

CENTRAL FUND FOR INFLUENZA ACTION
2010 PROGRAMME NARRATIVE PROGRESS REPORT
REPORT COVER PAGE

<p>Participating UN or Non-UN Organization(s): UN Office for the Coordination of Humanitarian Affairs</p>	<p>UNCAPAHI Objective(s) covered: Objective 6, continuity under pandemic conditions</p>
<p>Programme No. CFIA-A16</p> <p>Programme Title: Pandemic Preparedness Small Project Funding Facility for UN Resident Coordinators</p> <p>ATLAS No: (will be assigned by MDTF Office)</p>	<p>Report Number: 72569</p>
<p>Reporting Period: Annual narrative progress report for the period 1st January – 31st December 2010</p>	<p>Programme Budget:</p> <p>CFIA-A16: US\$ 2,889.186</p>
<p>List Implementing Partners: UNDP, UNICEF, WHO, UNRWA, WFP, Ghana National Disaster Management Organization (NADMO) and Yemeni Ministry of Health.</p>	<p>Programme Coverage/Scope: This programme is being implemented in 26 separate countries, namely: Ghana, Nepal, Vietnam, Madagascar, Lebanon, Guinea Bissau, Jamaica, Indonesia, Bolivia, Senegal, The Gambia, Benin, Cote d'Ivoire, Niger, Mozambique, Uganda, Sudan, Lesotho, Bhutan, Myanmar, Lao PDR, Sri Lanka, Yemen, Honduras and Nicaragua.</p>
<p>Abbreviations and acronyms: <i>See last page.</i></p>	<p>Programme/Project Timeline/Duration</p> <p><u>Overall Duration</u> <i>The programme was started on 5th October 2009 and is due for completion on 29th September 2011.</i></p> <p><u>Original Duration</u> <i>12 months</i></p> <p><u>Revised Duration</u> <i>24 months</i></p>

NARRATIVE REPORT

1. Purpose

1.1 Programme objectives

This programme is an extension to USAID-funded programme CFIA-B11 which established a fund to cover small high-value pandemic preparedness projects. Following availability of additional funding from DFID, UN Resident Coordinators were invited to submit nominations to the Funding Facility for high priority project proposals that they felt would have a disproportionate impact in helping developing countries to be better prepared to mitigate the economic, humanitarian and social impacts of pandemic. A total of 28 project proposals were received and submitted to the CFIA review board. Due to the limited amount of funding available, the review board selected 10 projects in 9 countries (Ghana, Nepal, and Vietnam, Madagascar, Lebanon, Guinea Bissau, Jamaica, Indonesia and Bolivia (x2).

Following the provision of additional funding by DIFD a request for a second round of proposals was submitted. A total of 38 proposals were received. Out of these a total of 26 were approved for funding. An additional 6 programmes were due to be funded through this project by GTZ. However due to procedural regulations of GTZ it was not possible to channel this funding through the CFIA, as a result these projects are now being covered through bilateral agreements with GTZ.

1.2 Programme scope

In terms of programme scope, the Funding Facility particularly favours projects which have a “beyond human and animal health” focus. As such, it supports initiatives which;

- Promote multi-sector pandemic preparedness and hence help to mitigate the economic, humanitarian and social impact of a pandemic and;
- Ensure robust multi sector pandemic preparedness planning is achieved in low capacity countries.

1.3 Alignment with UNAHICAP

This project comes directly under OCHA’s key objectives from the UNAHICAP objective 6: “*continuity under pandemic conditions*”.

- 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.
- Stakeholders engaged in the facilitation of coherent strategies for pandemic preparedness and response, including in humanitarian settings, encouraging synergy.
- Assessment, tracking and monitoring of pandemic preparedness.
- Support to national pandemic preparedness planning.

1.4 Implementing Partners

In 2010 and in accordance with the CFIA rules covering the establishment of the small project funding facility for Resident Coordinators, the overall management of the programme is done by OCHA through its Pandemic Influence Coordination section. Implementation at the country

level is done through lead implementing UN agencies - variously UNDP, UNICEF, UNRWA, WHO and WFP.

With the closure of PIC at the end of 2010 discussions are on-going between OCHA and UNSIC as to the most efficient manner in which the management of this project will be continued.

