate) level of media coverage it still receives attention from political leaders the world over. Rightly so: the threat of an influenza pandemic is at least as great as it was in 2005. However political decisions about responses to HPAI and pandemic threats are now being made in a more measured and less pressured way and decision makers seek well-considered, evidence-based advice.

The context within which decisions are being made has changed in other ways too:

- In most countries HPAI outbreaks are rapidly stamped out; in others H5N1 has become entrenched in birds (enzootic) where there is no sustained and effective national response. Similarly, some countries are well prepared to detect, confirm and contain persons suspected of being infected with a potential pandemic influenza virus. Other countries have far to go. These differences reflect the ways in which veterinary and health services are governed, managed, and financed. External assistance has to take these national realities into account and to support the world’s poorest communities in developing profitable livelihoods that do not place them or the global community at increased risk of emerging diseases.
- The coming into force of the International Health Regulations (2005) creates exciting new opportunities, the potential for combined action by countries in response to infectious disease threats and the joint engagement of veterinary and human health professionals on the epidemiology, pathology and molecular biology, therapy and immunology of emerging diseases.
- There is increasing involvement of sectors other than health (such as finance, food, tourism, environment, governance and humanitarian action) in getting ready to mitigate the community-level consequences of an influenza pandemic. The more local communities can be ready to avert, and (if necessary) tackle the humanitarian crises that would be associated with an influenza pandemic, the better: coordinated community actions are likely to determine the pandemic’s impact on individuals.
- Nations are engaged together in a political response to these global threats in an unprecedented manner, often at very high level. There have been regular intergovernmental meetings (linked to the September 2005 International Partnership on Avian and Pandemic Influenza), substantial pledges of resources made for country, regional and global actions, and the adoption of common strategies. At the same time, national governments have invested substantial time and effort in negotiating the conditions under which information and virus samples are shared, and sought to ensure that they can benefit equitably from vaccines and diagnostic materials that are derived from them. These negotiations are expected to continue placing demands on UN systems’ agencies.

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<sup>1</sup> Sources OIE and WHO

Within this evolving context, agencies, funds and programmes are pursuing actions that are reflected in the UN system Consolidated Action Plan for Avian and Human Influenza (UNCAPAHI). They have linked up with government, voluntary, private sector, regional and international bodies. The emphasis has been on finding opportunities through which both the human and financial resources, and the time and energy invested in responses to HPAI and preparedness for the next influenza pandemic can yield a return far beyond a response to influenza-related threats. Strengthening surveillance and laboratory capacities, health infrastructures, humanitarian response capacity, public understanding and bio-safety will impact positively on the level of preparedness for, and response to, any kind of zoonotic diseases.

Experts convened by FAO, OIE , WHO and UNICEF met in Rome in June this year to review the strategies used to control HPAI and prepare for the next influenza pandemic. Are these strategies technically appropriate for the range of challenges now being addressed? Are they achieving the desired impact?

This Review of the UNCAPAHI takes its cue from the results of the Rome meeting, and – given the ever changing context within which we work – reports on the progress made by UN Systems’ agencies and their partners in relation to the Action Plan’s objectives. It asks “What impact has been achieved through the efforts of the UN system?”. It pinpoints gaps in the current UN system response and shows ways in which the gaps will be filled, sometimes through changes in the agencies’ activities. For example more attention will be given to pandemic preparedness by those who specialize in humanitarian action and by sectors other than health (objectives 6 and 7 of the Action Plan).

The review also describes the first months of the new Central Fund for Influenza Action (CFIA) and provides an overview of the financial situation of the 13 agencies, funds, programmes, coordinating bodies and partners who make up the Action Plan.

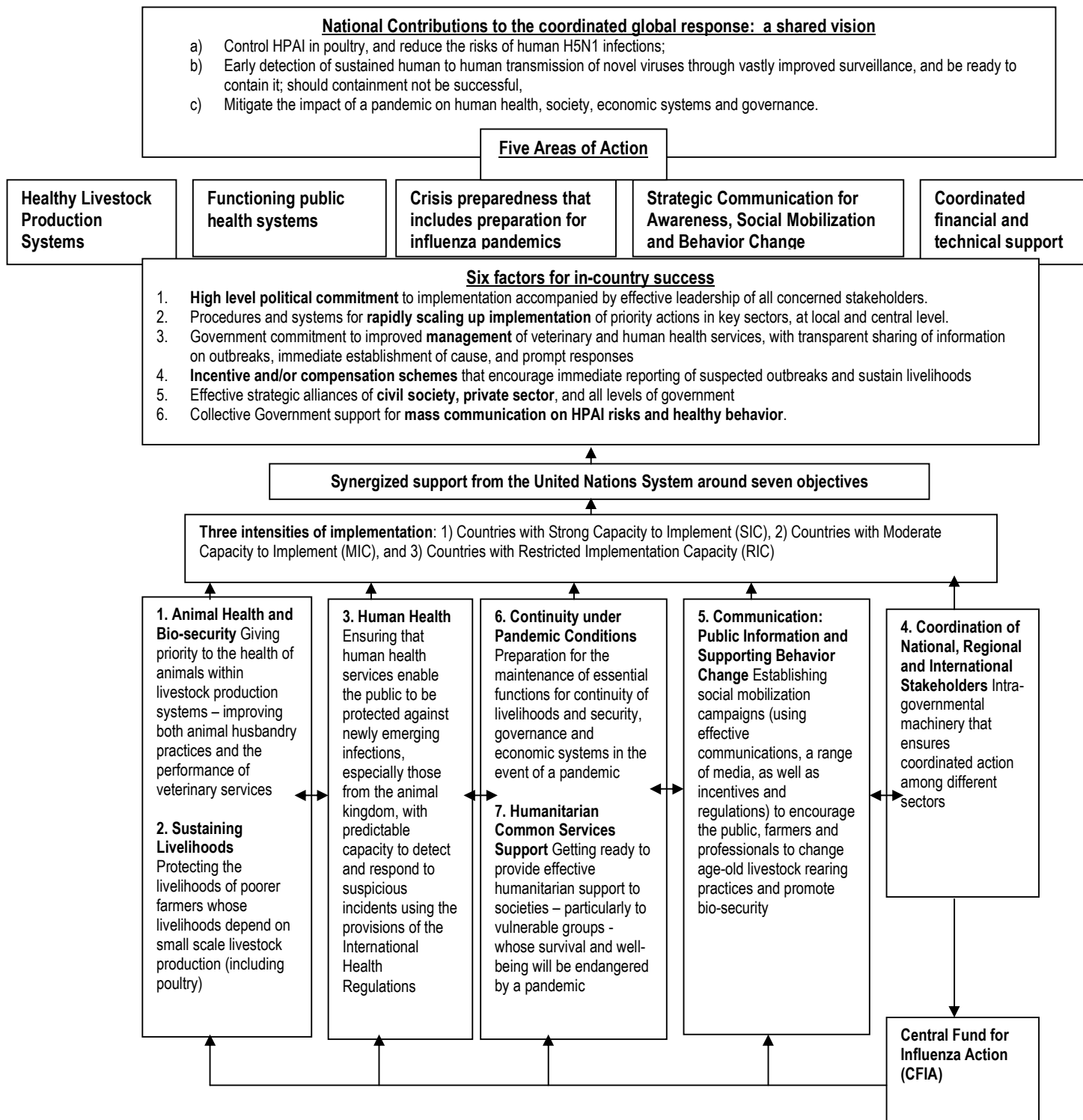
The way in which communities, nations and the world as a whole respond to the threats posed by infectious diseases in animals and humans will determine both the security of today’s world and the fate of generations to come. The UN system, by working in synergy and responding to the needs of local, national and regional authorities, is seeking to make its contribution to this vital goal, and this review charts its progress.



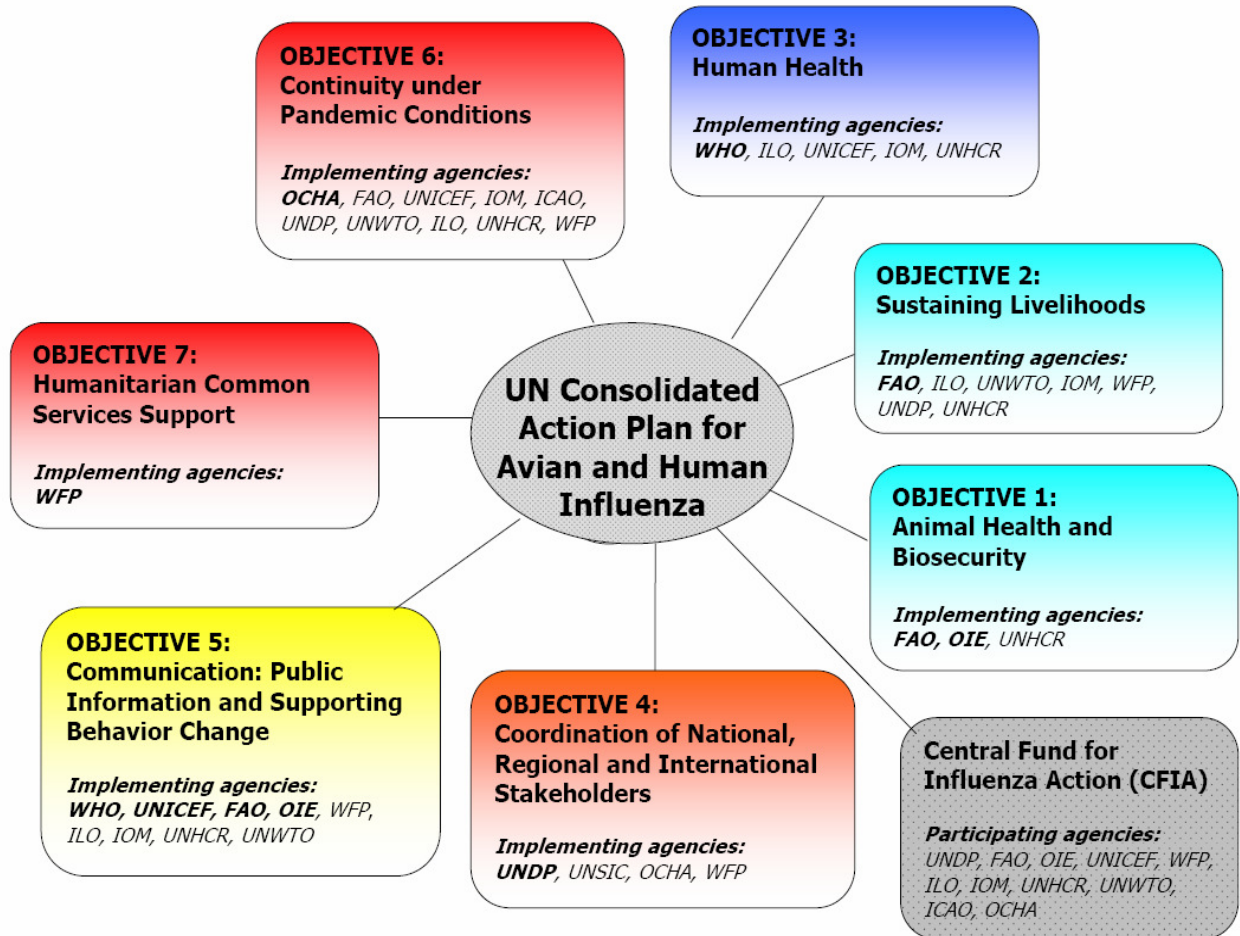
David Nabarro  
UN System Senior Coordinator for  
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**REVISED**

**Relationship between National Planning Processes and the UN Consolidated Action Plan**



## Involvement of UN agencies and partners in the 7 objectives of the UN System Consolidated Action Plan for Avian and Human Influenza (UNCAPAHI)



## I. UN System's Avian and Human Influenza (AHI) Action : Overall impact

*Participating agencies in the UNCAPAHI are responsible for ensuring the implementation of their activities as described in the log-frame of the Plan and are accountable to those who provide funds for them. The work of these agencies is monitored through their respective Executive Boards and nothing in the UNCAPAHI envisages that the normal monitoring process will be supplanted. The UN System Influenza Coordination Office (UNSIC) is reporting on the overall UN System contribution to the fulfillment of the objectives focusing particularly on the synergy between individual agencies and on any programme changes that are necessary to fill gaps in the response.*

1. UN agencies, funds and programmes and their partners have been working together to assist countries to control HPAI in poultry, to prevent human H5N1 infections, to prepare for sustained transmission of an influenza virus and be ready to mitigate the impact of a pandemic. Outcomes of the Technical Meeting on HPAI and Human H5N1 Infection (Rome, 27 - 29 June)<sup>2</sup> and early findings of the country-by-country survey carried out to develop the third Joint UN/World Bank Progress Report on the Global State of Influenza Pandemic Readiness and Capacity to Control HPAI (January – June 2007) indicate:

a) A strong political mobilization of governments, and a range of private entities, as well as of the media, especially in countries with poultry and wildfowl affected by HPAI.

b) A substantial improvement in the capacity to restrict – and then control – outbreaks of HPAI in poultry in some countries.

c) Entrenched and uncontrolled HPAI outbreaks in a few countries requiring intensified implementation of control measures, sustained over a number of years, and subject to continuous monitoring.

d) Continued risks to human health associated with H5N1 (in communities where there are large amounts of the virus in the bird populations) because of the extent to which people with livestock-dependent livelihoods (as opposed to commercial poultry growers) perceive that they are not in a position to implement the kind of bio-security that minimizes the risks they face. This is usually because they lack the human and financial resources they need to do this as well as low risk perception (rather than because they lack information about what needs to be done). There will be a continued trade-off between the need to control the HPAI virus and the need to ensure that livestock-dependent livelihoods among poorer populations are not undermined.

e) Ever present, but uncertain, risk of a human influenza pandemic (there is more clarity on what actions need to be taken to restrict its extent and impact now that the international health regulations have been revised and come into force, but a continuing lack of clarity about the extent to which major outbreaks of infectious disease with pandemic potential will be handled in countries with limited capacity or a tendency not to report disease or both).

f) Gradual increase in the awareness of national, regional and global crisis preparedness planners that outbreaks of highly transmissible disease with high fatality rates can trigger (through absenteeism) extreme levels of adverse social, economic, political and humanitarian impacts, leading them to incorporate preparedness for public health crises into their crisis preparedness agendas; at the same time, a body of best planning and preparedness practices has yet to evolve.

g) Gradual increase in the number of governments, private entities, foundations and research bodies recognizing that well considered, evidence-based and synergized actions are infinitely preferable to

<sup>2</sup> [http://www.fao.org/avianflu/en/conferences/june2007/documents/HPAI\\_TechRep\\_020807.pdf](http://www.fao.org/avianflu/en/conferences/june2007/documents/HPAI_TechRep_020807.pdf)

narrowly planned and poorly coordinated initiatives especially now that the complexity of the issues being faced becomes apparent.

***What impact has been achieved so far through the efforts of the UN system and its partners?***

2. Attribution of outcomes to the influence of any one national or external entity is not possible as it is the result of joint and sustained efforts. UN agencies, funds and programmes along with their partners engaged in the UNCAPAHI, have worked to secure long term positive impacts on global capacity to control HPAI and prepare for the next pandemic. They have intensified their global functions, adapting them to evolution of the overall HPAI situation and concerns about the next pandemic. They have tailored their work to needs at country or regional level. They have also agreed to take on specific functions (as set out in the UNCAPAHI) and – within the limits of available resources - work with the national authorities of individual countries.

