CENTRAL FUND FOR INFLUENZA ACTION
2011 PROGRAMME NARRATIVE PROGRESS REPORT

Participating UN or Non-UN Organization(s): UN Office for the Coordination of Humanitarian Affairs (OCHA) and the Office UN System Influenza Coordination (UNSIC)	**UNCAPAHI Objective(s) covered:** Objective 6, continuity under pandemic conditions
Programme[1] No. and Programme Title: Project No. CFIA-A16 Pandemic Preparedness Small Project Funding Facility for UN Resident Coordinators	**Report Number:**
Reporting Period: 2011 Annual Report	**Programme Budget:** CFIA-A16: US$ 2,889.186
List Implementing Partners: UNDP, UNICEF, WHO, UNRWA, WFP, Ghanaian National Disaster Management Organization (NADMO) and Yemeni Ministry of Health	**Programme Coverage/Scope:** Benin, Bhutan, Bolivia, Côte d'Ivoire, Ghana, Guinea Bissau, Honduras, Indonesia, Jamaica, Lao PDR, Lebanon, Lesotho, Madagascar, Mozambique, Myanmar, Nepal, Nicaragua, Niger, Senegal, Sri Lanka, Sudan, The Gambia, Uganda, Vietnam, Yemen
Programme Duration: Overall Duration *The programme was started on 5 October 2009 and is requested for extension through 29 September 2012.* Original Duration: *12 months* Revised Duration: *36 months*	

[1] The term "programme" is used for projects, programmes and joint programmes.

NARRATIVE REPORT

1. Purpose

1.1 Programme objectives

This programme is an extension to programme CFIA-B11, which established a fund to cover small high-value pandemic preparedness projects. 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. Thanks to two tranches of funds to this programme, a total of 38 proposals were received, out of which 26 were approved for funding.

1.2 Programme scope

The Funding Facility was established to fund projects whose focus go "beyond human and animal health," support 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 the UN Consolidated Action Plan for Avian and Human Influenza (UNCAPAHI)

This project comes directly under OCHA's key objectives from the UNCAPAHI 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 the overall management of the programme was done by OCHA through its Pandemic Influenza Coordination (PIC) section. In 2011, with the closure of PIC, the management of this programme was transferred to the Office of UN System Influenza Coordination (UNSIC). Implementation at the country level is done through lead implementing UN agencies, including UNDP, UNICEF, UNRWA, WHO and WFP.

2 Resources

2.1 Financial Resources

The total approved cost of this programme is US$ 2,889,186, which has been allocated to 27 projects in 26 countries. (Note: the project costs total $2,948,186, which includes US$ 59,000 in carryover funds from project CFIA-B11). The breakdown of funds between the 27 projects is provided below

Country	Funds Awarded
Benin	$ 129,470
Bhutan	$ 130,000
Bolivia	$ 6,780
Bolivia	$ 16,050
Côte d'Ivoire	$ 130,000
Ghana	$ 100,000
Guinea Bissau	$ 100,000
Honduras	$ 130,000
Indonesia	$ 96,889
Jamaica	$ 90,000
Lao PDR	$ 126,260
Lebanon	$ 99,510
Lesotho	$ 130,000
Madagascar	$ 75,000
Madagascar	$ 119,840
Mozambique	$ 130,000
Myanmar	$ 130,000
Nepal	$ 129,000
Nicaragua	$ 130,000
Niger	$ 120,000
Senegal	$ 129,306
Sri Lanka	$ 119,840
Sudan	$ 130,000
The Gambia	$ 130,000
Uganda	$ 130,000
Vietnam	$ 64,241
Yemen	$ 126,000
Total	***$ 2,948,186***

3. Implementation and Monitoring Arrangements

Through 2010, overall programme oversight and consolidation of reports were conducted by the OCHA-PIC unit. As of 2011, this is being done by UNSIC.

4. Results

As of the end of 2011, projects have been completed in the following countries: République du Bénin, Bhutan, Côte d'Ivoire, The Gambia, Ghana, Guinea Bissau, Honduras, Indonesia, Lao PDR, Lebanon, Mozambique, Myanmar, Nepal, Nicaragua, Niger, Senegal, Sri Lanka, Sudan, Uganda, Vietnam, and Yemen (details on the completed projects in Ghana, Lebanon and Nepal have been reported on in previous reports, and are not repeated herein).

