

UN system coordination
for avian and pandemic influenza:

LESSONS

on effective country coordination



UN System Influenza Coordination
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Executive summary

Over the past six years much work has been done to prepare and respond to the threat posed by avian and pandemic influenza (API). Central to this work have been efforts to strengthen coordination mechanisms within and between various UN agencies.

This Report has been prepared by the Office of the United Nations System Influenza Coordinator (UNSIC) and will serve as a report for UN system coordination for API, capturing the coordination history, principles and lessons from six years of efforts to strengthen UN system coordination. Further, the Report makes a number of recommendations for how the successes in API coordination can be maintained and lessons transferred to other complex issues requiring multi-stakeholder engagement.

Section 1 of the Report documents the chain of events that led to and resulted in global action for better UN system coordination. Section 2 goes on to outline the key roles and units within the UN system that have worked to strengthen cross-agency coordination and the guiding principles they have used to do so.

Section 3 of the Report provides five country case studies that outline the successes and challenges in implementation of system-wide coordination activities at the country level. These case studies serve to illustrate the complexity of coordination and how sustained efforts in the area have resulted in better development and health emergency control outcomes.

Section 4 of the Report outlines and provides reflection on the key lessons learned from six years of consolidated efforts to strengthen UN system coordination. This part of the Report highlights 19 fundamental lessons and a range of related recommendations that will be useful for other coordination practitioners embarking on efforts to strengthen system wide coordination – whether it be for API or for other issues requiring cross-sector or cross-technical specialty coordination.

This Report complements two previously published UN system coordination resources (the *Coordination of Avian and Human Influenza Activities Report* (UNSIC, 2007) and *Avian and Pandemic Influenza Coordination: A Resource Guide for UN Country Teams* (UNSIC, 2008).

Table of contents

Executive summary.....	i
Table of contents	iii
Acronyms.....	v
Introduction.....	1
Information sources	1
Who should use this Report	2
Limitations.....	2
1. History and main developments in UN system coordination for API	3
Influenza pandemics in the 20th Century	3
The emergence of API.....	3
The coordination context.....	4
A mechanism to promote global API coordination.....	5
UN Coordination.....	7
Coordination at different UN system levels.....	10
UN System Influenza Coordinator	11
Looking beyond API.....	12
2. Guiding principles for API coordination	15
National ownership and leadership.....	15
Alignment.....	15
Harmonisation.....	16
3. Case studies on country coordination	18
Bangladesh country case study.....	19
Bhutan country case study.....	23
Cambodia country case study	26
Egypt country case study	31
Viet Nam country case study	34
4. Lessons learned and strategic way forward in UN system coordination for API	40
5. <i>One Health</i> - a framework for sustaining momentum.....	54
Conclusion.....	55

Acronyms

ADB	Asian Development Bank
AI	Avian influenza
APEC	Asia-Pacific Economic Cooperation
API	Avian and pandemic influenza
ASEAN	Association of Southeast Asian Nations
FAO	Food and Agriculture Organization of the United Nations
HPAI	Highly pathogenic avian influenza
ICAO	International Civil Aviation Organization
IMCAPI	International Ministerial Conference on Animal and Pandemic Influenza
IEC	Information, education and communication
IHR	International Health Regulations
ILO	International Labour Organization
IMCAPI	International Ministerial Conference on Animal and Pandemic Influenza
IMF	International Monetary Fund
IOM	International Organization for Migration
IPAPI	International Partnership for Avian and Pandemic Influenza
JP	Joint Programme
MDGs	Millennium Development Goals
NCDM	National Committee for Disaster Management
NGO	Non-governmental organisation
NSCAI	National Steering Committee for Avian Influenza Prevention and Control
OCHA	Office for the Coordination of Humanitarian Affairs
OIE	World Organisation for Animal Health
OPI	Operational Programme on Avian and Human Influenza
PAHI	Partnership for Avian and Human Influenza
PI	Pandemic influenza
SARS	Severe Acute Respiratory Syndrome
TOR	Terms of reference
UN	United Nations
UNCAPAHI	United Nations System Consolidated Action Plan for Avian and Human Influenza
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework

UNDG	United Nations Development Group
UNDOCO	United Nations Development Operations Coordination Office
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRC	United Nations Resident Coordinator
UNSIG	United Nations System Influenza Coordinator
UNWTO	United Nations World Tourism Organization
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

Introduction

"Avian influenza threatens the entire world. It knows no borders. It is our collective responsibility to ensure that all countries – rich and poor – are protected and prepared. The United Nations family will do all it can to help ensure that this happens"

This well-known and much quoted statement delivered by Kofi Annan, former United Nations (UN) Secretary-General, in New York on 29 March 2006 has come to embody and to spur efforts to strengthen coordination and collaboration around the globe to respond to the threat of a severe influenza pandemic.

This Report has been developed to meet three specific purposes. These are:

- First, to document the history, main activities and guiding principles behind the push for a more cohesive and coordinated United Nations (UN) system in response to avian and pandemic influenza (API), and in support of coordinated national responses;
- Second, to capture the experiences of UN country teams (UNCTs) and coordination practitioners highlighting key lessons learned from six years of preparedness and response to API; and
- Third, to make suggestion for how gains made in UN system coordination can be sustained and relevant lessons from the API experience shared with others responsible for coordination of complex issues.

This Report is part of (and completes) a series of three seminal documents that aim to promote and support enhanced UN system coordination. The documents, published by UN System Influenza Coordinator (UNSIC) are *Coordination of Avian and Pandemic Influenza* (Herbert et al, 2007) *Avian and Pandemic Influenza Coordination: A resource guide for UN Country Teams* (UNSIC, 2008) and finally this Report compiling lessons on effective country coordination. This series is intended to inform and promote work in the complex and often challenging – yet increasingly important – work of UN system-wide coordination.

This Report has been developed in response to a call for reflection and sharing of experiences in system-wide coordination by Ministers and Senior Officials attending the International Ministerial Conference on Animal and Pandemic Influenza (IMCAPI) in Ha Noi, Viet Nam in 2010 and, importantly, by UNCT API country coordinators seeking to sustain the gains that have been made during the years of coordinated UN system response to API.

Information sources

Data to meet the first objective of this Report has been collected from a 'look back' at UN system coordination meeting records and events. This component of the Report will serve as a brief history of activities and guiding principles and provide the reader with a context for later, more in-depth documentation of countries' coordination experiences.

Data to meet the second and third objective of the Report has been collected from two sources. First, interviews with country, regional and headquarters staff involved in system-

wide coordination activities, and second, five case studies commissioned to capture the successes and challenges in system-wide coordination and response to API at the country level.

Who should use this Report

The concepts discussed in this Report are crosscutting and, as such, coordination practitioners from all UN agencies across all issues should use this Report. Specifically, people in the following roles will benefit from this Report:

- UN resident coordinators;
- UN staff responsible for internal and external programme coordination;
- Technical specialists in the areas of infectious diseases; human and animal health; zoonotic diseases; agriculture; animal husbandry; and bio-safety;
- Disaster and risk reduction planners; and
- Students of human and animal health management and disease control.

The Report should be read in conjunction with the nine guiding principles for effective API coordination outlined in Table 5 and discussed in more detail in the publication *Avian and Pandemic Influenza Resource Guide for UN Country Teams* (UNSIC 2008).

The UN supports reflective peer learning and the transfer of experience gained in one setting to another. Coordination practitioners are encouraged to build on the literature present in this Report by highlighting and sharing examples of good practice in cross-agency coordination within their own teams and to outside networks.

Limitations

Many UNCTs have undertaken extensive work to assist national governments to prepare for, respond to and recover from API, and naturally numerous lessons from these experiences have been learned. This Report, however, is largely based on five country level case studies and while these case studies were designed to draw out key and universal lessons, some specific lessons – relevant to different contexts and settings – may have been missed. Similarly, many UN staff members at regional and headquarters levels have had extensive experience in UN system coordination for API that, due to the focus on country coordination experiences in this Report, may also have been missed.

1. History and main developments in UN system coordination for API

Influenza pandemics in the 20th Century

Influenza is a highly contagious and common respiratory illness caused by influenza viruses; influenza can infect birds and mammals. Every year the influenza virus causes seasonal epidemics resulting in thousands of human infections and many deaths. Occasionally, when a new strain of the influenza virus emerges to which the population has little or no immunity, a global pandemic can occur.

In the 20th Century there were three global influenza pandemics and a number of other large outbreaks of concern.

The first pandemic of the 20th Century was in 1918-19 and was commonly known as the 'Spanish flu'. This pandemic was caused by an unusually severe and deadly influenza A virus strain of subtype H1N1 that resulted in an estimated 50 to 100 million deaths worldwide.

The second pandemic of the 20th Century originated in China in 1957-58 and was known as the 'Asian flu'. This pandemic was caused by the H2N2 subtype of the influenza A virus, which was reported to have originated from a mutation in wild ducks combining with a pre-existing human strain of the virus. The worldwide death toll from this pandemic is estimated to have been between 1 and 4 million.

The third pandemic of the 20th Century, known as the 'Hong Kong flu', occurred in 1968-69 as a result of a new form of the H2N2 subtype of the influenza A virus. The 'Hong Kong flu' resulted in an estimated 1 million deaths worldwide.

The emergence of API

Highly pathogenic avian influenza

Highly pathogenic avian influenza (HPAI) H5N1 has been with us for over 14 years. The virus was first identified in humans in Hong Kong in 1997, infecting 18 people and killing 6. Since its re-emergence in Asia in 2003, H5N1 HPAI outbreaks have been confirmed among domestic poultry or wild birds in 63 countries.¹ Between November 2003 and May 2011, H5N1 HPAI infected 553 people in 15 countries and killed 323;² many of the dead were children and young adults. The highest numbers of cases have occurred in three countries: Egypt, Indonesia and Viet Nam.

Despite progress in preparedness, prevention and control, as well as an overall reduction in outbreaks, HPAI continues to circulate among poultry and other birds. The settings in which

¹ As of March 2011. Source: FAO (2011) H5N1 HPAI Global Overview Issue No. 27. Available at: <http://www.fao.org/docrep/014/al860e/al860e00.pdf>.

² As of 13 May 2011. Source: WHO (2011) Cumulative number of confirmed human cases of influenza A/(H5N1) reported by WHO. Available at: http://www.who.int/csr/disease/avian_influenza/country/cases_table_2011_05_13/en/index.html.

continued transmission of HPAI occurs (where the virus is considered to be enzootic) are a cause of ongoing concern. Due to its pandemic potential, should it acquire the ability to move easily between humans, the HPAI virus will remain a threat not only to people living in countries where the virus has become endemic, but also to the whole world.

Human pandemic influenza

In April 2009, a new form of a different strain of the influenza virus – the H₁N₁ strain – crossed from animals to humans in Mexico triggering the first global influenza pandemic in 30 years and the first in the 21st century. The H₁N₁ virus spread rapidly among humans resulting in substantial health, social and economic impacts.

Despite the significant challenges posed by H₁N₁ and the commendable responses by all nations, it should be noted that the virus had – in comparison to past influenza pandemics (e.g., the 1918-1919 pandemic) – relatively small global impacts. The H₁N₁ experience has allowed the international community time to prepare, test and refine national and collective responses for pandemic influenza (PI). As a result, we are now in a stronger position to respond to the future challenges we will inevitably face.

The coordination context

The preparedness and response activities for both HPAI and PI have required a multitude of national governmental agencies, international technical agencies, donors, civil society stakeholders and other development partners to come together to develop and deliver coordinated responses to rapidly changing and unusual emergency situations. Harnessing the efforts of these stakeholders has been a complex exercise. API coordination has required an alignment of agendas, investments and interventions across a range of different domains including animal health; human health; governance and legal systems; economic and social systems; humanitarian and relief efforts; communications; and coordination. Further, the short implementation windows and requirements for emergency support in many regions of the world added additional layers of complexity.

National governments, through their ministries' existing and newly created coordination mechanisms, have played the central role in drawing stakeholders together and maintaining their coordination, synergy and momentum. Recognising that in some settings the added burden caused by API would potentially overwhelm the capacity of national governments to coordinate responses, the UN system, in partnership with national governments, was able to draw on its experience and leverage to add value by supporting national coordination mechanisms, assisting the development of response plans, ensuring technical support was available and providing a mechanism by which international non-governmental organisations and the donor community could align their financial and technical assistance with national agendas.

Recognising that infectious diseases do not respect arbitrary national borders, the UN system has worked with regional organisations such as ASEAN to strengthen regional bio-security measures. The UN system has worked with these partners and their member states to foster closer international cooperation, soliciting commitments and aligning strategies to respond to the risk of animal and human diseases of pandemic potential crossing national borders, taking into account the need to avoid unnecessary disruptions to global trade and the normal movement of people and goods across borders.

At a global level and in close collaboration with involved governments and partnerships the UN led the call for emergency support and coordination through a series of high-level pledging and senior officials' meetings. Regionally the UN system established interagency coordination support teams and embedded UN system coordination officers in a number of UN country teams (UNCTs). These officers, usually based within the Offices of the UN Resident Coordinators (UNRC), provided direct coordination support in the form of planning; government, donor and UN partner liaison; cross UN agency networking and UNCT building; and coordination support, advice or leadership.

A mechanism to promote global API coordination

In September 2005, recognising the important role of the UN system in response to API and noting the importance of strong cross-UN coordination, the then UN Secretary-General, Kofi Annan appointed Dr David Nabarro as the UN System Influenza Coordinator (UNSIIC) to support working-level alignment and harmonisation across programmes of UN agencies and the development banks, private sector initiatives and voluntary agencies, as well as the full engagement of the donor community in API preparedness and response.

The UN system's recognition of the importance of partnering and coordination on API coincided with the development of other collaborative efforts that contributed to the global coordination and response to this issue.

As an example, in September 2005 the International Partnership for Avian and Pandemic Influenza (IPAPI) – a loose partnership of national and regional bodies who, together, had a core purpose of strengthening international surveillance and building high-level political commitment to combat threats posed by API – was announced by the United States at the UN General Assembly. The IPAPI entities, other involved stakeholders and the UN system worked closely together driving global coordination for a more harmonised API response. The IPAPI and UN system worked through a series of inter-ministerial and various senior official's meetings to further dialogue and support implementation of interagency collaboration at all levels of the response.

