CENTRAL FUND FOR INFLUENZA ACTION

FINAL PROGRAMME[1] NARRATIVE REPORT

Programme Title & Project Number	**UNCAPAHI Objective**
• Programme Title: Pandemic Preparedness Small Project Funding Facility for the UN Resident Coordinators • Programme Number (if applicable): A16 • MPTF Office Project Reference Number:	Objective 6: Continuity under pandemic conditions **Countries covered in this project** 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, and Yemen.

Participating Organization(s)	**Implementing Partners**
• Organizations that have received direct funding from the MPTF Office under this programme UNICEF, UNRWA, UNDP, UNDP, WFP, WHO, and PAHO	• National counterparts (government, private, NGOs & others) and other International Organizations National authorities and participating UN agencies in the awarded countries

Programme/Project Cost (US$)	**Programme Duration (months)**	
CFIA Contribution: 2,889.186 • *by Agency (if applicable)* Agency Contribution • *by Agency (if applicable)*	Overall Duration *(months*	36
	Start Date[2] *(dd.mm.yyyy)*	5TH October 2009

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

Government Contribution *(if applicable)*	
Other Contributions (donors) *(if applicable)*	
TOTAL: 2,889.186	

End Date (or Revised End Date)[3]	29 September 2012
Operational Closure Date[4]	19 March 2013
Expected Financial Closure Date	

Final Programme/ Project Evaluation

Evaluation Completed

☐ Yes ☐ No Date: _____

Evaluation Report - Attached

☐ Yes ☐ No

Submitted By

- Name: Chadia Wannous
- Title: Senior Policy Advisor
- Participating Organization (Lead): UNSIC
- Contact information: chadia.wannous@undp.org

[2] The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the MPTF Office GATEWAY.

[3] As per approval by the relevant decision-making body/Management Committee.

[4] All activities for which a Participating Organization is responsible under an approved MPTF programme have been completed. Agencies to advise the MPTF Office.

EXECUTIVE SUMMARY

The Central Fund for Influenza Action (CFIA) Small Grants programme was designed to catalyse greater capacity for multi-sectoral pandemic preparedness in countries which – at the time the grant was offered - were lacking adequate capacity and resources. Grants provided through the programme enabled the UN Country Teams, led by the Resident Coordinators (UNRC), to work together – offering the necessary strategic, technical and managerial support for preparedness. Care was taken to ensure that the grants went to the most appropriate in-country bodies

The total approved cost of this scheme is US$ 2,889,186 Funds were dispensed in 2009-2010 through a competitive process; proposals were considered eligible if they catalyzed sustained capacity to mitigate the economic, humanitarian and social impacts of pandemic "beyond human and animal health sectors", and filled an obvious gap in current arrangements for preparedness. Following a call for proposals in 2009 and 2010, 73 proposals were received from 66 countries and 27 were judged eligible for support: they were selected from 25 countries. The Average size of grants was around USD 100,000 and the average duration of the small projects implemented with the grants was 12 months.

Implementation of the projects was monitored through quarterly and annual progress report, occasional filed visits and the use of the "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.

At the global level, the overall programme oversight was conducted by the Office for the Coordination of Humanitarian Affairs (OCHA) and the UN System Influenza Coordination (UNSIC). This includes the consolidation of all project reports quarterly and annually in accordance with CFIA reporting regulations.

At regional level, the Regional Planning Officers (RPOs) located within OCHA's regional offices were responsible for monitoring progress against the project objectives and goals stated in the project proposals.

At country level, the project implementation was the responsibility of the stated project partners: these varied by country. While in all cases, the projects involved support to national governments the accountability has rested with the implementing partner.

Proposals were prioritized by an interagency committee including representatives from OCHA and UNICEF, the International Federation of the Red Cross and Red Crescent Societies, Save the Children, DFID, USAID and UNSIC.

Grants were provided for the reinforcement of technical and organizational capacities within national institutions; both for avian influenza control and for pandemic preparedness. Grants were awarded if they contributed to capacities for whole of society pandemic preparedness, pandemic-related contingency and business continuity plans; conduct of simulations in support of pandemic preparedness planning and the development of guidelines and standard operating procedures relevant to business continuity actions.

> In Bolivia, the project supported strengthening national response capacity to food insecurity resulted from pandemics. The project involved collecting and analyzing information on human resources, infrastructure, funds, equipment and vehicles, etc that could be used in the case of pandemic to support food security sector. This information facilitated the development of a contingency plan to manage and respond to food crisis in pandemic situation.