2 Resources

2.1 Financial Resources

The total approved cost of this programme is US\$ 2,889,186 made up of funds provided by DFID. The 26 projects reported here amount to a total cost of \$2,948,186. The remaining balance of US\$ 59,000 is funded by a carryover of funding from CFIA-B11. For the sake of simplicity, this report covers activities for the full amount of US\$ 2,948,186. The breakdown of funds between the 26 projects is provided below.

Asia-Pacific	Indonesia	\$ 96,889
Asia-Pacific	Nepal	\$ 129,000
Asia-Pacific	Vietnam	\$ 64,241
Latin America & Caribbean	Bolivia	\$ 6,780
Latin America & Caribbean	Bolivia	\$ 16,050
Latin America & Caribbean	Jamaica	\$ 90,000
Middle East & North Africa	Lebanon	\$ 99,510
Southern Africa	Madagascar	\$ 75,000
West Africa	Ghana	\$ 100,000
West Africa	Guinea Bissau	\$ 100,000
Asia-Pacific	Bhutan	\$ 130,000
Asia-Pacific	Lao PDR	\$ 126,260
Asia-Pacific	Myanmar	\$ 130,000
Asia-Pacific	Sri Lanka	\$ 119,840
Central & East Africa	Sudan	\$ 130,000
Central & East Africa	Uganda	\$ 130,000
Latin America & Caribbean	Nicaragua	\$ 130,000
Southern Africa	Madagascar	\$ 119,840
Southern Africa	Mozambique	\$ 130,000
West Africa	Benin	\$ 129,470
West Africa	Côte d'Ivoire	\$ 130,000
West Africa	Senegal	\$ 129,306
West Africa	The Gambia	\$ 130,000
Middle East & North Africa	Yemen	\$ 126,000
Southern Africa	Lesotho	\$ 130,000
Latin America & Caribbean	Honduras	\$ 130,000
West Africa	Niger	\$ 120,000
	Total	\$2,948,186

3. Implementation and Monitoring Arrangements

3.1 Programme monitoring and oversight

- **Global Level:** Overall programme oversight is conducted by OCHA in Geneva. This includes the consolidation of all project reports in accordance with CFIA reporting regulations. This arrangement will need to be revised with the closure of PIC at the end of 2010.
- **Regional Level:** The Regional Planning Officers (RPOs) located within OCHA's regional offices are responsible for monitoring progress against the project objectives and goals stated in the project proposals. This is achieved through regular reporting, occasional field missions and through the use of PIC's "Readiness Tracker" website, which contains online measurement of UN Country Team and national government pandemic preparedness planning for all countries with a UN country team presence, using a system of simple indicators. The RPOs are also responsible for ensuring quarterly and annual reports on project outcomes are reported back to PIC/OCHA Geneva. This arrangement will need to be revised with the closure of PIC at the end of 2010.
- **Country level:** Daily project implementation is the responsibility of the stated project partners. While in all cases, these projects are implemented in close collaboration with national government counterparts, accountability for each project rests with the UBN agency lead implementing partner.

4. Results

Due to the fact that this programme was increased with an additional 17 projects in 2010 a request for extension has been provided through until 29th September 2011. At the end of 2010 a total of 3 projects had been completed.

4.1 Ghana

The project has been successfully concluded. Details on activities conducted can be found in previous quarterly reports.

4.2 Nepal

The project has been successfully concluded. Details on activities conducted can be found in previous quarterly reports.

4.3 Vietnam

Over the last few months WHO has been in the process of recruiting an international consultant for the assessment. However, the WHO cost norms for hiring a consultant are apparently low for the experienced consultant with whom we have been in dialogue for the past few months. As a consequence, we have not identified a suitable international consultant yet. However, we are in the process of contacting other suitable candidates.

Achievable Products:

Consultant(s) report on National Pandemic Preparedness focusing on preparedness beyond the health and agriculture sectors (including both non-health sector support to the public health response, and the broader non-health sector response addressing business continuity and humanitarian aspects).

- What "coordination" of planning has been done or is underway? How is that coordination carried out? What else is needed?
- In Viet Nam, what are the essential services and specific public/private/community roles and responsibilities for continuity of essential services? What plans exist? To what extent are the plans in-line with central government plans and operations? Have written continuity of operations plans been developed, tested, and implemented in the essential service sectors?
- What clear triggers and associated response actions by phase/period have been specified? What command and control guidelines/standard operating procedures (SOPs) exist and what additional guidelines/SOPs are needed? What command and control centres exist? And, what situation monitoring procedures have been developed and what additional mechanisms are needed?
- For each essential service, is there a multi-sectorial team designated to coordinate public information/risk communications if the service is interrupted? What, if any, messages and materials have been developed?