3. The work of FAO, OIE, and WHO, is at the heart of the international effort to increase capacity for better livestock health (specifically control of HPAI), prevent human H5N1 infection and get ready for the next pandemic. They have sought and used additional funds to be in a better position to (a) track and assess the H5N1 situation (including evolving risks and the status of control or prevention), (b) evolve protocols for surveillance and response, (c) improve systems for sharing data and biological materials, for data analysis and laboratory assessment, (d) increase capacity to report on global progress, (e) identify locations where needs are intense and/or the response needs enhancement, (f) facilitate the negotiation of inter-country agreements, when appropriate, to tackle particular needs. They convene interested governments and other parties to tackle specific technical issues that require the concerted application of research, the development of new products (e.g. novel diagnostics), or scale-up of production capacity (e.g. vaccines against pandemic virus).

4. Within each country staff from agencies engaged in the UNCAPAHI and national authorities start from an analysis of the AHI situation and the national strategy. The degree to which implementation yields outcomes is strongly influenced both by the nature of the problem being addressed and the political, institutional, financial or managerial context within which work is being done.

5. FAO and OIE have taken the lead in contributing to improved **capacity of veterinary services to respond to animal health concerns with special emphasis on HPAI and the establishment of adequate bio-security standards worldwide**. They supported countries as they respond to suspected HPAI outbreaks in poultry and waterfowl, established and then maintained the global cohesive framework and examined – at country, regional and global levels - links between pandemic agents and livelihoods (and used the results of this work to revise the time course, content and mode of implementation of HPAI control strategies). They also enabled countries to locate the funds required for implementing effective action through the initiation of the INAPS assessments (involving the World Bank, FAO, OIE and WHO) – especially in Africa – and the joint integrated programmes in other parts of the world.

6. The UN system with the OIE and the World Bank contributed to **establish mechanisms to protect and sustain livelihoods of those affected by avian influenza impacts**. They investigated and developed an improved understanding of optimal mechanisms for compensating those who lose birds and/or property through the application of control measures: they are helping to apply these findings within countries –including Egypt, Vietnam and Nigeria.

7. The UN and partners, under the aegis of WHO, are intensifying their efforts to help countries build and maintain **sound systems for safeguarding the health of human populations during a pandemic**. Surveillance and early warning systems are being improved and expertise provided to countries for the implementation of the International Health Regulations. Much remains to be done but there are

encouraging signs of positive outcomes with regards to influenza virus sharing as well as vaccine stockpiles as negotiations are underway to devise optimal policies and design sound mechanisms.

8. The UN is making sure that it will be able to continue its operations and protect its staff in the event of a pandemic. **Plans for continuity of operations during a pandemic are in place and being rehearsed** in most HQs and country locations. The UN has also provided assistance to governments to develop and test their pandemic preparedness plans. However, this is an area that requires significant additional work and resources to ensure that national programmes include the need to prepare adequately for the economic, governance, societal and humanitarian impacts of a pandemic. More work and resources are also required to ensure the **availability of functioning and effective common services to buttress national capacity in the event of a pandemic**.

9. The UN system has helped identify and better understand the different dimensions of communications for avian and pandemic influenza. These include: 1) *Outbreak communications* about both avian influenza in poultry and human cases of H5N1 infection - for which there must be precise protocols and identified focal points with clear responsibility and accountability (awareness must be raised at consumer, farmer and policy maker level, with clear technical content adjusted to each target audience); and 2) *Communication support for social mobilisation around Avian and pandemic influenza threats* (longer term communications work, usually linked to programme activities and incentives, that enables people to appreciate the risks associated with HPAI and change their behaviour). **Changed behavior supported by accurate messaging and effective social mobilization** is a long term achievement but the collective efforts of the UN agencies and their partners is starting to yield positive results in countries such as Cambodia, Vietnam and Thailand.

10. Coordination is not an end in itself, but a tool to help achieve planning/containment/preparedness. To date, UN coordination efforts on AHI have been significant and tangible improvements can be seen at country, regional and global level. **Synergy among actions taken by national-, regional- and international-level stakeholders to tackle AHI threats** has been reached in many instances whether when preparing and implementing integrated programmes as is the case in Egypt or when responding swiftly to AI outbreaks as is the case in Vietnam. However, even with these successes, more needs to be done as stated in the UN commissioned Study on *Coordination of Avian and Human Influenza Activities*<sup>3</sup>. This requires a longer term approach to ascertain, among other things, further governments' commitment and leadership, enabling coordination platforms, well trained human resources and harmonization of strategies.

11. As a result of the recent efforts to consolidate and examine experiences to date in responding to Avian Influenza and preparing for a pandemic, UN agencies and their partners are now proceeding with strategic review exercises. Building on the conclusions of the Rome meeting, they are ensuring that their approaches are consistent with the evolving situations and the need for longer-term measures.

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<sup>3</sup> <http://www.undg.org/index.cfm?P=478>



## II. Agencies' Achievements and Remaining Gaps and Challenges for 2007 and beyond

### Area of Action: Healthy Livestock Production Systems

#### Objective 1. Animal Health and Biosecurity

##### Agencies' Achievements (against outputs and activities indicated in the log-frame)

##### *1.1 Cohesive response to avian influenza in poultry related to international (OIE) standards*

12. The increased understanding of the disease and the success of various control approaches have allowed to refine strategies, at the global, regional and national levels. In response to these developments, FAO and OIE released in March 2007 an updated version of their Global Strategy for prevention and control of H5N1 HPAI.

13. Between December 2006 and June 2007, FAO focused on the strengthening of the structure of its Emergency transboundary animal diseases (ETAD) and the Crisis Management Center Animal Health (CMC/AH) to ensure an efficient global response to HPAI. The CMC/AH has successfully deployed rapid assessment and response capacity missions for HPAI outbreaks in Togo, Ghana, Saudi Arabia, Bangladesh, Afghanistan, Nigeria and the Republic of Korea . In addition to these missions, the CMC/AH has been put on alert on several occasions and has advised FAO in-country teams, without deploying its own teams, in Azerbaijan, Pakistan and Myanmar.

14. FAO has been working with countries affected and at risk to strengthen capacity for early detection of HPAI outbreaks through community-based field surveillance and effective disease outbreak investigations. Efforts have been centered on developing sound national preparedness plans, enhancing the capacity for rapid and effective response to outbreaks of HPAI and promoting public awareness and education on HPAI and safe poultry rearing practices to groups in close contact with poultry. Although the incidence of overt disease is declining in a number of the affected countries, there are now strong indications that avian influenza is endemic in some countries such as Indonesia and Egypt. There FAO and partners have made great strides in assisting containment of HPAI outbreaks which will persist for some time to come. In both countries strategic plans have been developed.

15. Regionally FAO further strengthened its ability to monitor the disease situation, build capacity, take pre-emptive steps to prevent infection, and help countries to manage outbreaks. In addition to FAO's presence in Bangkok from where it coordinates the regional programme in Asia, four Regional Animal Health Centers in Africa have been established through a joint initiative of OIE-FAO and AU IBAR building on the complementarities of the mandates of the three institutions within the framework of the FAO/OIE GF-TADs initiative, the PACE programme and the ALive Partnership Platform. An additional joint FAO/OIE Regional Animal Health Centre has been set up in Beirut to cover the Middle East countries and arrangements are being made to create regional centers for Eastern Europe and Central Asia.

16. OIE, the World Bank, FAO and WHO are currently finalizing agreements to implement Avian Influenza Rapid Assessments in 15 African countries. Avian Influenza Rapid Assessment procedures (Standards of Operation and Terms of Reference) are now ready and operational and will feed into the preparation of Integrated National Action Plans (INAPs).

17. UNHCR is working with animal health partners to build on existing surveillance, reporting and response capacity for use in refugee camps and communities so as to avoid the creation of parallel systems.

### ***1.2 Biosecurity up to standard and capacity for scaling up veterinary services***

18. OIE has received 51 official country requests from governments for OIE-PVS evaluations of their national veterinary services. Forty-six evaluations have already been carried out or are currently ongoing. FAO has conducted missions to laboratories in West Africa and other parts of the continent to assess their capacity and capabilities for diagnosis of avian influenza. It also provided logistical assistance for shipping samples or isolates to OIE/FAO reference laboratories

19. FAO and OIE, in close collaboration with regional organizations have expanded and strengthened data collection and reporting, regional epidemiology and laboratory networks. The enhanced quality of data and these networks are designed to improve the quality of disease surveillance and disease diagnosis in countries by establishing harmonized epidemic-surveillance and diagnostic tools and methods and providing training and technical support to national staff engaged in laboratory and surveillance activities. They also support coordination and harmonization of regional approaches for early warning, efficient detection and early response to HPAI. The Joint FAO/OIE/WHO platform for Global Early Warning System (GLEWS) established at FAO headquarters was reinforced with expertise in epidemiology, disease ecology and mapping for data integration, disease analysis and monitoring for early warning purposes. A GLEWS taskforce meeting was held in January 2007 to establish the terms of references for working groups covering early warning, the GLEWS electronic platform and GLEWS response. The first two working groups were organized in April 2007 in Rome (FAO) and Paris (OIE).

20. FAO assisted a number of countries in formulating strategies and technical guidelines for a safe poultry production across various farming systems, marketing and processing facilities. It has also been conducting trainings of national government counterpart staff at different levels. These include participatory surveillance and response training at the community level, training of trainers (TOT) on disease surveillance and response at the provincial and regional level, laboratory training on equipment use, analysis and procedures, and use of standard operating procedures. FAO has also been providing technical support to governments in the development of national strategic plans for HPAI control with expert advises on poultry disease, epidemiology, bio-security, laboratory diagnosis, socio-economics, virology and communications as well as financial and procurement support for project operations and management (including purchases of highly sophisticated laboratory equipment to upgrade national laboratories and polymerase chain reaction (PCR) machines to test and detect the H5N1 virus in diagnostic samples, rapid test kits, reagents, and other field surveillance supplies as well as PPE, vehicles and motorcycles for rapid surveillance and response). OIE-AI Vaccine Bank is now in place and fully operational and 21,300,000 doses of H5N2 vaccines for adult poultry have been delivered as of July 2007.

21. UNHCR is working with FAO and national veterinary networks on ensuring that protocols and pathways for laboratory and veterinary services in refugee camps and communities are in place.

### ***1.3 Relevant international expertise with regard to the evolution of the new emerging HPAI H5N1 virus***

22. Great efforts by FAO and partners have been invested in increasing the understanding of the epidemiology of the disease and its control by promoting and supporting applied research on issues of a global nature to improve the quality of technical tools, methods and strategies available to decision makers for combating HPAI and rehabilitating poultry industries. To this end, FAO and OIE co-organized, together with the *Instituto Zooprofilattico Sperimentale delle Venezie* and the European

Commission, an international conference on poultry vaccination in Verona, Italy (March 2007), where technical issues and vaccination options and strategies for control of HPAI in animals were extensively discussed with all stakeholders, including national governments, international organizations financial institutions, private sector, research institutions and scientists. Results of a vaccination cost model being used in countries planning wide-scale vaccination programmes, such as Vietnam, were also presented.

23. FAO is carrying out, through a collaborative effort with partners a large training programme for about 150 national officials from more than 80 countries in the Americas, Africa, Eastern Europe, Asia and the Middle East on wildlife surveillance including wild bird captures restraint and proper sample collection for the purposes of conducting H5N1 HPAI testing. A second round of wildlife surveillance (following the first one in 2006) was conducted from September 2006 to April 2007 in Africa, the Middle East and the Caucasus. Approximately 18,000 samples were collected and of at least 10,000 samples analyzed, to date none tested positive for HPAI H5N1. This surveillance programme was coordinated by FAO and implemented by the *Centre de Coopération Internationale de Recherche Agronomique pour le Développement* (CIRAD) in collaboration with Wetlands International. FAO has taken a lead role at developing, writing and publishing a training manual titled, “Wild Bird AI Surveillance- A Manual for Sample Collection from Healthy, Sick and Dead Birds”. This manual is available online and is used in all of FAO’s wildlife training.

24. The support provided through the FAO/OIE OFFLU network has greatly improved the diagnostic capability of national veterinary laboratories in many countries, significantly contributed to monitoring the course of HPAI and ensured that the plans for disease control in infected countries – and surveillance and preparedness in non-infected countries – are based on sound scientific knowledge. The OIE/FAO OFFLU network :

- exchanges scientific data and biological materials (including virus strains) within the network, and shares such information with the wider scientific community;
- offers technical advice and veterinary expertise to countries to assist in the diagnosis, surveillance and control of AI;
- collaborates with the WHO influenza network on issues relating to the animal-human interface; notably early detection of new strains for human vaccines by sharing with WHO Reference Laboratory animal virus strains to be used in the early preparation of human vaccines; and
- highlights avian influenza research needs, promotes their development and ensures co-ordination.

### **Remaining gaps and challenges**

25. A rapidly increasing number of countries in Asia, Africa, Eastern Europe and the Middle East is requesting assistance for assessing risks, surveillance systems and national laboratories and for providing technical support for emergency planning and simulation exercises as assessment missions reveal critical gaps in laboratory diagnostic capacity in affected and at risk countries. There is a need to conduct further epidemiological studies to clarify risk factors and back up decision making in Avian Influenza control strategies in selected countries where the disease is enzootic. In particular, the evolving situation of the disease and wide spread of the virus in most parts of Indonesia and Egypt require substantial resources to ensure the progressive control of the disease and ultimately the eventual elimination of HPAI. The occurrence of the disease in Bangladesh as well as Nigeria and other countries in Africa is also of concern.

26. FAO, OIE and partner organizations would require more funding than currently available to face these challenges: the CMC/AH needs more resources to cover the cost of its operations and the OIE/FAO OFFLU network would benefit from greater support to further improve the diagnostic capability of national veterinary laboratories in countries and monitor in a sustainable way the course of HPAI. Also,

support is needed for the OIE laboratory twinning programme which is building national scientific communities in those countries lacking expertise and/or capacity in order to enable them to prepare and negotiate standards so that laboratories in some of these countries could become international OIE Reference Laboratories in their own right. Finally, it would be important that the OIE-PVS evaluations be financed in full (40 remain unfunded) as these will lay the ground for gap analysis and investment priority setting. The first round of OIE-PVS evaluations carried out in more than 40 countries has already identified the following deficiencies/concerns leading to inability to comply with international standards:

- Overall, legislations and regulations related to animal disease prevention and control are very often outdated, very incomplete, obsolete or even non-existent in some cases. This undermines any programme directed towards early detection and rapid response mechanisms.
- Public-Private partnerships are often still in their infancy, or non-existent. Complementarities and synergies between official veterinarians, private practitioners and farmers offer a positive way to improve implementation of early detection and rapid response.
- Sustainable operational budgets for Veterinary Services are insufficient and very far below the pro rata contribution of animal farming activities to the national GDPs, or inadequate when compared to the livestock population of the country.
- Staff resources and staff education and training (initial training as well as continuing education) are a source of concern in almost every country evaluated. In some countries the length of initial veterinary education is less than 2 years (world standards being 6 years on average).
- Laboratory capacity is also a weak point, both at national and at regional (sub-continental) level. This is not only due to a lack of adequate equipments but is also a management, personnel training and budgetary issue. The procurement of modern equipments which are often not adapted to local conditions (no water, no electricity), rarely solves all the problems. Conditions of collection and of shipment of biological samples to the laboratories are also a limiting factor working against early detection and confirmation of animal diseases.