Projects are still ongoing in Jamaica, Lesotho and Madagascar.

4.1 République du Bénin

This project enabled the completion of a multi-sectoral strategy for the prevention and control of pandemic influenza in Bénin. The project achieved the following results:

1. A trained and strengthened inter-agency coordinating body. Over 30 communities and more than 800 persons (local officials, health workers, etc.) were sensitized and adopted methods to respond to a pandemic. Focal points for preventing and managing a pandemic were trained in Benin's 12 departments.
2. The national strategy of pandemic preparedness was revised to multi-sector pandemic preparedness.
3. Standard Operating Procedures/Action Plan were developed and tested operationally at the national and district levels, and training sessions were organized at community level to test the National Strategy of Pandemic Preparedness.
4. Trained focal persons across all sectors in multi-sector pandemic preparedness. Under the leadership of government officials including the Ministers of Health and of State, training sessions were organized for local community leaders to integrate pandemic planning into community contingency plans. More than 800 people were trained, including mayors, their staff and their administrative services (hygienists, police, fire marshals, etc.)
5. Success Indicators were produced, including meeting minutes of the Inter-Ministerial Steering Committee; the Updated National Influenza Pandemic Preparedness Plan was completed; the Action Plan is almost complete; the Pandemic Simulation Exercise Report was completed.

4.2 Bhutan

This project was established to support the Royal Government of Bhutan's (RGOB) efforts to strengthen its National Influenza Pandemic Preparedness Plan (NIPPP) and the work of the Inter-

Ministerial Steering Committee/Task Force in multi-sectoral pandemic preparedness at the national and district levels.

Through this project, the following was successfully achieved:

1. Mainstreaming the whole-of-society pandemic preparedness framework and multi-sectoral pandemic preparedness and response for major stakeholders, including key focal points in the national disaster and pandemic preparedness and response;
2. Revision of the NIPPP, Standard Operating Procedures and Action Plans;
3. Training of focal persons from key ministries/organizations, key sectors, UN System and local administration in multi-sector pandemic preparedness;
4. Testing efficacy and capacity of the existing national plans and guidelines through conducting of simulation exercises at the national and district levels;
5. Sharing of lessons and experiences in multi-sector pandemic planning with other developing countries;
6. Initiation of Business Continuity Management (BCM) Framework among government ministries for multi-hazard disaster risks. Through this work, key resource people in all ministries were trained on the BCM concept and how to mainstream it to ensure Ministerial continuities during situations of emergencies, including pandemics.

4.3 Bolivia

The main objective of the project was to strengthen the Government's response capacity in cases of food crisis generated by pandemics. The project was implemented by WFP Country Office and coordinated by a National Programme Officer. Besides the funds provided by the CFIA, WFP contributed with approximately US$ 1,122 since the consultancy cost was higher than planned and three workshops were held instead of one.

The project's main output was the developing of a "Contingency Plan for Food Crisis Generated by Pandemics". To implement the formulation process (workshops organization and implementation, interviews with key actors, formulation of the draft document) of the Contingency Plan, a national consultant was contracted

From its design, the formulation process was conceived to be closely implemented with key Government actors on a participatory basis. Using a participatory approach, all key actors were informed about the pandemics threat, how it is spread, and what the consequences are. Based on the information in each of the 3 workshops, the actors could estimate the risks and impact of pandemics on an urban context. They established the most likely scenario, where the availability of food became difficult since the producers and traders would fear to supply cities where the pandemics is rapidly spreading out; as well as the poorest informal workers would not be able to gain their daily income because they would get sick.

Under this scenario, the workshop participants calculated the numbers of affected population, the needs of food supply and the strategy and resources to provide the food. Actors at national level included: Ministry of Rural Development and Land (which has the Government's mandate on Food Security), the Vice Ministry of Civil Defense (having the mandate on emergencies), the Ministry of Health (provision of technical information about pandemics), and the National Food

and Nutrition Council. At departmental and municipal levels, main participants were from the agricultural, health and emergency response sectors. NGOs, other UN agencies, farmers associations, traders associations, and transport companies also joined the workshops.

The consultant also collected information on human resources, infrastructure, funds, equipment, vehicles, etc. that could be used in the case of a pandemics emergency. WFP supported all the process with its main office in La Paz and sub-offices in Cochabamba and Santa Cruz. With this information the consultant formulated the document, based on WFP guidelines and previous experiences of similar processes.