In November 2005, following the appointment of the UNSIIC, the Food and Agriculture Organization of the UN (FAO), the World Health Organization (WHO), the Office for Animal Health (OIE), the World Bank (WB) and other partners met in Geneva at a landmark technical meeting at which a set of key actions and urgent needs were identified. This was the precursor to the Global Strategy on API. At this meeting, governments sought UN leadership in coordination and urged the UN to solicit sustained international support to implement national API programmes.

Over the following six-year period many high-level meetings were held between senior officials of UN Member States, UN agencies and donor organisations (

**Table 1. Key API-related international and inter-ministerial events,
March 2005 to April 2010**

) to solicit support, raise funds and plan global API preparedness and response activities. These meetings provided an important platform for governments and the international donor community to agree on strategies, review progress and discuss the evolution of the global response.

Table 1. Key API-related international and inter-ministerial events, March 2005 to April 2010	
March 2005	High-level forum adopts the Paris Declaration on Aid Effectiveness.
September 2005	US announces the International Partnership on Avian and Pandemic Influenza (IPAPI) at the UN General Assembly as a loose partnership of different national and regional bodies.
October 2005	Senior Official's Meeting on Avian and Pandemic Influenza (Washington).
November 2005	FAO/OIE/WHO/World Bank and Partner's Strategy Meeting (Geneva). Landmark technical meeting on avian and pandemic influenza agreeing on a set of key actions and urgent need for financing. Formation of a global strategy. Governments asked for coordinated and sustained international support to implement national API programmes. Required unprecedented coordination and synergy among UN system at the country level.
January 2006	International Pledging Conference on Avian and Human Pandemic Influenza (Beijing). USD 1.9 billion pledged for global, regional and national API programmes.
June 2006	Senior Official's Meeting on Avian and Human Pandemic Influenza (Vienna).
December 2006	Ministerial Meeting and Pledging Conference on Avian and Human Pandemic Influenza (Bamako). A further USD 475.9 million pledged.
June 2007	Technical meeting on Highly Pathogenic Avian Influenza and Human H5N1 Infection (Rome) to review the progress on the global strategy.
December 2007	International Ministerial Conference on Avian and Pandemic Influenza (New Delhi) under the vision "One World - One Health".
October 2008	International Ministerial Conference on Avian and Pandemic Influenza (Sharm el-Sheikh).
April 2010	International Ministerial Conference on Animal and Pandemic Influenza (Ha Noi).

During this period the International Health Regulations 2005³ (IHR 2005) came into force. It is a requirement of IHR 2005 that all countries have, or work rapidly to develop, the capacity to detect and respond to influenza-like illnesses that have the potential to start a human pandemic.

The *Strategic Framework for Reducing Risks of Infectious Diseases at the Animal-Human-Ecosystem Interface* was developed by FAO, OIE, WHO UNSIC, UNICEF and the World Bank. This document identifies the *One Health* approach as part of a strategic framework within which to develop actions to address the serious disease threats arising at the animal-human-environmental interface.

The annual UNSIC and World Bank Global Progress Reports on Avian and Pandemic Influenza provided regular tracking, assessment and analysis of the global response.⁴

³ As of May 2011, 194 countries were party to the IHR.

⁴ The Annual UNSIC and World Bank Global Progress Reports are available at www.un-influenza.org

UN Coordination

A distinctive feature of the UN system-wide response to API was its origin. In early 2005 the UNRCs in HPAI-affected countries of South-East Asia realized the urgent need for better UN system coordination around API and, after consultation with UN colleagues, explicitly took on the responsibility to lead UNCT API coordination activities on behalf of the UN system as a whole in their countries. Further, UN Resident Coordinators from South-Asia jointly petitioned for the UN system at all levels to take a unified joint approach to respond to the challenges posed by API. **Table 2** summaries the genesis and events that led to the concerted system-wide effort to strengthen UN system coordination for API. This effort has been heralded for its unique approach and effectiveness in bringing the UN agencies together in a coherent, inter-disciplinary response to API.

June 2005	A sub-regional meeting on avian influenza was convened in Bangkok by the UNRCs from Cambodia, Lao PDR, Malaysia, Myanmar, Thailand and Viet Nam. The meeting recommendations included a request for UNCTs to urgently engage in dialogue with their respective governments and to aim to assist the governments concerned to prepare for a pandemic.
June 2005	A joint letter was signed by the UNRCs of Cambodia, Lao PDR, Malaysia, Myanmar, Thailand and Viet Nam addressed to the UN Secretary-General, asking the UN at the highest levels to take API threats seriously.
September 2005	The UN Secretary-General appointed Dr. David Nabarro as the UN System Senior Influenza Coordinator (UNSIC).
January 2006	<i>Avian and human pandemic influenza: UN system contributions and requirements (A strategic approach)</i> published by UNSIC.
March 2006	UN Secretary-General directed all UN duty stations to designate an avian and pandemic influenza coordinator.
June 2006	The <i>UN Consolidated Action Plan on Avian and Human Influenza (UNCAPAHI)</i> was published by the UN.
November 2006	Establishment of the Central Fund for Influenza Action (CFIA).
February 2007	Independent study <i>Coordination of Avian and Human Influenza Activities Report</i> published, including recommendations.
June 2007	International Health Regulations 2005 come into force, including requirement for countries to have the capacity to reliably detect, confirm and contain influenza-like illness that might herald the start of a human pandemic.
November 2007	<i>Concept of operations for the UN system in an influenza pandemic</i> published by UNSIC.
December 2008	<i>Avian and pandemic influenza coordination: A resource guide for UN Country Teams</i> published by UNSIC

In November 2006, the Central Fund for Influenza Action (CFIA), a multi-donor trust fund, was created on behalf of the UN family to enable donors to pool their resources and rapidly provide funding for urgent unfunded and under-funded API priority areas and prepare for an influenza pandemic. The CFIA was designed to enhance inter-agency coordination; respect the key UN agency responsibilities; promote a coherent, effective and predictable overall UN system response; and simplify, through one pooled account, the capacity to support the range of UN agencies engaged in specific responses.

In June 2006 the UNSIC, on behalf of several UN agencies,⁵ produced (and thereafter periodically reviewed) the United Nations Consolidated Action Plan for Avian and Pandemic Influenza (UNCAPAHI). UNCAPAHI and its seven objectives provided a framework in which the UN system support could be harmonised, becoming a central coordination tool that benefited coordination efforts in many country settings and contributing to the overall success of the UN system wide effort. UNCAPAHI also served as the strategic and implementation framework for the CFIA. The UN system's overarching objectives as stated in UNCAPAHI are:

Objectives	Description	Lead Agency/ies
1. Animal Health and Biosecurity	Ensuring through a global, cohesive framework in response to avian influenza in poultry, that animal health is safeguarded, bio-security is brought up to standard, and capacity is there, when needed, for scaling up veterinary services to detect early and stamp out rapidly new avian infections. Also, to clarify how the emergence of pandemic agents, food and agricultural practices, land use and ecosystem management are related.	FAO, OIE, UNHCR
2. Sustaining Livelihoods	Ensuring that the economic and poverty impacts of avian influenza, as well as related control measures, are monitored and rectified; limiting any adverse repercussions on the Millennium Development Goals and seeking fair and equitable compensation for those whose livelihoods are endangered.	FAO, ILO, UNWTO, IOM, WFP, UNDP, UNHCR
3. Human Health	Strengthening public health infrastructure (including surveillance systems) to (i) reduce human exposure to the H ₅ N ₁ virus; (ii) strengthen early warning systems, including early detection and rapid response to human cases of avian influenza; (iii) intensify rapid containment operations and responses for a newly emerging human influenza virus; (iv) build capacity to cope with a pandemic, including surge capacity; and (v) coordinate global science and research, particularly as this pertains to the availability of a pandemic vaccine and antiviral drugs. Strengthening community based treatment of acute respiratory infections, including pre-positioning of medical supplies in peripheral areas to enhance capacity to respond as well as to enhance nutrition security and access to micronutrients to minimise the impact of infection on susceptible populations.	WHO, ILO, UNICEF, IOM, UNHCR
4. Coordination of National, Regional and International Stakeholders	Ensuring that national government ministries work together in a focused way, bringing in civil society and private sector groups, in pursuit of sound strategies for avian influenza control and pandemic preparedness.	UNDP, UNSIC, OCHA, WFP

⁵ Initially UNCAPAHI was produced by UNSIC on behalf of FAO, OCHA, UNDP, UNHCR, UNICEF, WFP and WHO. Later ICAO, ILO, IOM, OIE, UNFPA and UNWTO also became partners in the Plan.

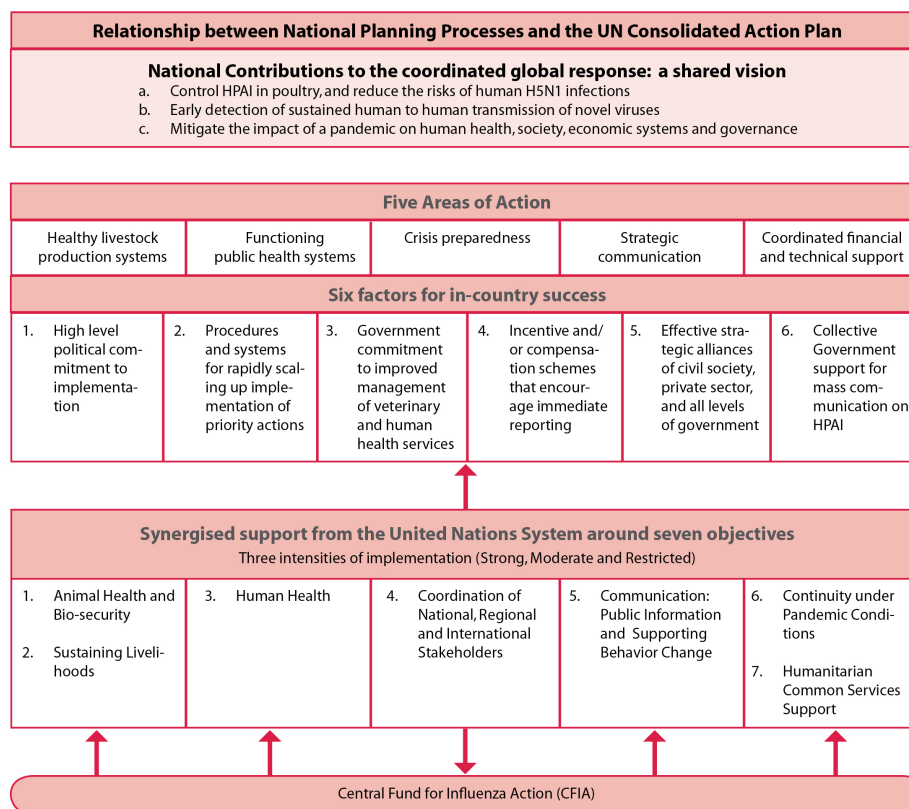
<p>5. Communication (Public Information and Supporting Behaviour Change)</p>	<p>Strategic communication to provide clear risk and outbreak information to the general public and key groups of people with the highest potential for stemming the spread and hence impact of a disease. This will include communicating with the public, households and communities to mobilise them to adopt appropriate behaviours to reduce risks and mitigate the impact of any outbreaks or pandemic.</p>	<p>WHO, UNICEF, FAO, OIE, WFP, ILO, IOM, UNHCR, UNWTO</p>
<p>6. Continuity Under Pandemic Conditions</p>	<p>Ensuring the continuity of essential social, economic and governance services, and effective implementation of humanitarian relief under pandemic conditions.</p>	<p>OCHA, FAO, UNICEF, IOM, ICAO, UNDP, UNWTO, ILO, UNFPA, UNHCR, WFP, WHO</p>
<p>7. Humanitarian and Common Services Support</p>	<p>Ensuring that – in the event that national capacity is overwhelmed by pandemic conditions – agreed emergency operating procedures are invoked and benefit from information technology and logistics capacity set up and made operational beforehand.</p>	<p>WFP</p>

Further, UNCAPAHI provides guidance for UN agencies on delivery of assistance and implementation of programmes that align with the five priority areas of API action. These five priority areas are:

1. Healthy livestock production systems and animal health services capable of responding to highly pathogenic avian influenza;
2. Functioning human public health systems (that can detect, respond to and contain serious infections, including avian and pandemic influenza);
3. Social mobilisation activities that include communication for behaviour change;
4. Crisis preparedness efforts that include contingency planning for influenza pandemics; and
5. Institutional arrangements for coordinated financial and technical support for effective national implementation of integrated influenza programmes.

Figure 1 (adapted from the review of UNCAPAHI, 2007) provides a pictorial representation of the relationship between UNCAPAHI's objectives and the UN's five priority areas of action.

Figure 1. Relationship between the seven UN API objectives outlines in UNCAPAHI and country, regional and global capacity building and coordination action



Coordination at different UN system levels

UN country team coordination

UNRCs play a central leadership role by fully utilising their position and ability to act as catalysts to foster coordination within UNCTs, between UNCTs and partner institutions such as the World Bank, the International Monetary Fund and regional development banks such as the Asian Development Bank (ADB) and the African Development Bank.

In 2006 The Secretary-General also directed all UN duty stations and UNRCs to designate an API coordinator or a coordination focal point. Due to the inter-agency nature of this work, bringing together expertise and capacities in various sectors, these coordinators were typically, but not in all cases, positioned in the offices of UNRCs. API coordination focal points undertook API work as a full-time effort or as part of a broader UN coordination role. API coordination has involved alignment of a number of existing elements of the UN system as well as a range of other involved stakeholders. Generally the coordination function has been administered through existing structures and programmes, maintaining a specific focus on API.

Technical support to government programmes has typically been coordinated through the

relevant UN agencies with FAO in animal health and WHO in human health taking a leadership and coordination role with their respective national counterparts. The role of API coordination focal points was particularly important for issues of cross-sector capacity development and bringing together expertise, capacities and personnel from various agencies in support of a comprehensive and cohesive response. This task was not always straightforward and was in some ways particularly challenging in countries that had yet to encounter API within their borders. Noting the continuing risks, maintaining integrated national API programme plans and continuity of effective coordination are important issues for all countries.