## Objective 2. Sustaining livelihoods

### Agencies' Achievements (against outputs and activities indicated in the logframe)

#### **2.1 : Assessment of economic and poverty impact of avian influenza**

27. At the end of last year FAO developed a livelihood toolkit to help address the social and economic impacts of HPAI outbreaks and control measures at all levels. Case studies on market shocks using this toolkit and other analytical measures were conducted in Turkey and Egypt in collaboration with WFP and UNICEF and data were collected on the impact on livelihoods of HPAI and its control in the poorest areas of these countries. The studies demonstrated that controlling any disease is difficult when the market is in chaos and highlighted the need for measures by governments and the private sector to mitigate market impact, such as consistent information provided through trusted sources. A symposium for the Intergovernmental Group on Meat and Dairy (IGG) held in Rome in November 2006 provided an opportunity for market shock impacts and mitigation strategies to be discussed by governments and large industry players – although the impacts are now quite well understood, there have been few success stories to date in reducing impact.

28. KAP studies in Cambodia and Lao PDR conducted by Care, followed up by livelihoods assessments through FAO early in 2007, are improving understanding of livelihoods issues in countries where very small rural flocks predominate, with animal health care provided through NGOs and local action.

29. In Indonesia FAO is currently working closely with the government as well as with the poultry industry and associations of poultry owners and traders to assess the impacts of recent changes in HPAI control policies within the province of Jakarta. In Vietnam, with financial assistance from the World Bank and WHO, FAO has worked with national partners to review the impact of biosecurity measures on the shape of poultry market chains and the access of smallholders to markets, and to identify gender issues in designing HPAI control programmes. The studies highlight the need to consider livelihoods implications when implementing policy changes that will lead to long term changes in sector structure.

30. It has been important to review and synthesise work carried out over three years and in several countries. To this end, a meeting held by the Vietnam's Ministry of Agriculture and Rural Development and FAO in March 2007 reviewed the work of several agencies since 2004 on socioeconomic impacts in order to provide pointers to MARD for refining strategies in the future. Papers provided to the Technical meeting held in Rome (June 2007) summarised short term, medium to long term and institutional challenges. The implications of HPAI and its control on livelihoods have been summarised in a Livelihood Support programme policy brief to be released shortly.

## ***2.2 : Compensation schemes and best practices***

### ***2.3: Mechanisms for compensation and the development of alternative livelihoods***

31. Investigations on compensation by the World Bank, FAO, OIE and the International Food Policy Research Institute (IFPRI) led to the issuance of a widely distributed report. FAO has also developed guidelines to help countries who are designing a compensation strategy, and regional workshops on compensation were held in West Africa and the Middle East. In countries where compensation schemes are being negotiated, UNHCR in coordination with FAO, is assisting national authorities to ensure that refugees receive compensation equivalent to that received by the host country population in similar economic conditions.

32. Studies conducted so far by FAO and its partners have shown that a compensation scheme, albeit a good incentive for reporting cases of HPAI and a means to reimburse direct losses, cannot cover all livelihoods losses caused by livestock disease control. As a result, FAO has assisted a number of countries in formulating strategies and technical guidelines for a safe poultry production across various farming systems, marketing and processing facilities. .

33. Work in Egypt by FAO, WFP and local partners is improving ability to locate and target highly vulnerable groups needing special protection. In Indonesia IOM, in collaboration with FAO, national authorities and local NGOs, is conducting focus group discussions with migrant populations based on guidelines developed for this purpose to assess avian influenza knowledge, attitudes, practices and beliefs. Information collected will be used to analyze the impact of avian influenza in these communities' livelihood. In Kenya IOM is initiating a project with WHO, FAO and the ministries of health and agriculture on identifying alternatives to livelihoods security in urban migrant populations whose poultry could be affected by HPAI. Information gathered from these activities will feed into the development of alternative livelihood income generation programmes for migrants. UNDP has provided assistance to governments in Cote d'Ivoire, Djibouti, Egypt, Ghana, Nigeria, Serbia Montenegro and Togo as they devise and implement mechanisms for sustaining the livelihoods of persons made vulnerable by AI control measures and the possible consequences of a pandemic. WFP's Programme policy on the use of food aid for populations impacted by Avian Influenza has been drafted and integrated in the organization's Programme Guidance Manual. More work is needed.







### **Remaining gaps and challenges**

34. While compensation is being provided in most countries affected by Avian Influenza, many of them need further support (mostly funding but also expertise) to enable better schemes, identification of beneficiaries and types of losses, compensation at the recommended rate of 75% to 100% of an established market value of birds culled, and development of practical payment systems. However, sustaining the livelihood of communities affected by the impact of Avian Influenza requires other measures than compensation alone, as compensation does not prevent market shocks and does not provide enough support for the rehabilitation of those who have suffered indirect losses.

35. Market shock as a result of consumer rejection of poultry products in the event of HPAI outbreaks has had a major economic impact. In addition to compensation, there is a need for more consideration given to other support measures such as enabling the rehabilitation of farmers whose poultry are compulsorily culled, in order to withstand market shocks, and minimize the indirect impact of Avian Influenza on other sectors. Avian Influenza control measures ought to be better targeted, with multidisciplinary approaches to analysis of the structure and functioning of national poultry sectors and other sectors indirectly affected, national and regional market chains, and provision of tools and methods for use by UN country teams when they assist national authorities.

36. Assistance should focus on mitigation of shocks and private sector engagement in sharing of risks and responsibilities. Advice is also required on the livelihoods, social and environmental implications of long term structure changes in the poultry sector with emphasis on vulnerable groups. Finally, there is a need for wide scale communication in order to engage policy makers, the private sectors and NGOs.







37. In order to provide meaningful support to countries struggling with sustaining the livelihoods of all sectors of their economy affected by Avian Influenza, (including tourism and market labor) FAO and its partners WFP, ILO, UNWTO, UNDP, IOM and UNHCR would need far more funding than received to date and for medium term rather than emergency programmes.

	: Completed
	: In progress or ongoing
	: In progress or ongoing but need more funding
	: Revised activities
	: Not initiated due to lack of funding or other resources
	: funded by CFIA

**Objective 1. Animal Health and Biosecurity**  
 Ensuring, 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. Clarifying how the emergence of pandemic agents, food and agricultural practices, land use and ecosystem management are related







**Expected Impact:** improved veterinary capacity to respond to animal health concerns with special emphasis on Avian Influenza and reach adequate biosecurity standards worldwide

Purposes	Outputs	Activities
<b>1.1 Provide a cohesive response to avian influenza in poultry related to international (OIE) standards</b>	<b>1.1.1 FAO and OIE</b> Analysis of, and response to, the H5N1 situation in poultry and wild birds through the provision of a global framework for a cohesive response related to international (OIE) standards	I. Assessment of the country situation concerning risks of HPAI and its mitigation. II. Assessment of surveillance systems and national laboratories III. Review of emergency plans and field exercises IV. Coordinate country support so as to contribute to concerted international efforts V. Assess governance capacity and performance of Veterinary Services (OIE)
	<b>1.1.2 FAO and OIE</b> National authorities able to receive prompt and valuable support through a rapid response service	I. Rapid incident response in relation to new avian influenza infections II. Assist in the implementation of responses through strategic alliances and partnerships with field NGOs and private entities III. Crisis Management Centre (CMC) to assemble, analyze and communicate relevant disease data and early warning messages; deploy rapidly specialized teams to infected areas
	<b>1.1.3 OIE and FAO</b> More reference laboratories in developing countries (laboratory twinning)	I. Identify laboratories and experts involved II. Collect information related to the activity and existing capacity of the applicant laboratory for AI (and other emerging or re-emerging diseases) for which capacity building is required III. Prepare detailed work plan and timescales to enable the applicant laboratory to fulfill in the future the requirements of an OIE/FAO Reference Laboratory
	<b>1.1.4 UNHCR</b> Surveillance and detection in refugee setting	I. Setting up reporting systems, coordination and surveillance mechanisms at camp national and global levels

	: Completed
	: In progress or ongoing
	: In progress or ongoing but need more funding
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<p><b>1.2 Bring biosecurity up to standard and create capacity for scaling up veterinary services</b></p>	<p><b>1.2.1 FAO</b> Countries affected by and at risk of HPAI receive necessary technical assistance to achieve international standards for animal health and biosecurity</p> <p><b>1.2.2 FAO</b> Veterinarians and other personnel are competent to implement laboratory services, undertake field investigations, recognize disease, use protective equipment, and be operationally prepared for contingencies</p> <p><b>1.2.3 OIE in collaboration with FAO</b> Gap analysis related to international (OIE) standards on Veterinary Services</p> <p><b>1.2.4 UNHCR</b> Laboratory and veterinary services in refugee setting</p>	<p>I. Advice to governments on national strategies for control of highly pathogenic avian influenza</p> <p>II. In countries where HPAI has become endemic, provide advice to governments in developing long term strategic plans for control and strategic vaccination schemes</p> <p>I. Direct technical support through training of local veterinarians and other animal health workers to enable them to face the HPAI spread</p> <p>II. Provide equipment for and assistance with laboratories based on needs assessments.</p> <p>I. Assess governance capacity and impact of Veterinary Services</p> <p>II. Follow-up on findings</p> <p>I. Ensure that protocols and pathways for laboratory and veterinary services are in place</p> <p>II. <b>Develop coordination mechanisms and operational links with existing regional and/or national capacities</b></p>
<p><b>1.3 Bring together relevant international expertise with regard to the evolution of the new emerging HPAI H5N1 virus</b></p>	<p><b>1.3.1 FAO</b> Clarification of the link between the emergence of pathogens and food and agriculture practices</p> <p><b>1.3.2 OIE and FAO</b> Worldwide network of laboratories and expertise specialized in avian influenza (OFFLU).</p>	<p>I. Carry out disease epidemiological assessment of zoonotic and pandemic risk – enhancing food and agriculture practices</p> <p>II. Carry out disease ecological assessment of zoonotic and pandemic risk – enhancing farming landscapes, land use and eco systems use and management</p> <p>III. Review options for safer and healthier natural resource management, land use, agriculture and livestock sub sectors, and minimizing zoonotic risk and likelihood of pandemic agent emergence</p> <p>I. Transfer of influenza strains between laboratories</p> <p>II. Sequencing of virus strains</p> <p>III. Database on sequencing of virus strains</p> <p>IV. Training in the OFFLU laboratories</p>









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**Objective 2. Sustaining livelihoods**







Ensuring that the economic and poverty impact of avian influenza as well as related control measures are monitored and rectified; limiting any adverse repercussions on the Millennium Development Goals; seeking fair and equitable compensation for those whose livelihoods are endangered by avian influenza and control measures

**Expected Impact:** mechanisms in place to protect and sustain livelihoods of those affected by avian influenza impacts

Purposes	Outputs	Activities
2.1 Monitor and assess economic and poverty impact of avian influenza	2.1.1 FAO The HPAI impact on livelihoods and its control measures are well understood and influence the design of control policies and strategies	<p>I. Analyze the structure and functioning of national poultry sectors and market chains in order to better target avian influenza control</p> <p><b>REVISED ACTIVITY:</b> Analyze the structure and functioning of national poultry sectors and national and regional market chains, the associated risks, and the drivers of change in the poultry sector in order to better target avian influenza control.</p> <p>II. Advise governments on compensation strategies and related livelihoods support in the long term to mitigate negative impacts of culling</p> <p><b>COMMENT:</b> Advice on compensation should continue according to requests from countries; stronger focus needed on recovery strategies particularly in countries where disease is entrenched</p> <p>III. Advise on costs for control, funding mechanisms and trade-offs of different combinations of control measures under different scenarios of disease situation and poultry sector structure</p> <p>IV. Review social, economic and biodiversity impacts of HPAI and control activities at micro/meso level in order to advocate for those that will achieve control with the lowest externalities</p> <p>V. Analyze trade and market shocks and consult with policymakers and major private sector players in order to suggest measures to mitigate these shocks</p> <p>VI. Advise on the livelihoods, social and environmental implications of long term structure changes in the poultry sector</p> <p>VII. Provide technical guidelines for safe and economically viable poultry production targeted to the needs of sectors 3 and 4 producers</p> <p><b>NEW ACTIVITY:</b> VIII. FAO and OIE engage in wide scale communication in order to engage policy makers, the private sectors and NGOs, using existing networks and additional regional and country level activities.</p>

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	<p><b>2.1.2 WFP</b> Assessment and analysis impact of avian influenza (and control measures) on vulnerable populations, particularly focusing on the epizootic on livelihood and food security <i>This output is closely related to Objective 6 “Continuity under pandemic conditions and humanitarian support”</i></p> <p><b>2.1.3 UNICEF</b> Impact of avian influenza on the nutritional status and well being of children and women is adequately addressed when assessing HPAI impact</p> <p><b>2.1.4 ILO</b> Development of methodology to assess labor market implications and to examine measures adopted to mitigate health and livelihood-related hazards (in poultry and other sectors such as travel and tourism)</p> <p><b>2.1.5 UNWTO</b> Awareness on the multiplier effect of tourism on the economy in general, the potential avian flu scenario impacts and the benefits of solid preparedness and response</p>	<p>I. Strengthen capacity for livelihood/food security analysis and monitoring</p> <p>I. Advocate for inclusion of impacts on children and women in any HPAI impact assessments and provide technical inputs</p> <p>I. Conduct a baseline study to assess the impacts of the hazards of AI on workers. II. Collaborate with governments and regional organizations in analyzing national and regional specific labor market conditions III. Develop a sector specific model to address the impact on the poultry sector IV. Refine the employment elasticity model to react to GDP loss estimates prepared by World Bank’s Development Prospect Group (DECPG) V. Analyze sector and economy loss estimates and prepare recommendations and impact assessments</p> <p>I. Show tourism’s impacts on regional economies in terms of GDP and employment, using Tourism Satellite Accounting approach II. Correlate with other agency assessments III. Develop a scenario based model to address the impacts on the tourism sector IV. Assess sector driven loss estimates across economies</p>
<p><b>2.2 Study compensation schemes / best practices</b></p>	<p><b>2.2.1 FAO</b> Knowledge of compensation schemes and best practices (with the World Bank and OIE)</p>	<p>I. Review of benefits and risks posed by different compensation mechanisms II. Advise on best practices</p>
<p><b>2.3 Assist in the design and implementation of mechanisms for</b></p>	<p><b>2.3.1 UNDP</b> Assistance to governments as they design and implement mechanisms for sustaining the</p>	<p>I. Carry out analytical work on the potential socio-economic consequences of an AI pandemic II. Review of benefits and risks posed by different compensation mechanisms.</p>