4.4 Madagascar

In addition to the first grant of \$75,000, early in 2010, Madagascar received CFIA approval for an additional tranche of USD 119,840 for the continuation of this project making a total of \$194,840.

Implementation of the first project grant has been completed with the technical support from OCHA/RCO and WHO Madagascar. The implementation of the second grant is on-going through UNDP with the technical support of OCHA/RCO and WHO Madagascar and its completion is planned before September 2011. Achievements under the CFIA funds can be summarized in five points.

- The National Disaster Risk and Management (BNGRC) Institution in charge of coordinating disaster preparedness and response is involved in the processes of pandemic preparedness planning and chairs the fifth commission on "essential services". Other four commissions are chaired by the Ministry of Health.
- The establishment of five commissions in pandemic planning helped in promoting multi-hazard approach and strengthened the BNGRC capacities in preparedness and response to pandemic and generally, from its mandate, increases its capacities on preparedness and response to natural disasters.
- By activating the "essential service" commission which put together all actors from nine essential sectors in the country, the National Business Continuity Plan (BCP) will be drafted at the end of the finalisation of all sectoral BCPs (in progress for some) at the national level and in the eight large cities targeted by the CFIA round 3 (ongoing).
- Lessons learnt from the national functional simulation on the "Whole-of-Society" (WOS) helped the revision of the National Contingency Plan which was more limited to Health sector by integrating all actors and key sectors in the plan. The revision of the National Contingency Plan for pandemic influenza is re-orientated to a multi hazard approach and at the same time, covering pandemic and major epidemics.

Through the CFIA 3, the strong involvement of the Red Cross Malagasy in the implementation (support to the BCP finalization at local level, and the local Commissions on Essential Services, training of essential staff in work place) will strengthen partnership and coordination at local level.

4.5 Lebanon

This project was successfully concluded at the end of September 2010. Details on activities conducted can be found in previous quarterly reports. There is still a remaining balance of \$3,507 for which we are still waiting for confirmation of expenditure on.

4.6 Guinea Bissau

WHO and the Ministry of Public Health (MINSAP) expanded regional epidemic management committee planning meetings to cover all 11 health regions and 10 meetings were conducted. Three of the regions completed their regional contingency plans and the remainder are finalizing theirs. Planned activities Supervision visits are scheduled for October and November to follow up on the application of the manual on Integrated Disease Surveillance (IDS) and the management of the Regional Epidemic Management Committees.

On 21 and 22 October, a “training of trainers” workshop will be held jointly by MINSAP, the National Institute of Health, and the National Commission for the Control of Human and Avian Influenza to raise awareness within the target institutions and within communities nationwide on how to identify, protect and take basic adaptive measures in case of a disease outbreak. Community level meetings in high risk areas will begin following the training of trainers session described.

4.7 Jamaica

Project implementation has stalled. A nationwide Dengue outbreak coupled with Tropical Storm Nicole negatively affected the execution of activities planned for this reporting period in that these events took priority within the Ministry of Health and the Office of Disaster Preparedness and Emergency Management. As a result, the project completion will need to be adjusted for a later date.

4.8 Indonesia

Context Status Update. The RC PI/AI coordination position continues to support national structures in the post-KOMNAS era however the creation of a National Zoonosis Commission has taken substantially longer than anticipated, however this last three months has seen the development of significant progress. In November 2010, the Ministry of People's Welfare (Menko Kesra) announced that the President had endorsed a new national zoonosis committee, with new Minister Laksono as its Executive Secretary. On November 18, a preliminary meeting was convened to discuss a plan of action for the next 3 months and arrangements for a national multi-sectoral pandemic preparedness and response initiative that will be undertaken jointly by ASEAN-USAID and UNRC/HC Office during the period Dec 2010-February 2011, involving a three phase approach and the involvement of multiple national stakeholders. In the same meeting, it was announced that the "skeleton" for a new national zoonotic strategic plan had been developed, and an inter-ministerial workshop involving high level officials from the Ministry of Health, Ministry of Agriculture, Menko Kesra and other governmental stakeholders to discuss the substance and the road forward took place on December 2, 2010 in Jakarta. Dr. Emil Agustiono, Menko Kesra Deputy, is nominated as the Chief Operating Officer and has requested technical assistance with the national strategic plan.