The results were achieved as planned. The participatory process encouraged ownership of the process and production of the final document. Partners that participated in the process, particularly in the workshops, learned about the WFP methodology to produce a contingency plan and could realize the most likely scenario, the impact and the needed resources to respond to such an emergency. It was the first time that the food security sector realized the link between a pandemic and the interruption of the availability and access to food. Government can now replicate the process on a more decentralized level (local level) and even on other type of emergencies.

The main challenge faced in implementing the project was the longer-than-planned time that the process took, due to delays in funds transfer and the decision to expand the project to a decentralized consultation and participation. Also, the document revision process needed the consultation of issues related to health, food security and emergencies that took longer than originally planned.

4.4 Cote d'Ivoire

This project helped the planning and preparation in Côte D'Ivoire to respond to pandemic influenza. This project was successful in accomplishing the following:

1. Regional and departmental workshops for pandemic preparedness were conducted; 25 workshops at the community and departmental level were organized. As a result 2,500 people were trained.
2. Inventory of strategic planning at state level was conducted for 10 state departments.
3. Thematic groups were established at community level, including in the private sector (14) and public administration (6), resulting in 200 persons trained to interface between the epidemic monitoring department and the community groups.
4. A national contingency plan for pandemic is being revised to take into account all critical socio-economic sectors.

4.5 Guinea Bissau

This project was developed to provide support for the implementation of the National Multi-Sectoral Commission for Epidemic Control '2009/2010 Pandemic Influenza Operational Plan', ensuring that national and local planning and response capacity was developed, behaviour

change communication was delivered and capacities developed among key personnel. Led by the Ministry of Health, this project successfully accomplished the following:

1. National pandemic committee was institutionalized;
2. A national pandemic contingency plan was developed, reflecting the International Health Regulations and including Standard Operating Procedures (SOPs) to coordinate partners interventions;
3. Regional pandemic committees were institutionalized, and regional pandemic plans were developed in ten regions;
4. Behavior change communication materials were developed, printed and broadcast – targeting the most vulnerable communities nationwide;
5. Community-based communication activities were implemented, including training and capacity builiding; and
6. 150 Health personnel trained on revised national norms and standards for treatment and prevention of influenza.
7. The Ministry of Health successfully conducted a national vaccination campaign against pandemic influenza H1N1 2009, targeting children under 6 years old, pregnant women and health workers.

4.6 Honduras

Main outputs of the project include the strengthening of interagency and inter-institutional coordination through the reactivation of the National Influenza Anti-pandemic Committee and its subcommittees, as well as the review of guidelines of the mandate of the International Health Regulations (IHR).

The project was also successful in helping to develop the national and sub-national capacity of 10 government and civil institutions on pandemic influenza planning by training staff in continuity of operations planning. Institutions involved in this work included the National Electric Company, National Aqueducts and Sewers Organization, the National Council for Telecommunications, and the Honduran Red Cross. The project also enabled the development of continuity of operations plans for two border points (Toncontin airport and land border post of Los Manos).

4.7 Indonesia

This project enabled support Menko Kesra and ASEAN for the development of a process to assess the status of pandemic influenza preparedness in late 2010/early 2011. It also enabled the provision of technical and coordination support for rabies and related vaccines, as well as inputs for a neglected trocla disease strategy. This project also enabled participation in the first One Health International Congress in Australia in February 2011 and an analysis of entry points for One Health efforts in Indonesia. It also enabled collaboration in the "Toward a Safer World Initiative."

4.8 Jamaica

This project has enabled the successful implementation of public education campaigns, production of audio-visual materials (DVDs, hand washing booklets, influenza jingle) and training on implementation of a Business Continuity Plan. However, there has been some delay in the implementation of some activities in the proposal due to lengthy but essential technical review processes. Additionally, there was a delay in the start of the project as the funds only became available to Jamaica for use in March 2010. As a result, should a no-cost extension be granted for the project, several activities are planned including the development of a Pandemic Influenza website, reprinting of advocacy and awareness building materials and the re-editing of TV commercials.

