CENTRAL FUND FOR INFLUENZA ACTION

FINAL NARRATIVE REPORT
CFIA – BI (PIC OCHA)

Participating UN Organization(s)	**Country and Thematic Area**
(if joint programme, indicate the lead agency) **UN Office for the Coordination of Humanitarian Affairs (OCHA).**	**Global coverage as part of UNCAPAHI Objective: 6 "Continuity under pandemic conditions".**

Programme/Project Title	**Programme/Project Number**
Pandemic contingency and continuity planning support to National Governments and UNCT's	**Programme number: 67356** **ATLAS No. 55356** **CFIA-B1**

Programme/Project Budget		**Submitted by**
CFIA: **$1,485,000**	USD	**Name, Title:** **Mr. Ian Clarke**
Govt. Contribution:	USD	**Organization:** **PIC OCHA**
Agency Core:		
Other: **$1,534,824**		
TOTAL: **$3,019,824**	USD	**ContactInformation:** **clarkei@un.org**

Final Programme/ Project Evaluation	**Programme/Project Timeline/Duration**
Evaluation Done: ☐ Yes ☐ No **Evaluation Report Attached:** **Yes**	**Overall Duration** **1 year (Oct 07 – Sept 08)** **Original Duration** **1 year (Oct 07 – Sept 08)** **Programme/ Project Extensions** **N/A**

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

1.1. Intended Outcomes:
a) UN country teams worldwide more ready to maintain essential operations and assist their national host governments
b) Greater awareness in restricted capacity developing countries of the need to prepare for a high mortality influenza pandemic
c) Governments in restricted capacity developing countries improve their preparedness for a sudden pandemic
d) Governments, UN and partners prepared to support humanitarian response in a pandemic
e) Existing national and international institutions for disaster risk mitigation add 'sudden high mortality pandemic' to the list of risks they must work to mitigate
f) In the event of WHO Pandemic Phase 4, 5 or 6 being declared the UN performs well in assisting governments to face the situation in a broad multi-sector fashion

1.2. Key intended outputs:
a. PIC-backed UN basic measurement of national pandemic readiness beyond the health sector standardised for all UN programme countries by the end of 2008
b. UN system adopts standardised indicators of readiness for UN Country Teams – bringing together readiness elements from different parts of the system such as medical services and human resources
c. At least 70 UN Country Teams assisted to support their national Governments with pandemic preparation, including simulations
d. Key presentations made at 20 regional and sub-regional organisations' high level meetings advocating multi-sectoral pandemic preparedness
e. Regional platforms of the key actors in AHI organised and maintained in 6 out of 7 regions, covering participants from 100 countries
f. Humanitarians agree on – and undertake – priority actions
g. Best practices on pandemic readiness widely disseminated
h. Imaginative advocacy materials produced and widely distributed promoting a) the wisdom of pandemic readiness and b) mainstreaming this into other disaster risk reduction work
i. National disaster risk mitigation focal points lobbied in 150 countries to advocate inclusion of preparedness for a sudden pandemic in disaster risk reduction work
j. Set of new guidance for humanitarian field staff, filling in key gaps, developed
k. Simulation material developed tailored to humanitarian purposes
l. Meetings of donors, NGO, Red Cross and UN agencies convened to exchange best practice and coordinate priorities
m. Inter-agency visits to 4 priority countries to test and conduct simulations.
n. PIC assists UNDP, OCHA and ISDR to clarify their respective roles with regard to sudden pandemic preparedness, with written outputs
o. PIC collaborates successfully with WHO and makes a major contribution in a multi-sector process to broaden WHO Guidelines on Pandemic Preparedness to include more attention to other sectors and the 'whole-of-society' approach
p. PIC itself is ready for a pandemic, with a robust capability to remain functional even in Phase 6

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

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

services during pandemic: and helping humanitarian actors to develop pandemic plans so that they can continue to deliver humanitarian relief during pandemic.

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

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

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

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

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

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

II.   Resources

2.1. Financial Resources:

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

The expenditure from the 1st January to 31st December 2008 for the seven PIC projects (without the West Africa regional platform – which was funded by a separate CFIA allocation and on which we are reporting separately) is **US $ 3,019,824** and the total funds received from CFIA to cover the 7 protects is **US $ 1,485,000** (This contribution represents 49% of the revised fund requirements in 2008).

It should be noted that the difference of **US $ 1,534,824** (51%) from the revised budget was covered by other funding sources through OCHA's donor resource mobilisation mechanisms.

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

The original PIC global budget for 8 projects including the West Africa regional platform was **US $ 4,515,483** and in the context of OCHA's normal mid-year review process, the original budget was revised in June-July 2008 with a saving of around 13% from the original budget.