Menko Kesra and ASEAN Events Supported. Menko Kesra and ASEAN were supported on the development of a process to assess the status of pandemic influenza preparedness in Nov-Dec 2010 and put a plan into place to conduct a formal assessment on January 25-26, 2011, shortly

after the new national zoonosis committee comes into being.

Technical and Coordination Support for Rabies and Neglected Tropical Diseases. Continued to provide technical and coordination support for rabies and related vaccines with MoH, WHO, WSPA and BAWA; as well as inputs for neglected tropical disease strategy. Collaborated on development of a USAID/WHO Plan of Action for Neglected Tropical Diseases in Indonesia, including review of major WHO report; initial meetings with USAID and WHO on Nov 12., and multi-donor presentation and findings on Nov 18th, 2010

Strategic Coordination Linkages Expanded. Strategic coordination linkages continue to be maintained with USAID (Dr. Kendra Chittenden, Sr. Infectious Disease Specialist and Artha Camellia), AusAID (Gerard Cheong), CDC (Frank Mahoney and Percy Hawkins), ASEAN (Dr. Noel Miranda) to discuss overall response and inter-institutional linkages and coordinated efforts.

UN Staff Replenishment of Stockpiles. Recommendation on replenishment of vital supplies for 42 decentralized staff stockpiles, including Tamiflu and 3 antibiotics formulated and approved by UNCT, in coordination with UN Medical Office/NY, OMT Taskforce, WHO and Pandemic Preparedness Planning Officer: procurement now underway.

Toward a Safer World. Collaborated on the “Toward a Safer World Initiative” (WFP/USAID) organized by Michael Mosselmanns and Ingo Neu, including the identification of case studies in Indonesia for private sector practices (Unilever) and ASEAN case study followup with Noel Miranda. Conducted related interviews and drafted first case study.

4.9 Bolivia (UNDP)

Inter-institutional and inter-sectoral workshops have been conducted to define roles and to identify value-added information to be disseminated in public and private institutions. UNDP and the Vice-Ministry of Civil Defense (VIDECI) held workshops with the prefectures of La Paz and Santa Cruz to assess response to the H1N1 pandemic and to gather information for an analysis of the economic impact of the pandemic, most notably on the transport and tourism sectors. Ten civil society institutions active in the non-health sector have been identified and will be included in the H1N1 Contingency Plan. Workshops will be.

4.10 Bolivia (WFP)

The project is in the phase of consolidating and organizing the information obtained for preparation of the final document. A first draft should be submitted in late October for discussion with stakeholders.

Interviews and workshops with national and departmental cooperation agencies were held in October in Cochabamba, Santa Cruz, and La Paz with a view to preparing Bolivia’s Pandemic Contingency Plan in case of food insecurity. Proposed partnerships and strategies to address food insecurity are under analysis.

Agencies and national entities in the most vulnerable regions completed a questionnaire to gather information on their respective national projects. Information is currently being compiled and incorporated into the final document.

4.11 Senegal

The Senegal Ministry of Health (MoH) has previously organized two workshops involving multiple stakeholders (MoH, Ministry of Education, militaries, Senegalese Red Cross, IFRC, UNICEF, WHO) in order to identify and agree on actions to be taken at each 6 stage of the scenarios, the coordination mechanisms to be put in place and finally to produce the outline of the national contingency plan. The Steering Committee at the MoH subsequently decided on the recruitment of a consultant to draft the national contingency plan according to terms of reference elaborated by the Director of Prevention (MoH), along with WHO and OCHA representatives.

Upcoming planned activities include: (a) the distribution of the NCP to members of the restricted follow-up group and then to stakeholders; (b) the validation of the national contingency plan with sign-off of government officials; and (c) the organization of a simulation exercise at the regional level.

4.12 The Gambia

The Gambia has had difficulties in accessing the funds amounting to US\$120,900 from the UNDP office. The first instalment of US\$70,900 which will cover the costs for the main training workshop was remitted to the accounts of the Ministry of Health and Social Welfare on 6th January 2011. This delay has affected the timely implementation of the activities planned in the project proposal.

Following the transfer of the first tranche of funding the main 4 day training workshop will start on 28th February 2011. This 4 day training workshop will attract 60 participants from government, NGOs, UN Agencies, Civil Society Organizations and the media and will be facilitated by Dr. Amadou Diaite former staff of the OCHA Pandemic Influenza Regional Planning Office in Dakar. This will be followed by 7 other Regional Trainings.