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<p><b>compensation and the development of alternative livelihoods</b></p>	<p>livelihoods of persons made vulnerable by AI control measures and possible consequences of a pandemic</p> <p><b>2.3.2 WFP</b> Program support to vulnerable populations whose food security is impacted by avian influenza and containment efforts</p> <p><b>2.3.3 UNHCR</b> Equivalent compensation for refugees to the one received by members of host country population in similar economic condition</p> <p><b>2.3.4 ILO</b> Technical assistance for possible compensation and livelihood support</p> <p><b>2.3.5 IOM</b> Government compensation strategies that include the needs of migrants</p>	<p>III. Support community action to identify alternative options for livelihood security and develop linkages between avian influenza and poverty</p> <p>I. Assess the adequacy of food aid as response to loss of livelihood and develop programmes accordingly</p> <p>II. Produce programme guidelines for use of food aid in a pandemic</p> <p>I. In coordination with FAO and national authorities implement compensation schemes in refugee settings</p> <p>I. Mapping of scope for income support and/or compensation mechanisms through social protection mechanisms</p> <p>II. Mobilize support through ILO's tripartite constituency</p> <p>III. Outline design of benefit schemes</p> <p>IV. Compile and disseminate information to stakeholders including ILO constituents.</p> <p>V. Support monitoring systems</p> <p>I. Assess and analyze impact of avian influenza on livelihood and food security in migrant populations</p> <p>II. Disseminate appropriate IEC material to migrant communities that raise poultry</p> <p>III. Identify alternatives to livelihood security in migrant populations</p> <p>IV. Assist migrant communities with establishing alternative income generation livelihoods</p>
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## Area of Action: Functioning Public Health Systems

### Objective 3. Human Health

#### Agencies' Achievements (against outputs and activities indicated in the logframe)

##### *3.1 Human exposure to the virus*

38. In the first six months of 2007, WHO received reports of events of possible human H5N1 infections, or other unusual acute respiratory illness from a variety of sources and followed up in 45 countries and territories. Ten missions have been conducted in response to confirmed outbreaks of avian influenza in humans. Multidisciplinary teams composed of experts from WHO and its partners in the Global Outbreak and Alert Response Network (GOARN) were rapidly mobilized to provide support as needed in efforts to control and contain the outbreaks. In addition, 30 assessment missions were conducted by teams from WHO headquarters, regional and country offices, often including national staff from ministries of health, agriculture and environment. These missions assessed national health infrastructures, availability of resources, clinical management and containment measures in place and the capacity of laboratories to diagnose and confirm infection with H5N1 and related influenza viruses. WHO is also focusing efforts on improving the capacities of national laboratories and WHO H5 Reference Laboratories. This task is particularly pressing given the complexity and inherent risks associated with laboratory diagnosis of H5N1 infections and the need to ensure the safe and rapid transport of specimens.

##### *3.2 Early warning systems*

39. Assessment missions conducted by WHO provided a better understanding of the alert and response mechanisms in place, including the capacities for national early warning and verification, and constituted the basis for successful interventions to mobilize communities to improve them when needed. WHO is also strengthening its own alert and response capabilities in preparation of the implementation of the revised International Health Regulations (IHR). A new event-management system is being established that will function as the official repository of all information relevant to an event that may constitute a public health emergency of international concern. It will facilitate communications within WHO and globally with all key partners that have specific functions in outbreak alert and response, including the National IHR Focal Points, and increase the efficiency, timeliness and inclusiveness of the Regulation's decision-making processes by maintaining a record of operational activities and decisions. A field information management system has been developed to assist with data management of case-contact interactions during outbreak response. This system is being customized for use at the national level in several countries.

40. UNHCR is working at strengthening capacity for disease surveillance in refugee camps, using existing systems when possible. It recruited five Regional Epidemic Preparedness and Response Coordinators who were trained by technical people from UNHCR and other agencies (e.g. WHO and FAO) before being deployed to their respective places of assignment i.e. Cairo for Middle East and North Africa, Nairobi for East Africa, Pretoria for Southern Africa, Kinshasa for Central Africa and Dakar for West Africa. The Coordinator for Asia will be based in Katmandu, Nepal shortly. IOM has been working in Kenya and Indonesia on surveillance, investigation and response systems for suspected cases of human influenza in migrant settings, each time involving WHO and ministries of Health and Agriculture.

### ***3.3. Rapid containment operations and responses for a newly emerging human influenza virus***

41. WHO is finalizing an operational protocol to guide rapid interventions in the event of the emergence of an influenza pandemic. The protocol addresses roles and responsibilities of governments and agencies and describes standard operating procedures for the administration and monitoring of antiviral interventions, additional containment measures and communications strategies.

42. Avian influenza investigation kits, which will facilitate the rapid field investigation of suspected outbreaks, are being dispatched to 116 WHO country offices. The kits contain personal protection equipment, supplies of an antiviral medicine, sampling and shipment materials, and technical guidelines. In anticipation of larger-scale field investigations and outbreak response, additional response kits are strategically stockpiled as part of the alert and response logistics mobility platform in Geneva and Dubai. Also stockpiled in Geneva and Dubai, as well as in regional offices are three million doses of antiviral agent donated to WHO and to be used for rapid containment in the event of an influenza pandemic. An additional donation of two million doses of antiviral agent for use in countries currently experiencing human outbreaks of avian influenza has been included in the kits.

43. WHO has been conducting training on Rapid Response Containment in Indonesia, Cambodia and Kazakhstan. It developed a handbook for journalists and training modules on social mobilization and food safety as part of the standardized WHO training packages of H5N1 influenza control and preparedness for health ministries staff members (who have also been trained), along with members of the GOARN, for outbreak communications. As of today WHO has trained 120 staff from Ministry of Health, local Centers for Disease Control (CDC), and other regional staff. WHO has also designed an international training workshop on emergency preparedness and response for health-care facilities in collaboration with the Asian Disaster Preparedness Center and developed guidelines and training material in collaboration with UNHCR for workers providing first-line health and essential services to refugees and internally displaced people. UNHCR has started to strengthen health services at camp level with the provision of equipments and is preparing regional work plans in consultation with UNHCR management and health departments. UNICEF will support WHO's containment efforts through communication strategies now being developed, and will ensure that children and their families in quarantined zones have access to essential services.

### ***3.4 Capacity to cope with a pandemic***

44. WHO, working with UN country teams, has taken the lead in providing generic guidance to Member States on the contents and structure of national pandemic influenza preparedness plans for the health sector, as well as technical assistance to countries with limited resources. Regional offices are also formulating regional preparedness and response plans. To date 178 Member States have drafted national pandemic preparedness plans and WHO is helping them to evaluate and test these plans with tools and simulation exercises. In addition, toolkits and checklists are now available for supporting social mobilization by Member States and guiding public communication activities during a pandemic. Consultations have been held to identify and address ethical issues that Member States are likely to encounter in pandemic planning and response, including prioritizing access to scarce prophylactic and therapeutic measures, quarantine and isolation, the obligation of health-care workers during a pandemic, and the importance of international cooperation. A document on ethical considerations in pandemic influenza planning was published as a result.

45. WHO has also been conducting training courses for Member States and partners in all regions on epidemic surveillance, alert and response, laboratory capacity and infection control as well as on the implementation of resolution WHA59.2 on voluntary compliance with the IHR (2005). A series of guidelines and recommendations on the collection and transport of specimens, reduction of risk at the

animal and human interface, food safety, infection control for health workers and case definitions of human infections of avian influenza has been issued in order to support the development of public-health response capacities for avian influenza in compliance with the IHR. The voluntary compliance of Member States with the requirements of the IHR is an opportunity to assess existing capacity across WHO and in individual Member States and identify priorities. A strategic plan for implementing the IHR is being finalized including avian influenza and influenza pandemic threats, with activities to strengthen existing integrated capacities for disease surveillance and response.







### ***3.5 Global science and research for availability of a pandemic vaccine and antiviral drugs***

46. The Global Pandemic Influenza Action Plan to Increase Vaccine Supply, launched in September 2006, is the product of consultations conducted by WHO, which included influenza experts, representatives from national immunization programmes and national regulatory authorities, and manufacturers of human vaccine from both industrialized and developing countries. The Plan identifies and prioritizes practical solutions for reducing the potential shortfall in pandemic influenza vaccine supply and improving the existing manufacturing output efficiency and timeliness by increasing the demand for seasonal influenza vaccines, developing new plants and promoting further research and development into more potent and effective vaccines. At the same time, WHO and UNICEF have been working in selected countries to enhance the capacity of the EPI cold chain and logistics system to enable rapid distribution of pandemic vaccines.

#### **Remaining gaps and challenges**

47. Since early 2007, influenza virus sharing has been at the forefront of public health security issues. The debate has centered on how to increase access of developing countries to benefits derived from the sharing of influenza viruses and access to technology with the associated necessary training while maintaining the functions of the GOARN, an essential tool for pandemic risk assessment, enhanced diagnostic tests and development of seasonal and pandemic vaccines. As soon as the World Health Assembly approved, in May 2007, resolution WHA60.28 "Pandemic Influenza Preparedness: sharing of influenza viruses and access to vaccines and other benefits", WHO has taken action on the establishment of an internal task force to drive the process and ensure the Organization meets in a timely manner the demands placed upon it by the resolution. In the coming months WHO will be holding consultations, including an intergovernmental meeting, to establish policies and mechanisms for influenza virus sharing as well as vaccine stockpiles. These critical recent developments require significant additional financial investments, in particular regarding vaccine stockpiles.

48. More funds are also required to attend in countries with restricted resources to the specific health needs of those who will be made more vulnerable by a pandemic influenza, including the migrant population, refugees, children and women. Indeed influenza is likely to cause a substantial proportion of deaths through pneumonia and diarrhea. Therefore, improving the treatment of these conditions, especially in the community, will have a major impact in reducing deaths in a pandemic, taking into account that these two conditions are the two leading causes of deaths in children under five. There is a need to invest in enhancing community and family knowledge and practice on learning care-seeking behaviors, improving communities' access to health workers, and ensuring that the latter have adequate skills, knowledge, and medical supplies. Lack of funds have prevented UNICEF, UNHCR, IOM and ILO (all collaborating with WHO) to initiate and/or sustain their programmes in this regard.







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### Objective 3. Human Health

Strengthening public health infrastructure, including surveillance systems, to (i) reduce human exposure to the H5N1 virus; (ii) strengthen early warning systems, including early detection and rapid response to human cases of avian influenza; (iii) intensify rapid containment operations and responses for a newly emerging human influenza virus; (iv) build capacity to cope with a pandemic, including surge capacity for a pandemic; and (v) coordinate global science and research, particularly as this pertains to the availability of a pandemic vaccine and antiviral drugs. Strengthening 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







**Expected Impact:** sound systems in place for safeguarding the health of human populations during a pandemic


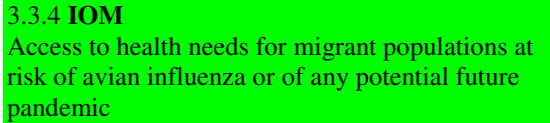
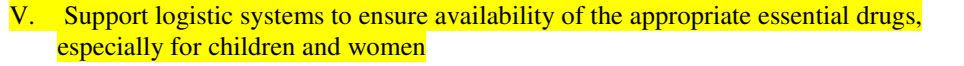
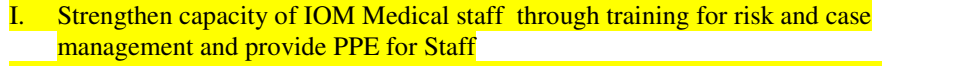
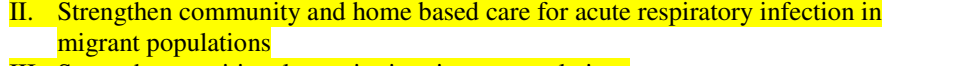
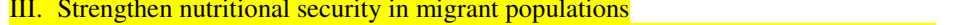
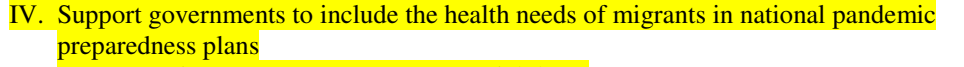

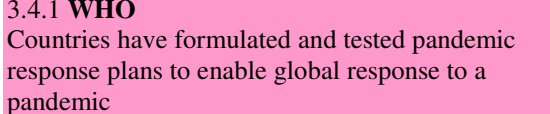
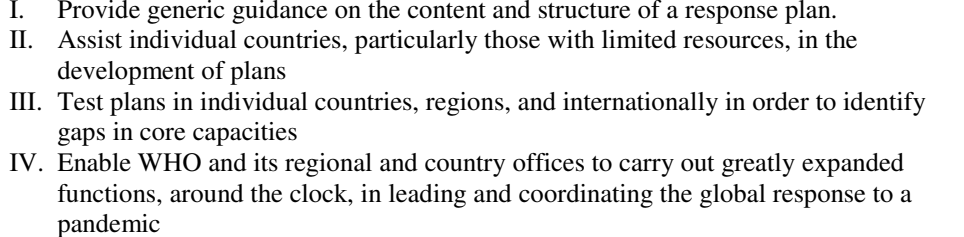
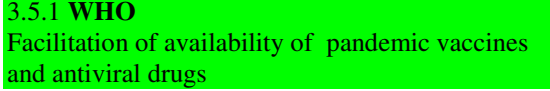
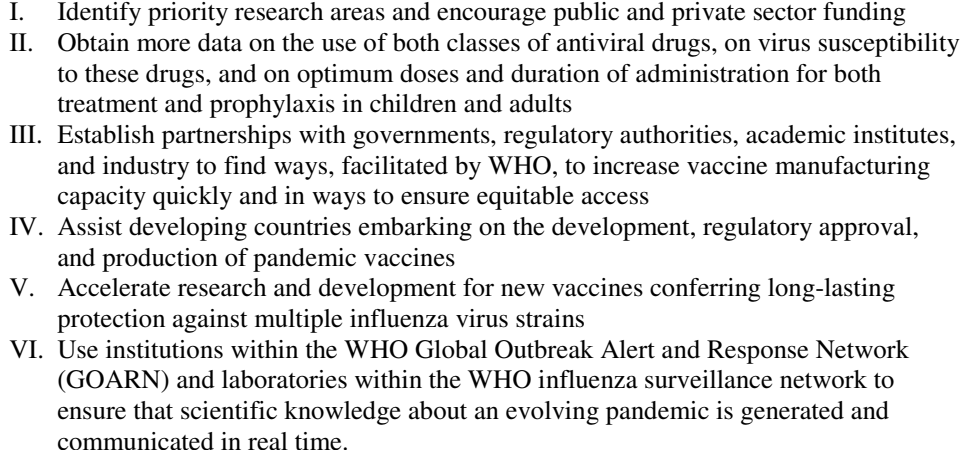
Purposes	Outputs	Activities
<b>3.1 Reduce human exposure to the virus</b>	<b>3.1.1 WHO</b> Reduced opportunities for human infection and reduced opportunities for a pandemic virus to emerge	I. Improve understanding of risk factors for human infection. II. Ensure that proper isolation and infection control procedures are followed in hospital caring for suspected or confirmed cases
	<b>3.1.2 ILO</b> Improved working conditions and protection of workers against AHI	I. Promote ILO standards, principles and approaches on occupational safety and health II. Assist in enhancing national infrastructures and systems for the protection of frontline workers in agriculture and poultry production, farmers, health workers and labor and food inspectors III. Strengthen capacity of countries to improve working conditions and safety and health at work in high risk occupations and workplaces
<b>3.2 Strengthen early warning systems</b>	<b>3.2.1 WHO</b> a) Strengthened capacity of national and international surveillance systems, using existing infrastructures, in ways that ensure rapid detection of suspected human cases, rapid and reliable laboratory confirmation, rapid field investigation, and rapid and complete reporting to WHO	I. Conduct surveillances for human cases in countries experiencing poultry outbreaks. II. Detect imported or exported cases III. Confirm diagnosis IV. Undertake field investigations of cases and interpret the findings, trace and monitor contacts of each human case V. Identify populations at heightened risk of infection and introduce protective measures VI. Strengthen mechanism for formal collaboration between the human health and agricultural sectors
	b) Affected countries, WHO, and the international community have all data and clinical specimens needed for an accurate risk assessment	I. Ensure that clinical specimens and viruses are shared with the WHO network of reference laboratories specialized in diagnostic work and analyses of influenza viruses