OCHA Senior Management has approved the total amount of **US $ 3,930,926** as the revised total global PIC budget including the West Africa regional platform.

2.2. Human Resources:

The total number of PIC staff is 21 with the following details:

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

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

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

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

- **2 seconded senior officers:** The global PIC project Director, seconded to PIC-OCHA from DFID (UK Government) through UNDP-UNSIC and the PIC Senior Planning Adviser seconded to PIC – OCHA from UNSIC through UNOPS as field manager.

- **1 temporary IT consultant:** Based in Geneva to provide all IT and networking support to the PIC Office

III. Implementation and Monitoring Arrangements

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

PIC's overall goal in 2008 was to support implementation of the multi-sector elements of the Chairman's Proposed Road Map from the New Delhi Conference on Avian and Pandemic Influenza, 4-6 December 2007. PIC's strategy, in brief, was to 'Measure, Advocate and Help'

- **Improving measurement of worldwide pandemic preparedness**
  PIC managed, improved and updated a web-based system to measure UN country teams' and national governments' capacity to mitigate the impacts of a pandemic. PIC advocate for large use of this web system which helps to identify which countries and which areas are least well-prepared (according to standard indicators) and to prioritize PIC's technical support and advocacy efforts.

- **Advocacy**
  PIC advocated for pandemic preparedness at all levels by articulating the beyond-health consequences of pandemic during important events/ meetings/ conferences at HQ, regional or country level with the UN, Governments, regional institutions and other relevant partners in pandemic preparedness. Assistance with readiness activities, like high-level simulation exercises, was essential to the credibility of the advocacy and measurement efforts.

- **Help**
  PIC provided technical support to help incorporate pandemic planning into national disaster management structures. Integration of pandemic and other planning will help international, national, regional and sub-regional entities (public, UN, private, voluntary or military) to synergize their multi-sector catastrophe preparedness efforts.

- **Humanitarian readiness**
  One of PIC's key goals is to improve humanitarian readiness to meet humanitarian needs in a pandemic. PIC facilitated the activities of the Inter-Agency Standing Committee (IASC)-based 'Humanitarians in Pandemic' working group.

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

There was no major procurement done in 2008 with CFIA contributions, most of office equipment, furniture and other materials were purchased at the end of 2007 and delivered in 2008. OCHA procurement is undertaken following UNOG procurement procedures and regulations.

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

We run a web-based system to measure the preparedness of UN country teams and national governments. This helps us to evaluate overall progress in the pandemic readiness agenda. We report

back to the UN Deputy Secretary-General's Steering Committee on Influenza for each of its quarterly meetings on the state of progress of UN country team preparedness and planning. Over the reporting period the tracking system for preparedness has been updated to provide greater functionality for field teams to measure preparedness at a UNCT and National level.   The application of this data allows for a consistent picture of global preparedness.

We work with UNSIC to provide a chapter for the annual World Bank/UNSIC progress report on avian and human influenza which is prepared to inform the annual inter-Ministerial conference. We work with UNSIC on the chapter covering the state of pandemic preparedness. A survey is issued to all Governments in advance of this report to generate information and feedback on the state of pandemic preparedness. We then evaluate with UNSIC the data that emerges and use this to inform work priorities over the coming period.

One of our main products is simulation exercises. We undertook 44 in 2008. We require all participants to deliver feedback at the end of each exercise and we monitor this feedback on an Excel spreadsheet. Lessons that emerge are built into the design of future simulation exercises.

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

In collaboration with the London School of Hygiene and Tropical Medicine, PIC completed an evaluation of government readiness in Europe, Central Asia and North Africa, with published findings.

PIC Bangkok provided technical support to ASEAN to develop pandemic preparedness indicators. The indicators will be used as a tool for external assessment in ASEAN member countries.

PIC's Regional hub for Europe and Central Asia conducted a joint assessment mission with WHO of national pandemic planning in Moldova and Macedonia.

IV.   Results

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

PIC supported 90 countries in 2008 (our target was 70.)
PIC conducted 44 simulations in 2008 (our target was 40.)
20 meetings of regional and sub-regional bodies placed pandemic preparedness on their agendas with support from PIC. (Our target was 15).
7 regional platform meetings took place in 2008. (Our target was 8).