4.9 Lao PDR

As reported in the 2010 Annual Report, the CFIA funding support in Lao PDR enabled the completion of a national simulation exercise on multi-sectorial pandemic preparedness and response, which was run by the Lao PDR Ministry of Health and National Emerging Infectious Disease Coordination Office (NEIDCO), with support from the UN and the World Bank. Subsequent to this, NEIDCO and the UN organized a series of three Business Continuity Planning (BCP) Workshops which involved ten different Government ministries. These workshops provided for the development of a BCP template and exercises to help identify different sectors' critical activities and personnel.

As a result of these exercises, five key Government Ministries[2] developed operational BCPs which defined their mission critical activities and critical staff, customized key policy areas and defined key actions that need to be carried out under each policy area according to pre-determined triggers. On 13 June 2011, these plans were endorsed by the Office of the Prime Minister. Five additional Government Ministries[3] finalized general BCPs, where they defined their mission critical activities and critical personnel, and have defined and reviewed the policies and actions that are required to create Operational BCPs. Additionally, all ten ministries appointed BCP Focal Points and Teams, which were endorsed by the Prime Minister's Office.

The creation of the BCP Template and its use by trained Ministry BCP Teams was a groundbreaking process in the public sector, and formed the foundation of most of the BCP training, workshops and technical assistance between December 2009 and May 2011. By pioneering the development of BCPs within the public sector, Lao PDR became the model for best practices in the Asia region.

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[2] The five Ministries which developed operational BCPs are the Ministry of Industry and Commerce, the Ministry of Public Security, the Electric Du Laos, the National Authority for Post and Telecommunication and the Vientiane Water Supply Authority .

[3] The five ministries which developed general BCPs are the Ministry of Public Works and Transportation, the Ministry of Agriculture and Forestry, the National Tourism Administration, the Ministry of Education and the Ministry of Health

4.10 Lesotho

The project was established to help improve the understanding and implementation of the whole-of-society pandemic influenza response through capacity building (skills improvement), development, reproduction and implementation of the business continuity plan. The project was expected to realize the following outcomes:

- Up to 120 representatives from government institutions, private sector and other sectors involved in humanitarian response trained on business continuity planning.
- A comprehensive business continuity plan developed and approved by government.
- At least 250 copies of the business continuity plan printed and distributed to different stakeholders in the ten districts of Lesotho.
- The business continuity plan implemented at all levels.

The project successfully completed an orientation of stakeholders – including the national task team for influenza and the ten district disaster management teams - on the national plan for pandemic preparedness and response. This exercise was implemented for five days in each district and was conducted by the national task team. A table-top exercise was also conducted, to identify weaknesses and gaps in the national plan in terms of its adequacy to address challenges that may be brought by the influenza pandemic. The exercise was conducted over a period of three days by the national task team. During the exercise, experiences gained during the response to the 2009 pandemic (response to the 57 cases detected in Lesotho) were shared. Through this project, equipment and supplies were also procured for the national and district epidemic preparedness and response teams.

Work is still underway to train officials from various sectors on business continuity planning (BCP), and to develop and distribute a comprehensive BCP.

4.11 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.

Achievements of this project include the development of a national contingency plan on pandemic which was done in line with the Whole of Society (Wos) approach principles. This was developed through a workshop with actors from critical services, and was subsequently presented and technically validated. The WoS approach was also applied to BCPs of critical services at national as well as at local levels, in seven regions. Through close collaboration with the Red Cross Malagasy, this project also saw the successful training of critical services personnel at national and local levels on staff protection at the office place during a pandemic.

However, work is still ongoing on the effort to design multi-media tools for the critical services members focused on staff protection, which will be followed by training for the critical services members. This aspect of the project is taking longer than anticipated given the scope of the work

(there are nine critical sectors which should be covered, which messages varying by sector) as well as the geographic distribution (covering eight regions).

4.12 Mozambique

This project, which was completed in July 2011, provided support to the Government of Mozambique to build capacity for a multi-sector, 'Whole of Society' (WoS) plan for pandemic preparedness and response. The project was successful in sensitizing key institutions about the concept of the WoS approach and Business Continuity Planning (BCP), and accomplished the following:

1. Introduction of the concept of the Whole-of-Society Pandemic Readiness and BCP to key institutions, including the Ministry of Health, partner organizations such as the Red Cross, as well as the media;
2. Building capacity of key institutions on the WoS Pandemic Readiness and Business Continuity Planning, including through an integrated International Strategy for Disaster Reduction (ISDR)/International Health Regulations (IHR) workshop in July 2011 as well as a WHO-supported University of Lurio training of key government offices. These events helped to enable a better understanding of the WoS approach and the developing of the BCP process, defined critical roles and responsibilities of different stakeholders during pandemics and other major disasters, and identified interdependences between key sectors such as water, health, finance, food and electricity.
3. Conduction of functional simulation exercise, which helped to reinforce the capacities of key actors on emergency preparedness. This also served to strengthen communication skills and reinforced cluster preparedness decentralization at district level.