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	<p><b>3.2.2 UNHCR</b> Strengthened capacity for surveillance, linked to national and international surveillance systems among refugees and other populations of concern to UNHCR</p>	<p>I. Setting up reporting systems, coordination and surveillance mechanisms at camp, national and global level</p>
<p><b>3.3. Intensify rapid containment operations and responses for a newly emerging human influenza virus</b></p> <p><i>Outputs 3.3.2, 3.3.3 and 3.3.4 have been moved from purpose 3.4 under which they were originally placed</i></p>	<p><b>3.2.3 IOM</b> Strengthened capacity for surveillance in migrant populations.</p> <p><b>3.3.1 WHO</b> Risk communications on potential outbreaks, while providing substance and technical input on human health issues, including prevention and treatment, for social mobilization activities being implemented. <i>This output is closely related to Objective 5 “Public Information and Communication to Support Behavior Change” and to Objective 6 “Continuity under pandemic conditions and humanitarian support”</i></p> <p><b>3.3.2 UNHCR</b> Working closely with WHO in refugee settings, surveillance and investigation of, and response to, suspected human cases of avian influenza and instances of efficient human-to-human transmission of highly pathogenic influenza, including targeted supply of antiviral and vaccines <i>This output is closely related to Objective 6 “Continuity under pandemic conditions and humanitarian support”</i></p> <p><b>3.3.3 UNICEF</b> Health needs of children and women during a pandemic are adequately addressed by enhancing and increasing capacity for community-based treatment of pneumonia and diarrhea</p>	<p>I. Assist in setting up surveillance, investigation and response to suspected cases of human influenza in migrant setting</p> <p>II. Promote migrants’ access to antivirals and vaccines</p> <p>I. Detect the earliest epidemiological signals that the virus may be increasing its transmissibility among humans</p> <p>II. Quickly assess situations that potentially signal the start of efficient and sustained human-to-human transmission of the virus</p> <p>III. Should assessment indicate that human-to-human transmission is occurring, intervene immediately, using rapid-response field teams and global and regional stockpiles of antiviral drugs and other supplies</p> <p>IV. Develop an operational protocol, supported by standard operating procedures, to support this intervention</p> <p>V. Develop a communication protocol to support this intervention, encourage compliance, and minimize the stress experienced by the affected population</p> <p>I. Provision of PPE to Staff and training in risk and risk avoidance, case management, and management of waste</p> <p>II. Security of staff, medications, isolations and triage zone</p> <p>III. Strengthening of health services to include surveillance, detection, infection control and clinical management (including stockpiling of antibiotics, paracetamol, and essential drugs for other diseases)</p> <p>I. Strengthen on-going community-based care for acute respiratory infections and diarrheal infections</p> <p>II. Enhance community and family knowledge and practice on care-seeking behaviors</p> <p>III. Improve communities’ access to health workers</p> <p>IV. Ensure community health workers have adequate skills, knowledge and medical</p>



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	<p> <i>This output is closely related to Objective 6 “Continuity under pandemic conditions and humanitarian support”</i></p> <p> <b>3.3.4 IOM</b> Access to health needs for migrant populations at risk of avian influenza or of any potential future pandemic <i>This output is closely related to Objective 6 “Continuity under pandemic conditions and humanitarian support”</i></p>	<p>supplies</p> <p> V. Support logistic systems to ensure availability of the appropriate essential drugs, especially for children and women</p> <p> I. Strengthen capacity of IOM Medical staff through training for risk and case management and provide PPE for Staff</p> <p> II. Strengthen community and home based care for acute respiratory infection in migrant populations</p> <p> III. Strengthen nutritional security in migrant populations</p> <p> IV. Support governments to include the health needs of migrants in national pandemic preparedness plans</p> <p> V. promote migrants’ easy access to essential drugs</p>
<p><b>3.4 Build Capacity to cope with a pandemic</b></p>	<p> <b>3.4.1 WHO</b> Countries have formulated and tested pandemic response plans to enable global response to a pandemic <i>This output is closely related to Objective 6 “Continuity under pandemic conditions and humanitarian support”</i></p>	<p> I. Provide generic guidance on the content and structure of a response plan. II. Assist individual countries, particularly those with limited resources, in the development of plans III. Test plans in individual countries, regions, and internationally in order to identify gaps in core capacities IV. Enable WHO and its regional and country offices to carry out greatly expanded functions, around the clock, in leading and coordinating the global response to a pandemic</p>
<p><b>3.5 Coordinate global science and research for availability of a pandemic vaccine and antiviral drugs</b></p>	<p> <b>3.5.1 WHO</b> Facilitation of availability of pandemic vaccines and antiviral drugs</p>	<p> I. Identify priority research areas and encourage public and private sector funding II. Obtain more data on the use of both classes of antiviral drugs, on virus susceptibility to these drugs, and on optimum doses and duration of administration for both treatment and prophylaxis in children and adults III. Establish partnerships with governments, regulatory authorities, academic institutes, and industry to find ways, facilitated by WHO, to increase vaccine manufacturing capacity quickly and in ways to ensure equitable access IV. Assist developing countries embarking on the development, regulatory approval, and production of pandemic vaccines V. Accelerate research and development for new vaccines conferring long-lasting protection against multiple influenza virus strains VI. Use institutions within the WHO Global Outbreak Alert and Response Network (GOARN) and laboratories within the WHO influenza surveillance network to ensure that scientific knowledge about an evolving pandemic is generated and communicated in real time.</p>

## Area of Action: Coordinated Financial and Technical Support

### Objective 4. Coordination of National, Regional and International Stakeholders

#### Agencies' Achievements (against outputs and activities indicated in the logframe)

##### **4.1: High level national leadership in the response to AHI**

##### **4.2: Assistance to national governments in their coordinated response to AHI**

49. Acknowledging the fact that Avian Influenza threats require cross-sectoral and multi-disciplinary interventions, governments have increasingly called upon UNDP's assistance to formulate, in collaboration with the UN country teams under the leadership of the UN Resident Coordinator, joint UN/Government programmes as a basis for international and domestic resources mobilization. UNDP has been building capacities to better respond to the threat posed by avian influenza by supporting coordinated inter-agency and inter-ministerial AHI preparedness and response plans, as well as the design and implementation of multi-sectoral response mechanisms. To date, UNDP has facilitated (sub)regional, ministerial AHI meetings in Africa and in Eastern Europe, while 39 countries have received UNDP support. In particular UNDP has provided unified UN System efforts, led by Resident Coordinators, in Cambodia, China, Indonesia, Lao PDR and Viet Nam and Egypt. It has also assisted in the preparation of joint UN/Government AHI programmes in Cameroon, Cambodia, Nigeria and Viet Nam and has been actively involved in strengthening the governance aspects of Nigeria's response to AHI. UNDP is now posting Inter-Agency Coordinators in selected countries such as Bangladesh, Burkina Faso, Ghana and Niger, to support the Resident Coordinators in coordination efforts and consolidating National Strategies and Sectoral Implementation Plans. These Inter-Agency Coordinators will work closely with the UN Country Teams, UNSIC and the Pandemic Influenza Contingency (PIC) Team.

50. OCHA, through the PIC team, has now 7 Regional Planning Officers posted in Geneva for Eastern Europe and Central Asia, Bangkok for Asia and Pacific, Panama for Latin America and the Caribbean, Nairobi for Central and East Africa, Johannesburg for Southern Africa, Dakar for West Africa and Cairo for the Middle East and North Africa. These Officers assist UN country teams and countries of their region to prepare and plan for a pandemic in a coordinated manner. They also have helped to bring together actors working on avian influenza and pandemic preparedness and establish interagency regional platforms which meet regularly in Southern Africa, West Africa and Asia to coordinate activities, agree on priority needs, and mobilize technical assistance. WFP has been using these platforms and UN Country Teams to advocate for the consideration of food security issues in pandemic planning and preparedness.

##### **4.3 National, regional and international coordination**

51. Due to the multi-sectoral nature of the response to avian and pandemic influenza threats, the need for effective coordination is most appreciated by partners. Similarly, there is recognition that emphasis should be placed on sustained in-country support and capacity development while enhancing regional and global efforts aimed at improving coordination. As the volume and diversity of external technical and financial assistance increased rapidly in countries, governments, regional bodies and the international community sought well-coordinated UN system action, linked closely to the work of the development banks (especially the World Bank).

52. UNSIC has promoted and catalysed synergy of action and outcomes - within and outside the UN system. It has encouraged a large number of national, regional and international stakeholders from the

public sector, private entities and civil society to work together in countries, regionally and globally towards a common purpose and to come together as a coherent and results-oriented movement. The coordination effort of UNSIC has established ways in which the UN, World Bank and other bodies can work together within this wider movement that links efforts to contain avian influenza and preparedness for an influenza pandemic with other development, humanitarian and disaster preparedness activities: such mainstreaming will contribute to the sustainability of this effort.

53. UNSIC has mandated an independent study based on rapid assessment of factors leading to effective and efficient coordination in Cambodia, Egypt, Indonesia, Lao People's Democratic Republic, Thailand, Turkey, Ukraine, and Viet Nam. Finalized in December 2006, the *Study on Coordination of Avian and Human Influenza Activities*<sup>4</sup> proposes nine guiding principles and recommendations for a coordinated approach to external assistance at country level. UNSIC is following up on these principles and recommendations by developing coordination tools.

54. High-level inter-governmental meetings involving the International Partnership on Avian and Pandemic Influenza (IPAPI) have been providing political backing for integrated national influenza programmes and support for regional and international agencies. UNSIC and the World Bank are supporting this process with assessments of progress on the response to AHI and pandemic preparedness within individual countries, taking stock of resource requirements at country, regional and global levels and tracking donor funding through bi-annual reports. The combination of tracking of AHI funds by the World Bank and the access of the UN to a vast amount of country-level information through the country teams, has led to a network that is able to produce updates on national efforts, helping identify gaps and needs.

55. UNSIC has been facilitating coordination of communications on the wider UN response to Avian and Human Influenza. This coordinating role has been undertaken in a way that permits individual agencies and offices to have the desired visibility, and encourages them to use an agreed and common series of messages, ensuring – as far as is possible – that they are reflected in national and international communications media. UNSIC has finalized an UN system web portal (<http://un-influenza.org>) as a single entry point for Avian and Human Influenza for the UN system agencies and partners.







56. UNSIC has sought ways to prepare the UN itself for a pandemic so that the UN as a whole is able to continue its operations and help countries under pandemic conditions. Contingency plans for UN country teams, agencies, headquarter offices, regional units and missions have been reviewed and are currently tested by simulation. Essential principles of these plans have been brought together in an overall concept of operations for the UN system in the event of a pandemic. It is anticipated that pandemic preparedness work within the UN system will be mainstreamed into the existing and wider crisis preparedness programmes within the UN and among its partners.

### **Remaining gaps and challenges**

57. The high number and variety of actors involved at national, regional and global level in the response to Avian Influenza and the preparedness for a pandemic makes coordination a continued and daunting challenge for which more resources are required, especially at country level: sometime the efficiency of joint work is being impaired by the (often accidental) non-sharing of time-sensitive information that is of strategic importance. UNDP is facing an acute shortage of resources for providing meaningful support to Resident Coordinators and UN Country Teams. OCHA also needs further funding to sustain the action of the coordination work of the Regional Planning officers.

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<sup>4</sup> <http://www.undg.org/index.cfm?P=478>







	: Completed
	: In progress or ongoing
	: In progress or ongoing but need more funding
	: Revised activities
	: Not initiated due to lack of funding or other resources
	: funded by CFIA

#### Objective 4. Coordination of National, Regional and International Stakeholders

Ensuring 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.

**Expected Impact:** synergy (i.e. better than the sum of the parts) among actions taken by national-, regional- and international-level stakeholders to tackle AHI threats

Purposes	Outputs	Activities
<b>4.1 Ensure high level national leadership in the response to AHI</b>	<p><b>4.1.1 UNDP</b> National leadership for the national response to AHI (in conjunction with the World Bank, regional banks, other international stakeholders and the UN country team composed of respective UN agencies)</p>	<p>I. Advocate with national leaders to encourage their fullest commitment to the response while openly facing challenges</p> <p>II. Support cross-government engagement</p> <p>III. Facilitate the joint analysis of challenges and synergized approaches to AHI responses in high level regional and global meetings</p>
<b>4.2 Assist national governments in their coordinated response to AHI.</b>	<p><b>4.2.1 UNDP</b> Formation of strategic alliances to tackle the AHI threat across all levels of governments, with full engagement of the private and voluntary sectors</p> <p><b>4.2.2 UNDP</b> A dependable package of assistance for national authorities</p> <p><b>4.2.3 UNDP</b> Capacity in the office of the Resident Coordinator for coordination of bilateral and multilateral external assistance (in conjunction with the development banks) in line with the integrated national influenza plans</p>	<p>I. Involve the private sector and civil society, at national and local levels, in discussions regarding the formulation and implementation of AHI strategies</p> <p>II. Facilitate access to information on private sector preparedness and the role of civil society organizations</p> <p>I. Develop the integrated national AHI program management systems that are based on the global strategic vision for AHI responses</p> <p>II. Engage different ministries and non-governmental partners within an agreed framework for national accountability</p> <p>III. Adopt results-based management methods</p> <p>IV. Carry out regular implementation reviews and adjust AHI strategy as necessary to reflect national and/or international circumstances</p> <p>I. Ensure complementarities of externally provided technical assistance.</p> <p>II. Encourage financial assistance</p>

