



**CENTRAL FUND FOR INFLUENZA ACTION**

**FINAL NARRATIVE REPORT  
CFIA – B6 (PIC OCHA)**

<p><b>Participating UN Organization(s)</b> <i>(if joint programme, indicate the lead agency)</i></p> <p><b>UN Office for the Coordination of Humanitarian Affairs (OCHA).</b></p>	<p><b>Country and Thematic Area</b></p> <p><b>Global coverage as part of UNCAPAHI Objective: 6 “Continuity under pandemic conditions”.</b></p>
<p><b>Programme/Project Title</b></p> <p><b>Pandemic contingency and continuity planning support to National Governments and UNCT’s</b></p>	<p><b>Programme/Project Number</b></p> <p><b>Programme number: 67360 ATLAS No. CFIA-B6</b></p>
<p><b>Programme/Project Budget</b></p> <p>CFIA: <b>\$2,475,000</b> USD</p> <p>Govt. Contribution: USD</p> <p>Agency Core:</p> <p>Other: <b>\$485,000 (CFIA B14)</b></p> <p><b>TOTAL: \$2,960,000</b> USD</p>	<p><b>Submitted by</b></p> <p>Name, Title: <b>Mr. Ian Clarke</b></p> <p>Organization: <b>PIC OCHA</b></p> <p>Contact Information: <b>clarkei@un.org</b></p>
<p><b>Final Programme/ Project Evaluation</b></p> <p>Evaluation Done: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Evaluation Report Attached: <b>No</b></p>	<p><b>Programme/Project Timeline/Duration</b></p> <p>Overall Duration <b>15 months (Jan 09 – Mar 10)</b></p> <p>Original Duration <b>1 year (Jan 09 – Dec 09)</b></p> <p>Programme/ Project Extensions <b>3 months no-cost extension</b></p>

## **FINAL NARRATIVE REPORT**

### **I. Purpose: (Provide the main outcomes and outputs of the programme.)**

The Pandemic Influenza Coordination team is located in the Office for the Coordination of Humanitarian Affairs (OCHA) in Geneva. Its purpose is to achieve the following outcomes:-

#### **1.1. Intended Outcomes:**

- a) To help UN country teams to prepare to protect staff health and safety; continue essential operations; and support national governments during pandemic Greater awareness in restricted capacity developing countries of the need to prepare for a high mortality influenza pandemic
- b) working through UN country teams, to help national governments to prepare to mitigate the beyond health (economic, governance, humanitarian and social) impacts of pandemic Governments, UN and partners prepared to support humanitarian response in a pandemic
- c) to strengthen the readiness of humanitarian agencies to meet the humanitarian needs of vulnerable populations during pandemic. In the event of WHO Pandemic Phase 4, 5 or 6 being declared the UN performs well in assisting governments to face the situation in a broad multi-sector fashion

To achieve this, PIC's work is a combination of advocacy; measurement of the current level of readiness of national governments and UN country teams; practical help to enable national governments, UN and humanitarian country teams to prepare; and coordination of humanitarian pandemic preparedness actors at national, regional and headquarters level, to promote synergy, avoid duplication and identify gaps. PIC has seven regional planning officers, based in OCHA regional offices, who organize regional platforms to coordinate pandemic preparedness activities in Asia/Pacific; Caribbean/Latin America; Central Asia/Eastern Europe; Eastern Africa; Middle East/North Africa; Southern Africa; and West Africa respectively. PIC was established in late 2006.

#### **1.2. Key intended outputs:**

- a) UN and humanitarian country teams ready to continue operating in pandemic: Conduct table top and functional simulations to improve and test planning with UN and humanitarian country-based teams, agency headquarters and governments;
- b) Virtual platform to ensure monitoring of preparedness and the sharing of relevant tools and guidance maintained: Maintain online global preparedness tracking and guidance platform;
- c) International humanitarian community ready to respond in the event of a pandemic: Conduct simulations for Humanitarian Pandemic Preparedness initiative (H2P) partners in priority countries;
- d) Established humanitarian coordination mechanisms ready for pandemic-specific implementation: Encourage existing humanitarian coordination mechanisms, at global, regional and country levels, including clusters, to develop plans for their roles in pandemic;
- e) Humanitarians in Pandemic (HiP) working group improves interagency coordination for humanitarian pandemic preparedness: Convene and facilitate the joint work planning of the IASC-based 'Humanitarians in Pandemic' working group.
- f) Regional coordination platforms deliver improved regional coordination on pandemic preparedness: Convene and facilitate joint planning meetings with pandemic preparedness actors at regional level;
- g) Governments in developing countries are better prepared for non health impacts of pandemic: Advocate with governments to include an influenza pandemic as a threat requiring multi-sector contingency planning;
- h) UN wider emergency planning improved through maximum use of PIC approaches: Together with IASC colleagues, promote the incorporation of influenza pandemic planning into other multi-hazard contingency planning;
- i) Roll out of standardized OCHA business continuity planning supported: Work with OCHA field offices to put in place their own multi-hazard business continuity plans.

**1.3. Explain how the programme relates to the UN Consolidated Action Plan and its objectives and is in line with the CFIA TOR**

OCHA is the lead agency for objective 6 of the UN CAP – continuity under pandemic conditions. PIC’s core activity is all closely aligned with this objective. Our activities are focused on helping UN country teams to develop plans so that they can continue to continue key operations during pandemic; and helping governments to plan beyond the health sector, so that they can continue to sustain essential services during pandemic: and helping humanitarian actors to develop pandemic plans so that they can continue to deliver humanitarian relief during pandemic.