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

4.2. Main activities undertaken and achievements.

During the reporting period PIC team members visited, or met with UN and government representatives from the following countries to advocate for, and support pandemic preparedness activities: Philippines, Cambodia, China, Laos PDR, Vietnam, Thailand, Costa Rica, Hungary, Namibia, Mauritius, Madagascar, Montenegro, Egypt, Ethiopia, Djibouti, Bahrain, Jordan, Kazakhstan, Kenya, Kuwait, Morocco, Oman, Palestine, Panama, Poland, Saudi Arabia, Serbia, Syria, Turkey, United Arab Emirates, Comoros, Zambia, Lesotho, Malawi, Afghanistan, Burundi, Uganda, Rwanda, Yemen, Republic of Congo, Azerbaijan, Turkmenistan, Kyrgyzstan, Eritrea, Belarus, Czech Republic, Latvia, Lithuania, Slovakia, Sudan, Democratic Republic of Congo, Georgia, India, Malaysia, Nepal, Indonesia, Seychelles, Botswana, Mozambique, South Africa, Tanzania, Israel, Bosnia and Herzegovina, Kosovo, Guatemala, Colombia, Iran, Croatia, Ecuador, Nicaragua, Bhutan, Honduras, Swaziland, Papua New Guinea, Singapore, Peru, Venezuela and Romania.

During the reporting period PIC Team members provided support to a number of countries through participation in simulation exercises, either directly through national simulations or as a participant in UN simulations, Between 1 January and 31 December 2008, PIC organised simulations with UN Country Teams in the following countries: China, Cambodia, Indonesia, Honduras, Nicaragua, El Salvador, Serbia,

Turkey, Bahrain, Kuwait, Oman, Saudi Arabia, UAE, Qatar, Congo Republic, Bosnia and Herzegovina, Croatia, Ecuador, Namibia, Slovakia, Bhutan Honduras, South Africa, Mauritius, Madagascar, Syria, Romania, Uzbekistan, Kazakhstan, Georgia, Tanzania, Rwanda, India, Mongolia, Malaysia, Nepal, Myanmar, Peru and Venezuela.

During the reporting period the following regional / sub-regional organisations invited PIC to support meetings and events on improving pandemic preparedness:
- Mediterranean Inter-Parliamentary Union
- ASEAN
- SADC
- CAREC
- NATO
- AU

During the reporting period PIC convened regional coordination 'Platforms', bringing together UN agencies, INGOs, the Red Cross movement, donors, governmental organisations and the private sector in South East Asia and Southern Africa.

PIC chaired and organised the UN inter-agency ''Humanitarians in Pandemic'' group, which agreed an action plan setting out next steps in inter-agency work on humanitarian readiness. PIC also chaired and organised the IASC-based NGO/Red Cross/UN '29 October follow-up' (TOFU) group, which focused on preparations for the 26 September high level inter-agency simulation exercise, which OCHA and IFRC co-hosted for senior managers from Humanitarian Pandemic Preparedness Declaration signatory organisations. PIC designed and facilitated this event, working in collaboration with a US contractor.

During the reporting period PIC joined USAID / IFRC led humanitarian pandemic preparedness missions in Ethiopia, Mali, Nepal, Uganda and Rwanda.

During the reporting period PIC helped to promote and advise on the integration of pandemic into over 30 national disaster plans.

During the reporting period PIC finalised the development of two UN Country Team simulation packages. These were a Table Top Exercise (to raise awareness and support the identification of planning elements, particularly focused on business continuity considerations - for Country Teams with weaker plans) and a Functional Simulation (to test plans and planning assumptions – for Country Teams with more advanced plans). These have been developed and improved through interagency collaboration – especially with UNICEF and WFP – in the South East Asia region.

In 2008, at the invitation of WHO, PIC chaired an International Taskforce which prepared a paper to be included in the new WHO guidelines on Pandemic Preparedness, covering multi-sectoral 'whole of society' pandemic preparedness beyond the health sector.

PIC supported the "Southern Africa Regional Consultative meeting on Pandemic influenza preparedness" for Disaster Managers from SADC countries, including South Africa.

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

As the political and media profile of the pandemic issue declines, it is becoming more challenging to sustain the interest of some Governments and UN country teams in pandemic preparedness.

Given the declining profile, we consider that pandemic interventions need to be punchy, concise, modest and proportionate. There is a limit to what degree of resources one can realistically expect a resource-poor country to devote to the pandemic agenda.

We have identified that in order to promote sustainability; it is desirable to seek to integrate pandemic planning into wider forms of multi-hazard emergency planning and into the remits of institutions responsible for such wider planning. We have identified that it is valuable to enumerate and articulate

the collateral benefits of pandemic planning. We have identified that in order to maximise progress and generate momentum, it is important for a wide range of actors to work closely together on pandemic preparedness planning – for example the United Nations, the Red Cross Movement, civil society organisations, Governments and the military.