	: Completed
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	<p><b>4.2.4 OCHA</b> Regional Interagency Platforms established or strengthened to provide support to country-level pandemic contingency planning <i>This output is closely related to Objective 6 “Continuity under pandemic conditions and humanitarian support”</i></p> <p><b>4.2.5 WFP</b> Food security aspects integrated in national plans by the National structures in charge of coordinating avian influenza and pandemic preparedness <i>This output is closely related to Objective 6 “Continuity under pandemic conditions and humanitarian support”</i></p>	<ol style="list-style-type: none"> <li>I. Assist national authorities in testing preparedness plans – providing support in particular to countries with restricted implementation capacity</li> <li>II. Develop plans for continuity of critical operations and support to national and local authorities in the event of a pandemic</li> <li>III. Perform quality assurance of preparedness plans</li> <li>IV. Develop virtual regional platform including information management products (who does what-where, contact directory, on-line discussion forum, calendar of events, document database, mapping service, etc) for regional information exchange</li> </ol> <ol style="list-style-type: none"> <li>I. Advocate for integration of food security elements in national plans for avian influenza and pandemic preparedness</li> <li>II. Advise on building up national resilience, particularly related to food availability (pipeline management and creation of use of national food stocks)</li> </ol>
<p><b>4.3 Improve national, regional and international coordination</b></p>	<p><b>4.3.1 UNSIC</b> Synergetic action at national, regional and international level <i>This output is closely related to Objective 6 “Continuity under pandemic conditions and humanitarian support”</i></p>	<ol style="list-style-type: none"> <li>I. Harmonize and align external assistance at country level, working through Resident Coordinators and World Bank country directors</li> <li>II. Encourage synergy of strategies pursued and actions undertaken by UN System agencies, funds and programmes and other development and humanitarian partners around the 7 objectives in the Action Plan</li> <li>III. Support and link with inter-governmental partnerships on Avian and Human Influenza (e.g. IPAPI)</li> <li>IV. Track, assess, analyze and report on the impact of the global AHI effort and identify critical issues for review in high level meetings organized by partners</li> <li>V. Work towards consistency (and, ideally, unison) of messages issued by different UN System agencies to media, to interested parties, to the respective line ministries, in relation to AHI <i>Activity V above is closely related to Objective 5 “Public Information and Communication to Support Behavior Change”</i></li> <li>VI. Ensure that the UN System is prepared to keep its staff safe and to maintain continuity of operations in the event of a pandemic</li> </ol>

## **Area of Action: Strategic Communication for Awareness, Social Mobilization and Behavior Change**

### **Objective 5. Communication: Public Information and Supporting Behavior Change**

#### **Agencies' Achievements** *(against outputs and activities indicated in the logframe)*

##### ***5.1 Strategic communication for awareness and convergent messages on HPAI***

58. A Task Force of the UN Communication Group was created to ensure consistent messaging for Avian Influenza and pandemic preparedness. Chaired by the UN Department of Information the Task Force membership includes all contributing agencies to the Consolidated Action Plan as well as the International Monetary Fund (IMF) and the World Bank.

59. FAO and OIE, with the support of the United States Department of Agriculture, organized a roundtable event on animal health communication in April 2007 attended by 45 experts from UN agencies and senior representatives from national governments, academia, communication practitioners, private poultry sector, and the veterinary science profession. Follow-up to recommendations of this meeting include the development of a comprehensive communication action plan to address the animal health aspects of H5N1 transmission; creation of communication tools for immediate use and longer-term strategies to sustain political support and a positive social and behavioral change; and the establishment of an inter-agency, multi-disciplinary Technical Advisory Group on HPAI Communication to provide strategic guidance to partners and monitor progress. Outcomes from the communication roundtable were further elaborated and presented at the Technical Meeting in Rome (June 2007)<sup>5</sup>, which endorsed a series of specific recommendations on strategic communication and social mobilization. Additionally, FAO has developed and piloted some training materials on best practices for strengthening capacities of Ministries of Agriculture in outbreak and risk communication. FAO also conducted a series of joint missions in collaboration with WHO, OIE and the World Bank, to develop a methodology and process for the conduct of rapid country capacity assessments (including communication capacities) for the development of Integrated National Action Programmes on AHI (INAPs). OIE has started to deliver regional seminars on communication for Veterinary Services.

##### ***5.2 Social mobilization for awareness and behavior change***

60. UNICEF forged inter-sectoral and inter-agency partnerships across 31 countries in Asia, Eastern Europe and Africa to develop a communication taskforce on avian and pandemic influenza and engaged in advocacy with some 40 governments leading to a national communication response to control HPAI in birds and H5N1 virus transmission in humans. It helped define, with FAO and WHO, the key behavioral outcomes (*Report, Separate, Wash, Cook*) to support the Avian Influenza control programmes. These outcomes, together with suggested monitoring indicators were disseminated widely, but appear to have had limited use in national programmes. In December 2006 UNICEF, with WHO, held a meeting to define the key behaviors before and during a pandemic that would reduce spread of the virus and mitigate pandemic impact, regardless of availability and access to vaccines or anti-viral drugs. UNICEF has carried out research in over 20 countries to ascertain audience knowledge, attitudes and behaviors pertaining to avian and/or pandemic influenza. It supported counterparts in evidence-based planning and

<sup>5</sup> [http://www.fao.org/avianflu/en/conferences/june2007/documents/HPAI\\_TechRep\\_020807.pdf](http://www.fao.org/avianflu/en/conferences/june2007/documents/HPAI_TechRep_020807.pdf)

implementation of behavior change communication/social mobilization strategies and innovative approaches to avian and pandemic influenza response in various countries, such as participatory learning action (PLA). Since 2006 at least 40 exercises aimed at sensitizing and training national and international media to report on AI were rolled out globally. UNICEF developed a range of behavior change communication/social mobilization materials (print, audio, and TV) and tools that were shared globally through an internet resources centre<sup>6</sup> launched in December 2006 on behalf of the UN. The resource centre contains over 275 creative and planning materials from over 30 country and regional offices. It includes *Essentials for Excellence*, an easy to use research, monitoring & evaluation guide on avian and/or pandemic influenza.

61. WFP country offices have helped UNICEF disseminate awareness messages through the delivery and distribution network. WFP also participated in inter-agency communication simulations at HQ level. UNHCR has been conducting awareness campaigns and trainings to encourage refugees and other populations of concern to the organization to adopt healthy AHI-related behaviors. IOM has held consultations with FAO, UNICEF and ministries of Health and Agriculture in Nigeria, Kenya and Thailand to develop appropriate awareness raising activities and information for migrant populations. Materials produced will be adapted for use in other countries.

62. ILO has hosted a technical workshop on Avian Flu and the Workplace, which brought together representatives from international organizations including, the International Organization of Employers, and two major trade unions. The ILO Governing Body, at its 297<sup>th</sup> Session of November 2006, approved the report and conclusions of the workshop concluding that AHI preventive action involving workers rights, occupational safety and health are particularly relevant to ILO's field of operations. Information campaigns is a key tool and the workplace can be enlisted as an important instrument to inform the employers, workers and the general public of precautionary measures and best practices<sup>7</sup>. A wide range of workers from farm employees to government inspectors need training on how to best protect themselves and their families from contamination in the workplace and how to respond in the advent of a pandemic. ILO is initiating a project for AHI increased awareness, enhanced information-sharing and closer adherence to occupational health and safety best practices at the workplace in some APEC member economies. It will conduct training seminars and develop tutorial materials on the promotion of sound preventive behavior and on care and support services in the workplace based on the existing ILO frameworks and Conventions relating to health and safety in the workplace. It will also launch a communication campaign for local communities, building upon the joint work conducted by APEC member economies on training SMEs to mitigate the spread of Avian Flu.

63. UNWTO has been developing and implementing a targeted tourism specific communications strategy, focusing on the existing portal [www.sos.travel](http://www.sos.travel) developed with the assistance of Microsoft. This portal is enabling the wide and timely dissemination of information to travelers and the tourism sector. Targeted communications campaign will ensue to alert travelers worldwide. UNWTO has also established and is maintaining the Tourism Emergency Response Network (TERN)<sup>8</sup> to which it sends regular communication on issues of importance on AHI.

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<sup>6</sup> [www.unicef.org/influenzaresources](http://www.unicef.org/influenzaresources)







<sup>7</sup> Official ILO Document: GB297/19/5

<sup>8</sup> TERN members include: Airports Council International (ACI), American Society of Travel Agents (ASTA), American Hotel and Lodging Association, International Air Transport Association (IATA), International Council of Cruise Lines (ICCL), International Federation of Tour Operators (IFTO), International Hotel and Restaurant Association (IH&RA), National Tour Association (NTA), Pacific Area Travel Association (PATA), United Federation of Travel Agents Associations (UFTAA), Association of European Airlines (AEA), African Travel and Tourism Association (ATTA), Asociación Latinoamericana de Transporte Aéreo (ALTA), European Travel Commission (ETC), Association of Asia Pacific Airlines (AAPA)

**Remaining gaps and challenges**

64. Changing behavior through social mobilization is a long term challenge and involves sustained efforts and funding for the development of targeted messaging, sound dissemination mechanisms and well trained communication human resources. A specific challenge related to HPAI outbreaks is the economic incentives (e.g. loss of poultry) and lack of resources (e.g. water and soap) that prevent individuals adopting the key behaviors necessary to reduce risks. Experience so far indicates that more specific or in-country communication research is required to refine messages' content and more assessments and technical support missions to improve in-country communication capacity of concerned ministries, especially Ministries of Agriculture. Building trust now will be vital for the rapidly changing responses that may be needed in a pandemic, when collective behaviors will determine how fast the virus spreads. Financial resources are too scarce so far to allow concerned agencies to fully address this challenge.









	: Completed
	: In progress or ongoing
	: In progress or ongoing but need more funding
	: Revised activities
	: Not initiated due to lack of funding or other resources
	: funded by CFIA

### Objective 5. Communication: Public Information and Supporting Behavior Change

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 the disease. This will include communicating with the public, households and communities to involve and mobilize them to adopt appropriate behaviors to reduce risks and mitigate the impact of any outbreaks or pandemic

**Expected Impact:** Changed behavior supported by accurate messaging and effective social mobilization

Purposes	Outputs	Activities
<b>5.1 Strategic communication for awareness and convergent messages on HPAI</b>	<b>5.1.1 FAO, OIE and WHO</b> Content development for effective public awareness and social mobilization campaigns for behavior change	I. Develop guidelines on approaches to communication on compensation. II. Provide materials that convey core messages on AHI prevention as well as pandemic containment III. Ensure that each country affected by outbreaks in poultry has a strategy for informing the general public of the associated risks to human health and related mitigation measures, and has a policy that facilitates these protective behaviors IV. Ensure that this strategy is based on best practices for bringing about behavior change, is adapted to national social and cultural context, reaches populations at greatest risk (including children), and is tested for effectiveness and modified as needed
	<b>5.1.3 FAO and OIE with the support of WHO</b> Strengthened capacities for outbreak and risk communications among Ministries of Agriculture.	I. Develop guidelines and training modules based on best practices for strengthening capacities of Ministries of Agriculture in outbreak and risk communication focusing on animal health and socio-economic / livelihood issues II. Conduct regional workshops on outbreak and risk communication for Ministries of Agriculture
	<b>5.1.4 FAO and OIE (GF-TADs)</b> Establishment of regional/national AI partnerships and communication alliances which includes Ministries of Agriculture, media, NGOs and Private Poultry Sector	I. Develop strategies, processes and advocacy materials for establishing multi-sectoral, regional/national AI partnerships for supporting communication outreach and implementation, consensus-building, and mitigating poultry market shocks
	<b>5.1.5 FAO and OIE</b> Establishment of multi-disciplinary global and regional Technical Advisory Groups on mid to	I. Conduct a global, and six regional Expert Consultations on strategic communication for the prevention and control of HPAI, focusing on animal health, livelihoods and socio-economics

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	<p>longer-term strategic communication issues, focusing on animal health, livelihoods and socio-economics</p> <p><b>5.1.6 FAO</b> Establishment and hosting of UN Knowledge Network on Socio-economics of Avian Influenza</p>	<p>II. Establish a global and regional Technical Advisory Groups and at the FAO-OIE Regional Animal Health Centers to provide on-going guidance and technical assistance in strategic communication to Ministries of Agriculture</p> <p>I. Facilitate network building and creation of web-spaces, procedures, activities, discussion forums, products and tools for the establishment of the UN Knowledge Network on Socio-economics of Avian Influenza</p>
<p><b>5.2 Social mobilization for awareness and behavior change.</b></p>	<p><b>5.2.1 UNICEF</b> Behavior change strategies and prototype communication materials developed by governments and partners and designed for household level, with a specific focus on backyard poultry farmers, community leaders and children</p> <p><b>5.2.2 UNHCR</b> Refugees and other populations of concern to UNHCR are properly informed and encouraged to adopt healthy AHI-related behaviors</p> <p><b>5.2.3 WFP</b> AHI awareness components integrated into existing or new food-assisted programmes where appropriate</p> <p><b>5.2.4 ILO</b> Preparedness measures and behavior change on occupational safety and health issues</p>	<p>I. Build resilience among communities by supporting national communication strategies that provide clear and empowering information to the general public and key groups of people, with a focus on communities and households</p> <p>II. Advocate among the key national decision makers for the appropriate actions to stem the spread and impact of a pandemic</p> <p>III. Strengthen on-going hygiene promotion programmes</p> <p>I. Translate public awareness messages into appropriate languages and format to inform and encourage refugees to reduce risks</p> <p>II. Raise awareness of refugees and people working in camps about avian flu and the risk of transmission, and support possible actions to keep poultry away from habitations</p> <p>III. Raise awareness of refugees and people working in camps about human flu transmission and protection</p> <p>I. Introduce awareness materials in schools where WFP provides school feeding</p> <p>II. Use of food distribution sites for awareness campaigns</p> <p>III. Link with UNICEF, FAO and government to disseminate awareness materials during monitoring visits</p> <p>IV. Support partner and government community training programmes through food for training if appropriate</p> <p>I. Together with government occupational health and safety services, employers, and workers organizations, collect, organize and disseminate up-to-date technical information on preventive and protective measures to be implemented at the workplace with a focus on workers' training on safe work practices</p> <p>II. In collaboration with FAO and WHO, prepare and disseminate model information</p>

- : Completed
- : In progress or ongoing
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<p><i>UNTWO outputs have been moved from purpose 5.1 under which they were originally placed</i></p>	<p><b>5.2.5. IOM</b> Government behavior change strategies for migrants</p> <p><b>5.2.6 UNWTO</b> Targeted communications for travellers, the travel industry and tourist destinations</p> <p><b>5.2.7 UNWTO</b> Dedicated networks to inform, share and communicate the most up-to-date and available relevant information, ideas and ultimately messages to travellers</p> <p><b>5.2.8 UNWTO</b> Basic information, guidelines and common messaging for use by the different sectors of the travel industry and its supply systems and through this to the traveller</p>	<p>and training materials on safe work practices for workers in the poultry sector, focusing on preventive and protective measures to be adopted at the workplace</p> <p>III. Assist countries in their efforts to inform, educate and train workers on occupational safety and health and AHI issues together with governments, employers and workers</p> <p>I. Disseminate appropriate IEC materials for migrants.</p> <p>II. Support national and international communication strategies for migrant communities and households</p> <p>III. Conduct activities to raise AHI awareness among border control agencies and the roles they can play in pandemic preparedness</p> <p>IV. Disseminate IEC materials to all migrants who utilize IOM health assessment services</p> <p>I. Develop a campaign to alert travelers to the Tourism Emergency Response Network (TERN) and its Avian Flu information</p> <p>II. Create and distribute broadcast and internet based information vignettes</p> <p>I. Designate senior level national coordinators on all matters related to Avian &amp; Human Pandemic Influenza</p> <p>II. Convene and manage the Tourism Emergency Response Network (TERN), its core cross sectoral constituency, its progressive expansion at global regional and international levels and its role as a mechanism for information exchange and consistent messaging</p> <p>I. Establish an avian flu website and real time emergency response portal in partnership with Microsoft, as a one stop shop for avian flu information to travelers and the tourism sector</p> <p><i>Activity I above is closely related to Objective 6 “Continuity under pandemic conditions and humanitarian support”</i></p>
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## **Area of Action: Crisis Preparedness that includes Preparation for Influenza Pandemic**

65. The focus on pandemic preparedness continued to grow in importance as the international community came to realize how essential it is for all parts of society to be prepared for a major disaster such as a pandemic. At the Rome Meeting in June 2007 experts and donors agreed that more can and must be done in terms of pandemic preparedness globally and country-by-country. They also agreed that expanding pandemic preparedness beyond the health sector is necessary and requires more substantial funding than presently available for planning for humanitarian assistance in case of a Pandemic (also an area that requires special attention<sup>9</sup>). Generally, national programmes have paid less attention to the work of preparing for the economic, governance, societal and humanitarian impacts of a pandemic, despite the fact that preparedness actions in this regard would lead to significant reductions of these impacts, including mortality.

