

## CENTRAL FUND FOR INFLUENZA ACTION

#### ANNUAL PROGRAMME NARRATIVE PROGRESS REPORT

## **REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2010**

## **Programme Title & Number**

**Programme Title:** Cooperative

Arrangement for the Prevention of Spread of Communicable Disease by Air Transport

Programme Number (*if applicable*)200703, *CFIA/A-5* MDTF Office Atlas Number:

## **Participating UN or Non-UN Organization(s)**

**International Civil Aviation Organization (ICAO)** 

# **UNCAPAHI Objective(s) covered:**

Contingency Planning for operational continuity during a pandemic

Programme Coverage/Scope: Asia Pacific

## **Implementing Partners**

- Participating UN or Non-UN Organizations; WHO, OCHA
- Other International Organizations: IATA, ACI
- National counterparts (government, private, NGOs & others): Civil Aviation Authorities and Airport Authorities of Participating Governments

## **Programme/Project Cost (US\$)**

CFIA Contribution: US\$

201,706

Agency Contribution: In kind

Government Contribution

(if applicable)

Other Contribution (donor)

(if applicable)

TOTAL: \$201,706

#### **Programme Duration (months)**

Overall Duration: 61

months

Start Date 15/8/2007

End Date or Revised End Date, 30/9/2012

(if applicable)

Operational Closure

Date<sup>2</sup>

**Expected Financial** 

Closure Date

## **Programme Assessments/Mid-Term Evaluation**

# **Submitted By**

<sup>&</sup>lt;sup>1</sup> The start date is the date of the first transfer of the funds from the MDTF Office as Administrative Agent. Transfer date is available on the MDTF Office GATEWAY (http://mdtf.undp.org).

<sup>&</sup>lt;sup>2</sup> All activities for which a Participating Organization is responsible under an approved MDTF programme have been completed. Agencies to advise the MDTF Office.

Assessment Completed - if applicable please attach	Name: Dr Anthony Evans
☐ Yes ☐ No Date:	o Title: Chief, Aviation Medicine Section
Mid-Evaluation Report – if applicable please attach	<ul> <li>Participating Organization (Lead): ICAO</li> </ul>
☐ Yes ☐ No Date:	Email address: aevans@icao.int

# **Narrative Report**

# 1. Purpose

- 1.1 The main outcomes and outputs of the programme are:
  - a. The aviation sector will be capable of taking appropriate measures for preventing and managing the spread of communicable diseases of international public health concern through air transport, in case an outbreak is declared.
  - b. Airports and airlines in participating states and administrations will have developed the necessary aviation preparedness plans in compliance with WHO International Health Regulations (2005) and ICAO Standards and Recommended Practices and associated guidelines on prevention of spread of communicable disease by air transport and will have incorporated them in their national general preparedness plans.
  - c. The preparedness plans and arrangements in place at major airports for dealing with a pandemic will have been reviewed and their effectiveness assessed by project experts.
  - d. Guidance and on the job training will have been provided, to aviation regulators to airport and airline personnel as well as to health officials, on the implementation of the aviation preparedness plan in case of a pandemic. A team of experts is thus established to provide ongoing advice on the subject and supply their expertise for the development of similar preparedness plans for other airports and airlines.
  - e. Improved global harmonization of plans and procedures concerned with the prevention of the spread of communicable disease.
  - f. Development of continuity planning in the aviation sector during a public health emergency of international concern
- 1.2 The programme falls under objective 6 (continuity under pandemic conditions) of the UN Consolidated Action Plan and more specifically paragraph 6.1 "Contingency planning for continuity of operations during a pandemic including preparation for humanitarian actions under pandemic conditions (WHO alert phases 5 and 6)."

The programme is in line with the CFIA TOR and had received originally a grant of \$351,706 of which \$150,000 was later transferred to CAPSCA- Africa (CFIA-A11), leaving \$201,706. Interest accrued on the grant (US\$ 12,503) has been transferred to CFIA.