4.13 Benin

The formal project document was developed and signed off by the primary stakeholders (UNDP Benin and the Government of Benin) on 11 October 2010. Implementation of activities is set to begin in the coming days with a workshop aimed at sharing information and training for various stakeholders on the importance of risks and impacts of Influenza A (H1N1).

4.14 Cote d'Ivoire

A meeting was held in September with the Ministry of Health and Public Hygiene, the Directorate of Civil Protection of the Interior Ministry, WHO and UNDP, during which the draft action plan was presented by the Ministry of Health. The views of the different stakeholders are to be taken into account and incorporated into the final version prior to the formal adoption of the action plan. A multi-sectoral pandemic preparedness workshop is currently planned to take place in mid-October.

4.15 Niger

A working session was held with the Director and Deputy Director of the Division of Communicable Diseases (MoH) in order to schedule the workshop to update the national preparedness and response plan for 7 pandemic influenza and to incorporate the multi-sectoral approach. Tentative dates are 18-19 November 2010. Terms of reference for the workshop and a list of potential participants have been drafted, and logistical arrangements have been initiated. The process of recruiting a consultant to help prepare the workshop and the implementation of the remainder of the project has already begun.

4.16 Mozambique

Implementation of this project was delayed until the 4th quarter 2010.

4.17 Uganda

The WOS/ BCP CFIA project set out five main objectives as follows: -

- To introduce the concept of the Whole-of-Society Pandemic Readiness and Business Continuity Planning to members of the National Task Force (NTF) and the other key sectors
- To build capacity among key stakeholders on the Whole of Society Pandemic Readiness and Business Continuity Planning
- To develop Sector Business Continuity Plans for the key sectors of society
- To update the national influenza pandemic preparedness and response plan by incorporating the business continuity plans for the key sectors
- To conduct functional simulation exercise in order to test the updated multi-sectoral national pandemic preparedness and response plan.

A WOS/ BCP Capacity Building Workshop was conducted in September 2010 in Jinja to convene follow-up sector working group meetings for the various sectors and to initiate the process of developing sector BCPs. It was then decided that the sector working group meetings be conducted in phases, based on the experience from the group work exercise on developing BCP. The experience revealed that the process of developing sector BCP requires meticulous examination of all the activities undertaken in the sector, carefully ranking the activities and selection of critical functions and staffing that should ensure business continuity. In that respect, a 3-day Sector Working Group meeting was convened for the Health and Transport Sectors, held in Paradise Hotel Jinja from 10 – 12 November 2010. The meeting aimed at developing sector Business Continuity Plans for Health and Transport Sectors. The meeting, attended by 45 participants drawn from the two sectors, was facilitated with technical assistance from the WHO Country Office, MoH and Office of the Prime Minister.

The methods of work employed included plenary presentations followed by discussions, simulation exercise and group work by sectors. As part of the group work, the participants were guided to work through the process of conducting business impact analysis, output of which were incorporated into a template for BCP.

Key output of the workshop was development of the draft sector BCP for Transport and Health Sectors were developed.

The major drawback elicited during the sector working group meeting was the absence of the private sector business organizations. The absence of the private sector was viewed to have negative implication in the functioning of the sector BCP, particularly transport sector that largely relies on the private sector for the actual delivery of transport services. It was then proposed that the regulatory authorities governing the private sectors engage the relevant stakeholders within the sectors in order to solicit for their participation.

Implementation of this objective will continue in 2011 with the involvement of other key sectors to develop sector BCP.

4.18 Sudan

Project implementation began in July focusing on revising/updating the national plan with involvement of all concerned stakeholders. In August, a 4-day preparatory workshop for the simulation exercise was organized by the Ministry of Animal Resources and Fisheries (MoARF). Among the stakeholders that participated in the workshop were the Federal Ministry 8 of Health (FMOH), Ministry of Defense, Ministry of Transport, Ministry of Finance, representatives from the Ministry of Water Resources, Electricity, Education, and FAO, WHO and NGOs. A public health consultant has been recruited by WHO Sudan to look after the project implementation.