Regional coordination

Regional interagency teams have provided API-related coordination support to UNRCs and UNCTs. For example, in the Asia-Pacific region, the regional interagency support to the country level has been coordinated by the Regional UN System Influenza Coordinator and the UNSIC Asia-Pacific Regional Hub. In the Middle East region the role of the Regional Coordinator was combined with that of the Egypt country coordinator for API and in other regions the UN Office for the Coordination of Humanitarian Affairs (OCHA) has carried out this coordination role.

UN agency colleagues based within regional offices have also provided bilateral support to their UN agencies at a country level. Increasingly this has occurred in coordination with regional interagency API teams and UNCTs in order to draw on direct support on specific issues of technical collaboration and to reduce duplication.

In the context of this regional coordination, UNCTs and regional UN entities have come together through a range of coordination-focused meetings and events such as the regular UN System API Workshops in the Asia-Pacific region. These have enhanced linkages and facilitated dialogue on coherence and connections of UN system efforts at country, regional and global levels.⁶

Global coordination

At a central level, the UN system's response to API has been supported by UNSIC with a small team located in Geneva and New York, guided by an interagency Technical Working Group and a Steering Committee chaired by the UN Deputy Secretary-General. The UN system's coordination structures were established under a mandate from the UN Secretary-General, which has contributed to the overall success of the coordination effort.

The UN system response during a pandemic is set out in the *Concept of Operations for the UN System in an Influenza Pandemic*.

UN System Influenza Coordinator

The office of the UN System Influenza Coordinator (UNSIC) was established in 2005 by the then-UN Secretary-General, Kofi Annan, as a temporary mechanism with the specific purpose of helping the UN system work optimally to coordinate effective support of

⁶ Reports of the UN System regional workshops are available through the UN Influenza Portal, www.un-influenza.org/documents.

national, regional and global efforts to address the threats posed by API. UNSIC has worked to support inter-linkages between and coordinated implementation of the technical strategies spearheaded by UN agencies, namely: the Food and Agriculture Organization of the UN (FAO), the World Health Organization (WHO) and the World Organization for Animal Health (OIE). **Error! Reference source not found.** outlines the seven stated functions of UNSIC.

As an approach to coordination, UNSIC has been viewed as innovative, cost-efficient and effective. UNSIC has been an instrumental and influential force in global and regional collaboration in response to API and, importantly, has strengthened connections between global, regional and country level responses to public health emergencies.

Table 3. Functions of UNSIC	
1.	Provide a strategic framework for a collective response within and beyond the UN system.
2.	Support effective UN coordination at global, regional and country levels with a particular emphasis on the role(s) of Resident Coordinators.
3.	Track progress of UN system and partner efforts to support national, regional and global influenza strategies.
4.	Stimulate action to enhance UN system and partner efforts, to fill gaps, promote synergies and avoid duplication, as the situation evolves, and propose appropriate changes in the deployment of global and regional resources.
5.	Encourage consistent, accurate and regular communications through both pre-existing and (where needed) new networks.
6.	Establish a consistent contingency planning approach across all UN agencies that dovetails with (and supports, as necessary) the relevant country bodies that are involved in national responses to influenza threats.
7.	Create contingency plans for staff safety, in response to a pandemic.

Looking beyond API

In April 2010, national government ministers and agency leaders met in Ha Noi (Viet Nam) at the International Ministerial Conference on Animal and Pandemic Influenza (IMCAPI)⁷ to discuss and plan the next phase of the global response to API. This meeting was important as it was the first meeting of its type since the global outbreak of Pandemic Influenza (H1N1) in 2009.

IMCAPI was held at a time when most countries were in the recovery

⁷ A summary of the IMCAPI outcomes and discussion Report for Sustaining the Momentum at www.un.org

Box A: The *One Health* Approach

The current approach to disease prevention and control emphasises transmission disruption; with early warning, early detection and early response mechanisms targeting also the new pathogens emerging. Whilst critically important, this approach in itself does not address the root causes of disease emergence. The only option to effectively deal with the latter is to tackle the drivers of new disease emergence.

The *One Health* approach can best be described as a collaborative, international, cross-sectoral, multidisciplinary mechanism to address threats and reduce risks of detrimental infectious diseases at the animal-human-ecosystem interface. It strategically builds on the lessons learned from, and achievements of, the responses to H5N1 HPAI and H1N1 epizootics. The *One Health* approach is acknowledged as a feasible and viable model to address the multidimensional challenges that are rapidly evolving in a changing world.

“Thoughts of FAO on ‘One Health’ “

phase of their pandemic (H1N1) 2009 response. At IMCAPI, delegates' discussions focused on the future direction of API preparedness; how to best capture and learn from the experience of the H1N1 pandemic; and how to sustain the good work done by all nations to strengthen global information sharing and joint action to improve collective responses to future emerging and re-emerging animal and human disease threats.

At IMCAPI, delegates agreed upon three streams of work that need continued and sustained attention by national, regional and global entities. These are:

1. Continued effort to prevent and control HPAI (as the disease continues to be a real and present issue for a number of countries).
2. Ensuring that control and response systems can tackle the broad range of threats presented by existing and emerging diseases through adoption of a *One Health* approach (Box A).
3. Continuing efforts for international readiness to detect, assess and respond to influenza pandemics and other diseases of international significance.

At the conclusion of the IMCAPI meeting, delegates adopted – by consensus – the Ha Noi Declaration marking a breakthrough moment for the implementation of the *One Health* approach to API preparation activities. The *One Health* agenda has evolved since IMCAPI through many international and regional consultations to develop guidance on the operationalisation of the approach. Many countries are now beginning to consider how to adopt the *One Health* principles and put them to work in national settings.

Error! Reference source not found. summarises the key events and milestones in the development of the One Health approach and the UN system's engagement with the approach.

Table 4. Key milestones in the development of the <i>One Health</i> approach and its relevance to diseases emerging from the animal-human-environment interface.	
September 2004	The "One World - One Health" movement of the Wildlife Conservation Society developed the Manhattan Principles, ⁸ reflecting the need for inter-system collaboration.
December 2007	International Ministerial Conference on Avian and Pandemic Influenza (New Delhi) under the vision "One World - One Health" discussed the application of a <i>One Health</i> approach to API.
February 2008	A study published in the journal <i>Nature</i> titled "Global Trends in Emerging Infectious Diseases" noted that between 1940 and 2004, 60 percent of new and emerging infectious diseases were of zoonotic origin and that more than 70 percent of these originated in wildlife.
October 2008	The FAO, OIE, WHO, UNSIC, UNICEF and World Bank document <i>Contributing to One World, One Health: A Strategic Framework for Reducing Risks of Infectious Diseases at the Animal-Human-Ecosystem Interface</i> was presented to the International Ministerial Conference on Avian and Pandemic Influenza (Sharm el-Sheikh).

⁸ The 'Manhattan Principles' were established at the first "One World - One Health" meeting. The principles consist of 12 recommendations for establishing a more holistic approach to preventing epidemic/epizootic disease and for maintaining ecosystem integrity for humans and for domesticated animals.

Table 4. Key milestones in the development of the *One Health* approach and its relevance to diseases emerging from the animal-human-environment interface.

March 2009	International Technical Expert Meeting at Winnipeg (Canada) agreed on key actions to further a <i>One Health</i> approach in response to API.
May 2010	International Technical Expert Meeting at Stone Mountain (United States of America) discusses policy actions needed to implement a <i>One Health</i> approach. Seven initiatives were identified to take the work forward with the participation of representatives from the European Union, FAO, OIE, UNICEF, USCDC, WHO, the Wildlife Conservation Society, Wildlife Trust, the World Bank and academic institutions.
February 2011	The 1st International <i>One Health</i> Congress was held in Melbourne (Australia).

2. Guiding principles for API coordination

In 2007, led by UNSIC, a number of country coordination studies were conducted to identify factors that influenced the success of UN system coordination at the country level. The subsequent report recommended that nine guiding principles of coordination be adopted to support effective UN system coordination at the country level. These principles are consistent with the Paris Declaration on Aid Effectiveness, emphasising three distinct aspects for effective coordination: national ownership and leadership; alignment; and harmonisation. The nine principles are:

National ownership and leadership

National ownership and leadership are central to an effective response to any development and humanitarian challenge, including API. Three principles to guide national ownership and leadership are:

Principle 1 – High-level political leadership is essential for an effective response to API and must drive the development of multisectoral coordination structures that draw in all key stakeholders, including civil society, the private sector, and government ministries in addition to agriculture and health. The international community must respect national leadership and, where necessary, use its resources and leverage to help build capacity for leadership.

Principle 2 – National coordination authorities, supported by the international community, should ensure that an appropriate balance is achieved between a developmental and an emergency response to AHI, and that AHI activities are mainstreamed into existing structures and programmes to the extent possible.

Principle 3 – The national coordination authority should lead an open and inclusive planning process, resulting in a national strategic framework and operational plans that comprehensively address all aspects of AI response and pandemic preparedness.

Alignment

Alignment, in the words of the Paris Declaration, refers to the extent to which international partners “base their overall support on partner countries’ national development strategies, institutions and procedures”. Although alignment is important in areas well beyond API, this area of work represented a particularly fertile ground for implementing some of the commitments made in the Paris Declaration. Given that it was a relatively new area, entrenched positions were less of an obstacle for alignment and harmonisation, and so there was more freedom to try innovative new ways of collaborating. The international community should look at API as a test case for living up to the commitments made in the Paris Declaration, as well as in other efforts to improve the effectiveness of international support. Two principles to guide alignment are:

Principle 4 – The international community should systematically base its financial and technical support on nationally developed plans, and should use country systems and procedures to provide this support, avoiding the creation of parallel systems and using common national monitoring mechanisms, to the maximum extent possible.

Principle 5 – The international community should provide its support in a way that builds sustainable national capacity and leverages global knowledge to help adapt international good practice to the national context.

Harmonisation

While alignment is about how international partners tailor their work to the existing priorities and systems of national governments, harmonisation is about how well the international community coordinates among itself. This encompasses the extent to which common systems and procedures are used, and how labour is divided between different partners, including the extent to which international agencies delegate authority to a single “lead agency” to reduce transaction costs. Programme-based aid modalities, in which multiple agencies share a joint work plan and monitoring system, and may pool resources, can represent a further step in harmonisation. As with alignment, the need to harmonise is not unique to API, however API presents an opportunity to be innovative in the implementation of principles central to broader aid effectiveness and UN reform. Four principles to guide harmonisation are:

Principle 6 – The international community should maximise the use of common arrangements at the country level for planning, funding, monitoring, evaluation and reporting. The UN system and UN system partners should prioritise development of joint programmes over simply running separate projects.

Principle 7 – The donor community should designate one person as the coordinator of external assistance for specific issue-based initiatives. Within that framework, it would also be useful for the UN community and the international financial institutions to identify a common coordination focal point for external assistance provided by the international system. These agreements should be appropriately documented.

Principle 8 – There should be greater consistency of approach between UN agencies and UN partner agencies at the corporate level and at the country level, and between corporate headquarters, regional, and country levels within individual agencies.

Principle 9 – Appropriate incentives should be designed to reward coordination efforts among international organisations.

The nine guiding principles are discussed in more depth in the UNSIC publications *Coordination of Avian and Pandemic Influenza* (Herbert, 2007) and *Avian and Pandemic Influenza Coordination: A resource guide for UN Country Teams* (UNSIIC, 2008). These resources provide advice on implementation of the guiding principles as well as sample monitoring and evaluation indicators at the national and global levels.

Table 5, below, summarises the nine guiding principles for UN system coordination at the country level.

Table 5. Principles of effective UN system coordination at the country level	
Element: Strong national ownership and leadership	
Principle 1	High-level political leadership is essential for an effective response to avian and human influenza and must drive the development of multisectoral coordination structures that draw in all key stakeholders, including civil society, the private sector, and government ministries in addition to agriculture and health. The international community should respect this national leadership and, where necessary, use its resources and leverage to help build capacity for leadership.
Principle 2	National coordination authorities, supported by the international community, should ensure that an appropriate balance is achieved between developmental objectives and emergency responses, and that emergency responses are mainstreamed into existing structures and programmes to the extent possible.
Principle 3	The national coordination authority should lead an open and inclusive planning process, resulting in a national strategic framework and operational plans that comprehensively address all aspects of emergency response and preparedness.
Element: Alignment	
Principle 4	The international community should systematically base its financial and technical support for emergency activities on nationally developed plans, and should use country systems and procedures to provide this support, avoiding the creation of parallel systems and using common national monitoring mechanisms, to the maximum extent possible.
Principle 5	The international community should provide its support in a way that builds sustainable national capacity and leverages global knowledge to help adapt international good practice to the national context.
Element: Harmonisation	
Principle 6	The international community should maximise the use of common arrangements at the country level for planning, funding, monitoring, evaluation and reporting. In line with this, the UN system should prioritise development of joint programmes over separate projects.
Principle 7	The donor community should designate one person as coordinator of external assistance for a specific issue; within that framework, it would also be useful for the UN and the international assistance community to also identify a single focal point as coordinator of external assistance provided by the international system. These agreements should be appropriately documented.
Principle 8	There should be greater consistency of approach among UN agencies and partner agencies at the corporate level and at the country level, and between corporate headquarters, regional, and country levels within individual agencies.
Principle 9	Appropriate incentives should be designed to reward coordination efforts among international organisations.

3. Case studies on country coordination

UNCTs and their partners have been instrumental in supporting national governments to respond to the HPAI crisis, to strengthen readiness for a pandemic and to help to coordinate the efforts of different sectors. A distinctive feature of the API experience at the country level has been the variety of ways UNCTs and national governments have structured and operationalised their coordination mechanisms to meet local capacities and needs. At the same time, all of the approaches taken share common elements and, broadly, align with the nine principles for effective UN system coordination at the country level summarised in Section 2.

Coordination of UN system action on API is not only important in its own right, but also as part of the broader context of implementing the Paris Declaration on Aid Effectiveness; contributions to a range of foreign policy obligations; and development work to meet national and international health, social and humanitarian objectives.

Following are five very different country case studies – from Bangladesh, Bhutan, Cambodia, Egypt and Viet Nam – outlining the different approaches taken and coordination systems established for each nation's response. The featured countries include several where HPAI is considered endemic.