PIC/OCHA’s work programme is situated under items 6.1.1, 6.1.2, 6.1.3 and 6.1.4 of the UNCAPAHI.

PIC operates through a network of seven regional planning officers based in OCHA regional offices who liaise with UN country teams and national governments to ensure that PIC interventions are appropriate.

PIC’s work focuses heavily on seeking the integration of pandemic preparedness into wider national disaster management systems and processes to promote sustainability. PIC runs regional platforms that bring together key pandemic actors to seek to avoid duplication and promote coherence.

PIC/OCHA plays a coordination role, working with IFRC, to bring together UN actors, the Red Cross Movement, NGOs and donors to promote partnerships, joint approaches and coherence.

**1.4. Indicate the main implementing partners, their roles and responsibilities, and their interaction with the Participating UN or Non-UN Organization**

PIC’s partners are:

- UN country teams (UNCTs) worldwide and their national host governments (through UNCTs) to improve their preparedness for a sudden pandemic.
- Humanitarian partners (NGOs, Red-Cross movements) to support humanitarian response in a pandemic
- National and international institutions for disaster risk management to advocate for adding ‘sudden high mortality pandemic’ to the list of risks they must work to mitigate

**II. Resources**

**2.1. Financial Resources:**

**2.1.1. Provide information on other funding resources available to the programme, if applicable.**

This project is an extension of OCHA-PIC’s existing programme referenced as CFIA/B-1, previously funded by the CFIA (USAID Grant). In 2009, the above-mentioned project was mainly funded by CFIA (USAID grant) and the UK Government (DFID) in addition to contributions received from Australia for PIC’s activities in the Asia Pacific region and Canada for PIC’s activities in Western Africa.

This is the breakdown of funds committed by donors in 2009:

CFIA (USAID Grant):	US \$ 2,475,000
UK (DFID):	US \$ 922,569
Australia:	US \$ 158,980
Canada:	US \$ 57,875

Due to additional funds contributed to this programme by other donors, a 3 month no cost extension was provided to allow to allow for 100% expenditure of the funds allocated under B-6.

During the implementation of this project, there were no major constraints in the mechanics of the financial process. This is the breakdown of the CFIA funds received for B-6 project:

<b>Breakdown of CFIA funds received for B-6 project</b>	
<b>Category</b>	<b>Cost</b>
Supplies, Commodities, Equipment and Transport	46,500
Personnel (Staff, consultants, travel and training)	1,928,000
<b>Training of Counterparts</b>	25,000
Contracts	0
Other Direct Costs	191,000
Sub-total	2,190,500
Indirect Costs <sup>1</sup>	284,500
<b>TOTAL</b>	<b>2,475,000</b>

**2.1.2. Provide details on any budget revisions approved by the appropriate decision-making body, if applicable.**

Other than the 3 month no-cost extension there were no revisions made to the budget.

**2.2. Human Resources:**

This project has a total of 20 staff member (9 international and 11 national staff) based in Geneva, Cairo, Bangkok, Nairobi, Dakar and Panama, in addition the UK Government (DFID) has seconded to OCHA PIC the Director to lead the team and UNSIC has seconded to OCHA a Senior Pandemic Planning Adviser through UNOPS. The breakdown of staff is as follows:-

**2.2.1. National Staff: Provide details on the number and type (operation/programme)**

9 field-based national staff members who provide administrative and financial support services (including two drivers). (Some local posts are currently vacant due to unexpected staff departures.)

- GS-4: Geneva (1)
- NOA & GS-4: Asia Pacific (2)
- NOA & GS-2: West Africa (2)
- NOA & GS-2: Middle East / North Africa (2)
- NOA & GS-3: East / Central Africa (2)
- NOA & GS-5: Latin America and the Caribbean (2)

**2.2.2. International Staff: Provide details on the number and type (operation/programme)**

**9 international staff members:** 6 at L-4 level are Regional Planning Officers with regional responsibilities in pandemic preparedness and planning and 3 are Geneva based staff (L-4, L-3 and L-2) responsible for project implementation and field support.

- P-5 – Regional Planning Officer, Asia Pacific
- P-4 – Field Manager, Geneva
- P-4 – Regional Planning Officer, Eastern Europe / Central Asia
- P-4 – Regional Planning Officer, West Africa
- P-4 – Regional Planning Officer, Middle East / North Africa
- P-4 – Regional Planning Officer, East / Central Africa
- P-4 – Regional Planning Officer, Latin America and the Caribbean
- P-3 – Information Management / Humanitarian Affairs Officer, Geneva
- P-2 – Desk Officer, Geneva

**III. Implementation and Monitoring Arrangements**

**3.1. Summarize the implementation mechanisms primarily utilized and how they are adapted to achieve maximum impact given the operating context.**

Field-based Regional Planning Officers supported by a global coordinating team in Geneva conducted programme implementation including country-level and regional engagement. There were clear

<sup>1</sup> The indirect support cost, which is calculated as a percentage of the programme budget sub-total (1-8), should be in line with the rate or range specified in the CFIA TOR, MOU and LOA. The Management Committee encourages keeping management support costs at 7 percent level

measurable deliverables (such as simulation exercises conducted, online global preparedness tracking and guidance platform maintained; joint work planning meetings with pandemic preparedness actors held).