The grants enabled 25 countries to enhance their mechanisms for whole-of-society pandemic preparedness. This has improved coordination and collaboration among critical sectors and relevant actors. This work was achieved through efforts to sensitize key practitioners to the issues and trained them to undertake specified actions. Grants were also used to enhance the design and implementation of effective risk communication activities on pandemic preparedness.

> The projects in Lesotho and in Madagascar supported the development of and training of multi-sectoral national teams on national business continuity plans that are based on multi-hazard and whole of society approaches. This was followed by the development of business continuity plans for the different working groups of the Disaster Management Authority in Lesotho and for each region in Madagascar.

The CFIA small Grants offered an important opportunity for getting funding to priority pandemic preparedness interventions in countries that lacked adequate resources and capacities. Although the financial outlay of these grants was relatively modest, its role in improving pandemic preparedness was significant. It also demonstrated that availability of funding is an important incentive in stimulating interest of both UN Country Teams and national partners to cooperate in pandemic preparedness.

In Benin, Mozambique and Myanmar and Lao PDR, focal points for pandemic preparedness and response were designated and trained in key sectors and hundreds of local officials, emergency response personnel and health workers were sensitized and trained on multi-sectoral pandemic preparedness and response.

Moreover, in Benin training for local community leaders was done to integrate pandemic planning into community contingency plans. In Myanmar, pandemic preparedness planning was successfully integrated into the National Disaster Management Plan.

In conclusion, the use of a competitive process with multiple implementing partners in support of national whole-of-society pandemic preparedness within 25 countries has significantly strengthened in-country capacity for anticipating and responding to multiple hazards. This is already proving to be of value in many country settings. The ultimate test of the new capacity will be the extent to which it enables countries better to respond to the next disease pandemic. It is hoped that this preparedness will not have to be tested in the foreseeable future.

Whole of Society, Multisectoral Pandemic Preparedness

Projects in Bhutan, Lao PDR and Myanmar initiated the Business Continuity Management Framework for multi-hazard disaster risks among key ministries to ensure mainstreaming and continuity of operations in critical sectors during situations of emergencies, including pandemics. This included defining critical functions and critical staff among different stakeholders during pandemics and other major disasters and identifying interdependences between key sectors, customizing key policy areas and key action under each area and determining triggers for actions.

This experience demonstrates that investments in building and strengthening multi-sectoral pandemic preparedness at country-level can be extremely effective if well financed and implemented in a responsive manner. They are being drawn on in relation to other unpredictable health threats. This includes the coordination mechanisms that are established, the contingency and business continuity plans for critical sectors that are developed and tested through simulations, the training of national and local leaders that is conducted, and the standard operating procedures and action plans that are developed at national, regional and community levels.

In Lesotho, a “beyond the project” plan of work was developed and progress in the implementation of whole of society approach becomes a standing agenda issue for the emergency preparedness and response team of the ministry of health.

In Bolivia, the project supported strengthening national response capacity to food crisis resulted from pandemics. The project involved collecting and analyzing information on human resources, infrastructure, funds, equipment and vehicles, etc that could be used in the case of pandemic to support food security sector. This information facilitated the development of a contingency plan to manage and respond to food crisis in pandemic situation

I. 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 UNCAPAHI objective 6: **"*continuity under pandemic conditions*",** which activities include:

- 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.