Bangladesh country case study

Background

At a high-level meeting in Geneva in 2005, UN agencies, governments and partners formed a global strategy to prepare for and respond to API. National governments asked for coordinated and sustained international support to implement national API programmes. Governments agreed to develop and prepare national avian and pandemic influenza plans in preparation for the 2006 International Pledging Conference on Avian and Human Influenza in Beijing. While avian influenza had not yet emerged in Bangladesh, the virus was rapidly spreading across central Asia and Europe, highlighting the fact that all countries remained vulnerable to the disease. The Geneva meeting initiated Bangladesh's efforts to prepare for the emergence of the virus within its borders.

Establishing an API coordination structure and system

Recognising that comprehensive, well-coordinated national preparedness and response was paramount in mitigating the potential effects of API, in 2006 the Bangladeshi Government, with technical support from FAO, WHO, and other partners including ADB, USAID and the World Bank, developed the country's first *National Avian Influenza and Human Pandemic Influenza Preparedness and Response Plan (2006-2008)*. The plan defined the roles and responsibilities of agencies involved in its implementation and provided the strategic framework within which to establish strong coordination processes. The plan became the cornerstone of all subsequent Government and partner efforts to prepare for and respond to API.

The National API Plan laid the groundwork for the establishment of a number of key coordination committees to manage and coordinate Bangladesh's efforts to prepare for HPAI. These included a National Advisory Committee at ministerial level and a National Multisectoral Taskforce to operationalise the plan and implement the decisions of the Advisory Committee.

The National Multisectoral Taskforce was made up of representatives from relevant ministries, directorates, UN agencies, non-governmental organisations (NGOs), civil society and the private sector. In addition to implementing the National API Plan, the Taskforce coordinated the activities of other newly-formed technical sub-committees. The chairmanship of the Taskforce alternated between the Ministry of Health and Family Welfare and the Ministry of Fisheries and Livestock, depending on the level and nature of the threat at the time. The establishment of these coordination working groups set in place the structures to ensure a harmonised country response to API.

A revision of the National API Plan was undertaken in late 2008. Due to the emergence of the new strain of Influenza A(H₁N₁) globally, revision of the plan was expedited to meet rapidly evolving needs. Armed with the existing experience of API preparedness and response, the Government led the revision of the plan, producing the *Second National Avian and Pandemic Influenza Preparedness and Response Plan (2009-2011)* in April 2009. In an effort to further harmonise national API activities, WHO, FAO and other partners aligned their technical support to the strategies and objectives of the new National Plan.

When WHO declared the pandemic alert level Phase 6 in response to Pandemic (H1N1) 2009, the Government called a meeting of the National Multisectoral Taskforce. The Taskforce re-activated the coordination structures that were previously established to respond to H5N1. These pre-established coordination mechanisms enabled Bangladesh to respond swiftly and effectively to the new virus, and this was considered to have contributed to the low H1N1 infection and mortality rates experienced in Bangladesh.

A coordinated communication response

Coordinated structures

As the overarching preparedness and response plan in Bangladesh, the *National API Plan (2006-2008)* outlined the need for a number of specific strategies and associated plans, including a risk communication strategy and plan.

In 2007, the *National Communication Strategy and Action Plan for Avian Influenza and Human Pandemic Influenza (2007-2008)* was developed by the Communication Wing of the National Multisectoral Taskforce. The Communication Wing was a multisectoral committee made up of representatives from various Government ministries, ADB, FAO, UNICEF, USAID, WHO, World Bank, various NGOs, media organisations and the private sector. The Communication Wing's mandate was to coordinate communication actions across partner agencies and to ensure harmonisation of Government public messaging related to API. Further, the Communications Wing provided media spokesperson training and developed the National API Communication Strategy.

While the Communication Wing's structure worked well in response to H5N1, it required some a slightly different coordination framework to best respond to H1N1. The Pandemic (H1N1) 2009 necessitated a communication working group that was more focused on human health. Under the title Multi-Institutional Communication Working Group, led by the Institute of Epidemiology, the group adopted a flexible and informal structure allowing decisions to be made quickly while still incorporating input from a broad range of stakeholders. At the height of the pandemic, the Multi-Institutional Communication Working Group met on a daily basis to formulate common messaging, develop communication materials and plan activities.

During H5N1, all communication messaging was passed to the National Multisectoral Taskforce for approval, a process that took some time. Within the new coordination structure, outbreak communication material was expedited through approval channels allowing rapid release of messages. The new coordination structure worked well under pandemic conditions.

An organic communication strategy

The *2007-2008 National Communication Strategy and Action Plan for Avian Influenza and Human Pandemic Influenza* was developed specifically to respond to the communication needs surrounding avian influenza. Following the outbreak of H1N1 and announcement of pandemic alert Phase 5 in May 2009, it was realized that a new strategy was required to best coordinate the communication response to the emerging threat. The *Communication for Development Strategy (Phase 5)* was created by the Government and UNICEF, with support from other UN technical agencies and partners. When Phase 6 of the pandemic was

announced in July 2009, the plan was reviewed, messages updated, and activities intensified.

In August 2009 an emergency meeting of the National Multisectoral Taskforce was called with the specific objective of determining measures to strengthen inter-ministerial coordination. This meeting resulted in a third modified communications plan. This new plan became the framework for communication interventions to mitigate H5N1 and H1N1.

The ability of the Government, the UN system and other partners to work together quickly to adapt and modify the communication strategies resulted in well-organised, coordinated and responsive public outreach activities and, as a result, a well informed and educated public in relation to the risk posed by API and protective measures that they should take.

Coordinated media relations

Through the Multi-Institutional Communication Working Group, the Ministry of Health and Family Welfare communicated regularly with the media providing journalists with consistent and up-to-date information and ensuring openness and transparency at all stages of the pandemic. The constant flow of information to the media and the openness to answer press queries developed positive and trusting relationships between the Government and the press, enabling the Government to better engage the press in the dissemination of critical health protection information to the general public.

Press briefings were led by the Ministry of Health and Family Welfare with support from UNICEF and WHO. Press briefings were initially conducted on a daily basis and later, when the pandemic was less acute, were held once a week. The frequency of press briefings allowed up-to-date information to be shared swiftly with the public, building trust between the Government and the media and between the Government and the public and allowed Government authorities to gauge the information needs of the public. Further, the established coordination mechanisms harmonised the messages being delivered by the Government and international agencies, ensuring that the public received clear and consistent messages about how to respond to the pandemic.

Harmonised outreach

A number of outreach campaigns were conducted in relation to the pandemic, with the Government and its partners working side-by-side to conduct joint communication activities. UNICEF was the agency chosen by the Government to lead the communication working group charged with implementing many of these campaigns. An example of these outreach activities was the Eid and Pooja Campaign, which was run in September 2009 during the height of the pandemic. Between four and five million Bangladeshis were expected to travel from Dhaka (the capital) home to their villages for the Muslim Eid and Hindu Pooja festivals, increasing the risk of the H1N1 virus spreading to many villages across the country. The Ministry of Health and Family Welfare, UNICEF and WHO worked together through the Multi-Institutional Communication Working Group to develop posters, flyers and banners to be displayed at bus stations, train shelters and river launch stations across the capital. The campaign distributed 2,600,000 leaflets, 150,000 posters and 185 banners targeting travellers. Material was developed in English and local languages and public health announcements were broadcast at all terminals by the authorities. In addition, the group coordinated with a leading Bangladeshi mobile phone network provider to disseminate 7,000,000 health related text messages to the public.

Radio listenership in Bangladesh is low (20-25 percent of the population) and so television was chosen as the medium to reach large numbers of people at the national level quickly. In Bangladesh, approximately 60-70 percent of the population has access to television and believes it to be a credible source of information and hence television was used as a key medium through which to disseminate messages. The coordinated campaign was associated with a low number of H1N1 cases in the provinces during and shortly after the festivals. The coordination structure enabled the Government and UN agencies to work closely together and to deliver harmonised outreach activities effectively.

Learning from the experiences in Bangladesh

A number of lessons can be drawn from Bangladesh's experiences in API coordination. Firstly, developing a strong national API strategy from which all other API activities stem is key to a coordinated response. A solid national strategy ensures that subsequent structures and processes are harmonised, coordinated and aligned properly. National ownership of the strategy is also important, as is high-level political leadership. In the Bangladesh experience, the national strategy was endorsed by the Prime Minister and managed at ministerial level. This helped to ensure that multisectoral coordination structures working under these levels drew in all stakeholders in an inclusive process. As a result all partners supported the same overarching goals and there was little duplication of effort.

Communication capacity developed during the response to H5N1 was utilised to respond to the H1N1 pandemic and open and timely communication with media agencies strengthened media relationships and the ability of government message makers to deliver public health advice, ultimately enhancing public trust in these messages.

Flexibility in coordination structures allowed an easy adaptation of plans to meet changing needs. In the area of communication, the coordination mechanisms and joint approach ensured messaging was harmonised and the public received consistent, timely information. Effective coordination practices adopted to address H5N1 and H1N1 resulted in a more effective overall response to both the H5N1 and H1N1 viruses and have placed Bangladesh in a stronger position to respond to future emerging infectious diseases.

Bhutan country case study

Background

Following the outbreak of H₅N₁ in South-East Asia in 2004, the Royal Government of Bhutan recognised the need for a coordinated national preparedness mechanism to prevent entry of, and, if needed, to respond to HPAI in the country. This led to the early implementation of a number of contingency measures across Bhutan that were subsequently associated with a relatively low incidence of HPAI outbreaks, human H₅N₁ infection and human infections during Pandemic (H₁N₁) 2009 in Bhutan compared with the rest of the region.

While H₅N₁ has not become endemic in Bhutan and the H₁N₁ pandemic is past, the Royal Government of Bhutan continues to focus on strengthening its preparedness structures against future new and emerging disease threats with support from the UN and other development partners.

Establishing a pandemic preparedness and response system

The Government recognised at an early stage the need for coordinated national efforts to prevent an outbreak of HPAI and thus began building a culture of preparedness before H₅N₁ was detected in the region. In 2004, the Ministry of Health and the Ministry of Agriculture were identified as the lead Government entities for API response. The two ministries worked together to assess the risk posed by HPAI to Bhutan and to prepare for a possible outbreak. In February 2004, a risk assessment was carried out with support from OIE and FAO to assess the country's defences against H₅N₁ and HPAI. The assessment indicated a very low risk for incursion of the virus. However, the risk assessment report noted the importance of controlling the movement of live birds and unprocessed poultry meat across national borders. The risk assessment recommended the formation of a Taskforce to develop preventive measures and contingency plans in the event of future outbreaks. Since this assessment, the risk of an HPAI outbreak in Bhutan significantly increased in the context of HPAI outbreaks in poultry in neighbouring regions including the West Bengal and Assam states of India.

In 2005, the Ministry of Health and the Ministry of Agriculture with support from WHO and FAO jointly produced the *National Influenza Pandemic Preparedness Plan*. The national plan outlined the formation and structure of key command and coordination arrangements and strategies to strengthen the Government's preparedness against API. A National Steering Committee, chaired by the Prime Minister, was established as the highest decision-making body. The Committee took a multisectoral approach involving a wide cross-section of senior Government figures including the Ministers of Health and Agriculture; Secretaries of the Ministries of Health, Agriculture, Finance, Information and Communication, Home and Cultural Affairs, and Economic Affairs; the Chief of the Royal Bhutan Police; the Attorney-General; and the Secretary General of the Bhutan Chamber of Commerce and Industry. The National Steering Committee led political decision-making and the implementation of the *National Influenza Pandemic Preparedness Plan*. The Committee also provided essential guidelines and directives to the National Executive Committee, which was set up to provide overall guidance, direction and monitoring of the implementation of the *National Influenza Pandemic Preparedness Plan*.

In 2007, recognising the importance of risk communication in prevention and control of API, the Ministry of Health with technical support from UNICEF developed the *National Communication Strategy and Plan for Prevention and Control of AI/PI in Bhutan*. The plan identified at-risk groups, existing health-related behaviours and barriers to changing these behaviours; the communication channels and tools to reach those groups; and tailored awareness raising, social mobilisation and behaviour-change objectives and activities.

As a range of health and non-health entities were already engaged in the coordination and decision-making process, structures did not need to be modified greatly in 2009 when the outbreak of H1N1 occurred. The well-established systems that were in place for H5N1 enabled high-level decisions to be made quickly and plans implemented swiftly to combat the pandemic.

The *National Influenza Pandemic Preparedness Plan* is viewed as a continuously evolving strategy and is being revised again in 2011, taking into account the lessons learned from the Pandemic (H1N1) 2009.

Building a culture of multisector pandemic preparedness

An ethos of multisector inclusiveness was evident in Bhutan's preparedness efforts prior to the first HPAI outbreak in the country. The 2005 *National influenza Preparedness Plan* identified a host of non-health ministries for inclusion in animal and pandemic influenza preparedness work. Simulation exercises, regular trainings and reviews of the plan involving a wide cross-section of stakeholders in API preparedness were undertaken to ensure the plan remained relevant and suitable for implementation in various settings and at various levels (from the central level to the community level) in Bhutan.

A multisectoral national plan

The *National Influenza Pandemic Preparedness Plan* is the framework under which all national coordination structures operate and is considered key to ensuring that national preparedness and response efforts are aligned and coordinated.

Bhutan's pandemic preparedness plan is particularly noteworthy because it engages essential non-health sectors – such as logistics, information, communication, and law and order – together with the lead line Ministries of Health and Agriculture. The plan assigns lead and supporting roles to specific ministries during a pandemic; for example, the Ministry of Home and Cultural Affairs is responsible for overall emergency management, support and coordination; the Royal Bhutan Police is responsible for maintaining law and order; the Ministry of Education is responsible for supporting and facilitating awareness-building activities and mobilising students and teachers to support information and education efforts; the Ministry of Finance is responsible for clearing imported goods, examining and inspecting livestock products; and the Ministry of Economic Affairs is responsible for import licenses of essential materials and equipment. The UN system has worked to support relevant ministries through the delivery of technical expertise.