Preparedness action undertaken could now lead to significant reductions in the substantial economic, social and humanitarian impacts of pandemic. The proposed programme outputs have sought coherence and synergy amongst humanitarian pandemic preparedness partners at all levels, whilst delivering improved preparedness planning amongst humanitarian country teams - who in-turn supported national authorities - and OCHA field offices.

### **3.2. Provide details on the procurement procedures utilized and explain variances in standard procedures.**

PIC's procurement was undertaken by OCHA through UNOG for the Geneva-based team and through UNDP for PIC regional hubs based on UNOG and UNDP procurement procedures.

### **3.3. Provide details on the monitoring system(s) that are being used and how you identify and incorporate lessons learned into the ongoing programme.**

PIC's on-line global preparedness tracking system, simulations and meetings held at different levels in HQ and in the field have been critical in monitoring, assessing and incorporating lessons learned from one region to another.

PIC's assessment of the state of global pandemic preparedness shows that low income countries have suffered from a lack of resources, skilled personnel and competing priorities which has led to low levels of preparedness.

To reflect evolving needs in the light of the H1N1 pandemic, PIC changed its priorities in the second half of 2009 and channelled its resources to support preparing the poorest countries to face the impacts of H1N1.

### **3.4. Report on any assessments, evaluations or studies undertaken in the reporting period or plans to undertake assessment/evaluation.**

The activities conducted under this project are currently being evaluated as part of a wider inter-agency process which aims to identify the keys lessons learnt from investments in pandemic preparedness with the intention of replicating these within the wider disaster risk reduction community. The findings of this process will be published in a paper titled "Towards a Safer World".

## **IV. Results**

### **4.1. An assessment of the extent to which the programme component is progressing in relation to the outcomes and outputs expected for the reporting period.**

PIC supported 90 countries in 2008 (our target was 70.)

PIC conducted 44 simulations in 2008 (our target was 40.)

20 meetings of regional and sub-regional bodies placed pandemic preparedness on their agendas with support from PIC. (Our target was 15).

7 regional platform meetings took place in 2008. (Our target was 8).

In 2008, 22 UNCTs (15.5%) demonstrated more than 10% improvement in their pandemic planning indicators (Our target was 10%)

### **4.2. Main activities undertaken and achievements.**

#### **4.2.1 PIC's core team (Geneva)**

PIC Geneva assisted the Resident Coordinator (RC's) Office in Egypt in organizing and delivering a functional simulation to test the UNCT's Pandemic Plan.

PIC completed the OCHA Geneva ‘Crisis & Continuity Management Plan’ –covering Business Continuity, Pandemic Preparedness, and Crisis Management.

PIC participated in a WHO-hosted meeting in Copenhagen which established a strengthened coordination mechanism between the World Bank, WHO, CDC, OCHA, ADB, CAREC and NAMRU3 for pandemic preparedness activities in Europe and Central Asia.

PIC represented the United Nations at the French Government’s functional pandemic simulation in Paris. The event tested the recently revised national pandemic plan.

PIC Geneva participated in the H2P Operations Committee, the H2P Food & Livelihoods working group, and the H2P country plan template-working group.

PIC met with US AFRICOM to share plans to ensure that respective efforts are coherent and coordinated.

At IOM’s retreat of regional and field-based staff, PIC delivered a presentation on its work and recommended areas for PIC-IOM collaboration.

PIC hosted a 2-day retreat of the HiP (Humanitarians in Pandemic) inter-agency group. The event was well attended by representatives from UN agencies, the Red Cross Red Crescent Movement, NGOs, USAID and US AFRICOM. Participants discussed a variety of topics – including a joint advocacy strategy to raise the profile of the pandemic issue within respective organizations, minimum pandemic preparedness requirements for humanitarian agencies, incorporation of pandemic into the civil military and cluster agendas, planning for a regional simulation, and ways to ensure the sustainability of current pandemic preparedness efforts – and agreed on a number of follow-up activities.

PIC finalized the annual progress report on the Declaration on Humanitarian Cooperation in Pandemic Preparedness and Response and it was sent out to heads of participating agencies in conjunction with UNSIC and IFRC.

PIC delivered presentations on maintenance of essential services during a pandemic and integration of pandemic preparedness into existing national disaster management planning at International Civil Defense Organization (ICDO) training sessions for Directors of national Civil Defence Departments.

PIC held a retreat on 27-28 May with its six regional officers, as well as colleagues from FAO, IFRC, IOM, UNSIC, WFP and WHO. The retreat looked at challenges to effective inter-agency collaboration to promote pandemic preparedness in the field and how agencies can most effectively work together to overcome them.

PIC visited Bangkok from 30 March - 2 April for the annual workshop of Asia Pacific UN country team avian and pandemic influenza focal points convened by UNSIC Bangkok. PIC gave 3 presentations, on multi-sectoral pandemic preparedness, on UN country team pandemic contingency planning and on the IFRC/USAID humanitarian pandemic preparedness initiative.

PIC participated in a EU-UN workshop in Brussels, Belgium, to exchange best practices on business continuity planning.

PIC helped to facilitate a simulation exercise at a UK Government-led conference at Wilton Park from 8-10 June on the international system's approach to pandemic preparedness and response. Participants at the conference agreed to promote energetically the need for multi-sectoral preparedness.