66. In light of the above, support for national efforts is being carried forward by UN agencies, funds and programmes and their partners. These have revised, scaled up and further diversified their activities to be more responsive and readily available to continue working under pandemic conditions (WHO Alert Phases 5 and 6) as well as to assist countries to prepare and plan for responding to the pandemic and its impact, including humanitarian interventions when necessary. These changes are reflected in the revised outputs and activities of objectives 6 and 7 below and in the related revised funding requirements in the financial table of section IV.

67. The first issue of the UN System Consolidated Action Plan for AHI (3 July 2006) identified countries according to their needs and to the expectations from the international communities: i.e. countries with 'strong implementation capacity', 'moderate implementation capacity' or 'restricted implementation capacity'. Within the context of objectives 6 and 7, the UN and its partners are focusing on, and prioritizing their support for, countries from the two latter groups. Most of these countries and particularly those with restricted capacities, are of humanitarian concern or will become quickly so when hit by a pandemic. The UN and its partners can provide support by building on their on-going humanitarian operations and presence and drawing from lessons learned, especially when planning for containment. Added benefits come from the UN humanitarian reform process led by the Inter-Agency Standing Committee (IASC) and the enhanced humanitarian coordination it is fostering. However, a pandemic will very quickly overextend the capacity of international humanitarian actors. Disruptions to transport and supply networks will make it difficult to mobilize external resources. Therefore strengthening local capacity to cope is of paramount importance and the UN and its partners must endeavor to do so in collaboration with civil society and local actors.

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<sup>9</sup> "Recommendation: Pandemic preparedness activities should be strengthened at all levels of government and coordinated at national, regional and international level. Planning needs to be comprehensive, covering health and other key sectors and involving all concerned stakeholders." *Final Report of the Technical Workshop of Highly Pathogenic Avian Influenza and Human H5N1 Infection, Rome, 27-29 June 2007*, [http://www.fao.org/avianflu/en/conferences/june2007/documents/HPAI\\_TechRep\\_020807.pdf](http://www.fao.org/avianflu/en/conferences/june2007/documents/HPAI_TechRep_020807.pdf)

## Objective 6. Continuity under Pandemic Conditions (REVISED)

### Agencies' Achievements and Course of Further Action (as per revised log-frame)

#### **6.1 Contingency planning for continuity of operations during a pandemic, including preparation for humanitarian actions under pandemic conditions (WHO alert phases 5 and 6)**

68. Minimizing the disruption of vital services during a pandemic by ensuring continuity of operations of all stakeholders is of paramount importance. UN agencies, funds and programmes as well as their partners need to prepare themselves for a pandemic, so that they can continue their operations when the pandemic starts and sustain key humanitarian programmes. They also need to assist Governments in developing national pandemic preparedness plans so that key services continue to function under pandemic conditions. This includes advice on appropriate use and timing of prevention and control measures such as isolation and quarantine, promotion of personal hygiene and 'social distancing'.

69. As of August 2007, 140 UN Country Team (UNCT) contingency plans have been completed, covering staff safety and the organizations' continuity of operations. However, most of these plans are still to be tested and will be revised by 31 October 2007. **OCHA**, through its Pandemic Influenza Contingency team (PIC) and **UNSIC** have been supporting the efforts of UN country teams in this regard. Contingency plans of the UN Secretariat, UN agencies, funds and programmes at HQ level, Economic Commissions and DPKO missions are also well under way.

70. Simultaneously, UN agencies, funds and programmes and their partners, are working together according to their respective expertise to encourage governments and provide support upon request to develop and test by simulation national pandemic preparedness plans. They are advocating that governments give due attention to vulnerable groups such as refugees, migrants, women and children. They also support governments to integrate pandemic preparedness into existing national disaster management processes as well as disease surveillance and control plans and to develop and implement information and communication strategies promoting behaviors that will minimize transmission of the H5N1 virus.

70.1 **WHO** is supporting countries in the development of disease surveillance and control infrastructure as well as of pandemic preparedness plans, primarily in the health sector. It is preparing itself to lead the global health response to a pandemic and is equipping its regional and country offices to carry out expanded functions during a pandemic.

70.2 **OCHA/PIC** is developing an online readiness tracker system of indicators that measure and monitor pandemic preparedness progress within both UN country teams and national governments. It is also developing best practice materials to help governments and UN country teams in their preparedness efforts and is advising UN country teams on how best to support national authorities. **OCHA/PIC** is working with **IFRC** to stimulate complementary actions between the UN and civil society. It is arranging meetings at various levels to promote inter-agency coherence and agree priority inter-agency actions to strengthen humanitarian readiness. The experience and assets of **OCHA** for preparing for, responding to, and coordinating major disasters will be applied to the context of a pandemic.

70.3 **UNDP** is spearheading the building of national capacity for disaster preparedness and is strengthening its business continuity capacity, working closely with **UNICEF** on the development and roll out of a business continuity training strategy.

70.4 **UNHCR** country offices, in coordination with governments and UN country teams, are involved in AHI preparation of contingency plans and are advocating for the inclusion of the refugee communities in the AHI plans of countries hosting these communities. UNHCR is also developing preparedness activities at camp level (for camps that have a refugee population larger than 5000) and creating appropriate conditions to ensure continuity of operations for basic assistance delivery such as food, water and basic health services during a pandemic. UNHCR will work closely with WFP for anticipating pandemic consequences on food pipelines and adapting storage strategy accordingly.

70.5 **IOM** is strengthening its capacities to respond to the needs of migrants and mobile populations during a pandemic and to ensure that they are duly taken into account in national pandemic contingency plans.

70.6 **UNICEF**, in close coordination with other UN agencies, funds and programmes is refining its strategy for continuity of operations and is also developing a generic training for continuity planning that can be adapted and used by others in providing for effective humanitarian support to vulnerable groups in a pandemic. UNICEF is working, as part of the UN country team to support national planning to identify critical, life-saving programmes that must be continued under pandemic conditions, with modalities of implementation to reduce close contact between individuals and address the needs of children and their families across all sectors. It is also working to strengthen links with existing community-based communication networks to inform, protect, and mobilize. These will be vital for the needed behavior changes to reduce virus transmission in a pandemic and provide appropriate care for people at home when health services are stretched. UNICEF will continue to act around two primary foci: 1) communicating for behavior changes and preparedness for a pandemic in collaboration with WHO, and 2) identifying and implementing preparedness actions in sectors critical to the well-being of children and their families during a pandemic.

70.7 **WFP** has developed its corporate contingency plan for pandemic environments and a strategy for continuity of operations. It is now working on reinforcing the organization's resilience, with so far 10 country offices in Asia equipped with ICT recovery kits. WFP has also developed a Hazard and Risk analysis on pandemic resilience using baseline data from a variety of international organizations. On the basis of this analysis, a global map has been produced with an index on the AHI risk and capacity country by country.

70.8 **FAO and OIE** are strengthening a rapid and targeted response and control activities for HPAI's animal health sector to deal with the side effects of a pandemic in the sector and its associated infrastructure and systems.

70.9 **UNWTO** is building resilience to the impacts of a pandemic in the tourism sector by strengthening communications through a support campaign using existing networks and resources. It will further develop its portal [www.sos.travel](http://www.sos.travel) as a two-way communication system for programme planning with ministries of tourism in the world's poorest countries as well as in developed countries and provide relevant computer system hardware and training. UNWTO has also developed a multi-stakeholder scenario based on simulation and conducted two International Simulation Exercises, one for Europe, the Middle East and Africa and the other for Asia and the Pacific. A third exercise is scheduled for the Americas.

70.10 **ICAO** is addressing the possible impacts a pandemic will have on the aviation sector by developing an aviation related preparedness plan. Two meetings on the subject were held in Singapore last year and a Working Group agreed on pandemic planning guidelines for States, airports and airlines. Through cooperative arrangements between the participating States/administrations and airports ICAO started to

implement these guidelines in Asia with a project<sup>10</sup> aimed at reducing the risk of air travelers spreading avian influenza and similar communicable diseases, and reducing the financial impact from an outbreak by having an efficient management plan in place. A Regional Area Medical Team is being established and is due to meet on 11 – 12 October in Bangkok. The project will be next implemented in Africa and a meeting is planned to be held in Gabon by end of November.

70.11 **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.

71. Finally, **the UN** is working with civil society organizations, the military, the private sector and the Red Cross movement to facilitate a coordinated response to meeting humanitarian needs in a pandemic. IASC members will identify in prioritized countries which agency has the capacity to meet what needs and will develop inter-agency country humanitarian plans.

## Objective 7. Humanitarian Common Services Support (REVISED)

### Agencies' Achievements and Further Course of Action (as per revised log-frame)

#### *7.1 Technology and logistic capacity in the event of a pandemic*

72. When the pandemic strikes, countries will need to address and rectify the gaps that will inevitably emerge when activating their pandemic preparedness plans; in particular when ensuring that all populations, including the most vulnerable, have access to basic needs and are supplied with essential commodities. The UN and their partners have to stand by ready to assist these countries. UN country teams are at the forefront of addressing 'common services' support, through the development of their country specific plans. WFP stands ready to back up UN country teams in their effort to design and develop such plans; for both continuity of operations and support to national authorities. WFP is currently mandated to provide the lead in Humanitarian Logistics as the logistics arm of the United Nations, providing logistic services and support to other humanitarian organisations. As such WFP, with partners, will need to be able to:

- Continue to supply its ongoing life-saving operations with food and other requirements;
- Respond to requests from national governments to provide humanitarian assistance (including for countries in which WFP currently does not have operational presence)
- Remain available as the Logistics “supplier of last resort” in support of the humanitarian community, in line with the Cluster approach defined by the IASC in September 2005.







73. WFP has already gathered substantial knowledge of logistics networks in all countries that will require intervention and as of today Logistics Capacity Assessments of 62 countries have been carried out. However, the variables that determine the potential logistics capacity of a given geographical region are fluid and complex and require constant updating. During a pandemic, it is anticipated that existing logistics corridors would be disturbed while the need to provide assistance to vulnerable populations would be increased. Likely disruptions of current logistics arrangements could be caused by changes in market chains and a considerable increase in the demand for logistics services in existing humanitarian crises and in those triggered by the impacts of the pandemic. Using the extensive outreach of the IASC logistics cluster system, WFP is conducting consultations with other agencies and organizations to anticipate the volume and scale of logistics services which will be necessary to support humanitarian

<sup>10</sup> “Cooperative Arrangement for the Prevention of Spread of Communicable Disease by Air Transport” (CAPSCA)

responses in a pandemic environment. WFP will also survey the private sector entities, especially contracted companies, to find out their intentions to interrupt or maintain operations during the pandemic and will liaise closely with National Disaster Management Centres (NDMCs) and military authorities.

74. WFP has also developed analytical maps on AHI through collaboration with FAO, WHO and other key partners, and is working on a Logistics Concept of Operations (LOGS CONOPS) which will reflect strategic partnerships, including with OCHA/PIC and the other agencies participating in the UN System Consolidated Action Plan. WFP is continuing to provide updated GIS products on AHI to the humanitarian community and is managing, on behalf of the IASC, an AHI section on the Humanitarian Early Warning System web (HEWSweb).









	: Completed
	: In progress or ongoing
	: In progress or ongoing but need more funding
	: Revised activities
	: Not initiated due to lack of funding or other resources
	: funded by CFIA

**Objective 6. Continuity under Pandemic Conditions**

Ensuring the continuity of essential social, economic and governance services, and effective implementation of humanitarian relief, under pandemic conditions

**Expected Impact:** Plans for continuity of operations during a pandemic in place and rehearsed

Purposes	Outputs	Activities
<p><b>6.1 Contingency planning for continuity of operations during a pandemic, including preparation for humanitarian actions under pandemic conditions (WHO alert phases 5 and 6)</b></p>	<p><i>See also WHO outputs 3.4.1 and related activities under objective 3 “Human Health” and UNSIC output 4.3.1 and related activities under objective 4 “Coordination of National, regional and Internationals Stakeholders”</i></p> <p><b>6.1.1 OCHA</b> Pandemic influenza preparedness plans built upon existing mechanisms for disaster preparedness, mitigation and response and – as much as possible – fully integrated into existing structures for disasters and crisis management</p> <p><b>6.1.2 OCHA</b> Stakeholders engaged in the facilitation of coherent strategies for pandemic preparedness and response, including in humanitarian settings, encouraging synergy</p> <p><b>6.1.3 OCHA</b> Assessment, tracking and monitoring of pandemic preparedness</p> <p><i>See also OCHA output 4.2.4 and related activities under objective 4 “Coordination of</i></p>	<p>I. Provide support to UN country teams for the development and testing of their pandemic preparedness plans, including components for continuity of operations</p> <p>II. Assist governments, with UN country teams, in designing and testing comprehensive multi-sectoral preparedness and response plans, involving all levels of government, for pandemic-related contingencies</p> <p>III. Produce and disseminate guidance and best practices on pandemic preparedness</p> <p>I. Coordinate efforts by partners and engage the private and voluntary sectors to strengthen humanitarian preparedness and response</p> <p>II. Build network of actors to advocate for, and strengthen, pandemic preparedness and plan for key humanitarian operations for responding to impacts of the pandemic</p> <p>III. Leverage existing humanitarian networks and support UN Humanitarian Coordinators to prepare for in-country humanitarian response</p> <p>IV. Exchange information, best practices and lessons learned across regions to improve coordination of planning and response</p> <p>V. Develop best practice guidance materials for governments</p> <p>I. Develop online readiness tracker system to measure and monitor efforts for pandemic preparedness</p> <p>II. Analyze pandemic preparedness progress, review results and identify gaps</p>