4.13 Myanmar

This Project helped to facilitate multi-sector pandemic preparedness planning and BCP development. Outputs of the project include:

- The establishment of a coordinating body at Central level for the coordination of multi-sectoral pandemic preparedness planning, which included representatives from relevant ministries;
- The establishment of a BCP model for central, state/divisions and townships levels;
- Development and implementation of BCP for pandemic preparedness at eight key ministries;
- Conducting a multi-sector simulation exercise which identified gaps in preparedness, resulting in the subsequent revisions of the plans.

As a result of this work, pandemic preparedness planning was successfully integrated into the national disaster management plan. Table-top and simulation exercises were also conducted to test, validate and improve the pandemic preparedness plans. This work also saw the successful training of staff in 17 states and 65 districts.

4.14 Nicaragua

This project helped to strengthen the multi-sectoral efforts to ensure the continuity of business in responding to an influenza pandemic. This work enabled the CODEPRED (Departmental Committee on Prevention, Mitigation and Relief) to become better organized and prepared to support the actions of the Ministry of Health and dealing with pandemic influenza. It also facilitated the multi-secotral coordination work of CODEPRED to support of the Ministry of Health to deal with the pandemic influenza. It enabled the training of CODEPRED staff to strengthen knowledge management and operation of the operational activities at the departmental level to deal with emergencies and disasters, including through conducting simulations.

4.15 Niger

This project enabled the strengthening of Niger's preparedness planning for pandemic influenza by updating its national plan and founding it on a multi-sector approach, which was integrated in Niger's national structure for catastrophe management.

The project focused on the following main objectives.

1. Updating and implementing the national pandemic preparedness plan by using a multi-sector approach. A matrix to update the plan was established, and based on the matrix the plan was further validated in a national workshop on 2-3 February 2011 with the contributions of 45 participants from key economic sectors, representatives of human and animal health laboratories, the coordination cell for catastrophe alert and prevention, civil society and community focal points. This work resulted in identifying targets, objective indicators, and what actions would be taken at the national, sectoral, regional, sub regional, and local levels. It also established the basis of multi sector collaboration (mostly civil-military) in the case of a pandemic.
2. Completing national simulation workshops on H1N1 pandemic. Four simulations were conducted from in early 2011 in Niamey, Zinder, Tahoua, and Dosso. The workshops counted 125 members of regional committees throughout Niger, and each workshop used the same model over the course of two days. One session defined the role and function of the Government, the regional authorities, and the multi sectoral committees. The second session treated business continuity planning during a pandemic.
3. Popularization and adoption of the national plan and regional plans by the national economy's sub-sectors. Three regional popularization workshops were conducted in Zinder, Tahoua, and Dosso to the benefit of 77 members of the Management Epidemic Committee(s) of Niger's eight regions. Local communities were also sensitized and informed about A(H1N1) influenza by government speeches, and the workshops were translated into all Niger's idioms and transmitted by audio-visual medium.
4. Other activities. A consultant was recruited to coordinate the project, facilitate the workshops, and follow up on activities, and medical supplies and equipment to treat AH1N1 influenza were also procured.

4.16 Senegal

This project was developed to help Senegal develop a Preparedness and Contingency Plan in response to pandemic influenza that would involve all Government sectors concerned with a

pandemic. More specifically, the project was to support a workshop to develop the Plan, organize pandemic preparedness exercises to test the Plan, and evaluate and update the preparedness plans of the various Government sectors.

The project objectives were achieved through a series of workshops and working meetings conducted from June 2010 through October 2011 by and for government committees involved in health and emergency issues. The Contingency Plan was developed during an initial workshop in June 2010. The plan was then evaluated and validated through successive committee meetings. The Pandemic Preparedness exercise, organized by US AFRICOM, took place in July 2011. Finally, the workshop to update and develop business continuity plans for the various government sectors took place in October 2011.