PIC participated in a WHO meeting in Tunis, Tunisia, to help develop new simulation and training packages for Governments to support the new WHO pandemic preparedness guidelines.

During the OCHA briefing to ASEAN Permanent Missions in Geneva on 16 April, PIC briefed on its collaboration with the ASEAN Secretariat on assessing multi-sectoral pandemic preparedness across the region.

Working with WHO and IFRC, PIC prepared a rapid assessment of the global state of pandemic readiness for the UN Secretary-General, for use at his meeting with donors on 6 July, at which he appealed for resources for accelerating pandemic readiness.

PIC helped to organize a meeting in New York between UNICEF, PIC, UNSIC, IFRC, InterAction, Save and American Red Cross to discuss how the UN, Red Cross and NGOs can most effectively work together to accelerate pandemic preparedness efforts.

PIC attended a WFP logistics cluster meeting in Rome, at which the logistics cluster developed standard operating procedures for how to deliver logistics and food interventions in the event of a severe pandemic.

PIC visited Addis Ababa from 28-29 April and made presentations to 90 representatives of African humanitarian NGOs and Red Cross National Societies about how best to prepare for the possible impending influenza pandemic.

PIC attended a meeting hosted by PACOM, AFRICOM and WFP in Rome, Italy, for militaries from 30 African, Asian and Pacific countries to discuss how developing country militaries should best prepare for their role in a pandemic. PIC presented on the role of the UN system in a pandemic, on the whole of society approach to pandemic preparedness, on the role of the military in a pandemic and on humanitarian assistance during a pandemic. At the end of the 5-day meeting, militaries present felt better placed to develop appropriate plans for their potential roles.

PIC attended a USAID-led Inter-Agency meeting in Washington, USA, to discuss the respective contributions agencies can make toward accelerating levels of preparedness in the weakest countries.

PIC finalized a paper providing advice to Governments on how to prioritize amongst non-health essential service workers for provision of H1N1 vaccine, under the umbrella of WHO's programme to supply the 95 neediest countries with H1N1 vaccine.

PIC represented the UN on the Humanitarian Pandemic Preparedness Operations Committee in Washington on 14-15 October. Discussion covered the role of humanitarian partners in the current H1N1 vaccination effort, the future direction of the USAID-funded programme in 2010 and 2011, and the appropriate balance of effort between helping countries deal with H1N1 versus preparing countries for a more severe pandemic.

PIC visited Annecy, France, on 11 November for talks with AED, Core Group, IFRC and USAID about our respective current approaches to H1N1 response and opportunities for collaboration.

PIC held discussions with the CERF Secretariat about preparing the CERF to be available in a severe pandemic. It was agreed that key UN humanitarian agencies could prepare standardized proposals for CERF funding that could serve as a baseline to speed up CERF disbursement in such a scenario.

PIC chaired a meeting of the interagency humanitarians in pandemic working group on 11 December. It was attended by IFRC, Save, Core Group, AED, UNICEF, USAID, UNHCR, UNSIC, World Vision, Africom and UNFPA. It discussed the balance of effort between current H1N1 and preparing for a future more severe pandemic; and the direction of humanitarian pandemic preparedness into 2010.

#### **4.2.2 PIC's regional planning officer for Europe and Central Asia (Geneva)**

PIC went on mission to Hungary to work with IFRC, UNHCR and WHO to assess Hungary's level of pandemic preparedness and to assess Hungary's capacity to support other countries in the

region - and to work with UN agencies in Hungary to upgrade their pandemic planning.

PIC delivered a presentation on the Whole-of-Society approach and conducted a TTX in Russian at the WHO workshop on pandemic preparedness in Ashgabat, Turkmenistan.

PIC Regional Planning Officer for Europe and Central Asia (ECA) conducted a joint mission with WHO in Kyrgyzstan on 5-9 October focusing on follow-up to the UNIP process and a multi-sector simulation was undertaken with regional public health officials.

PIC ECA met with Government officials in Belarus on 12-16 October to advise on multi-sector planning and preparedness.

On 11-19 November in Tajikistan, PIC ECA participated in a joint mission with UNDP sponsored by REACT. The aim of that mission was to improve overall awareness and planning among the NGO community.

During the third week of January, PIC facilitated a simulation exercise for the UNCT in Macedonia.

PIC facilitated a pandemic simulation exercise for the UNCT in Azerbaijan between 22-26 February.

#### **4.2.3 PIC's regional hub in Asia & Pacific (Bangkok)**

PIC's regional hub in Asia and the Pacific gave a presentation on "Multi-Sectoral Pandemic Preparedness" at the Pandemic Preparedness Conference organized by the Centre for Non-Traditional Security Studies at the S. Rajaratnam School of International Studies in Singapore.

PIC's regional hub for Asia and the Pacific gave 2 presentations about the "Whole-of-Society" approach and the "UN system approach" for multisectoral pandemic preparedness planning at the Workshop on the revised WHO guidance on pandemic influenza preparedness and response in Fukuoka, Japan.

PIC's Asia hub discussed with the Thai Ministry of Public Health (MOPH) coordination of an ILO Pandemic Influenza project in the workplace, focused on advocating the need for pandemic preparedness and Business Continuity Plans (BCP), and on training trainers for implementation in Cambodia, Lao PDR, Malaysia, Indonesia, Thailand, and Vietnam. The Thai Ministry of Public Health is finalizing a Business Continuity Plan package, which will be used as a tool for both government and private enterprises.