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	: funded by CFIA







	<p><i>National, regional and Internationals Stakeholders”</i></p> <p><b>6.1.4 UNDP with OCHA</b> Support to national pandemic preparedness planning</p> <p><b>6.1.5 UNHCR</b> Operations planned and ready for responding to the needs of pandemic affected refugees and other population of UNHCR concern <i>See also UNHCR outputs 3.3.2 and related activities under objective 3 “Human Health”</i></p> <p><b>6.1.6 UNICEF</b> Identification of essential activities during a pandemic (in collaboration with the UN country team and government) through preparedness actions</p> <p><b>6.1.7 UNICEF</b> Communication to prepare communities to prepare for, respond and recover from pandemic with special attention on the needs of the marginalized, including women, children and orphans <i>See also UNICEF output 3.3.3 and related activities under Objective 3 “Human Health”</i></p>	<p>I. Support the efforts of the UN resident coordinator and country team to ensure that the UN country team develops and tests its own pandemic preparedness plan</p> <p>II. Encourage national officials to integrate pandemic preparedness planning into national crisis preparedness and response exercises</p> <p>I. Strengthen HQ coordination and supporting mechanisms for field operations</p> <p>II. Ensure continuity of UNHCR operations under pandemic conditions</p> <p>III. In close collaboration with WFP and other operational partners, initiate contingency planning for continuity of delivery of essential assistance under pandemic conditions</p> <p>IV. Stockpile medical supplies, drugs, hygiene material and equipment and ensure sustainability of buffer stocks in field operations</p> <p>I. Refine pandemic planning in UNICEF country offices and strategy for continuity of operations</p> <p>II. Work with governments, partners and media to prepare materials and methods of communication to achieve desired behaviors at each stage of the pandemic's potential evolution</p> <p>III. Work with national governments, specifically ministries of education, to review existing pandemic plans and update them to minimize the potential negative impacts on children and their families.</p> <p>IV. Systematically review national plans to identify health access vulnerabilities and work in partnership to strengthen demand for existing services to better equip communities to cope with shortages and disruptions of essential services during a pandemic.</p> <p>I. Develop and test communication strategies that minimize the transmission of the pandemic virus by enabling individuals to be cared for at home</p> <p>II. Advocate for national pandemic preparedness and response planning that adequately address the needs of children and their families across all sectors</p> <p>III. Develop generic training for planning of continuity of operations</p>
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	<p><b>6.1.8 WFP</b> Strengthened capacity for WFP operation continuity under pandemic conditions</p>	<p>I. Develop WFP planning and response strategy for continuity of critical operations in a pandemic and provide training materials to all WFP Country Offices</p> <p>II. Develop and test detailed plans for prioritized Least Developed Countries</p> <p>III. Train en equip two Specialized Support Teams</p> <p>IV. Equip HQ for lockdown mode</p> <p>V. Pre-position equipment for Operations Support Teams in two Humanitarian Regional Depots</p> <p>VI. Ensure undisrupted ICT capacity (for both voice and data) within prioritized countries</p>
	<p><b>6.1.9 WFP</b> Support to governments in countries with large vulnerable and food insecure populations <i>See also WFP output 2.3.2 and related activities under Objective 2 “Sustaining Livelihood” and output 4.2.5 and related activities under objective 4 “Coordination of National, regional and Internationals Stakeholders”</i></p>	<p>I. Develop a list of prioritized Countries</p> <p>II. Upstream advice on building up national resilience and planning for relief food interventions in a pandemic situation</p> <p>III. Negotiate access to national food stocks for pandemic response, plan pipeline and support for food aid intervention</p>
	<p><b>6.1.10 IOM</b> IOM operations in place to respond to the needs of migrants and mobile populations under pandemic conditions <i>See also IOM output 3.3.4 and related activities under Objective 3 “Human Health”</i></p>	<p>I. Ensure IOM missions are prepared and equipped for continuity of operations during the pandemic including development of pandemic preparedness plans and their simulation</p> <p>II. Train and strengthen capacities of community workers dealing with migrants</p> <p>III. Assess specific needs of migrants and mobile population under pandemic conditions</p> <p>IV. Adapt information material for pandemic preparedness in a format suitable for migrants and mobile populations</p>
	<p><b>6.1.11 ILO</b> Capacity development of Labor Ministries and health departments for a response to a possible pandemic (with involvement of private sector)</p>	<p>I. Strengthen the role of social dialogue in developing sustainable response to a possible pandemic</p> <p>II. Capacity building in social dialogue as a mechanism to develop a sustainable response to a possible pandemic</p> <p>III. Tripartite development of sector specific guidelines on responses to AHI with involvement of labor and health stakeholders</p>
	<p><b>6.1.12 FAO and OIE</b> Provide a continued cohesive response to HPAI related to international standards and provide</p>	<p>I. Assist governments for an enhanced, rapid and targeted response and control activities for HPAI animal sector</p> <p>II. Provide technical assistance to deal with the side effects of a pandemic in the animal</p>

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<p>service to governments, the animal health sector and its associated systems during a pandemic situation</p> <p><b>6.1.13 ICAO</b> Assistance to States in their pandemic preparedness planning</p> <p><b>6.1.14 ICAO</b> Evaluation of major international airports in Asia for adequate preparedness planning</p> <p><b>6.1.15 ICAO</b> Provision of ongoing advice to the aviation sector and local stakeholders in the Asia/Pacific region</p> <p><b>6.1.16 ICAO</b> Development programme of preparedness planning for Africa</p> <p><b>6.1.17 UNWTO</b> Resilience of the tourism sector – particularly in the poorest countries <i>See also UNWTO output 5.2.8 and related activity I under Objective 5 “Public Information and Communication to Support Behavior Change”</i></p> <p><b>6.1.18 UNWTO</b> Capacity building and technical assistance in risk and preparedness assessments and crises management planning, including recovery strategies and special marketing support activities</p>	<p>health sector and its associated infrastructure and systems</p> <p>I. Bring together expertise in order to develop guidelines. II. Revise guidelines in light of improved knowledge/experience</p> <p>I. Evaluate preparedness plans against ICAO guidelines at major international airports in Asia and undertake on-site training</p> <p>I. Establish a regional network of experts in Asia/Pacific region (CAPSCA - Asia project) II. Carry out a tripartite review for CAPSCA – Asia</p> <p>I. Organize an initial seminar/workshop for Africa region (CAPSCA - Africa project)</p> <p>I. Encourage governments &amp; financing institutions to include tourism as an essential sector in economic survival plans in developing countries II. Provide a basic UNWTO support system and a framework for crisis management &amp; recovery</p> <p>I. Develop guidelines and toolkits for the tourism sector to help stakeholders actively participate in national and regional Avian Flu preparedness plans, so that the needs of tourists and the tourism industry are fully accounted for II. Develop regional and national crisis simulation exercises to rehearse and assess preparedness plans and uncover shortcomings III. Field advisory and technical assistance missions upon request</p>
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### Objective 7. Humanitarian Common Services Support

Ensuring 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

**Expected Impact:** Availability of functioning and effective common services to buttress national capacity in the event of a pandemic

Purposes	Outputs	Activities
7.1 provide technology and logistic capacity in the event of a pandemic through common services	7.1.1 WFP information management related to avian influenza	I. Provision of GIS capacity. II. Content management of HEWS web related to avian influenza
	7.1.2 WFP Logistic expertise, contingency planning experience, and joint operations approach to inter-agency process	I. Develop detailed understanding of current logistics capacities of road, rail, river and ocean transport, and of trade flows II. Analysis of problem areas in each corridor III. Share logistics knowledge and expertise with technical agencies IV. Develop logistics plans in support to UNCT pandemic plans considering limited surge capacity during pandemic V. Develop a logistic framework for a WFP implementation plan and train accordingly all local response entities
	7.1.3 WFP Humanitarian support through the delivery of food assistance, and logistics support where possible, under pandemic conditions	I. Develop a WFP pandemic Concept of Operations ( <i>planning will take into account the likely impaired implementing capacity of WFP, other UN agencies and IOM, governments, NGO partners and suppliers in a pandemic environment</i> )

### III. Activities under the Central Fund for Influenza Action (CFIA)

75. The CFIA has received USD 2.2 million out of which six projects of the UN System Consolidated Action Plan (UNCAPAHI) participating agencies have been funded, leaving the Fund with a balance of USD 210,109 to respond to unexpected emergencies.

#### Proposals funded by the CFIA

Agency	Project	Fund requested	Fund granted	UNCAPAHI Logframe Objectives and outputs covered	Description
UNWTO	Targeted communications for travelers, the travel industry and tourist destinations	450.000	400.000	5.1.7, 5.1.9 and 6.1.12	Strengthen communications to travellers, travel industry and tourist destinations on the impact of AHI world wide implications (using the existing platform <a href="http://www.sos.travel">www.sos.travel</a> ) in order to prepare, reduce and mitigate the impact of a pandemic.
ICAO	Cooperative arrangement for the prevention of spread of communicable disease by air transport (CAPSCA)	351.800	351.800	6.1.9, 6.1.10, 6.1.11 and 6.1.12	Ensure - through evaluations of airport preparedness - that the aviation sector is in a position to respond in a proportionate and efficient manner to a pandemic
UNDP	Support to Coordination of Avian and Human Influenza Activities	500.000	400.000	4.1.1, 4.2.1, 4.2.2 and 4.2.3	The project aims at strengthening of national capacities to prepare for and respond to avian influenza and a human pandemic through improved coordination among national and international stakeholders.
WFP	Development of a Logistics Concept of Operations for Humanitarian activities in a pandemic environment	500.000	400.000	7.1.1, 7.1.2 and 7.1.3	Analysis of key humanitarian logistics corridors with the aim to assess their capacities and vulnerabilities to a pandemic, and to propose solutions to overcome bottlenecks.
ILO	Avian Influenza and the workplace	250.000	250.000 (conditional to focus on Asia and further consultations with partners in Bangkok)	5.1.2 and 5.2.4 (and to a lesser extent ILO outputs under objectives 2, 3 and 4)	Promote awareness and best practices on occupational health and safety issues relating to workers' rights and protection, aiming to help prevent the spread of AI in the workplace. The project will focus on information-sharing and the promotion of sound preventive behavior in the workplace.
IOM	Enhancing avian and Human influenza pandemic preparedness to migrants and mobility affected communities in Laos	162.488	162.488 (conditional to further consultation with Lao PDR authorities and partners)	Part of 3.2.3, 5.2.5 and 6.1.7	This project will contribute to Lao PDR government's efforts to enhance its AHI pandemic preparedness. IOM aims to raise the awareness and understanding of AHI among migrants and mobile populations in Laos and to include migrants and host communities in pandemic prepared plans using language and culturally appropriate strategies. It builds upon ongoing advocacy and safe mobility activities to improve the access of mobile populations to health care services.
		<b>2.214.288</b>	<b>1.964.288</b>		

76. At the last meeting of the CFIA Management Committee (comprising all UNCAPAHI participating agencies), it was decided to open a second window to the CFIA to fund humanitarian pandemic preparedness activities (for WHO Alert phases 5 and 6) as developed in objectives 6 and 7 of the Action Plan. This decision was triggered by the proposal of a donor intending to contribute generously to the financing of such activities through the CFIA. The Committee also agreed to include in its membership contributing donors upon their request.

77. A website with updated information on the financial status of the CFIA and funded projects is being developed and will be on line shortly. This website will be maintained by the Administrative Agent of the CFIA (the Multi-Donor Trust Fund Office of UNDP) and linked to the UN Portal on Avian and Human Influenza ([www.un-influenza.org](http://www.un-influenza.org)). It will be on line shortly.

## IV. Update on Financial Situation

SITUATION AS OF AUGUST 2007

	FAO	ICAO	ILO	IOM	OCHA	OIE	UNDP	UNHCR	UNICEF	UNWTO	WFP	WHO	UNSCIC	OTHER contingency	TOTAL
<b>1. Animal Health and Bio-Security</b>	193.00*					23.60		1.00							<b>217.60</b>
<b>2. Sustaining Livelihoods</b>	7.30		0.25	1.00			13.50	0.50		0.10	0.60				<b>23.25</b>
<b>3. Human Health</b>			1.30	2.00				6.00	13.50			99.40**			<b>122.20</b>
<b>4. Coordination of National, Regional and International Stakeholders</b>					0.30		12.50				0.50		2.20		<b>15.50</b>
<b>5. Public Information and communication to support behavior change</b>	2.50		0.80	1.00		1.90		0.50	25.00	1.00	1.00				<b>33.70</b>
<b>6. Continuity under Pandemic Conditions</b>	2.50	0.40	0.10	3.00	3.20		4.00	2.00	11.50	0.50	3.40				<b>30.60</b>
<b>7. Humanitarian Common Services Support</b>															
<b>8. Unallocated</b>														6.50	<b>6.50</b>
<b>TOTAL FUNDS REQUESTED</b>	<b>205.30</b>	<b>0.40</b>	<b>2.45</b>	<b>7.00</b>	<b>3.50</b>	<b>25.50</b>	<b>30.00</b>	<b>10.00</b>	<b>50.00</b>	<b>1.60</b>	<b>5.50</b>	<b>99.40</b>	<b>2.20</b>	<b>6.50</b>	<b>449.35</b>
<b>FUNDS RECEIVED IN 2007</b>	<b>137.30</b>	<b>0.40</b>	<b>0.25</b>	<b>1.16</b>	<b>2.52</b>	<b>7.30</b>	<b>0.40</b>	<b>5.60</b>	<b>14.70</b>	<b>0.40</b>	<b>1.52</b>	<b>85.83</b>	<b>3.63***</b>	<b>0.00</b>	<b>261.01</b>
<b>FUNDS DISBURSED****</b>	<b>70.66</b>	<b>0.00</b>	<b>0.00</b>	<b>1.00</b>	<b>2.30</b>	<b>7.30</b>	<b>0.00</b>	<b>0.42</b>	<b>13.00</b>	<b>0.00</b>	<b>1.25</b>	<b>85.83</b>	<b>1.60</b>	<b>0.00</b>	<b>183.36</b>
<b>FINANCIAL GAPS</b>	<b>68.00</b>	<b>0.00</b>	<b>2.20</b>	<b>5.84</b>	<b>0.98</b>	<b>18.20</b>	<b>29.60</b>	<b>4.40</b>	<b>35.30</b>	<b>1.20</b>	<b>3.98</b>	<b>13.57</b>	<b>-1.43</b>	<b>6.50</b>	<b>188.34</b>

\* Funds needed for 2007 and 2008

\*\* Funds needed for 2006 and 2007 as per WHO Strategic Action Plan Target. Another 38.6 million is needed for antiviral stockpiles

\*\*\* Include funds received for 2008

\*\*\*\* "Disbursed funds" means that funds have been spent and/or committed and to be spent by end of 2007

### CFIA FINANCIAL as of August 2007

	FIRST WINDOW (Priority activities of the Action Plan unfunded or under-funded)	SECOND WINDOW (Objectives 6 and 7 of the Action Plan)
<b>FUNDS REQUESTED</b>	<b>30.0</b>	<b>30.6*</b>
<b>FUNDS RECEIVED</b>	<b>2.2</b>	<b>0</b>
<b>PLEDGED</b>	<b>0</b>	<b>10.5**</b>
<b>DISBURSED</b>	<b>2.0</b>	<b>0</b>
<b>FINANCIAL GAP</b>	<b>28.8</b>	<b>20.1</b>

\* As per requests from agencies for activities under objectives 6 and 7 of the Action Plan

\*\* Another 23 million has been pledge for 2008 and 2009