- 1.3 The main implementing UN and non-UN partners in this programme and their respective roles and responsibilities are:
  - a. International Civil Aviation Organization (ICAO) which is the lead coordinator of preparedness planning effort in the aviation sector. It arranges seminars, workshops, Steering Committee and Regional Aviation Medicine Team (now termed *Regional Aviation Medicine and Public Health Team*) meetings, conducts evaluation of airport preparedness plans and facilities and promotes cross organizational communication and collaboration.
  - b. World Health Organization (WHO) which assists in the development of pandemic preparedness guidelines for aviation and ensures harmonization with the International Health Regulations (2005) as well as participates in regional training workshops for the aviation sector and in airport

- evaluations (now termed airport assistance visits to better reflect their purpose).
- c. Airports Council International (ACI) which facilitates the development and implementation of detailed pandemic preparedness guidelines for airport operators and participates in related regional training workshops.
- d. International Air Transport Association (IATA) which facilitates the development and implementation of detailed pandemic preparedness guidelines for airlines and participates in related regional training workshops.

#### 2. Resources

#### 2.1 Financial Resources:

CFIA allocated initially \$351,706 for the project but \$150,000 was transferred later to CAPSCA-Africa (CFIA-A11), while some interest accrued on the funds deposited with ICAO. Thus the financial resources allocated to CAPSCA-Asia Pacific (CFIA-A5) is \$201,706.

#### 2.2 Human Resources:

- a. Dr. Anthony Evans, Chief, Aviation Medicine Section in ICAO Headquarters is designated as the Project Manager and is supported in this regard by the ICAO Technical Cooperation Bureau. In addition WHO, IATA, ACI and other personnel from governmental organizations have participated in the meetings and workshops of the Programme.
- b. The Chairman, Civil Aviation Medical Board, Civil Aviation Authority of Singapore has been seconded on part-time basis by his administration, at no salary cost to the project, to undertake the duties of Technical Advisor to the programme. In this capacity he has been coordinating and participating in meetings and workshops and in the evaluation and assessment of airport preparedness plans as well as providing guidance and on the job training to personnel concerned in the participating countries. He also provides technical guidance and advice to the three other CAPSCA projects.
- c. The Deputy Director, ICAO Regional Office, Mexico, has been nominated as CAPSCA Global Coordinator. This role has been established to facilitate the global administration of the four CAPSCA regional projects, to avoid duplication and improve harmonization.

## 3. Implementation and Monitoring Arrangements

- 3.1 The implementation mechanisms primarily utilized to achieve maximum impact include:
  - a. Organizing and conducting, with the participation of WHO, IATA, ACI and other parties concerned, seminars and workshops on aviation preparedness planning for civil aviation, airports, airlines and health personnel of participating countries.
  - b. Providing technical guidance and explanations to the authorities concerned on the application of related ICAO Standards and Recommended Practices and guidelines and on International Health Regulations (2005).
  - c. Undertaking missions to States and administrations to help them develop preparedness plans at major airports and in airlines for prevention of the spread of communicable diseases through air transport.
  - d. Promoting harmonization, coordination and cooperation among all stakeholders within each country and among the participating States and Administrations.

## 3.2 No procurements are involved.

- 3.3 Monitoring of the Programme is done by the following:
  - a. The Project Manager at ICAO Headquarters, the Global Coordinator and the Technical Advisor.
  - b. The Steering Committee, comprised of representatives of aviation regulators, airports, airlines and health authorities in Participating States and administrations and other interested parties. It meets about once a year and discusses any difficulties encountered, lessons learned and further actions to be undertaken. The last (fourth) Steering Committee Meeting was held in Kuala Lumpur in May 2010 with the participation of 57 representatives of 13 States/Administrations as well as representatives of many international, regional and national organizations and associations. The next Steering Committee Meeting is planned for June 2011.
  - c. The Regional Aviation Medicine Team (RAMT), which was established by the first Steering Committee Meeting, has held so far four meetings, the last of which was held in October 2010 in Singapore. The RAMT reviews ICAO, State and Airport Specific Guidelines and checklists from the operational point of view and proposes for adoption by the Steering Committee appropriate measures and procedures that may need to be applied by airports and airlines in their preparedness plan. This fourth meeting in the Asia Pacific region was open to all regions as was therefore the first Global Regional Aviation Medicine Team meeting.