Contingency planning for essential services

With Bhutan identifying pandemic preparedness as an area of ongoing continuous improvement, 2010 saw a focus on strengthening national capacity in multisector preparedness and response. The UN system has been working with the Government

through a project supported by the Central Fund for Avian Influenza (CFIA). In 2010 the project, taking a whole-of-society approach, facilitated the establishment of an Interagency Multi-Sector Pandemic Preparedness Taskforce led by the Department of Disaster Management of the Ministry of Home and Cultural Affairs and involving a broad range of lead and supporting Government and non-governmental stakeholders. The Taskforce has identified and engaged essential sectors in the country's national preparedness planning activities and supported the development of business continuity plans for these sectors. Development of business continuity plans will not only help to ensure the preparedness of government emergency management agencies, but will also help other sectors to prepare for all types of disasters. The development of business continuity plans lies at the core of Bhutan's whole-of-society preparedness as these plans can inform non-health sector agencies about the potentially serious effects of large-scale health emergencies to their areas of work and draw attention to the importance of effective and coordinated whole-of-government preparedness.

Streamlining pandemic preparedness into disaster management

The *5th UN/World Bank Global Progress Report on Animal and Pandemic Influenza* advocates positioning pandemic preparedness within existing national disaster management structures, plans and processes. The Royal Government of Bhutan has identified API as a key threat and as such has imbedded API within its National Disaster Management Framework. The placing of API within the National Disaster Management Framework requires disaster management planning for API at every level of government (including local administrative levels) and across all ministries.

Learning from the experiences in Bhutan

A number of lessons can be drawn from Bhutan's experiences on API preparedness and response efforts.

Firstly, preparedness activities in Bhutan began before H5N1 affected neighbouring countries allowing time to establish coordinated and tested operational preparedness and response mechanisms in Bhutan. These mechanisms were successfully activated and implemented during outbreaks of H1N1 in 2009 and H5N1 in 2010.

Secondly, an ethos of increasing multisector inclusiveness is evident in Bhutan's preparedness efforts. Initially, the Government focused on the preparedness of the two leading Ministries – Health and Agriculture. Engagement quickly grew to include a wide cross-section of government and society in pandemic preparedness efforts. Bhutan, with UN system support, is now focusing on post-pandemic whole-of-society preparedness efforts with support from the CFIA. Efforts such as the development of business continuity plans show the value Bhutan places on involving non-health sectors in pandemic planning, and will be instrumental in combating future health emergencies.

Finally, integration by the Government of pandemic preparedness plans into multi-hazard national disaster management has reflected global thinking and has proven to be effective in Bhutan. As a country with limited capacity and resources, it is more strategic and cost-effective to combine disaster preparedness plans and adopt a multi-hazard approach.

Cambodia country case study

Background

In 2004, Cambodia was one of the first countries to experience a large epizootic of highly pathogenic avian influenza (HPAI) among poultry, caused by the influenza A (H₅N₁) virus. In 2005 the virus caused four confirmed human cases in Cambodia, all of whom died. As of February 2011, 11 human deaths have been recorded and epizootic outbreaks are a constant risk in the country. Given the endemic nature of the virus in poultry in the region, it is likely that human cases will continue to occur. Furthermore, although Cambodia is not a large-scale poultry producer, it is nestled between Thailand and Viet Nam, both of whom are key trading partners and poultry producers. It remains cognisant of the possibility of further major H₅N₁ outbreaks occurring in the region. This landscape and the very real threat to both poultry and humans have led Cambodia to be one of the first countries to work on containment strategies against avian influenza and in preparedness for a pandemic.

With regards the H₁N₁ Pandemic 2009, Cambodia's preparedness efforts have been put to the test since it experienced its first case in June 2009. As of 23 February 2011, there have been 6 deaths, 3 male and 3 female, as a result of H₁N₁ infection. The preparedness and systems in place as a result of real experience in H₅N₁ response contributed substantially to the coordinated efforts at the time of the heightened H₁N₁ threat.

Establishing an API coordination structure and system

Early national coordination efforts in Cambodia began with an approach based on existing human and animal health systems in the Ministry of Agriculture, Forestry and Fisheries and the Ministry of Health. These were supported by FAO and WHO, and focused on efforts to develop systems, such as surveillance, laboratory capacity, public information and response. Government and UN partners met weekly as a technical working group to share scientific information regarding the virus and to prepare a weekly API news bulletin that became the primary information-sharing tool on avian influenza.

In 2005, as donors and NGOs increasingly sought access to technical information and networking, the Avian and Pandemic Influenza Partnership Meeting was established by the Government, engaging these wider stakeholders into the information-sharing fold. The monthly forums were co-chaired by Secretaries of State from the Ministries of Agriculture and Ministries of Health, together with the UN Resident Coordinator, with an agenda structured around the four priorities of animal health, human health, IEC and pandemic preparedness. The Partnership supports development partners, NGOs, UN agencies and Government ministries to provide updates and share information on implementing activities, funding status, events, and technical and institutional developments on API.

The National IEC Committee was a smaller forum that had already been established prior to 2005. The Committee grew stronger following the outbreak of H₅N₁ in Cambodia. It comprised Government, UN and NGO partners, and was responsible for coordinating communication campaigns and implementing the national IEC strategy for avian influenza. The Committee continued to operate during H₅N₁ and H₁N₁ outbreaks, feeding the outcomes of its meetings into the larger monthly API Partnership Meeting.

The Royal Government of Cambodia aimed to strengthen existing technical and multisectoral coordination structures to lead national coordination efforts and to ensure strong linkage with the aforementioned committees. The National Committee for Disaster Management (NCDM), a central Government body established in 1995 responsible for disaster management and sitting under the Prime Minister, was identified as the key coordination body. The NCDM Secretariat is charged with coordinating the national response during a pandemic and between emergencies it supports the pandemic preparedness efforts of various Government entities. Within the UN system's pandemic preparedness structures, the UN Crisis Management Team was set up to internally manage pandemic preparedness, and is the focal point for the UN's support to the national pandemic response via NCDM.

In keeping with the approach of building on existing structures, the national pandemic preparedness plan for Cambodia built on existing animal and human health preparedness plans, in contrast to preparedness planning that took place in many country settings. The Government, with technical support from the UN system in Cambodia, merged a number of existing API plans to form the national strategy. In 2007, the human health plan from the Ministry of Health, the animal health plan of the Ministry of Agriculture, the inter-ministerial cooperation plan, the IEC communication plan and the national plan for disaster management were amalgamated into one overall plan to produce the national comprehensive API plan. The Strategy focused on harmonising the aforementioned plans, and in the process identifying clear roles for the lead technical ministries and other ministries, acknowledging the substantive contributions made by different elements of Government. The clear identification of roles aimed to strengthen the connections between the ministries, improve understanding and improve the effectiveness of pandemic prevention and response activities.

The national pandemic plan and many of the key API coordination structures in Cambodia centre on the principle of building on the institutions and systems that are already in place, rather than creating new structures and systems. This principle has led to Cambodia further strengthening coordination response structures following the outbreak of H1N1, since that the systems and process established following H5N1 were already in place and increasingly being supported to cover a range of influenza pandemics.

A coordinated response building on existing national structures

Building and strengthening existing institutions and plans

The Government of Cambodia took a unique approach to leading national API preparedness and response efforts by utilising existing structures to lead coordination rather than creating a new entity. The UN system supported these structures via its UN Crisis Management Team and the established API Partnership Meeting through capacity building by UN technical agencies. The approach of strengthening existing structures over establishing new ones has several advantages. Firstly, it strengthens institutions already in place so that they are better placed to fulfil their broader mandates. In this case, strengthening NCDM and acknowledging the technical leadership of the Ministry of Health (for human health) and the Ministry of Agriculture Forestry and Fisheries (for animal health) resulted in Cambodia being in a position to continue strengthened coordination for other disasters such as flooding, droughts and typhoons. The NCDM as the national coordination authority ensures a balance between an emergency and a development response to API. Secondly, integrating pandemic preparedness into the national disaster management

framework aligns with the global thinking on the way forward in preparedness efforts. With limited funding available for API preparedness, the approach of integrating this body of work into disaster management saves resources and better ensures its sustainability in the long term.

The same approach was used by Cambodia through the consolidation of its animal and human health strategies within a comprehensive national API plan, inclusive of the national communication strategy and a section on inter-ministerial cooperation for pandemic preparedness. While the standard approach for many countries is to develop a national plan from the ground up, Cambodia merged existing health plans, which in turn reflected existing mandates of line ministries and ensured continuity and harmonisation of existing technical capacity development and response efforts. This ensured the national plan was harmonised with the existing systems, goals and priorities of line ministries, and that a framework existed that was owned by all actors, catalysing Government to work in a unified direction in combating API. The UN was instrumental in using its technical expertise to merge the sectoral plans into one cohesive framework. It then developed its API support to align and compliment the national strategy and maintained a funding matrix to capture donor funding data as it is aligned with the national strategy, increasing a commitment to harmonisation and alignment of external support.

The national plan also benefited from clearly identified roles and responsibilities of each sector at the various stages of the H1N1 Pandemic. As pandemic phases shift towards rapid human-to-human transmission, emphasis shifts away from animal health towards human health concerns, with more need for strong inter-ministerial cooperation and coordination. This clarity enabled the Government to take the lead and implement the national response effort with synergised coordination between ministries.

Strengthening relationships and cross-sectoral information flow

National animal and pandemic influenza coordination was further improved by engaging several pre-existing forums to strengthen preparedness and response, including the Avian Influenza Technical Working Group and the National IEC Committee. These structures were engaged and strengthened following the outbreak of H5N1. As a result, there was stronger collaboration across a wide range of stakeholders. Government, UN, donor and NGO partners met regularly through the various forums, information was exchanged and relationships built. The UN played a key role in supporting the coordination of these structures, in particular the API Partnership Meeting. The UN Resident Coordinator was well placed to work alongside the Government to bring a wide range of stakeholders together in the process. As a result, richer information was fed up to NCDM, all partners were more readily and accurately kept up to date, collaboration was more prevalent, and the overall response to H5N1 improved.

In Cambodia, regular communication between technical and non-technical actors flourished via these forums, creating open and inclusive streams of communication that fed into the high-level NCDM coordination structure and to the higher levels of the involved line ministries. As long as there is space for both multisectoral political discussions and detailed technical analyses to occur, institutional arrangements are of secondary importance and can be developed based on local conditions. Cambodia benefited from productive, regular communication across different levels and sectors, which resulted in a more cohesive and comprehensive response to API.

Building multisector preparedness

By empowering the existing structure of NCDM to handle the inter-ministerial coordination associated with pandemic preparedness, attention has focused on this entity. As a result, the institutional structures and capacity of NCDM have been reviewed and strengthened through UN technical assistance and the ongoing collaboration with longstanding NGO and development partner funding. In addition to Cambodia being better able to manage other disasters, the coordination mandate is being further empowered through the development of a new policy framework, the Disaster Management Law. The Law aims to prepare a social security system related to disasters; manage and mitigate disaster risks, prepare for disaster and emergency response and post-disaster rehabilitation and reconstruction; protect the environment and the lives of humans and animals; avoid adverse effects to human health and damage to private and public properties; protect people's fundamental rights; and prevent the commission of an act that causes disaster and irregularity in the performance of disaster management and emergency response. The endorsement of the Law by the Prime Minister will consolidate existing structures and provide further opportunity for capacity development and the empowerment of national entities. In Cambodia's case, it will enable the national authority to strengthen its whole-of-society planning coordination at the central level, something which it had limited power to implement previously. While at the provincial level, Government has already taken a multisectoral approach to pandemic preparedness, central multisectoral planning has moved much more slowly. The Disaster Management Law will provide Cambodia with the opportunity to move into a new era of whole-of-society preparedness.

Learning from the experiences in Cambodia

The animal and pandemic influenza coordination structures established in Cambodia following the first outbreak of avian influenza in 2005 aim to ensure alignment with existing Government structures and systems, linking technical and non-technical partners and planning, and creating a coordinated development partner response to national demands for support and resourcing. A number of important lessons can be learned from Cambodia and its unique approach to animal and pandemic influenza preparedness and response.

Cambodia's reinforcement of the use of existing institutions and systems rather than creating new ones ensures that API activities are mainstreamed into existing national structures and programmes, and that national ownership and leadership are at the forefront of API efforts. Not only did this structure recognise high-level political leadership at prime ministerial level, but it ensured the sustainability of API work through its integration into the national disaster management framework. The UN's support aligned itself to the national efforts by strengthening the capacity of NCDM and providing technical support to the development of the national plan. The 2010 UN/World Bank API Fifth Global Progress Report reflects the global thinking on the approach of building on existing systems, advocating the mainstreaming of pandemic preparedness structures into broader disaster management structures to ensure their sustainability.

Another lesson that can be drawn from Cambodia is the value of the UN's expertise in bringing stakeholders together, and identifying the roles and responsibilities of partners. In coordinating partnership forums and identifying the responsibilities of stakeholder entities prior to and post-pandemic, the UN gave voice to a broad range of actors and ensured the national coordination authority supported an open and inclusive planning process. In addition, the buy-in of the Government to the process was further consolidated through the

ability of ministries to clearly identify the ongoing relevance of their individual mandates and their expected contributions to preparedness and response efforts. This clarity is essential in order for the Government to take leadership and own these structures.

It is clear from Cambodia's experience that the UN can add value through supporting the coordination of national structures and ensuring harmonisation and alignment around these structures by all development partners, and that for a country's approach to API to be successful, it is necessary that the Government sits in the driver's seat and leads the process.

Egypt country case study

Background

Egypt is a densely populated country of over 82 million people that is economically heavily reliant on its poultry industry. It is estimated that more than 30 percent of the population own poultry with approximately 250 to 300 million birds being raised in 'backyard', or household, settings, representing 25-30 percent of Egypt's entire poultry stock.

In 2006, the first wave of HPAI in Egypt mainly affected commercial farms (84 percent of outbreaks). As of the start of 2011, 121 human cases of H5N1 were confirmed, with 40 fatalities. This makes Egypt the country with the second highest number of confirmed human cases in the world. Egypt is still considered a high-risk country for HPAI, with the disease considered to be endemic in all production sectors in the country.