In addition to the hard copy of "Business Continuity Plans by Sector" with a list of all the meeting and workshop participants, a Power Point presentation of lessons learned: "Senegal's Experience in Pandemic Preparedness: Lessons Learned as "Whole Society Approach" was produced. Both documents serve as performance indicators of the project's achievements.

4.17 Sri Lanka

This project was developed to update the Sri Lankan Government's pandemic preparedness and response plans, integrating non-health sectors into it. It also provided an opportunity to stress the importance of having BCPs for essential sectors. There were several outcomes of this work, including:

1. The National Influenza Pandemic Preparedness Plan was updated through the use of table-top exercises and a subsequent series of consultative meetings organized by the Epidemiology Unit of the Ministry of Health (which is the focal point for updating the national plan).
2. An assessment report was completed which provided an overview of the level of pandemic preparedness in different sectors, and which identified areas of support needed to develop and operationalize BCPs.
3. Business Continuity Plans were developed by most essential sectors, with the remaining sectors in the process of finalizing the plans now. Sectors that have completed this work include the Sri Lanka Transport Board, the Sri Lanka Ports Authority, Road Develop Authority, Government Information Department, Colombo Municipal Council and the Sri Lanka Air Force.
4. Meetings on BCP sensitization were conducted at national and provincial levels, with the participation of essential sectors.
5. Key staff from essential sectors were trained on BCP in their respective sectors, including table-top exercises and hands-on training in planning and implementing BCPs.
6. Sub-regional cooperation with the Maldives was initiated for the development of BCPs in the key sectors.

4.18 Sudan

This project focused on revising/ updating and testing the National Pandemic & Preparedness and Response Plan with involvement of all concerned sectors, particularly the MoARF (Ministry of Animal Resources and Fisheries) and the FMOH (Federal Ministry of Health).

The National Pandemic & Preparedness and Response Plan provides an integrated framework for emergency preparedness and response to avian influenza pandemics. It was elaborated by a national multi-sectoral planning team in collaboration with WHO to outline the broad framework for public health, medical and emergency preparedness and response to avian influenza outbreaks in birds as well as in humans. The Plan also enunciates specific activities to be undertaken by the national authority that aim at responding to threats and occurrence of pandemic influenza.

In August 2010, a 4-day preparatory workshop for the simulation exercise of all stakeholders was organized by the MoARF. Among the stakeholders that participated in the workshop were FMOH, Ministry of Defense, Ministry of Transport, Ministry of Finance, representatives from Ministry of Water Resources, Electricity, Education and NGOs and UN agencies (FAO and WHO). In December 2010, a simulation exercise was conducted to test the effectiveness of operational response arrangements and to examine the liaison and interdependencies between the key operational stakeholders and partners. The exercise was evaluated at the end of the day and revealed the following feedback:

1. The setup of the response structure, operations of the command centre, communication and coordination among various stakeholders were very well undertaken.
2. Shortcomings were identified in culling and bio-security, particularly shortage of personnel protective equipment doffing in infected places (farm, the farm and at the hospital) and lack of the rapid test and blood sampling in the surveillance zone.
3. The exercise also highlighted challenges related to compensation of poultry owners where culling has been done.
4. Evaluation of the exercise recommended to:
    - continue training of technicians both in the field and laboratories;
    - strengthen epidemiological surveillance systems;
    - provide more operational support to rapid response teams;
    - review standard operating procedures (case definition in human);
    - continue public awareness programs on HPAI;
    - review national compensation policies;
    - strengthen coordination between the veterinary services and public health sectors and other stakeholders, and
    - ensure availability of protective and sampling equipments at field level.