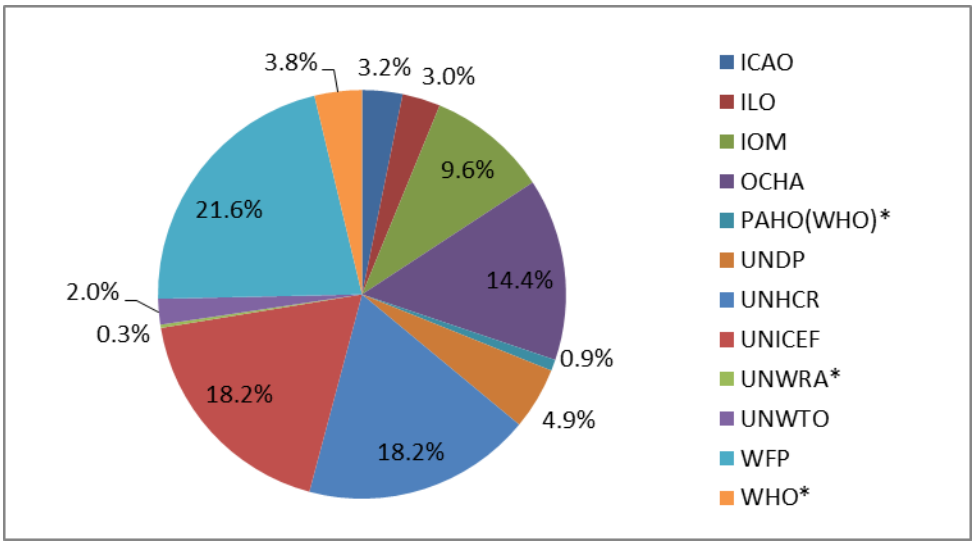
2 Resources

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***

Figure 1: Funds transferred by Participating Organizations



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.

II. ASSESSMENT OF PROGRAMME/ PROJECT RESULTS by country

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.

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. 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.

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.

Bolivia

The first project implemented by 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 conducted.

The second project implemented by WFP. 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.

Cote d'Ivoire

This project helped in 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. A meeting was held in September 2010 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 were 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 also planned.

Ghana

The key activities that have taken place are as follows:

- **Training of Trainers seminar for teachers in the Greater Accra Region** - 500 teachers, school Health Educational Workers and Managers have been educated on the disease. They were equipped with information on signs and symptoms, the effect of an outbreak on the school community and washing of hands and soap under running water. At the end of this seminar, pandemic preparedness and response guidelines were developed for schools

- **Awareness and sensitization for Hajj Pilgrims**: Ghanaian Moslems on Hajj pilgrimage were sensitized and educated on the disease before embarking on their journey. Basic information on signs and symptoms and on personal hygiene have been put on large banners and mounted at the Hajj village in Ghana for easy illustration.

- **Launch of national awareness and sensitization on Swine Flu (Pandemic Influenza A H1N1).** NADMO launched a national awareness and preparedness programme to heighten awareness on the disease on 23 November, 2009. The launch is to kick start a national and whole-of-society preparedness to prevent the spread of the disease as well as mitigate its impact. A cross section of identifiable groups in the whole country will benefit from these programmes while corporate institutions will be equipped to prepare Pandemic Preparedness and Response Plans.

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, with support from WHO this project successfully accomplished the following:

1. A 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.

Honduras

Main outputs of the project include 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 Guidelines on organization and operation of the Anti-pandemic National were finalized. The National Technical Committee (NTC) was divided into 6 sub-committees or groups to oversee the implementation according to the different sections/issues contained in the plan. The NTC members were defined among the different Public Institutions involved in the plan.

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).

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 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, AusAID, CDC, and ASEAN 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 an approved by UNCT, in coordination with UN Medical Office/NY, OMT Taskforce, WHO and Pandemic Preparedness Planning Officer: procurement now underway.

Towards a Safer World Initiative: Collaborated on the “Toward a Safer World Initiative” (WFP/USAID), including the identification of case studies in Indonesia for private sector practices and ASEAN case study. Conducted related interviews and drafted first case study.

After successfully completed the project with less budget than planned, the RC requested to use the reaming fund to widen the scope of the programme to the One Health approach. The remaining fund will be used to purchase cold chain equipment to support strengthening the animal health centers. This means more appropriate support to the national and local government in their efforts to control and eliminate Rabies and support their vaccination strategy. This also lays a necessary foundation for any future control programmes, and will therefore be an enabler for future One Health programmes. All relevant government and UN partners (especially WHO and FAO) are ready to support this and to combine efforts in order to make further advances in the fight against zoonotic diseases. The CFIA management committee will look at this request once all unspent fund are returned to CFIA.

Jamaica

The project aimed to integrate government agencies, private sector, civil society and community information channels to prevent the spread of the Influenza A H1N1 virus. The main outputs of the project were as follow:

a) *Results-based action plan and monitoring and evaluation system*

An implementing committee was formed from professionals at different government and international agencies, such as: Ministry of Health (Chair), Ministry of Education, Ministry of Labour and Employment, Office of Office of Disaster Preparedness and Emergency Management, Bureau of Tourism, UNICEF and PAHO/WHO. Three groups from these entities were formed to prepare a results based plan of action and a budget, which were completed in April 2010.

b) *Information Materials on the Prevention, Detection and Containment of the Virus*

An Inter-sectoral Communications Work Group, spearheaded by Ministry of Health, met to discuss strategies for the prevention of the spread of the influenza among the general population and specifically at the community level.