The Government of Egypt, in partnership with the UN system and other development partners, is working to address HPAI as a development issue with the objective of preventing transmission to humans, and thus averting a potential influenza pandemic and minimising economic and social impacts. In this regard, the Government of Egypt is working to: reduce virus circulation and disease in animals; reduce the risk of people becoming seriously ill or dying from HPAI; reduce the risk of humans becoming exposed to infected poultry or contaminated environments; and increase society-wide knowledge about the risks of HPAI and the adoption of protective behaviours.

Establishing an effective API coordination mechanism

The National Supreme Committee for Combating Avian Influenza was set up in 2005 by the Prime Minister with the chairing role shared between the Ministry of Health and the Ministries of Agriculture, Environment and Local Development. Members of the Committee include representatives from the Ministries of Foreign Affairs, International Cooperation, Interior and Information, as well as officials from the army and the police. The UN system is represented in the Committee through FAO, WHO and the UN Resident Coordinator's Office in Egypt. The UN system was instrumental in providing essential policy and technical support to the Committee to effectively manage preparation and control of H5N1.

In response to the H1N1 outbreak in 2009, the Government of Egypt established the National Multisectoral Crisis Management Committee. This Committee was led by the Information Decision Support Centre (IDSC) under the Office of the Prime Minister, which ensured high-level buy-in and a swift national response to the evolving pandemic situation. The Committee, which included almost all those in the National Supreme Committee for Avian Influenza, was designed to harness the experience of the broad range of Government and international agency stakeholders involved. The UN system was represented in the Committee through the UN Resident Coordinator's Office, providing policy and technical advice and support to the Committee.

Strong leadership and a coordinated national response

Leading the way

The Government of Egypt led the response to combat HPAI by establishing strong, inclusive coordination structures at the highest levels of political office. Egypt's leadership at prime ministerial level ensured that attention was given to avian influenza and that a broad range of stakeholders joined forces to combat it. Political leadership was supported by the UN system in the coordination of all H5N1 efforts ensuring the buy-in and harmonisation of efforts by key stakeholders resulting in the development of new preparedness and response policies. For example, the National Supreme Committee sent regular reports to the Office of the Prime Minister with clear policy recommendations to be taken by each of the relevant Government agencies. The role of the National Supreme Committee established to combat HPAI was paramount to achieving progressive control of the virus and thus reducing the potential for pandemic influenza.

Learning from past experiences

Towards the end of 2009 the Government of Egypt requested that the UN system conduct a joint FAO/UNICEF/WHO mission to assess its H5N1 control measures. The mission report indicated that H5N1 had become endemic and widespread among poultry in Egypt and that not only was gaining control of virus going to be a huge challenge, but also that it called for new approaches to effectively combat virus circulation. The report recommended a number of actions be taken and pointed to the need for UN support for their implementation.

The Government paid particular attention to the UN mission's recommendations and took steps towards their implementation. For example, FAO and the General Organization of Veterinary Services of the Ministry of Agriculture revised the HPAI strategy, broadening its scope from primarily an emergency response focus towards a more system-wide and long-term platform for development and risk reduction.

FAO assisted the Ministry of Agriculture in developing a three-year Action Plan (2010-2013) for the implementation of the revised HPAI control strategy. FAO continues to support the implementation of a comprehensive project providing much-needed technical support to the Government both at central and local levels. Since implementation of the Action Plan, evidence is emerging to suggest a strengthening in cooperation between animal and human health sectors is occurring and inter-agency communication is being enhanced.

Leading a whole-of-society approach

The Government of Egypt used its experience of H5N1 to strengthen its response to the 2009 pandemic. The structures established to control avian influenza were modified to ensure a coordinated national response. The newly established National Multi-Sectoral Crisis Management Committee harnessed the knowledge and experience of its members, many of whom had been active in the avian influenza high-level committee. The UN system has continued to play a key role, providing essential technical support to the line ministries through FAO, UNICEF and WHO. The Committee expanded its membership to include representatives from non-health sectors that had a stake in pandemic preparedness and response and were viewed as essential to ensure continuity of social functions under pandemic conditions. Each ministry was supported to develop contingency plans to ensure necessary assistance could be provided to the Ministry of Health during a pandemic. The role of the Ministries of Education and Higher Education during the pandemic was particularly important in addressing the issue of virus transmission among students in schools and universities. By working together and taking a whole-of-society approach, Egypt's response to the pandemic was greatly strengthened.

The role played by the Information Decision Support Centre in providing a platform for the engagement of all stakeholders including the UN, civil society and academia also proved to be a highly effective action for the coordination of the pandemic response and creating the conditions for joint actions. The support provided by the UN system to this coordination structure enabled the Government and development partners to work jointly, resulting in a harmonised and effective pandemic response.

Learning from the experiences in Egypt

A number of key lessons have been learned from the experiences of the Government of Egypt in combating API.

Firstly, national ownership and leadership is pivotal for an effective response. In Egypt, strong leadership paved the way for a whole-of-government response that drew on all stakeholders' expertise and leverage to deliver a coordinated and collaborative response. The national coordination authority led an open and inclusive planning process that established effective coordination structures at an early stage. These structures enabled the UN system to provide harmonised policy and technical support to the Government.

The Government worked with the support of the UN system to assess its effectiveness in combating HPAI and modified its processes and policies based on the UN joint mission's recommendations. Through its actions, the Government of Egypt has demonstrated the value of review and adaptation of future practice based on the lessons learned. As a result the Government of Egypt has strengthened its readiness to respond to future public health crises including pandemics.

The Pandemic (H1N1) 2009 saw existing coordination and disaster management structures modified and additional, non-health stakeholders included in the response management structures. Consequently, the response to the pandemic was swift, coordinated and responsive to changing needs. This is thought to have prevented substantial illness, death and economic and social disruption. The Ministry of Health reported that control measures, heightened public awareness and adoption of public health recommendations delayed the virus spread in Egypt by six weeks after its emergence in Mexico. Also, the low case fatality rate of 2.2 percent reflected effective case management and infection control measures.

A challenge ahead for Egypt is to turn the beginnings of a stronger cross-sector approach to API into sustainable, institutionalised systems to deal with a broader range of emerging zoonotic diseases or public health threats. To do this the Government of Egypt is working to strengthen its institutions' capacities; broaden the national risk reduction frameworks to an all-hazards approach; strengthen existing disaster mechanisms and coordination platforms; and maintain public and political interest in the face of ever-changing demands and needs. While the challenge is great, the national ownership and leadership evident in Egypt's response to API has laid solid foundations on which to build.

Viet Nam country case study

Background

Following hard on the heels of the SARS virus in 2003 there was an increasing worldwide concern among Governments, the media and the public about the emergence and spread of outbreaks of highly pathogenic avian influenza (HPAI) in poultry in several countries in Asia. Viet Nam was among the first countries to report the H5N1 HPAI and, as of March 2011, remains one of the worst affected in terms of both human infections and poultry outbreaks. HPAI had a measurable macro-economic impact on Gross Domestic Product (GDP) in Viet Nam in the early period of the outbreak. Particularly in 2004 and 2005, Viet Nam was widely considered to be one of the most likely 'ground zero' countries for the start of a serious global influenza pandemic.

During the same period, the UN system, the Government of Viet Nam and international donors were focusing increasing attention on aid effectiveness, harmonisation and UN reform. Shortly after the High Level Forum on Aid Effectiveness adopted the Paris Declaration on Aid Effectiveness in 2005, the Government of Viet Nam and donors worked to 'contextualise' the Declaration, captured in the 'Ha Noi Core Statement'. The Statement articulated a commitment to national ownership, alignment and harmonisation of official development assistance.

An initial paper on UN reform in Viet Nam drafted in the same year provided a catalyst for country-level discussions on the subject. The UN Development Group had recently issued new guidelines on UN joint programming and there was a strong push to develop joint programmes as the next step towards a more coherent UN approach in Viet Nam. The combination of these factors gave rise to the decision to focus the UN system in Viet Nam response to HPAI and a possible human pandemic on the development of a joint programme.

Establishing an API coordination structure and system

The Government of Viet Nam-UN Joint Programme on Avian and Human Influenza (AHI JP) brought together UN agencies (FAO, UNDP, UNICEF and WHO) and national counterparts including the Ministry of Agriculture and Rural Development, the Ministry of Health and other partners to support the overall national response to avian influenza and a possible human pandemic. The AHI JP was the largest grant-funded programme of the UN system in Viet Nam over the past five years, with a total budget of more than US\$23 million. The programme has been implemented in two phases, with an emergency phase from October 2005 to July 2006 followed by a second phase focused on longer-term capacity building support from 2007 to 2011.

National coordination structures to respond to HPAI were established and led by the Government of Viet Nam. A high-level inter-ministerial National Steering Committee for Avian Influenza Prevention and Control (NSCAI), chaired by the Minister of Agriculture and Rural Development, was established within weeks of the first laboratory confirmation of an HPAI outbreak in January 2004. Vice-Ministers from the Ministry of Agriculture and Rural Development and the Ministry of Health are Standing Vice-Chairs, and other relevant ministries and central agencies are represented at vice-ministerial level.

The UN system has worked closely with national coordination structures from the outset. In February 2005 the Chair of NSCAI formally requested FAO and WHO support to control and combat HPAI. With the support of the WHO and FAO representatives, the UN Resident Coordinator proposed the development of a Government-UN Joint Programme to provide coordinated technical assistance, support donor coordination and provide a channel for rapid delivery of assistance to the national response. This proposal represented an immediate country-level response to the 2005 High-Level Forum on Aid Effectiveness and the AHI JP became a flagship programme for UN reform in Viet Nam at the time.

Coordinated joint programming in action

Early and sustained political leadership

High-level political leadership and strong national ownership have been key features of Viet Nam's response from the outset of avian influenza outbreaks. Government leaders quickly recognised the wider public health and economic risks once HPAI was identified. The NSCAI has met regularly from January 2004, convening weekly meetings for much of the period and daily meetings during the peak of the outbreaks. The Prime Minister chaired key meetings during critical times and NSCAI members were assigned to visit key regions of the country to supervise the local response. The national response was developed in close cooperation with international partners including technical agencies of the UN. The high-level political leadership and robust national ownership were instrumental in successfully managing Viet Nam's HPAI response effort and later positively impacted the country's response to the H1N1 Pandemic. National leadership drove the development of multisectoral coordination structures that drew in all stakeholders and set out clear support roles for partners. The UN system supported this leadership and used its technical capacities to compliment the work of the Government. This coordinated, coherent and unified overall response to H5N1 has provided a model for the working relationship between the Government and the UN, with a positive effect on their joint work in other areas of development.

Rapid UN support to the national response

In January 2004, the UN system provided early technical support with a joint FAO/OIE/WHO mission to Viet Nam, followed shortly afterwards by the organisation of the first Government-donor coordination meeting on avian influenza, co-chaired by the Chair of the NSCAI and the UN Resident Coordinator. Throughout 2004, FAO and WHO worked with a host of international development partners to support the national response. During this period, the two UN technical agencies also provided briefings to development agencies and the diplomatic community on the regional and global situation, and the risks posed by avian influenza and a possible human pandemic. In 2005, the UN proposed the development of the Government-UN Joint Programme (AHI JP) to provide coordinated technical assistance and to support donor coordination. The early support by the UN system established a clear channel for rapid delivery of assistance to the national response. It paved the way for coordinated and structured management of HPAI by the Government, and ensured that a wide range of international partners were engaged in providing technical and financial assistance.

Balancing the emergency and developmental response

The Government-UN Joint Programme designed a phased response to HPAI and the risk of a human pandemic, moving progressively from emergency activities to a capacity-building approach. The Programme set out to quickly channel growing financial resources from international donors to support immediate activities, buying time for the development of a more comprehensive longer-term plan. The longer-term focus of the programme has been on capacity building support for the management of public health emergencies with a particular emphasis on diseases with epidemic potential, including HPAI. The delicate balance of supporting broader capacity strengthening while addressing immediate and pressing priorities was effective in putting solid coordination structures in place, which enabled Viet Nam to better respond to the Pandemic (H1N1) 2009.

Supporting an open and inclusive national planning process

UN agencies within the Government-UN Joint Programme worked with the World Bank in late 2005 to support the Government in developing an initial integrated national plan for the period 2006-2008. This plan was presented at the International Pledging Conference in Beijing and was widely recognised as one of the first integrated national plans with a medium-term outlook, sound technical basis and clear cost estimates. The Beijing meeting was considered to be extremely successful, with donors indicating total pledges of US\$1.9 billion for international, regional and country level activities. Countries were requested to further elaborate integrated national plans as a basis for accessing these resources. Accordingly, the NSCAI appointed a cross-sectoral taskforce to develop a more detailed integrated operational programme. The Government-UN Joint Programme organised a national workshop to develop the initial draft, bringing together a wide range of stakeholders, including international technical agencies, donors, research organisations and civil society, laying the foundations of an open and inclusive national planning process with a five-year focus from 2006-2010. This was followed by a World Bank-led mission that appraised the national plan and incorporated further inputs from a wide range of national and international stakeholders.

Alignment to national plans and systems

Basing international assistance on the nationally developed plan

The National Integrated Operational Programme on Avian and Human Influenza (OPI) 2006-2010 was presented to donors at a country-level pledging meeting in June 2006 co-chaired by the Deputy Prime Minister, the UN Resident Coordinator and the World Bank Country Director. At this meeting the Government indicated its intention to provide 50 percent of the identified core resources in the OPI and requested international support for the remainder. Donors and international NGOs expressed strong support for the OPI as an overall framework for resources and coordination of activities, and pledged resources accordingly. Following on from this, in November 2006 the Partnership for Avian and Human Influenza (PAHI) was established by the Government to facilitate the implementation of the OPI.

Following the pledging meeting, the UN commenced the design of Phase II of the Joint Programme together with national counterparts. The AHI JP Phase II design was directly based on the OPI as the overall national plan. UN agencies and Government counterparts worked together to identify activities to be supported based on the comparative advantages, technical resources and mandates of UN agencies within the programme, taking into account the emerging picture of resources and activities planned under parallel

financial activities of the World Bank and bilateral donors. Many Phase I donors reallocated funds they had already provided during Phase I to be used during Phase II and several allocated additional resources once the Phase II design was completed.