Following a recent situation analysis for the Sudan core capacities (undertaken as a prerequisite for the IHR 2005), a one-day stakeholder workshop was conducted in March 2011.This workshop concluded:

1. Gap analysis is important based on actual resources, staffing and skills at State level. Particular emphasis is needed for surveillance as the starting point for early detection at peripheral levels.
2. Zoonotic disease, at MoH, liaison with Ministry of Animal Resources is a good example of coordination, with the establishment of joint committees, regular meetings, and staff exchanges.
3. Forecasting element is important with respect to frequent outbreaks
4. The role of NGOs is key to community mobilization.
5. Simulation exercises can enhance preparedness
6. The media can be used as early warning tool. At the moment, the partnership is seasonal and there is no follow up.
7. Surveillance system should be a one standardized surveillance system
8. Partners should be defined with their exact role, and to be activated
9. This workshop is to be viewed as the starting point for stakeholder engagement

4.19 The Gambia

The Gambia utilized these funds to conduct a successful five-day table-top simulation exercise which included participants from local and national government (including the Ministries of Health and Agriculture), NGOs, UN Agencies, Civil Society Organizations and the media. The project also included the successful training of counterparts through the organization of seven Training of Trainers workshops on the development of sectoral Business Continuity Plans.

4.20 Uganda

This project was established to support the Government of Uganda (GoU) to develop a multi-sectoral, Whole-of-Society, pandemic preparedness and response capacity. Implementation of this project was conducted between June 2010 and September 2011 with the main activities undertaken being sensitization of stakeholders on the Whole of Society (WOS) approach and Business Continuity Planning (BCP), and building capacity among key sectors of society on WOS/BCP to initiate the process of developing Sectoral Business Continuity Plans (BCPs).

Several activities were undertaken to introduce the concept and orient officials of the Ministry of Health, Office of the Prime Minister and other key stakeholders on WOS/BCP. These activities aimed at ensuring better understanding of the WOS approach and BCP, and soliciting for partnership to facilitate implementation of the CFIA project. The main achievements of this work included better understanding of the WOS approach and BCP among key stakeholders, and building partnerships.

Following this, The Office of the Prime Minister, in collaboration with WHO Country office and the Ministry of Health, organized a 3-day Capacity Building Workshop on WOS approach/ BCP in August 2010. The workshop was attended by 43 participants drawn from various government ministries and civil society organizations, including the Ministries of Health; Finance; Agriculture, Animal Industry and Fishery; Uganda Peoples Defense Forces; Ministry of Trade, Industry and Tourism; and Ministry of Internal Affairs (Uganda Police and Prison Services). The key achievements of the workshop included:

- A good understanding of the concept of Whole of Society approach and Business Continuity Planning.
- The critical roles and responsibilities of different stakeholders during pandemics and other major disasters clearly explained and understood.
- The process of developing sector Business Continuity Plans was initiated – beginning with the Health and Security sectors.

As a follow up to this, working group meetings were convened for the various sectors to develop sector BCPs. The advanced sector BCPs are now going through the internal processes within the government ministries for adoption as an official Government policy documents.

4.21 Vietnam

This project enabled the assessment of pandemic preparedness beyond the health and agriculture sectors in Vietnam. The resulting report from this efforts both non-health sector support to the public health response, and the broader non-health sector response addressing business continuity and humanitarian aspects. The report highlighted the current level of preparedness of key government ministries/sectors with respect to existence and dissemination of strategic and operational plans for pandemic preparedness and response, including business continuity. The report also included a summary of needs and priorities for addressing major gaps in pandemic preparedness and response by the key ministries/sectors, as well as the overall government efforts. Following the completion of this report, guidelines were drafted for different sectors to develop influenza pandemic/emerging infectious disease business continuity plans.

4.22 Yemen

This project was developed to support the Ministry of Public Health and Population (MOPH&P) in its coordinating role to ensure that the National Action Plan for Human Pandemic Influenza incorporates a 'whole of society' approach for business continuity during a pandemic. Through this project, MOPH&P, in coordination with WHO and OCHA, successful conducted a two-day workshop for institutional and private sector officials to advocate for the importance of multi-sectoral pandemic and disaster preparedness planning. Outcomes of this workshop included the identification of focal points for following up on disaster preparedness planning within each sector/Ministry, identification of gaps and the way forward for revising the National contingency

plan, and sectoral pandemic plans being presented to the Supreme Committee for approval and integration into national epidemics plan.

A two-day workshop was also conducted for technical staff from 22 governorates in Yemen to identify specific needs of each region in the context of pandemic preparedness, and to advocate for the whole-of-society approach. Additionally, this project also implemented a communications campaign within the internally displaced peoples (IDPs) community to increase awareness of preventive measures and basic concepts on responding to a pandemic influenza outbreak.

5 Future Work Plan

With projects complete in most countries, final activities are planned to be carried out in Jamaica, Lesotho and Madagascar in 2012.