The broad objectives were: i) to identify the knowledge, attitudes, practices and beliefs in communities across Jamaica; ii) to create partnership with key stakeholders for sustainability of strategies employed; and iii) to create audio-visual and print material for different target groups. All these objectives are achieved within the project framework. Communication strategies were used to address the following content: i) washing hands frequently and appropriately; ii) practicing cough and sneeze etiquette; and iii) seeking medical attention when appropriate.

Focus groups were conducted in 3 parishes that had the highest number of cases, as well as in 3 parishes with low and no incidence of Influenza. The focus groups were divided according to age, gender, high risk group and where conducted in communities.

A jingle was developed by students who were involved in writing and performing lyrics and music (compose music bed (instrumentation)). A studio session for recording and editing of the jingle was carried out with the final result being a jingle produced for audio and audio visual placement. The jingle was placed on radio and television. DVDs were distributed at health centres, local cable and radio stations and used for community meetings.

A user-friendly hand-washing booklet was produced highlighting symptoms, preventive measures and high risk groups. The Ministry of Health prepared public education materials for the prevention, detection and containment of the Virus Influenza AH1N1, in close cooperation with the Ministry of Education focusing on hand-washing in all schools throughout the country.

c) Business Continuity Planning:

The Office of Disaster Preparedness and Emergency Management (ODPEM) designed and disseminate guidelines for the Private Sector in the Preparation of Business Continuity Plans for Influenza AH1N1 Preparedness. This was done by and completed in June 2010 using PAHO funds. In December 2009, three participants from ODPEM and the Ministry of Health attended training and were given certification in Business Continuity Planning in USA.

d) Prepare Participatory Regional and Local Action Plans for Influenza A H1N1 Preparedness

Two sensitization workshops were held in 2010. The primary aim of the workshops was to inform participants about pandemic and existing local plans for pandemics, as well as to sensitize them of the need for continuity plans as a means of maintaining critical operations during a pandemic. Response plans were prepared by the Ministry of Health and each Regional Health Authority after the training.

e) Design and Construct a WEB Page Dedicated to Information on the Prevention, Containment, and Treatment of Those with Influenza A H1N1 Virus

The Ministry of Health and its partners (primarily Jamaica Information Service) was to develop a website to ensure that information on influenza was readily available to persons in Jamaica. PAHO/WHO reviewed the preliminary website that was produced and concluded that these criteria were not met. No further attempts to create a website were made.

Lao PDR

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.

Following the workshops on Business Continuity Plans (BCP) conducted in 2010 and 2011, the ten BCP teams worked on revising their draft BCPs. The key objectives of the workshops were 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.

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.

As a result of these exercises, five key Government Ministries5 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 Ministries6 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

[5] 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 .

[6] 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

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.

Lebanon

The implementation of the project started in October 2009, coinciding with the larger H1N1 outbreak in Lebanon and the first confirmed cases registered among the Palestine refugee community. UNRWA has started implementing the planned activities throughout the camps in Lebanon and in its installations. Hygiene materials have been provided at Agency installations throughout Lebanon; awareness-raising campaigns in the refugee community and amongst school children have taken place to mitigate the initial panic and to encourage preventive measures to contain any outbreak; information materials have been produced and key UNRWA staff has received training. Progress against the 4 identified actions is as follows:

- **Action 1:** Development of preparedness plan: As a first step, the Pandemic Action Plan for UNRWA health facilities was finalised and endorsed. The UNRWA Field Disease Control Officer ensured that all staff was aware and updated on the Plan in order to implement emergency measures if needed.
- **Action 2:** Training of health, educational and social workers:- A total of 342 UNRWA staff, including health staff, teachers and health tutors, social workers, relief workers and administrative staff, have been trained on the basic concepts of Pandemic Influenza. The Field Diseases Control Officer from UNRWA's Health Department conducted 22 briefing sessions (of one-and-a-half hours duration).
- **Action 3:** Implementation of a communications campaign- At the end of October/early November two posters were printed (1,000 copies each) and distributed throughout the camps in NGO offices, UNRWA schools and clinics, UNRWA camp services offices, women's programme centres and other facilities. Five hotlines were opened (one for each area in Lebanon where UNRWA has area offices) to offer direct counselling and information on the pandemic to the community.
    - The UNRWA Education Department has established a schools competition involving all grades of students and the 67 UNRWA schools spread throughout Lebanon. H1N1 committees, composed of students and health tutors, will observe and improve the hygiene conditions at the schools, as well as the level of awareness of preventive measures.
    - The Mobile Information Centre (MIC) is currently being prepared; a pick-up truck is being equipped and the tour schedule is being planned to ensure that the MIC reaches all camps and refugee gatherings.

