



**Coordinator of the UN System Influenza Coordination (UNSIC)**

**Final Narrative and Financial Report**  
*1 January 2009 – 31 December 2009*

- 1. Project Title:** Support to the UN System Influenza Coordination (UNSIC)
- 2. Period under report:** 1 January to 31 December 2009
- 3. Amount (US\$) received 2009:** 2,465,089
- 4. Date Report Submitted:** 1 March 2010

**AREAS OF SUPPORT**

- 1. TRACKING, ASSESSING AND ANALYZING THE IMPACT OF BOTH NATIONAL EFFORTS AND EXTERNAL ASSISTANCE**
- 2. COORDINATION OF ASSISTANCE AT COUNTRY, REGIONAL AND GLOBAL LEVELS**
- 3. GLOBAL READINESS TO MITIGATE THE SOCIETAL IMPACT OF AN INFLUENZA PANDEMIC**
- 4. SUPPORT FOR HARMONIZED COMMUNICATION**
- 5. OFFICE MANAGEMENT AND RESOURCE MOBILISATION**

## INTRODUCTION

Much work has been done and progress made over the past few years in the efforts to prevent, prepare for, and respond to animal and pandemic influenzas. Many of these efforts started more than six years ago, when the H5N1 subtype of highly pathogenic avian influenza (HPAI) virus resurfaced in East and Southeast Asia, and eventually spread to South Asia, the Middle East, Europe and Africa. Supported by more than USD 3 billion in pledges of international assistance over the past few years, a major positive outcome of the investments provided thus far has been the improvements in preparedness; many countries have made substantial progress for their national pandemic preparedness. The effects of this work were evident in 2009, as the world responded to the World Health Organization's declaration of the Pandemic (H1N1) 2009, the first influenza pandemic in 40 years. To date, the pandemic has spread to 211 countries and overseas territories around the world, and it continues to spread today.

While the Pandemic (H1N1) 2009 was the focus of much of the world's attention and energy in 2009, the status of other human and animal influenzas – particularly Highly Pathogenic Avian Influenza (HPAI) H5N1-- was also continually monitored. Improvements in H5N1 were noted in 2009; for instance, there were no new novelties associated with the virus, no sustained human to human transmission and no major changes in geographical spread. While 115 human cases of H5N1 were confirmed in nine countries in 2006, only 72 cases were confirmed in five countries in 2009; this decrease reflects the fact that many countries have succeeded in controlling the viral circulation and only small numbers of countries are currently infected (albeit widely entrenched) with the virus.

The drafting of this UNSIC 2009 Annual Report has provided an opportunity to note such developments with animal and pandemic influenza, and to reflect upon the work that UNSIC has done in response. I hope that this report provides a helpful overview of UNSIC's efforts to help strengthen the way in which the UN system and partners respond to the needs of communities, nations and the world in response to threats posed by animal and pandemic influenza.



David Nabarro  
UN System Senior Coordinator for Avian and Human Influenza

## THE SENIOR UN SYSTEM INFLUENZA COORDINATOR

Appointed by the UN Secretary General in September 2005, the UN System Influenza Coordinator<sup>1</sup> has worked to make the UN system work to its best effect to support national, regional and global efforts to address the threats posed by animal and pandemic influenza. Through the course of 2009, the Coordinator's work was principally focused on:

- **Global reporting on progress, funding and financial/technical requirements**, particularly through stewardship of the Urgent Needs Identification and Prioritization (UNIP) exercise, and subsequent report entitled report 'Urgent Support to Developing Countries' Responses to Pandemic Influenza (H1N1).'
- **Interagency Coordination** through managing the interagency Technical Working Group on Influenza, chairing the Management Committee of the Central Fund for Influenza Action, and supporting the Deputy Secretary-General's Influenza Steering Committee.
- **Supporting the UN System's Preparedness Efforts**, particularly through assisting and coordinating the UN System response to the Pandemic (H1N1) 2009.
- **Support to inter-governmental processes**, including support to international groups as well as support for the organization of the next International Ministerial Conference on Avian and Pandemic Influenza (scheduled for April 2010 in Vietnam).
- **Coordination of Communications** through continued involvement in the UN Communication's Group Taskforce on AHI.

While this report will focus on activities linked to influenza coordination, it should be noted that upon the request of the UN Secretary General, throughout 2009 the Coordinator was also take responsibility for coordinating the High Level Task Force on the Global Food Security Crisis. In 2009, he was appointed Special Representative of the UN Secretary General for Food Security and Nutrition.

## ACHIEVEMENTS OF UNSIC

### 1. TRACKING, ASSESSING AND ANALYZING THE IMPACT OF BOTH NATIONAL EFFORTS AND EXTERNAL ASSISTANCE

On June 6 2009, the first influenza pandemic in 40 years was declared by the World Health Organization (WHO). While the initial wave of the pandemic predominately affected well resourced countries, it quickly spread into much poorer communities, where the health impact was anticipated to be greater due to populations having comparatively high rates of underlying medical conditions and low rates of annual health care spending. An additional concern for

<sup>1</sup> Hereafter referred to as the 'Coordinator'

developing countries was that the pandemic could also result in difficulties in maintaining essential services beyond the health sector.