PIC has persuaded the UN Deputy Secretary General's Influenza Steering Committee that the UN Deputy Secretary General should issue a renewed high level message to UN Resident Coordinators and UN headquarters agencies reminding them that it remains important to have robust pandemic planning in place and asking them to upgrade their pandemic plans. UNDOCO has also volunteered to promote such a message through its auspices.

We have identified that table top exercises and simulations are a valuable tool for raising awareness of pandemic.

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

In 2008, PIC continued to work closely with UNSIC and other key UN, Red Cross and NGO stakeholders in updating both the UN Concept of Operations for an influenza pandemic and other policy issues.

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

The PIC team supported the joint WFP-Mercy Malaysia-WHO logistics cluster pandemic simulation exercise in Malaysia.

PIC, through the RDRA office in Kazakhstan, is working in close collaboration with the CAREC office in Almaty on regional preparedness in Central Asia.

PIC spearheaded the development of a new WHO guidance product for Governments that captures the essential actions that need to be taken by Governments to ensure that the whole of society is prepared for the consequences of an influenza pandemic. This document, called the 'Whole of Society Readiness Guidelines' will become an important component of the revised WHO Global Pandemic Preparedness Plan – expected to be released in the spring of 2009. PIC managed the work of a multi-stakeholder taskforce on beyond health pandemic preparedness, with the participation of specialists from UN agencies and member states.

PIC was invited to participate in a regional pandemic simulation organised by the UN military Pacific Command PACOM in the Asia Pacific region.

PIC participated in the annual Inter-Ministerial conference on avian and pandemic influenza which took place on 24-26 October in Sharm El Sheikh, Egypt. Within the drafting committee, PIC helped to ensure that the final outcome document of the conference duly recognised the need for governments to continue to pay attention to the need for a multi-sectoral approach, to business continuity planning for essential services and to humanitarian preparedness.

On 11th December 2008, PIC organised a simulation exercise for InterAction network NGO Chief Executive Officers in Washington.

PIC Johannesburg supported the South African Department of Health to organize a Table Top simulation exercise with the Government of SA, the Regional Inter-Agency Steering Committee (RIASCO) and the UN Country Team (UNCT) in South Africa with the participation of Disaster Managers from SADC countries as observers.

At a headquarters level PIC worked with USAID-partner MPRI to develop two simulation events: (a) the June 19th UN system Pandemic Simulation Exercise that focused on headquarters coordination issues

associated with a UN response to a global influenza pandemic. This was conducted within the framework of 'The Concept of Operations for the UN System in a Pandemic' (CONOPS). The exercise identified weaknesses in this document and points for clarification and improvement. A revised version of the document was prepared and approved by the UN Deputy Secretary Generals high level committee; and (b) a bigger and higher level exercise that was organised by OCHA and the IFRC to look at how NGOs, the Red Cross and the UN should work together during pandemic. This exercise took place on 26 September in Geneva.

4.5. Other highlights and cross-cutting issues pertinent to the results being reported on.
N/A

V. Future Work Plan

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

PIC's core programme for 2009 includes the following key actions:

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

5.5. Indication of any major adjustments in the strategies, targets or key outcomes and outputs planned in the programme.
N/A

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

The overall PIC budget for 2009 is US $ 3,499,497 in which a total of US $ 2,799,456 (80% of the overall budget) will be funded by CFIA (A total of US $ 2,475,000 for PIC global and US $ 324,456 for PIC Regional platform in Southern African region)

The Australian government has also committed to fund US $ 130,000 (200,000 Australian dollars).

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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)
UNCAPAHI Objective 6[1]							
UNCAPAHI Output 1.1	Indicator 1.1.1	Provision of planning support to national governments and UNCT's	70	90		PIC monthly reports.	
	Indicator 1.1.2	Simulations conducted to assist in preparation and testing of contingency and continuity plans.	40	44		PIC monthly reports.	
	Indicator 1.1.3	Advocacy with regional and sub-regional bodies to put pandemic planning on their agendas.	20	15	General lack of interest in pandemic planning.	PIC monthly reports	

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[1] From UNCAPAHI (see h http://mdtf.undp.org/document/download/4117).

	Indicator 1.1.4	Conduct of Regional Platform meetings on pandemic preparedness.	8	7		PIC monthly reports	
	Indicator 1.1.5	Number of UNCT's that have showed a marked % increase in overall level of pandemic preparedness.	10%	22 UNCT's or 15.5%		PIC online readiness tracker (self assessment tool for use by UNCT's to track levels of preparedness).	