- The animation film, which will be shown as part of the MIC activities, is under production with the first 2 minutes already completed.

- **Action 4:** Hygiene preventive measures: All of UNRWA's 67 schools, 30 health centres/clinics, and 9 women's programme centres and other installations (in total around 130 facilities), have been equipped with soap dispensers. 26,400 litres of liquid soap were procured for the dispensers to cover the school year. In addition, the schools received additional cleaning supplies (surface active agents and multi-purpose floor cleaning liquid) in order to reinforce the hygiene measures that could prevent the spread of H1N1 Influenza.

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 CFIA provided the bulk of the funds for the project while the WHO Lesotho Office contributed about 25% of the funds. Funds amounting to US$148,803.40 were utilized to implement the project.

The main achievements of the project are as follow:
1. Two exercises were conducted as part of the testing of Lesotho plan for preparedness and response to influenza pandemic. These were:
i. Orientation of stakeholders on the national plan targeted at national task team for influenza and the ten district disaster management teams. This exercise was implemented for five days in each district and was conducted by the national task team.
ii. Table-top exercise: The exercise was 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 in meetings organized by the Disaster Management Authority (DMA) and Ministry of Health and Social Welfare.
2. The whole-of-society pandemic preparedness concept and framework was presented to:
i. The joint meeting of the Health and Nutrition and Water and Sanitation Working Groups of the Disaster Management Authority. The groups are made up of representatives from the different government ministries, utility companies (para-statals), non-governmental organizations involved in emergency response. The country representatives to the Regional simulation exercise on the "Whole-of-Society" Approach held in Johannesburg also shared the experience gained from the exercise with the meeting for Health and Nutrition and Water and Sanitation Working Groups.

ii. The emergency preparedness and response team within the Ministry of Health.
iii. The UN Disaster Risk Reduction Team (UNDRRT).
3. The above presentations have resulted in the following measures and milestones been put in place:
i. The Disaster Management Authority is taking the coordination leadership in the processes leading to the development of the BCP and its subsequent implementation.
ii. Ministry of Health will form the secretariat for the process of developing the BCP.
iii. The UNDRRT has incorporated the implementation of the concept into the UN Joint Programme.
iv. A "beyond the project" plan of work has been developed by the Ministry of Health and shared with the Disaster Management Authority. Progress on the implementation of the whole-of-society approach is a standing agenda issue in the regular meetings of the Ministry of Health Emergency Preparedness and Response Team.
4. Training of district public health teams on pandemic influenza where 45 participants were trained.
5. A training of multi-sectoral national team was successfully conducted where a total of forty (40) participants from twenty seven (27) institutions were trained on the business continuity management and planning process based on the "whole-of-society" approach and framework.
6. Business Continuity Plans for the five working groups of the DMA were produced. The five plans were consolidated to constitute a national business continuity plan that is based on the multi-hazard approach (not specifically focusing on influenza pandemic).
7. To solicit a wider stakeholder inputs into the working group plans, a debriefing session that was attended by international organizations, government institutions, and non-governmental organizations was convened and comments from the stakeholders were incorporated into the plans.

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. The main achievements of the project are as follow:

- The National Contingency Plan on pandemic and epidemic is revised and validated; the plan involves all key sectors needed to maintain the continuity of services in case of major disaster under the principles of whole of society approach. As a result, an Essential Services Commission was created under the leadership of the National Office for Disaster and Risk Management, as described in the national contingency plan.
    - Based on the various Business Continuity Plan finalized by key critical services identified (ministries and private sector), a national Business Continuity Plan was developed and coordination structure was put in place to coordinate all Business

Continuity Plans. This national BCP is a tool to be activated and used by BNGRC during pandemic/epidemic/major disaster time;