The Global Meeting reviewed and assessed the methodology, guidelines, missions to States and lessons learned, as well as adopted 13 conclusions and actions. These conclusions included modifying the title of RAMT to become RAMPHT (Regional Aviation Medicine and Public Health Team), combining future RAMPHT meetings with their respective Steering Committee meetings and holding an annual Global RAMPHT meeting together with Regional CAPSCA Steering Committee Meeting for Africa in 2011 and for the Americas in 2012. It also agreed that the term "evaluation" would be replaced with the words "assistance visit".

3.4 Ten international airports have been evaluated in the Asia Pacific region. These are Singapore, Macao (China), Hong Kong (China), Jakarta and Bali (Indonesia), Manila and Cebu (Philippines), Kuala Lumpur (Malaysia), Bangkok (Thailand), in addition to Jinan Airport in China which was evaluated by a joint WHO/CAPSCA Team. Further evaluations (now termed "assistance visits") are planned; an assistance visit to Mongolia had been planned for June 2011.

#### 4. Results

- 4.1 The programme has created awareness of the need to develop a contingency aviation preparedness plan for implementation in case of an outbreak or pandemic, not only in the its Participating States and Administrations but also in other States in the Region as well as in their major airports and airlines, about. The workshops conducted, the Steering Committee and RAMT meetings as well as the evaluation/assessment missions, have created greater understanding of the relevant ICAO requirements and WHO International Health Regulations (2005) that can contribute to the prevention of the spread of communicable diseases by air transport and the measures that need to be taken.
- 4.2 Seventeen States and Administrative Regions have joined the Project, an addition of four to the total at the end of 2009. These are: Afghanistan, China, Hong Kong (China), India, Indonesia, Macao (China), Malaysia, Mongolia, Myanmar, Nepal, Papua New Guinea, Philippines, Singapore, Solomon Islands, Thailand, Tonga and Viet Nam.
- 4.3 Ten International Airports have been evaluated. The airport evaluation visits ensured that aviation

preparedness plans are in compliance with ICAO requirements and guidelines as well as with WHO International Health Regulations (2005). In addition, on the job training was provided to national personnel in the development and implementation of pandemic preparedness plans at airports in their country and for maintaining their validity.

- 4.4 The RAMT brings together experts, operational and medical personnel from several countries in the Region and from multinational agencies. It provides the Steering Committee and the participating States and their airports and airlines a professional source of advice and guidance on arrangements and procedures applied under the preparedness plans in the region. The Global RAMT meeting held in Singapore has allowed the sharing of experiences and harmonization of methods, procedures and nomenclature in the different Regions.
- 4.5 Other states, regional and international agencies and organizations, major airlines and airports as well as Public Health Departments have also participated in the workshops, Steering Committee and RAMT meetings or in visits to states. The involvement of these different entities and the evaluation visits to States and airports have had a catalytic effect in bringing together interested parties from many countries and regions of the world as well as the aviation and public health sectors within the participating states that has created awareness and promoted the production of harmonized preparedness plans that are in compliance with ICAO requirements and with WHO International Health Regulations (2005).

## 5. Future Work Plan

The future workplan includes the following:

- Increasing the number of States participating in the project.
- Reviewing and assessing Pandemic Preparedness Plans at major international airports and airlines of participating States that are not yet evaluated.
- Providing professional guidance and advice to States on the effectiveness of arrangements and procedures adopted in the preparedness plans.
- Ensuring that national experts on the development and application of Pandemic Preparedness Plans are kept informed of relevant new developments and regulations.
- Conducting the development of business continuity guidelines for the aviation sector
- Enhancing cooperation and coordination among all parties and states involved and harmonization of their Preparedness Plans.
- Encouraging the exchange of relevant information between airports, airlines, civil aviation authorities and public health authorities.
- Assisting the implementation of a generic template for a National Aviation Plan for a Communicable Disease Outbreak.
- No additional funds are required under the present situation, although the project has been extended to 30 September 2012.

Abbreviations and acronyms that are used in the report.

CAPSCA: Cooperative Arrangement for the Prevention of Spread of Communicable Disease by Air

Transport

IATA: International Air Transport Association

ACI: Airports Council International

#### (DELETE BEFORE SUBMISSION)

#### **Introduction:**

The Narrative Progress Report template is in line with the UNDG Standard Progress Report.