PIC's Asia hub delivered a presentation on the "Whole-of-Society" approach for multisectoral pandemic preparedness at the Pandemic Influenza Subject Matter Expert Exchange in Puerto Princessa, Philippines, organized by US PACOM and the Defence Forces of the Philippines; and provided facilitation support for the provincial Government and Disaster Management Agency.

PIC Bangkok provided in-country support to UNCT Lao PDR for a Pandemic TTX. PIC staff facilitated one of the 4 groups. 14 UN agencies participated in the Tabletop exercise.

PIC joined an ASEAN team to assess Indonesia's levels of pandemic preparedness from 1-5 June, using a methodology that PIC helped ASEAN to develop. Actions to improve Indonesia's preparedness were identified.

PIC in Asia and Pacific region has briefed Singapore Business Association on issues related to Influenza A H1N1 2009, the pandemic threat and the preparedness action and priorities that need to be undertaken by Governments, private sector, civil society, NGOs and others.

On 11 December, PIC Asia Pacific (AP) facilitated a pandemic tabletop simulation exercise for the Myanmar UNCT.

On 11 November in Bangkok, UNSIC and PIC AP made presentations to regional UN partners on the revision of the Consolidated UN System Action Plan for Contributions of the UN System and Partners (UNCAPAHI), and on progress with Urgent Support for Developing Countries' Responses to the H1N1 Influenza Pandemic (UNIP) .

On 12 October, PIC Regional hub in Asia and Pacific region (AP) presented on "Multi-sector Pandemic Preparedness Planning: Requirements and steps" during the National awareness raising workshop to protect business and employees from pandemic human influenza organized by the Ministry of Human Resources and ILO in Malaysia

On 4-6 November 2009 in Bangkok, PIC AP presented the "United Nations simulation experience" to government health officials from Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Singapore, Thailand and Vietnam to share experience in the design and conduct of UNCT simulation exercises.

On 9-10 November, PIC AP presented the first results of the online survey on the impact of pandemic (H1N1) on business operations to the 4th APEC Business Advisory Council (ABAC) in Singapore.

The 1st Asia Europe Foundation (ASEF) Steering Committee Meeting took place on 16 Nov 2009 in Malaysia. 21 participants attended from ASEAN Secretariat, Asia-Europe Foundation, European Commission, Japan, IFRC, IOM, UNSIC, WHO/WPRO and Nestle. PIC AP presented on the possible pandemic impact on different sectors and planning requirements and steps to be taken by governments to prepare accordingly; and about the Whole of Society approach. PIC AP also explored the opportunity for future collaboration between Asia and Europe involving various stakeholders.

From 27-29 January, a regional UN System Workshop on Avian and Pandemic Influenza was organized by UNSIC in Bangkok, in collaboration with FAO, OIE, ICAO, IFRC, IOM, ILO, WHO, UNICEF, OCHA and WFP. The workshop was attended by country teams, UN agencies and international NGOs to agree on a Coordinated UN System API Response in Asia-Pacific for 2010. PIC presented on the UNIP process and on the future of whole of society preparedness.

During a visit to Indonesia on 8 February, PIC met UNCT members to discuss options for joint UN system support for multi-sector preparedness planning and the next strategic steps to engage the government.

On 16 March, with OCHA, PIC facilitated a UNCT table-top simulation in Papua New Guinea for 30 participants from 12 UN Agencies. Observers from the government, Red Cross and Pacific Regional Influenza Pandemic Preparedness Project (PRIPP) also attended the exercise. The observers discussed how they could work with the UN during the pandemic.

On 26 January PIC had a planning meeting with Multinational Planning Augmentation Team (MPAT) to discuss the upcoming ASEAN Regional Simulation Exercise.

A Pandemic Preparedness Business Continuity Planning workshop was conducted in Lao PDR on 19 January. It was an introduction to the process of developing multi-sector BCP for the Government of Lao's response to a pandemic. PIC provided an outline of planning requirements and framework for national multi-sector pandemic preparedness planning and the roles of various ministries within this process.

PIC attended a seminar "Preparing Indonesia for Influenza Pandemic" on 9 February in Jakarta, organized by the EU, Ministry of Health and WHO. PIC met officials of the Indonesian Ministry of Health to clarify the potential for future multi-sector coordination.

From 22-23 February PIC attended an ASEAN assessment workshop in Jakarta, where ASEAN Member States agreed to move forward with assessments of national pandemic preparedness. The participants revised the proposed assessment methodology and tools.

On 19 March PIC attended a conference “Strengthening Health and Non-Health Response Systems in Asia: A Sustained Approach for Responding to Global Infectious Disease Crises”, organized by the Centre for Non-Traditional Security (NTS) Studies. PIC participated in a session that discussed non-medical responses to H1N1.

From 23-25 March PIC attended an ASEF workshop in Siem Reap, Cambodia. The workshop developed multi-sector scenarios with professional scenario-building experts.

#### **4.2.4 PIC’s regional hub in Central & East Africa (Nairobi)**

PIC’s regional hub for East and Central Africa supported a tabletop simulation exercise for the Burundi UNCT that was carried out in Bujumbura with participation from Burundi military officials, UN agencies and NGOs.