This approach of aligning international support to national efforts through the AHI JP has provided a 'one stop shop' for donors to channel support to the national response in a coordinated manner and with low transaction costs. Donors to the AHI JP have in turn accepted a pooled funds approach and harmonised reporting, relying on existing UN system implementation modalities and accountability mechanisms, also reducing the burden on national and UN implementing agencies. In this way, the creation of parallel systems for international support has been minimised and there is greater coordination and collaboration, lower administration costs and reduced financial and human resource costs.

Strengthening national capacity

National capacity in a number of key areas has been strongly developed during the period of the AHI JP. UN support to the national mass poultry programme is an example of capacity strengthening. FAO provided technical and policy assistance from the outset of the development and application of the mass poultry vaccination programme within Viet Nam's control strategy, drawing on their global network of experts. In both the initial design and the periodic review of the national programme, FAO provided training for vaccinators, support to the veterinary laboratory system to carry out challenge trials and post-vaccination surveillance, and provision of complementary equipment. The outcome of this technical assistance is that stronger response systems are in place to combat H5N1 and other animal diseases.

Another example of progressive strengthening of national capacity relates to the coordination of the UN Joint Programme itself. In the early stages of the programme, UNDP programme staff and the UNDP Avian Influenza Donor Coordination Specialist carried out much of the practical day-to-day coordination, working closely with UN and national implementing agencies. Later on in the programme's implementation, day-to-day coordination shifted to the National Programme Director, supported by a small team of project staff in the Programme Support Office for the UN Joint Programme located within the Ministry of Agriculture and Rural Development. The AHI JP demonstrated the capacity of national and UN agencies to develop a new approach to joint work that is both effective and sustainable.

Harmonisation of resources and efforts

Applying a joint programme approach

The UN recommends that the international community maximise the use of common arrangements at the country level for planning, funding, monitoring and evaluation, and reporting. In Viet Nam, the Partnership for Avian and Human Influenza (PAHI) brings together key partners in AHI and provides an overall mechanism for joint planning, funding, monitoring and evaluation, and reporting based on a single overall national plan, the OPI. The UN and the World Bank in Viet Nam have developed two main joint programmes to support OPI, with substantial resources from many different resources provided through these two multilateral channels. Generally PAHI has provided a more efficient coordination of these two programmes than would have been achieved through a single ODA agreement, and legal and administrative structure. PAHI meetings provided a common

forum for key national and international stakeholders, to meet, share experiences and discuss key policy and technical issues. A single joint approach may have proved unwieldy, particularly taking into account the mix of refundable and non-refundable ODA, the complex array of partners and the urgency of the response. The joint programme approach clearly highlights the effectiveness of using common arrangements and the benefits of the international community and national governments 'working as one'.

Engaging a single coordination entity for coordinating external resources

The UN designated a Donor Coordination Specialist to support coordination between national and international partners. As the AHI JP strongly emphasised leadership by national authorities of the coordination of external resources, during Phase II the location of the Donor Coordination Specialist moved from the UN system into the Government, as an adviser to the PAHI Secretariat and working within the context of the PAHI framework. This focal point has provided strong linkages between the UN system and the Government, contributing to smooth coordination of international resources.

PAHI continues to be identified as a model of ODA partnership in Viet Nam, particularly for issues and work areas where a high level of donor interest and coordination exists across more than one sector within the national system. Channelling core funds for the PAHI Secretariat through the AHI JP has provided an effective multilateral funding channel with a single set of reporting requirements for activities under national ownership. Locating the PAHI Secretariat within the Government, under joint Ministry of Agriculture and Ministry of Health supervision, has been important to support national ownership and cross-sectoral coordination. PAHI and the Secretariat have been able to organise key meetings, overall reviews and other key activities with strong participation from both the agriculture and health sectors. Mobilising Secretariat human resources with coordination skills and understanding of national and donor processes, rather than technical specialists in veterinary or medical aspects, has been an important factor in the success of the Partnership.

Learning from the experiences in Viet Nam

Viet Nam has been one of the countries worst-affected by AHI and was one of the first to have confirmed human cases, meaning that it has had a comparatively lengthy experience with H5N1. Considerable efforts have gone into AHI preparedness and response, and Viet Nam is now considered a leading example of a coordinated approach to controlling and combating HPAI. As such, several lessons can be drawn from the Viet Nam experience.

National ownership and leadership are pivotal to ensure a successful and sustainable response to API. The Government of Viet Nam provided high-level political leadership and took strong national ownership from the beginning of avian influenza outbreaks in the country. The UN complemented the national response early on through the support of its technical agencies and, in particular, through the development of the AHI JP. This programme provided the Government with rapid delivery of coordinated assistance and structured support to the national preparedness and response structure.

The response of the multilateral system to AHI has been organised under two multi-stakeholder mechanisms, both of which contribute to supporting the national response. Four UN agencies, supported by a number of bilateral donors, formed the Government-UN joint programme, combining the technical expertise of FAO and WHO with the

communications skills of UNICEF and the coordination capacity of UNDP, in support of national counterparts. The creation of the joint programme has supported an effective UN system response to AHI and is an example of how the UN system can better coordinate on a range of issues. Furthermore, Viet Nam is an example of how UN agencies can take leadership. FAO and WHO played an active and widely praised role in initiating the joint programme, working closely with the Office of the Resident Coordinator. By the UN coming together to lend specialised, coordinated support to the Government in its relevant areas of expertise, it has been able to add real value to the combat and control of AHI.

The UN's approach in Viet Nam has also facilitated the harmonisation of resources and reduced duplication of efforts. In replicating this approach elsewhere it is essential that the UN system works collaboratively to add real value, and empowers the Government to lead and own the process.

4. Lessons learned and strategic way forward in UN system coordination for API

Actions to strengthen UN system coordination for API have resulted in rapid and significant progress in the understanding, analysis and articulation of the threats associated with API, and in the way the UN and its partners have coordinated their assistance activities in response. The H₁N₁ pandemic – though fortunately relatively moderate – demonstrated to all partners that pre-emptive and coordinated planning of activities is essential. It also showed that aligning development objectives with the objectives of national governments, and working within a flexible framework, contributes to the speed and effectiveness of the response. Ultimately, these approaches have contributed to mitigating the impact API has had on animal and human health as well as on economic, social and global security.

Section 4 of this Report reflects on the work of UNRCs, UNCTs and country-based coordinators to promote better UN system coordination in response to API. The section highlights 19 key lessons these practitioners have learned through this work. Based on these lessons, Section 4 goes on to provide a series of recommendations to guide maintenance and progress in UN system coordination in response to API and other complex issues involving multiple and diverse stakeholder groups.

Lesson 1. API coordination should be country-driven and UN system support aligned with national government agendas

Recognising government leadership by aligning UN system support and financial assistance with national priorities while complementing national institutional arrangements has been an essential element in building the necessary political will for strong API coordination at the country level. This approach is essential in generating supportive environments for the implementation of coordinated response activities that meet the challenges of API in a sustainable way.

In aligning support with national governments' strategic directions, specific project and programme inputs and time-limited activities should be linked to longer-term efforts. They should build on the available national resources and capacity, enhance established institutional mechanisms and, where possible, utilise existing relationships, government policies and decision-making mechanisms.

Recommendations

- UNCTs should ensure national governments retain ownership of coordination actions.
- Where appropriate UNCTs should use their leverage to support coordination of UN and non-UN country-based assistance agencies.

Lesson 2. Where possible joint national government/UN system plans should be developed

The API experience has shown that integrated, cross-sectoral responses to API are stronger when nationally led, whole-of-government plans are in place or under development. Government led strategic frameworks for API preparedness and response provide the basis for effective mobilisation and allocation of national and international financial and technical resources and usually link to broader institutional commitments.

A single joint and integrated plan may not be possible in all settings. However, it is important no matter what the setting that harmonisation of sector response plans be a primary aim and that in the process of harmonising and aligning various plans, a balance be found between the need to respond to acute threats posed by an infectious disease and long-term sustainable development of core national capacities. Experience indicates that with political leadership and guidance, over time, poorly integrated response plans can be shaped into integrated strategic frameworks.

Recommendations

- **The UN system should seek opportunities for joint programming and apply the lessons learned from joint programming efforts in response to API to aid success.**
- **The UN system should support integration and alignment of national response plans into well functioning strategic frameworks to lead joint action.**

Lesson 3. Country-centred approaches to API coordination are critical

Country concerns, support needs and specific challenges should be at the centre of the global API response and UN system support. Experience has shown that working with a country-centred approach helps ensure that the technical capacity and geographical, political and cultural realities of a particular setting are taken into account and that, subsequently, context specific strategies are developed.

The UN system used a range of approaches to support UNCTs and country coordination in affected, neighbouring and other countries. For example, the UN system embedded dedicated API coordinators into UNCTs to work across agencies and between the UN and national governments to develop stronger coordination mechanisms and responses.

Recommendations

- **International and regional initiatives should be designed in consultation with UNCTs and contain built in flexibility that will allow ease of contextualisation to the country level.**
- **All current and future proposals should recognise the resource implications and needs of any initiative and budget accordingly.**

- **UNCT coordination roles should be extended and supported.**

Lesson 4. Investment in strengthening existing institutional, policy and programme coordination platforms is generally more efficient than creating new ones

The API coordination experience in many countries has demonstrated that, if coordination structures are already established and functioning, working within these structures and adapting them to meet unique and evolving needs is more efficient, and more quickly builds ownership, than establishing new or parallel ones.

Partners in established functional structures are likely to have worked together in the past, are familiar with each other's approaches and skills and have established protocols and mandates that underpin their relationships.

Experience from API coordination has highlighted the need to consider the capacity of national governments (and other implementing agencies) alongside the need for coordination. In settings where capacity assessments were conducted as part of the project development and planning cycle and realistic targets set, national governments have been better placed to lead a coordinated response and implement actions with significant impacts.

Recommendations

- **In responding to API and other new and complex cross-sectoral challenges, the UN system in partnership with national governments should aim to utilise and strengthen existing coordination mechanisms where possible.**
- **To facilitate this, UNCTs should maintain engagement with and contribute to key national coordination mechanisms and include capacity assessments in ongoing project development and planning cycles.**

Lesson 5. Resources (including funding) can be more effectively utilised when channelled through well structured multi-agency coordination mechanisms

In settings where joint national government/UN API programmes were in place these programmes provided strong mechanisms for robust engagement and collaborative decision-making on issues including resource allocation; delivery of technical and financial assistance; and monitoring and evaluation. Joint programmes facilitated alignment of the immediate emergency response while ensuring longer-term national development agendas were not forgotten.

Joint programmes provide opportunities for ongoing non-API related inter-agency and inter-sector collaboration.

Recommendations

- The UN system should explore opportunities for joint programming around complex issues involving multiple stakeholders. Joint programmes can aid coordination in response to emergency situations as well as facilitate coordination for broader long-term development strategies.

Lesson 6. UNRCs and UNCTs play a central role in API coordination

UNRCs and UNCTs play a key role in collaborating with national governments and other assistance partners to implement the UN Development Assistance Framework (UNDAF) and associated national strategies and sector plans. UN system coordination is at its most effective when parties at all levels (country, regional and headquarters) acknowledge the central role that UNRCs and UNCTs and their country-based mechanisms (such as UN disaster management teams, crisis management teams, sector theme groups and cross-agency response mechanisms) play in bringing multiple partners together and facilitating coordinated responses and approaches.

Given the critical role of country-level UN partners, these partners should be engaged at the early stages of strategy development and be able to provide input into issues related to implementation timing, protocol adherence and strategy substance. Early engagement will help ensure the coordination of the available resources (including technical expertise) and promote alignment with existing national strategies.

Recommendations

- The collaborative and inter-agency nature of UNCTs' work should be recognised and supported and interventions that reflect these values implemented.
- Country level UN partners should be engaged at the early stages of strategy development.
- Clear and agreed objectives for any regional or headquarters missions, strategies or interventions should be established in advance through consultation with the UNCT.
- Strategies to support and assess preparedness efforts at the country level should recognise the resource implications and capacity development requirements and be framed accordingly.
- Policy and strategy development processes should remain consultative and inclusive, utilising the expertise of the UN system in country.

Lesson 7. UNCT API plans can facilitate coordination with partner agencies and within the UN system

UNCT API plans have been key to coordinating the activities of UN partner agencies at the country level. Led by the UNRC these plans have facilitated alignment with national government API responses and coordination planning as well as aligned linkages with regional and global agendas for API preparedness and response.

Experience has shown that UNCT API planning has been most effective when integrated with existing broader UN coordination mechanisms for security, disaster management, communications and operations. UNCT plans are also most effective when they aim to minimise the burden on the host government, particularly during times of crisis, and when contingency preparation has been conducted in advance.

Recommendations

- **UNCT API coordination plans should be kept current and used as a tool to align the actions of country based UN technical agencies with each other and the national government.**
- **These API coordination plans should be integrated within existing emergency management mechanisms of the UN to ensure sustainability.**

Lesson 8. Information sharing provides a platform on which strong cross-agency coordination can be developed

Providing regular opportunities for information sharing involving a broad range of stakeholders facilitates the development of relationships by promoting openness and transparency between partners. With purpose and guidance, relationships that are initially based on information sharing alone can be effectively developed into cross-agency coordination mechanisms and collaborations.

Experience has shown that during times of crisis, information sharing mechanisms that have a clear purpose, clear protocols and delineated roles and mechanisms for collecting and disseminating information within and outside the group, and tailored communication tools (e.g. secure web-based bulletin boards, e-notifications, web-alerts, listservs) functioned better than those that were developed in a reactive and often ad hoc manner.

Recommendations

- **UNCTs should seek opportunities for cross-stakeholder information sharing. The UN system should support the effective functioning of information sharing platforms by applying the management skills commonly found among staff of UN agencies to ensure information sharing platforms remain relevant, have purpose and are self-sustaining.**

Lesson 9. Regional multi-disciplinary API-focused workshops and networks have enhanced the effectiveness of the UN system's response to API

Regular regional gatherings, particularly in regions directly affected by API at the time, provided an opportunity for UN teams responsible for country level activities to join with others working on similar areas, to discuss issues, share experiences and identify common challenges and possible solutions.