Building on continued efforts made in the UN system to produce results-based reports, the progress report should describe how the activities (inputs) contributed to the achievement of specific short-term outputs during the twelve month reporting period, and to demonstrate how the short-term outputs achieved in the reporting period collectively contributed to the achievement of the agreed upon outcomes of the UNCAPAHI guiding the operations of the Fund.

In support of the individual programme reports, please attach any additional relevant information and photographs, assessments, evaluations and studies undertaken or published.

Where available, the information contained in the Programme Summaries and Quarterly Updates prepared by the Participating Organizations may be useful in the preparation of the Annual Narrative Progress Report. These Summaries and Updates, where applicable, are available in the CFIA website of the MDTF Office GATEWAY (http://mdtf.undp.org/factsheet/fund/CFI00).

## **Formatting Instructions:**

- The report should not exceed 10-15 pages. Include a list the main abbreviations and acronyms that are used in the report.
- Number all pages, sections and paragraphs as indicated below.
- Format the entire document using the following font: 12point \_ Times New Roman and do not use colours.
- The report should be submitted in one single Word or PDF file.
- Annexes can be added to the report but need to be clearly referenced, using footnotes or endnotes within the body of the narrative.

## NARRATIVE REPORT FORMAT

## I. Purpose

- Provide the main outputs and outcomes/objectives of the programme.
- Explain how the Programme relates to the UN Consolidated Action Plan and its objectives and is in line with the CFIA TOR.
- Indicate the main implementing partners, their roles and responsibilities, and their interaction with the Participating UN or Non-UN Organization

#### II. Resources

#### Financial Resources:

- Provide information on other funding resources available to the project, if applicable.
- Provide details on any budget revisions approved by the appropriate decision-making body, if applicable.
- Provide information on good practices and constraints in the mechanics of the financial process, times to get transfers, identification of potential bottlenecks, need for better coordination, etc.

#### Human Resources:

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

## **III.Implementation and Monitoring Arrangements**

- Summarize the implementation mechanisms primarily utilized and how they are adapted to achieve maximum impact given the operating context.
- Provide details on the procurement procedures utilized and explain variances in standard procedures.
- Provide details on the monitoring system(s) that are being used and how you identify and incorporate lessons learned into the ongoing project.
- Report on any assessments, evaluations or studies undertaken.

#### IV. Results

- Provide a summary of Programme progress in relation to planned outcomes and outputs; explain any variance in achieved versus planned outputs during the reporting period.
- Report on the key outputs achieved in the reporting period including # and nature of the activities (inputs), % of completion and beneficiaries.
- Explain, if relevant, delays in programme implementation, the nature of the constraints, actions taken to mitigate future delays and lessons learned in the process.
- List the key partnerships and collaborations, and explain how such relationships impact on the achievement of results. Explain synergies fostered with Participating UN Organization(s), and activities undertaken jointly with Participating UN Organization(s).
- Other highlights and cross-cutting issues pertinent to the results being reported on.
- Provide an assessment of the programme/ project based on performance indicators as per approved project document using the template in Section VIII, if applicable.

#### V. Future Work Plan (if applicable)

• Summarize the projected activities and expenditures for the following reporting period (1 January-31 December 2011), using the lessons learned during the previous reporting period.

•	Indicate any major adjustments in strategies, targets or key outcomes and outputs planned.
Annex	res
-	Additional relevant information and photographs, assessments, evaluations and studies undertaken or published Any other published materials (only if applicable): news clippings, print materials, sample TV/radio spots, involvement of Goodwill Ambassadors/celebrities, etc.

# VI. 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 Ob	jective 1 <sup>3</sup>	1				1	
UNCAPAHI Output 1.1	Indicator 1.1.1						
	Indicator 1.1.2						
UNCAPAHI	Indicator 1.2.1						
Output 1.2	Indicator 1.2.2						
UNCAPAHI Ob	jective 2						
UNCAPAHI	Indicator 2.1.1						
Output 2.1	Indicator 2.1.2						
UNICADAUI	Indicator 2.2.1						
UNCAPAHI Output 2.2	Indicator 2.2.2						

<sup>&</sup>lt;sup>3</sup> From UNCAPAHI (see <a href="http://mdtf.undp.org/document/download/4117">http://mdtf.undp.org/document/download/4117</a>).

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