- Critical services members at national level and in the eight targeted regions (around 600 institutions: ministries and private sector) were trained on BCP development and focal point from their staff are trained on the protection of staff at office place during a pandemic period. 50% of the 80% targeted completed their BCPs; the process is still on-going for the rest. Those critical services members are able apply protection measures in order to protect their essential staff against virus during a pandemic period
- Each region has its local BCP all critical services in the field and
- Various tools on health protection measures are produced (DVD film, flyers, etc) to sensitize all relevant actors on how to protect essential staff working at critical sectors during a pandemic period. Those tools have been distributed largely to all critical services members, both at national and at local level. These include 150 VCD Spot TV, 30,000 posters, 150,000 flyers, 20,000 communication guidelines for community workers , 1,500 leaflets for local authorities, 1 booklet for health workers. Key messages were translated into local dialect and audio and TV broadcasting spots at district level.
- Information/training on A H1N1 were also conducted to: 43 airline personnel, 13 national media representatives, 167 local radio personnel, 371 heads of private and public schools in the capital of Antananarivo and social workers in the education sector

Regarding collaboration among key partnerships, BNGRC, OCHA and a private company in Madagascar were invited to participate at the "Towards a Safer World" Conference in Rome in September 2011 to share Madagascar experiences and best practices. The private company named JIRAMA (water and electricity sector) is the first company which has finalized its BCP in the country, and which participated actively on the national simulation exercise on the Whole-of-society approach.

Furthermore, Madagascar is among the six countries (Zimbabwe, Malawi, Zambia, Namibia, and Lesotho) invited in May 2012 to participate on a regional simulation on whole-of-society approach. The simulation was very important for Madagascar as the current National Contingency Plan and Business Continuity Plan do not consider any link with the neighboring countries in case of a pandemic affects several countries in the region. Based on the lessons learned from that simulation, Madagascar delegation identified a list of action to be implemented (pending the availability of resources) in order to improve the existing plans.

In the future, it is recommended that OCHA country office receive directly a financial cable, through UNDP administration, to implement a similar project. This arrangement is applied by the Human Security Trust Funds; OCHA country office is one of the implementing agencies and has received directly its own budget.

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.

Myanmar

Despite the delay in the commencement of the CFIA Project in 2010, mainly due to the political constraints due to national election in November 2010.

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.

The primary intent of the present CFIA Project is to revitalize the Pandemic Preparedness Working Committee and facilitate its work to embrace the multi-sector pandemic preparedness planning and BCP development. Achievements of the project include:

- The reviving of the national coordinating body at Central level for the coordination of multi-sectoral pandemic preparedness planning, which included representatives from relevant ministries; the Pandemic Preparedness Working Committee had been already in place with the standing of the Central Epidemiology Unit (CEU) of the Ministry of Health (MOH) when CFIA proposal was submitted. 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 Working Committee was composed of 32 ministries and 11 separate departments. Deputy Minister chaired and Director General of Health served a as the secretary in collaboration with the Director of Epidemiology, CEU. Director Generals of other ministries were the members of the Committee.

- 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.

Nepal

Avian Influenza Control Project (AICP), Department of Health Services, Ministry of Health and Population, Government of Nepal with support from WHO conducted a National Training on the "Whole-of-Society" approach and business continuity planning for pandemic preparedness.

Participants included representatives of the Office of Prime Minister, Ministries of Home Affairs, Finance, Agriculture and Cooperatives, Communication, Energy, Transportation, Education, Law and Justice, Health and Population, local development, general administration; media representatives, UN agencies, Nepal Red Cross Society, and Save the Children Alliance.

This national workshop/table-top exercise provided opportunities for inter-sectoral collaboration, discussing critical inter-dependencies and developing continuity plans. The trained participants are the resource persons for workshops on developing business continuity planning for their sectors as well as for regional workshops on business continuity planning and community mitigation.

Five regional workshops have been finalized with the selection of 3-4 districts from each region in July 2010.

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.

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 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.

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 Senegal Ministry of Health (MoH) 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 of the six stages of the pandemic 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.

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", a Power Point presentation on "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.

The remaining funds in 2012, was 4589 $US. It was used to recruit a Consultant for the collection of data and the development of the mapping of partners involved in capacity of the health system in Senegal. The presence of diverse partners and stakeholders in the health sector gives rise to significant challenges for the health system in terms of equity, governance and

coordination of health services. In view of these challenges, in particular, strengthen the coordination of interventions on strengthening the health system, the Ministry of Health commissioned this study on the mapping of partners involved in the health sector.