PIC’s regional hub for East and Central Africa participated in a workshop held to follow up gaps identified during the Zanzibar regional simulation in December 2008. It involved participants from Kenya, Uganda, Rwanda, Burundi and Tanzania (including national Heads of Veterinary services, lead Human Health officials, government officials and private sector). Follow-up measures include field exercises on pandemic simulation across country borders, revision of contingency plans and continued advocacy to governments on support to AHI.

PIC Regional hub in Central & Eastern Africa (CEA) participated in the regional United States Africa Command pandemic simulation exercise in Uganda 18-23 October. Its purpose was to strengthen the ability of regional actors to respond in a severe pandemic. This regional simulation was attended by IFRC, WHO, UNHCR, UNOCHA, IOM, WFP, AU, USAID – OFDA, and senior military staff from Kenya, Uganda, Rwanda, Burundi and Tanzania.

PIC’s Regional Hub in Central and East Africa was closed on 31 December 2009 due to financial constraints and lack of buy-in from countries in that region which are continuously affected by complex emergencies and do not consider pandemic as their top priority. This closure of PIC’s Nairobi hub will increase regional coverage and responsibilities of Regional Planning Officers based in Cairo, Johannesburg and Dakar.

#### **4.2.5 PIC’s regional hub in West Africa (Dakar)**

PIC’s regional hub for West Africa co-facilitated a Functional Simulation that was held simultaneously in both Togo and Benin and was facilitated jointly by 2 teams composed of staff from PIC-OCHA, WFP and UNICEF.

PIC’s regional hub for West Africa supported the Guinea Bissau UN Resident Coordinator (RC)’s Office’s participation in a government-organized TTX. PIC also reviewed the state of government and UNCT pandemic preparedness.

PIC regional hub in West Africa attended ICAO’s Abuja Airport Evaluation, the CAPSCA (Cooperative Arrangement for the Prevention of the Spread of Communicable Diseases through Air Travel) regional Steering Committee Meeting, and a Nigeria UN country team (UNCT) AHI Coordination meeting in Abuja.

On 9-12 November, PIC WA facilitated a tabletop simulation exercise in order to validate the feasibility of the national pandemic response plan in Nigeria.

On 7-12 December in Ghana, PIC WA gave a presentation on the Whole of Society approach during a workshop organized by US Africa Command for Western African planners from Ghana, Benin, Togo, Burkina Faso, Nigeria, Senegal, Mali and Liberia.

PIC’s Regional hub in West Africa (WA) gave a presentation on the concept of a whole society response, the need for enacting multi-sectoral networks and different ways of conducting exercises during a simulation exercise for H2P implementing Red Cross Societies from Ghana, Gambia, Senegal, Nigeria, Mali and Benin.

On 18-21 November in Senegal, PIC WA facilitated a tabletop simulation exercise in close collaboration with IOM and the Senegal National Red Cross Society. The exercise focused on collaboration amongst players at community level (political administration as well as humanitarian workers) with assistance to migrating populations as a special concern.

PIC convened a West Africa regional platform meeting on 18 January to discuss vaccine distribution plans, funding possibilities and to share information on planned activities. PIC presented recommendations for how to prioritise vaccine amongst non-health essential staff, in line with the PIC paper that was produced at the end of 2009.

PIC made a presentation to a Health group workshop on 27 and 28 January in Dakar on multi-sectoral readiness and on identifying essential non-health personnel for vaccine.

PIC attended a UNCT meeting on 10 February, convened by WHO, to assess the H1N1 situation in Senegal. PIC helped to compile recommendations on self-protection and business continuity.

From 7-8 January a meeting was convened by the Ministry of Health to progress the Senegalese National Pandemic Influenza contingency plan. PIC prepared a template, which was used as a basis for the discussions.

From 16-18 March, PIC visited Gambia where it discussed the Whole of Society approach with stakeholders involved in prevention and mitigation of pandemics in Gambia. The workshop was attended by the Ministry of Health, the Gambia Red Cross Society, NADMO, UNDP, the media and members of the national assembly.

The newly formed Inter-Agency Emergency Preparedness Working Group in West Africa discussed the finalization of its terms of reference on 21 January. PIC has been invited to participate as a standing member of this multi-disciplinary, multi-agency umbrella group under which all existing task Forces concerning disaster preparedness and response in West Africa will be coordinated.

On 14-15 January, a workshop was organized by the Senegalese Red Cross Society to train trainers under the Humanitarian Pandemic Preparedness programme. PIC briefed the participants on potential socio-economic disturbances during pandemics.

#### **4.2.6 PIC's regional hub in Middle East, North Africa and Central Asia (Cairo)**

On 7 September, the PIC regional hub in Middle East, North Africa and Central Asia (MENACA) made a presentation on multi-sectoral and business continuity planning during a training course organized by IOM on health promotion, human influenza and business continuity planning in Jordan.

On 25 February PIC facilitated a simulation exercise for the UNCT in Tehran during an OCHA workshop on Humanitarian Reform and the Cluster Approach. PIC agreed with UN focal points the establishment of a Pandemic Task Force, updating of the UNCT pandemic plan, inclusion of Pandemic Focal Points in the UN Disaster Management Team, and inclusion of pandemic in the UN Contingency Plan.