A simulation exercise was conducted by the MoARF and FMOH in October with the participation of FAO, WHO and other relevant UN agencies. In November-December, a multi-stakeholder workshop was organized to identify multi-sector vulnerabilities to continue critical services according to the gaps identified in the pandemic preparedness and response plan. National and regional experts from government, FAO, WHO, OCHA, NGO community and civil society were invited to participate and contribute.

Considering the frequent outbreaks of diseases such as cholera, meningitis and viral haemorrhagic fever, the pandemic plan will be adapted to alleviate public health impact of other disease outbreaks as well. This activity will be synchronized with the government's plan for International Health Regulations and revision of strategies for disease surveillance and outbreak response.

4.19 Lesotho

No progress was reported from Lesotho. At the current time there appears to be a problem with the funding transfer from CFIA to WHO in Lesotho. PIC will follow up in an attempt to resolve this issue.

4.20 Bhutan

With the initiation of and support of the CFIA project, the Royal Government of Bhutan (RGOB) established the Inter-agency Multi-sector pandemic preparedness Task-force with representation of critical sectors, such as human and animal health and disaster management, as well as transportation, aviation, communication, trade, finance, education, immigration, law enforcement. The Task-force is mandated to enhance representation of essential sectors, which were not represented in previous national pandemic preparedness and response structure, review and update of National Influenza Pandemic Preparedness Plan (NIPPP), act as focal points in developing sectoral BCPs and update National Committee for Disaster Management on the country's situation on pandemics. NIPPP, which was initially drafted in 2004, revised in 2007 and 2010, is in process of being revised by the Task-force.

The project Inception Workshop was organized on 10 November 2010 with participation of a broad set of stakeholders, including members of NIPPP National Executive Committee, the Command Center, National Task Force, other Ministries and stakeholder focal points, and representatives of international organizations and foreign missions in Bhutan. Beyond the project objectives, outcomes and activities, the participants shared past experiences, lessons learnt and joint efforts on pandemic preparedness and response in Bhutan. The concept of the "Whole-of-Society" pandemic readiness and possible impacts of serious pandemic scenarios on society, economy and businesses were introduced during the workshop.

The Task-force meeting on multi-sectoral pandemic preparedness project was convened on 3

December 2010 to identify the ToR and mandates of the Task-force, Bhutan's essential services and sectors that play important roles during an outbreak of pandemics, pilot districts (Dzongkhags), where CFIA trainings/simulation exercises will be conducted, and revision of the project activities in line with the Government priorities.

4.21 Myanmar

Since the commencement of the CFIA Project, however, the progress in past quarter has been rather limited mainly due to the political constraints due to the fact that the administrative procedures are exceptionally difficult preceding the upcoming national election planned in November 2010. However, the planned advocacy meeting in October 2010 will direct most other planned activities especially after the election.

Pandemic Preparedness Working Committee had been already in place with the standing of the Central Epidemiology Unit (CEU), Ministry of Health (MOH) when CFIA proposal was submitted. Since it was decided not to develop a separate committee in the context of the CFIA, the CEU- led working committee takes responsibility of the coordination of the multi-sectoral pandemic preparedness planning. The previously formed Working Committee was composed of 32 ministries and 11 separate departments. Deputy Minister chaired and Director General of Health served as the secretary in collaboration with the Director of Epidemiology, CEU. Director Generals of other ministries were the members of the Committee. The primary intent of the present CFIA Project is to revitalize this existing Committee and facilitate it to embrace the multi-sector pandemic preparedness planning and BCP development. So far since the commencement of the CFIA Project, discussions between the WHO Myanmar as the implementation body of it and CEU have been made. It has been agreed that the approach to non-health ministries should be re-convened after the planned advocacy meeting planned in October 2010 and potentially the national election in November.

Advocacy meeting of contingency planning on pandemic preparedness and response -sectoral approach was conducted on 30 and 31 December 2010. The representatives from 20 key ministries participated in this meeting.

4.22 Lao PDR

Following the 2nd workshop in August 2010, the ten BCP teams have been working on revising their draft BCPs. Although the new draft was due in late November 2010, there were only 3 ministries- Ministries of Public Security (MPS), Ministry of Industry and Commerce (MoIC) and Ministry of Public Work and Transport (MPWT) submitted the revised drafts (please kindly refer to annex I). Due to the delay in submitting the new drafts, the third BCP workshop has been rescheduled from early December 2010 to 31 January 2011. The key objectives of the workshop are to discuss the operational draft BCP of the four (4) ministries and to assist other six (6) ministries to redefine their critical activities and critical staff to heads forwards development of operational BCP from February – June 2011.