Sri Lanka

This project was developed to update the Sri Lankan Government's pandemic preparedness and response plans and integrating non-health sectors into it. It also provided an opportunity to stress the importance of having Business Continuity Plans (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. Meetings on BCP sensitization were conducted at national and provincial levels, with the participation of essential sectors. 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 understood 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.
4. 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.
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.

During the initial phase of the project in 2010, ccompeting priorities faced by the Disaster Management Centre and the relevant essential sectors has been the big challenge. The ongoing emergency due to floods that affected more than 1 million people in 16 districts, was a top priority for the DMC to deal with along with the Ministry of Disaster Management as both are the leading actors for emergency response.

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 provide 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.

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.

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

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 fund, it was utilized 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.

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.
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 will go through the internal processes within the government ministries for adoption as an official Government policy documents.

A WOS/ BCP Capacity Building Workshop was conducted in September 2010 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 on 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.

Vietnam

This project enabled the assessment of pandemic preparedness beyond the health and agriculture sectors in Vietnam. The resulting report that 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.

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.
This project experienced delays in fund transfer, which negatively impacted the start of its implementation. Funding arrived in September 2010.

The MOPH&P, in coordination with WHO and OCHA, successfully conducted a two-day workshop for institutions 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.

III. EVALUATION & LESSONS LEARNED

The total approved cost of this scheme is US$ 2,889,186, which has been allocated to 27 projects in 25 countries. Projects funded under this scheme were selected in a competitive process; hence enabling targeting project designs that could achieve required outcomes in assisting developing countries to be better prepared to mitigate the economic, humanitarian and social impacts of pandemic "beyond human and animal health sectors".

The CFIA small grants project A16 was evaluated as part of the CFIA Lessons Learned Exercise (LLE) that took place in 2011. Lessons learned from this evaluation and from progress reports submitted by countries could be summarized as follow:

- Technical and organizational capacities gained by national institutions are in synchronization with with the objectives of the UN Consolidated Action Plan for AHI (UNCAPAHI) that contributes to whole of society pandemic preparedness. This included development of pandemic- related contingency and business continuity plans; the use of simulation exercises to test preparedness planning and the development of guidelines and standard operating procedures relevant to business continuity actions.

- Multi-sector pandemic preparedness mechanisms that are established in many countries benefited from these grants, improved coordination, collaboration and joint actions among critical sectors and relevant actors. This was supported by education programs, sensitizations, and training activities.

- The design and implementation of effective risk communication activities on pandemic preparedness as part of some of projects funded under this scheme enhanced awareness and adoption of protective measures by the public.

- Having a competitive multi-country multi-agency fund demonstrated a significant value in strengthening the whole of society, multisectoral pandemic preparedness. This rich experience could be readily replicated to other health emergencies and threats. This is now being done through the Towards A Safer World (TASW) Network. The network was launched in 2010, with the aim to strengthen the capabilities of its committed individuals to implement best whole-of-society preparedness practices that have been developed and tested in relation to pandemics: individuals do this within their own spheres of responsibility as well as within their institutions and organizations. The Network continues to promote learning across silos, new working practices and more effective use of preparedness resources; help ensure that pandemic good practices are applied more widely where relevant, and enables disaster risk management actors to prepare for the threat of pandemics and integrate pandemic into wider disaster planning.
  For further details about the network, please refer to the network's website at www.towardsasaferworld.org

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)
Outcome: Countries are better prepared to mitigate the economic, humanitarian and social impacts of pandemic by being equipped to maintain continuity under pandemic conditions and compatible other health emergency						
Number of countries with Business Continuity Plan (BCP), contingency planning and pandemic preparedness planning	0	Up to 20	18	Contextual and local needs of countries	Projects reports	
Number of countries with multi-sector pandemic preparedness mechanisms in place	0	Up to 10	9	Contextual and local needs of countries	Project reports	

Number of countries with education, sensitizations, training activities on Whole of Society, multisectoral pandemic preparedness	0	Up to 27	27	Contextual and local needs of countries	Project reports	
Number of countries with communication and awareness raising activities on pandemic preparedness	0	Up to 7	7		Project reports	
Number of countries with simulation exercise to test pandemic preparedness and business continuity plans	0	Up to 15	13	Contextual and local needs of countries	Project reports	