In coordination with PIC, WHO, IOM, FAO and UNICEF, UNSIC organized a UN System Avian and Pandemic Regional Workshop on 8-9 March in Cairo – on preparedness and response of the health and non-health sectors to the current H1N1 pandemic. The workshop proposed strategies for improving implementation and for increased coordinated efforts at country, regional and global levels. PIC facilitated the whole of society preparedness session.

On 13-14 February PIC visited Yemen to discuss with the Director General of Disease Control and Epidemiological Surveillance at MoH proposals for funding under the auspices of UNIP.

#### **4.2.7 PIC's regional hub in Latin America and the Caribbean (Panama)**

The PIC regional hub for Latin America and the Caribbean facilitated a TTX for the Dominican Republic UNCT. The exercise involved participants from WHO, WFP, ILO, UNAIDS, UNDP, UNFPA, IOM, FAO, UNICEF, UNDSS, most of the directors of the agencies, and the RC.

PIC Latin America delivered a TTX at a Redhum retreat to update the Redhum team on AHI and Pandemic preparedness, to raise awareness about the topic, and to help them visualize their role in a pandemic situation.

PIC's regional hub in Latin America and the Caribbean attended the 4th Interagency Communication meeting on Avian & Pandemic Influenza in Mexico City. The other agencies that participated in the meeting were UNICEF, IICA, PAHO, UNFPA, UNIC, PANAFTHOSA, World Bank, and IOM.

PIC Latin America participated in a regional aviation medicine seminar where Pandemic Preparedness was a main topic. ICAO and IATA organized this seminar, with the participation of civil aviation authorities, airlines medical personnel, airport authorities, UNWTO and WHO.

PIC Latin America participated in a National Workshop on Pandemic organized by SINAPROC, as part of preparation for the tabletop exercise on pandemic influenza. The aim of the meeting was to raise awareness among the institutions that form the COE (Centro de Operaciones de Emergencia). The meeting featured participants from Social Security, Ministry of Trade and Industry, Immigration, National Comptroller's Office and Civil Aeronautics.

PIC Latin America facilitated a desktop simulation exercise as part of a training held at the Regional Training Center in Health based in Panama City (the 8th Course on influenza in a series of trainings that this center offers, with the support of CDC, to professionals of different areas of the medical and veterinarian national services for the Central American countries and some Caribbean countries). The purpose of the training was to highlight non-medical interventions, the importance of interlinkages between interventions in all sectors of society, and the urgency to enhance those elements that allow the functioning of society during pandemic and other major crises.

On 23-27 November, PIC LAC visited Costa Rica to meet partners and discuss their multi-hazard and multi-sectoral pandemic preparedness process.

On 1-4 December in Peru during an ICAO workshop, PIC gave a presentation on pandemic preparedness to stakeholders within the air travel industry. While in country, PIC met with FAO and the Andean nations committee (CAN) representative to discuss future collaboration.

On 26-27 November, PIC LAC presented the global and regional situation and highlighted the whole-of-society approach and BCP during an IOM workshop on Pandemic Preparedness for migrant populations. This workshop aimed to bring together stakeholders from the international community, national authorities and community members from Panama, Nicaragua and Costa Rica, to discuss communication and counseling in pandemic.

PIC visited Bolivia from 16-19 February to strengthen pandemic preparedness and follow up on CFIA projects funded under the CFIA small grants scheme for Resident Coordinators.

On 22 January, PIC met the Civil Defence of Panama. The Civil Defence agreed to develop a national contingency plan and a pandemic preparedness plan in the near future.

From 8-10 February PIC visited Honduras to assist the national commission team in their proposal for CFIA UNIP funding. As a result of the visit a proposal was submitted for UNIP CFIA funding. PIC was requested to return to perform a simulation on the interagency plan for disaster preparedness and response and pandemic.

In the first quarter of 2010, PIC participated in monthly meetings of a Risk, Emergency and

Disasters Task Force (REDLAC) in Panama, where it provided updates on the H1N1 situation in the region, advocated for operational continuity planning, and provided updates on the H1N1 vaccination campaign.

On 24-25 March, PIC participated in REDLAC's planning workshop in Panama, introducing the issue of business continuity and whole of society preparedness. The aim was to improve the preparedness of agencies, NGOs and donors and to encourage them to mainstream pandemic and BCP in their ongoing activities.

On 18 January PIC met with the National Disaster Response Advisors and REDHUM (Regional Humanitarian Information Network Project for Latin America and the Caribbean) and briefed them on pandemic preparedness, encouraging them to include pandemic in their work.

From 22-24 February PIC attended an IOM regional migration workshop in Costa Rica, focusing on migrant populations that move between Panama, Costa Rica and Nicaragua. In this meeting there were participants from the Ministries of Health of these three countries. PIC presented on the non-health aspects of pandemic and the need for Whole of Society approaches.

#### **4.3. Implementation constraints, lessons learned from addressing these and knowledge gained in the course of the reporting period.**

With the decline in interest partly as a result of the “post H1N1 pandemic period” it remained relatively challenging to persuade UN country teams and Governments to give serious attention to pandemic preparedness. That said, in the implementation of this project, PIC has been able to exceed the identified outputs.

#### **4.4. Key partnerships and inter-agency collaboration: impact on results. Explain synergies fostered with Participating UN Organization(s), and activities undertaken jointly with Participating UN Organization(s).**

In 2009 - 2010, PIC continued to work closely with UNSIC and other key UN, Red Cross and NGO stakeholders in updating both the UN Concept of Operations for an influenza pandemic and other policy issues.