These regional workshops and meetings contributed to bridging potential gaps between global, regional and country contexts and supported a country led approach to API. In addition to ensuring that country level UN personnel were updated on the disease situation and global guidance and policies, they also acted as a mechanism through which country and regional level stakeholders could provide input into the development of global and regional policies, strategies and plans. Importantly, these workshops and networks have provided forums at which various positions on a wide range of common coordination issues could be agreed on and/or advocated for, thereby gradually strengthening coordination for API.

Forums and networks at the national, regional and global levels have enabled stakeholders from all aspects, agencies and levels of the API response to share lessons, strengthen professional relationships and build knowledge, understanding and commitment, thus enhancing coordination efforts to respond to API.

UNCTs played an important role in supporting relevant national officials to participate in regional and global API policy, coordination and technical meetings, again helping to ensure UN system strategies remain country-driven and focused.

Recommendations

- **Platforms that allow UNCTs to use their catalysing and convening power to support national authorities to work in a coordinated fashion should be maintained.**
- **The UNDGs and the UN Development Operations Coordination Office (UNDOCO) should be resourced to maintain their leadership role in country coordination activities and structures.**
- **Networks of API (and other emergency response) focal points – both between UN agencies within UNCTs and at the regional level – should continue to be supported.**
- **National government representation should be encouraged and supported at regional and global UN system meetings. The UNCTs have a key role to play in supporting their national counterparts at these meetings and ensuring that country perspectives are heard, understood and incorporated in subsequent initiatives.**

Lesson 10. Support for coordinated and inter-disciplinary action is needed at all levels of the UN

Coordination and joint work across disciplines and agencies has been critical to the delivery of a harmonised and coherent UN system response to API at the country level. API coordination has been most successful when acknowledged as a vital and central element in system-wide collaboration and effective leadership. Coordination success has come when leaders at country, regional and central levels place a high value on efforts to find synergy between the various stakeholders and promote harmonised and complementary responses to complex challenges.

Experience has also shown that long-term investment in the people, relationships and mechanisms that nurture a supportive and enabling environment is required to develop functional and robust collaborations. These investments aid cross-agency planning and the development of integrated strategies; they facilitate better technical exchanges; and they create a platform for multi-stakeholder decision-making to occur.

Central to creating an organisational architecture within the UN that enables swift, flexible and evidence-driven responses is building (or strengthening existing) structures that facilitate and promote cross-sector coordination, sharing of information and dialogue. In responding to API, interdisciplinary action by the UN has taken place through a range of existing coordination structures at the country level, including the UN Disaster Management Teams, Security Management Teams, Country Management Teams, and the UNCTs themselves. Specific programme coordination groups and joint programmes have also supported inter-disciplinary and inter-agency action to create partnerships that bring UN partner agencies and civil society together to respond.

Coordination across the UN has been most effective when engagement in inter-agency processes is included in individuals' job profiles; included in project groups' Terms of Reference; included in performance indicators and monitoring and evaluation frameworks; reflected by the UN system's values; and included as an objective of strategic planning frameworks such as the UNDAF.

Recommendations

- **Coordination activities should be explicitly discussed in senior officers' job descriptions, collaborative groups' Terms of Reference, performance indicators and monitoring and evaluation frameworks.**
- **Internal UN system structures established to promote cross-agency and cross-discipline engagement and planning for API should be maintained and used to support better UN system coordination for a broader range of infectious disease threats.**

Lesson 11. Clearly identified and articulated coordination roles are necessary to sustain and extend coordinated action

API coordination mechanisms that have capitalised on each partner's comparative strengths and have established clear, targeted and cross-disciplinary communication methods have been more likely to succeed in fostering strong and sustained working relationships, and in aligning previously disparate programmes and funding to meet national development goals. In many cases, such mechanisms have been steered by individuals with a mandate to strengthen coordination systems for API response. To maintain momentum for UN system coordination, coordination champions will need to be identified with skills including: people management; programme planning and implementation; relationship development; and a strong understanding of the geo-political context and how it interfaces with coordinated approaches. Clear and sustained UN system support for such roles is essential.

Recommendations

- **UN system coordination focal points should be identified, tasked and resourced to maintain existing coordination mechanisms as well as to create new ones.**
- **Coordination focal points should be embedded in UNCTs and have a supported mandate to operate across agencies. They should be supported within the UNCT in which they are placed and have strong links to regional and central level coordination functions.**

Lesson 12. Resources should be invested in developing the skills required for effective coordination

Establishing and maintaining strong coordinated efforts requires leaders with a unique skill set and with sufficient time to instil organisational changes. The task of drawing together stakeholders with diverse backgrounds, experiences, training, perspectives and agendas requires highly developed communication, organisation, facilitation, negotiation and project management skills along with a strong appreciation of local, regional and global techno-political processes.

The UN system has the opportunity to foster these skills training opportunities, traineeships, opportunities for junior staff to act in senior coordination roles, and systems of peer-to-peer support and exchange.

Recommendations

- **The UN system should foster the core skills required for good coordination among its senior staff. This can be done through training, mentoring or through providing opportunities to act in higher positions with coordination roles.**

Lesson 13. Lessons and examples of good practice need to be documented and shared for peer learning and strengthened coordination at all levels

Coordination is an expanding profession, and as such, constant and rigorous evaluation, documentation and sharing of good practice are essential staff and skills development activities.

Publications such as *Avian and Pandemic Influenza Coordination: A Resource Guide for UN Country Teams* provide an excellent source of information and direction for the review and strengthening of effective coordination at the country level in preparedness and response to complex and multifaceted challenges.

Recommendations

- The UN system should record examples of effective practice in cross-agency coordination, and share these examples with coordination practitioners across the system.

Lesson 14. Collaboration with regional organisations has facilitated cross-border policy development and response planning

Efforts to align UN system plans with the plans of regional organisations such as ASEAN and the African Union and economic groupings such as Asia-Pacific Economic Cooperation (APEC) have contributed to strengthened political environments that have facilitated regional alignment, information sharing, and decision-making regarding cross-border policies and response actions on API. Engagement with regional organisations has contributed to capacity building through joint trainings; development of shared regional tools and outcome targets; and development of regional resources stockpiles. Early engagement has also built strong working relationships that facilitated interagency engagement and action during times of crisis.

Recommendations

- Opportunities to engage with and align relevant UN system programmes with those of regional organisations should be sought out.

Lesson 15. Mainstreaming API coordination functions within established UN system structures will ensure sustainability

To achieve longer-term sustainability for coordinated efforts, API-focused coordination activities and functions should be integrated with other development, humanitarian and disaster preparedness activities. This means fully utilising existing structures and

mechanisms where possible to ensure the sustainability of API work and also to build the preparedness and response capacity of the receiving structures.

New agendas to cross-sector coordination, such as the *One Health* approach, should build on the networks, relationships and mechanisms established in response to API and should complement approaches outlined in UNDAFs.

Recommendations

- The UN system should ensure API coordination activities and functions are adopted by and integrated into humanitarian, disaster and development activity areas of the UN.

Lesson 16. Global direction can be harnessed to aid programme momentum at the country level

As the UN can have a strong influence over global direction setting through its own focus and actions, there is an opportunity to harness high-level processes, such as inter-ministerial meetings, to create and sustain programme momentum at the country level. UNRCs and UNCTs can facilitate this influence to convey high-level decisions and actions to national counterparts, and use them as tools for advocacy and for harmonisation with broader global development agendas.

The UN system at the country level has an important role in identifying opportunities, and advocating for and supporting national government participation in global and regional UN decision-making events, bringing country level experiences into global discussions and ensuring that the lessons from these experiences inform the global agenda.

Recommendations

- The UN system should support and systematically create opportunities for participation of country level staff and national counterparts in key regional and global meetings and networks in order to share country level experiences and participate fully in key global discussions.

Lesson 17. Maintain and harness UN system coordination as a vehicle for the operationalisation and implementation of a One Health approach

Coordination does not exist for its own sake but for the facilitation and advancement of complex development agendas. As such, maintaining and harnessing UN system coordination to help the *One Health* approach reach its full potential will assist better cross-sector engagement across human health, animal health and environmental health domains in response to a broader range of existing and emerging disease threats. Utilising UN system coordination to further develop a *One Health* approach, both within the UN system

and with government partners, will ensure that UN technical agencies' assistance remains current and relevant when governments begin to adopt the approach.

Recommendations

- UNCT and national API coordination mechanisms should be sustained and broadened to provide effective support to the application of a *One Health* approach at the country level.
- The UN system at all levels should ensure that country level staff and national counterparts are fully briefed on and have opportunities to participate in global efforts to define and promote a *One Health* approach and that these global efforts are grounded in and relevant to needs and practical application at the country level.

Lesson 18. Public-private-civil society partnerships are an important area to be developed for better API response

Public-private partnerships play an important role in API prevention, pandemic preparedness and response work. Whole-of-society readiness for pandemics requires the involvement of many private sector entities ranging from providers of essential services (e.g. fuel and electricity) to manufacturers of medicines, vaccines and personal protective equipment, and operators of agricultural enterprises, wet markets and slaughterhouses. The UN system is increasingly called upon to facilitate the engagement between national governments, the private sector and civil society entities and provide guidance on how such partnerships can be advanced. This area of assistance is relatively new for the UN system and as such specialist skills will need to be developed. Further, skills in coordinating public, private and civil society actions are not confined to any one level of the UN system and hence capacity will need to be built at the country, regional and central levels of the UN.

Recommendations

- The UN system should prioritise the development of internal capacity and specialist skills in the coordination and facilitation of engagement and partnerships between national governments, the private sector and civil society entities.

Lesson 19. A coherent UN system response provides a powerful catalyst for national leadership and better coordination

The early development of the UNCAPAHI, informed by the evolving UN system response in the first affected countries, provided a useful framework within which UNCTs could develop coherent country-based UN system response plans to API. The UNCAPAHI provided a platform for internal UNCT direction setting; engagement with national partners; identification of areas where UN system support could best serve national governments'

own API response actions; and – together with donors – mobilisation of funding and resources to respond. Further, coherent and well coordinated UN system responses to API at the country level aided engagement and alignment with international partners and served as a tool to align assistance agencies' approaches during the crisis.

Recommendations

- The UN system should recognise the role coordination frameworks, such as UNCAPAHI, play in guiding both UN system and national government responses and promote the development of such frameworks in responding to complex, cross-disciplinary issues, ensuring that such international frameworks are developed in a way that allows adaptation to country-specific contexts and varying levels of development.
- The UN system should seek opportunities for national government/UN system joint planning in response to complex issues involving multiple stakeholders.

5. *One Health* - a framework for sustaining momentum

The Fifth UNSIC/World Bank Global Progress Report on Animal and Pandemic Influenza (July 2010) outlines a Framework for Sustaining Momentum for API preparedness and control beyond 2010.⁹ The framework builds on the three priority streams of work identified at IMCAPI in April 2010 (see page 18) and will serve to guide the UN's efforts to sustain and strengthen activity for system-wide coordination on API and other global disease threats in the future.

The UN system is uniquely placed to play a leadership role in maintaining momentum and continuing to strengthen coordinated responses through API. The UN system has a mandate to promote and achieve sustainable development outcomes and through its ongoing advocacy and political engagement with national governments and partner agencies at the country, regional and global levels, it is able to raise awareness, encourage vigilance and secure investment. Further, by maintaining coordinated approaches for API, the UN system can help the *One Health* approach reach its full potential and ensure that governments are supported when applying the approach at the country level.

The operationalisation of a *One Health* approach will require a broadening of established API networks, structures and coordination processes. It will call for further development of joint working practices, fostering and building collaboration between sectors and providing platforms for joint information exchange and multisectoral governance. In essence, the *One Health* approach will build on the strong foundation of multisector/multidisciplinary work and coordination established for API.

The experience of UNSIC and UNCTs in UN system coordination for API has demonstrated that successful approaches in one setting may not necessarily translate to another. As such, strategies to promote and maintain inter-agency collaboration need to be designed at the country level and in partnership with UNRCs and UNCTs. This two-way flow in strategy development has been one of the strengths of the API response and should be integrated as part of the *One Health* strategies for API and beyond.

The lessons from the UN system's API coordination are by no means restricted to work on API. The efforts to better coordinate the UN system for API have had exceptional results in a short period of time and integrating these lessons into the UN system's operational norms provide an opportunity to lead by example.

⁹ United Nations and World Bank (2010) "Animal and Pandemic Influenza: A Framework for Sustaining Momentum". Available at: http://un-influenza.org/files/Animal_and_Pandemic_Influenza-AFrameworkforSustainingMomentum.pdf.

Conclusion

In October 2005, at the second Asia sub-regional meeting on API it was recommended that the UN system, in response to API, recognise and quickly deliver global leadership and guidance for a coordinated whole-of-society response to the threats posed.

Since that meeting, much activity has occurred at all levels of the UN to strengthen linkages and unity within the UN system and between the UN system and the national governments it supports and international assistance agencies it works with to enhance coordination outcomes. This concerted effort has resulted in a UN that is more skilled, better integrated, more responsive and well placed to lead by example and implement coordinated responses to complex issues involving multiple stakeholders.

Experience from efforts to enhance the coordination of responses to API has demonstrated:

- the critical role UNRCs play in engaging and maintaining coordination activities within UNCTs and with external partners;
- the value of sustained engagement and development of trusting relationships for better coordination outcomes;
- the need to tailor coordination strengthening initiatives to fit into specific contexts;
- the need for strong and sustained high-level national government and UN system commitment to enhance coordination and implement successful joint programmes of action;
- the need to align assistance with national governments' priorities;
- the value of overarching strategies (such as UNCAPAHI and UNDAF) in harnessing and aligning the efforts of otherwise loosely associated or disparate sector programmes;
- the value of national government-UN system joint programming in response to crisis situations;
- the value of joint programming as a mechanism to plan the coordinated delivery and resourcing of technical assistance in administratively complex circumstances;
- the leadership role the UN system has in promoting enhanced coordination between agencies at all levels – national, regional and global; and
- the importance of investing in the development of mechanisms and environments that are conducive to cross-sector coordination, both for short-term success and long-term sustainability.

These experiences, together with examples of how they were integrated into the response to API at the country level, will provide useful lessons with which to maintain momentum for a better coordinated UN system in response to new and emerging disease challenges in the future.