It is now clear that not all team have progressed at an equal pace and quality. In this respect the UN and NEIDCO are taking such notion into consideration in strategizing our next steps. Through the process, it became apparent that Electricity du Laos (EDL), National Authority for Posts and Telecommunications (NAPT), Vientiane Water Authority (Nampapa Lao) and Ministry of Public Work and Transport (MPWT) are the leading actors in this exercise, while seven other are finding the task more challenging and requiring additional capacity support. The models from the three (4) Ministries have been shared with the other participants, and the

importance of having a champion in moving on BCP efforts was recognized and valued.

4.23 Sri Lanka

WHO has obtained the services of a National Consultant to help in the development of BCP for 13 essential sectors identified by the Disaster Management Centre of the Ministry of Disaster Management. He has already had preliminary discussions with these sectors.

The first step in the BCP development is for each of these sectors to establish a working group. These working groups will then initiate assessments to evaluate within the sector the level of pandemic preparedness (e.g. Should an emergency arise, what will be activated? What is the number of minimum staff required for the continuation of the services they are providing? Etc.)

These assessment reports within each sector will also help to identify the support that would be needed to establish the BCP i.e. capacity building including training, infrastructure development, essential machinery/ equipment needed to ensure continuation of services etc.

The stakeholders' meeting of 21 October, 2010 sensitized all stakeholders why the pandemic preparedness and response was not limited to health sector alone, and helped them understand what a Business Continuity Plan (BCP) was and why it was important. The BCP Consultant took part at this stakeholders' meeting as a resource person and briefed the participants on the development of BCP plans and the different steps involved in it. He also provided with the tools necessary for development of a BCP. In addition, the BCP consultant also carried out a one day "trainer of trainers" training with staff from the MoH and DMC on the use of the template for a BCP development.

Competing priorities faced by the Disaster Management Centre and the relevant essential sectors has been the big challenge. The ongoing emergency due to floods has already affected more than 1 million people in 16 districts. The Ministry of Disaster Management and the DMC is the lead Ministry for emergency response.

4.24 Yemen

This project experienced delays in fund transfer, which negatively impacted the start of its implementation. Funding arrived in September. In order to accelerate the implementation process, PIC provided support for WHO Yemen and the Ministry of Public Health. A first phase work plan has already been agreed upon.

A 2 day workshop for technical staff from 22 governorates in Yemen was carried out to identify specific needs of each region in the context of pandemic preparedness and whole-of-society approach. A training workshop for high level officials focusing on the need to develop business continuity plans will be conducted by WHO and PIC.

4.25 Honduras

The National Technical Committee (NTC) is reviewing and discussing the need of amending of the executive decree for Anti-Pandemic National Influenza Commission

The NTC members were defined among the different Public Institutions involved in the plan. This NTC will oversee the implementation of the National Anti-pandemic Plan.

The Guidelines on organization and operation of the Anti-pandemic National was finalized.

The NTC was divided into 6 sub-committees or groups to oversee the implementation according to the different sections/issues contained in the plan.

The sub-committees are actively meeting (to date 6 meeting were held).

4.26 Nicaragua

Implementation of this project has been delayed as the funds were made available to PAHO-Nicaragua only on 16 September. Planning for project implementation with 11 the Executive Secretariat of the National System for Disaster Prevention and Mitigation (SE SINAPRED), the partner with whom PAHO will implement the project, began on 7 October.

5 Future Work Plan

With projects now having received funding, full programme implementation will take place throughout 2010. The progress reported in Ghana, Lebanon and Madagascar provides a flavour of the genre of anticipated achievements and deliverables across the ten projects expected in the first half of 2010.

List of Abbreviations/Acronyms

DFID	UK Department For International Development
OCHA	Office for the Coordination of Humanitarian Affairs
MIC	Mobile Information Centre
NADMO	National Disaster Management Organization
PIC	Pandemic Influenza Coordination
PAHO	Pan American Health Organization
PPRC	Pandemic Preparedness and Response Committee
RPO	Regional Planning Officer
UNCAPAHI	UN Consolidated Action Plan for Avian and Human Influenza
UNCT	United Nations Country Team
UNRWA	United Nations Relief and Works Agency
UNDP	United Nations Development Programme
US\$	United States Dollars
WFP	World Food Programme
WHO	World Health Organization