During the reporting period, PIC assisted the Business Continuity Management Unit in New York in the preparation and external evaluation of a pandemic simulation for members of the UN Senior Emergency Policy Team (SEPT) and the Crisis Operational Group (COG) in UN HQ New York.

WHO has used the PIC “whole of Society” planning guidelines in the revised WHO pandemic preparedness guidelines.

PIC has supported WFP in the development and implementation of a Pandemic readiness and response exercise testing regional logistics corridors in Eastern and Central Africa.

PIC developed pandemic simulation packages have now been used to enhance the newly created Inter Agency Emergency Simulation Package. In addition, PIC as a member of the IASC SWG on preparedness assisted in the planning and implementation of the first IAES facilitators training course.

PIC participated in the annual Inter-Ministerial conference on avian and pandemic influenza which took place on 19-21 April in Hanoi. Within the drafting committee, PIC helped to ensure that the final outcome document of the conference duly recognised the need for governments to continue to pay attention to the need for a multi-sectoral approach, to business continuity planning for essential services and to humanitarian preparedness.

#### **4.5. Other highlights and cross-cutting issues pertinent to the results being reported on.**

N/A

## **V. Future Work Plan**

### **5.1. Priority actions planned for the following reporting period to overcome constraints, build on achievements and partnerships, and use lessons learned during the previous reporting period.**

PIC's core programme for 2010 includes the following key actions:

1. Conduct table top and functional simulations to improve and test planning with UN and humanitarian country-based teams, agency headquarters and governments
2. Maintain online global preparedness tracking and guidance platform
3. Conduct simulations for Humanitarian Pandemic Preparedness initiative (H2P) partners in priority countries
4. Encourage existing humanitarian coordination mechanisms at global, regional and country levels, including clusters, to develop plans for their roles in pandemic
5. Convene and facilitate the joint work planning of the IASC-based 'Humanitarians in Pandemic' working group
6. Convene and facilitate joint planning meetings with pandemic preparedness actors at regional level
7. Advocate with governments to include an influenza pandemic as a threat requiring multi-sector contingency planning
8. Together with IASC colleagues, promote the incorporation of influenza pandemic planning into other multi-hazard contingency planning
9. Work with OCHA field offices to put in place their own multi-hazard business continuity plans

### **5.5. Indication of any major adjustments in the strategies, targets or key outcomes and outputs planned in the programme.**

N/A

### **5.6. Estimated Budget required (including any major funding shortfalls).**

The work undertaken through this project will be carried forward in 2010 through a separate grant of \$1,485,000 CFIA-B14.

#### IV. INDICATOR BASED PERFORMANCE ASSESSMENT

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
<b>UNCAPAHI Objective 6</b>							
<b>UNCAPAHI Output 1.1</b>	Indicator 1.1.1	National governments develop stronger plans for how key sectors will continue critical services in pandemic	15	14	The RC's small grants funding mechanisms established through the CFIA generated far greater interest in this activity that initially anticipated.	PIC monthly reports.	All RC small grants projects are still ongoing.
	Indicator 1.1.2	Regional institutions put multi-sector pandemic preparedness planning of their Member States on their agendas	7	8		PIC monthly reports.	In process
	Indicator 1.1.3	National disaster management organizations add pandemic	15	24		PIC monthly reports	

		to their agendas					
	Indicator 1.1.4	Whole of society interventions funded by donors through the UNIP achieve their stated objectives	8	14		CFIA and PIC reports.	All RC small grants projects are still ongoing.
	Indicator 1.1.5	Projects funded by the CFIA fund achieve their stated objectives.	15	14		CFIA reports and PIC online readiness tracker (self assessment tool for use by UNCT's to track levels of preparedness).	All RC small grants projects are still ongoing.
	Indicator 1.1.6	Updates made to PIC's national and UN country team tracker systems	50	98		PIC online readiness tracker (self assessment tool for use by UNCT's to track levels of preparedness).	
	Indicator 1.1.7	Dissemination plan agreed with WHO and successfully executed	1	1		WHO and PIC websites	
	Indicator 1.1.8	Advocacy paper on role	1	On-going			A draft advocacy paper on the role

		of the military in pandemic agreed by IASC-based Humanitarians in pandemic group					of the military in a pandemic is under consultation with partners agencies.
	Indicator 1.1.9	Clusters issue guidance to country teams on humanitarian response to pandemic	4	3 (Health, Civil Military, Logistics)		PIC reports and cluster reports	
	Indicator 1.1.10	Country IASC contingency plans include planning for the humanitarian impacts of pandemic	15	7		PIC online readiness tracker (self assessment tool for use by UNCT's to track levels of preparedness).	In progress
	Indicator 1.1.11	UN country teams incorporate pandemic preparedness into multi hazard BCPs	15	14		PIC online readiness tracker (self assessment tool for use by UNCT's to track levels of preparedness).	In progress
	Indicator 1.1.12	Agreement with CERF Secretariat how CERF will	1	On-going			Discussions in progress

		be used in pandemic					
	Indicator 1.1.13	Exercises, drills and simulations conducted for which 3 or more clear follow-up actions are implemented	20	42		PIC online readiness tracker (self assessment tool for use by UNCT's to track levels of preparedness).	