In response to the spreading pandemic, in August 2009 UNSC, together with the Pandemic Influenza Coordination (PIC) team in the UN Office for the Coordination of Humanitarian Affairs (OCHA), WHO and the UN System, worked closely with over 60 Least Developed Countries (LDCs) and Global Alliance for Vaccines and Immunization (GAVI)-eligible countries to urgently identify priority areas for potential international assistance. This Urgent Needs Identification and Prioritization (UNIP) exercise identified short- to medium-term interventions to strengthen the capacity of the most vulnerable countries to mitigate the impact of the pandemic, particularly in terms of reducing excess mortality and increasing societal resilience. It was developed to address the likelihood that the impact of the pandemic would be greater in countries with weak health care systems, inadequate access to essential medicines, large numbers of vulnerable citizens with underlying medical conditions, and insufficient resources to address these challenges without international support.

The UNIP exercise, and subsequent report entitled “Urgent Support for Developing Countries Responses to the H1N1 Influenza Pandemic<sup>2</sup>,” provide a substantial body of information about the measures that LDCs and GAVI-eligible countries are taking in response to the Pandemic (H1N1) 2009 and about their assessments of priority areas of need where support from the international community would be welcomed. A considerable variety in the levels of preparedness was noted, with a tendency on the part of countries that have been seriously affected by avian influenza (H5N1) to have devoted more attention and resources to pandemic preparedness than other countries. Areas globally where much progress is reported include preparation of key public health messages, development of national communications plans, distribution of national clinical care guidelines for pandemic influenza, establishment of inter-Ministerial or multi-sector coordination mechanisms, collaboration in pandemic preparedness and response with civil society and Red Cross/Crescent partners and strengthened national surveillance systems.

In terms of country readiness, areas where it was reported that progress was limited and work remained to be done included: implementation of pandemic plans, including communications plans, down to sub-national and local levels; business continuity planning to ensure the continued provision of critical services; and establishment of plans for managing the storage, distribution and delivery of the pandemic vaccine. An estimated USD 1.48 billion in financial needs was identified in the report, falling into three main categories:

1. Meeting the urgent need for essential medicines to treat severe cases and vaccines to protect health care workers and other essential service personnel
2. Meeting the urgent need for interventions to strengthen country readiness
3. Funding for relevant agencies and partners to support countries in implementing these interventions.

As a follow up to publication of the ‘Urgent Support for Developing Countries Responses to the H1N1 Influenza Pandemic’ regular reporting is being done to track the progress of work against the identified needs. The first of these reports should be complete in January 2010.

---

<sup>2</sup> <http://www.undg.org/index.cfm?P=1289>

## **2. COORDINATION OF ASSISTANCE AT COUNTRY, REGIONAL AND GLOBAL LEVELS**

UNSIIC's efforts to strengthen information-sharing and coordination, particularly in response to the outbreak and spread of Pandemic (H1N1) 2009, served to encourage UN and partner stakeholders at all levels to work in synergy in their pandemic preparedness and response. UNSIIC's Asia-Pacific Regional Hub (APRH), based in Bangkok, continued to facilitate coordination with UN system and other stakeholders at regional and country levels in Asia-Pacific region, particularly in terms of support to national governments. Many of the successes in responding to the Pandemic (H1N1) 2009 were due to joint efforts and focused work by many individuals and organizations at country, regional and global levels.

### **2.1 COUNTRY-LEVEL COORDINATION**

In response to the Pandemic (H1N1) 2009, UNSIIC worked closely with many UN System offices and organizations, particularly WHO, the UN Development Programme (UNDP), OCHA and the United Nations Medical Services (UNMS), to provide regular updates and guidance to UN staff globally. UNSIIC also worked closely with UNMS and other offices in the UN Secretariat to develop policy regarding access of UN staff to the H1N1 pandemic vaccine, as well as creating a programme to facilitate the procurement of the vaccines for UN duty stations where the vaccine was not otherwise available (a programme that continued into 2010).

UNSIIC continued to maintain regular contact with UN Country Teams through constant outreach, regional meetings and missions to countries challenged by Avian and Pandemic Influenza. The UNSIIC APRH continued to place importance on provision of support to unified UN system action at the country level, and served as a trusted source of information sharing and support for countries in the region.

In March 2009, APRH organized a two-day UN System Regional Workshop on avian and pandemic influenza, bringing together UN Country Teams and UN Regional Offices in the region, with participation from 14 UN Country Team delegations as well as regional and HQ offices of UN and partner agencies. The successful workshop discussed and provided updates on global process; the UN System set up in 2009 and the evolving role of the AHI Focal Points; provided direction for facilitation and coordination of country level UN system work on API through elaborating of the Coordination Resource Guide to UN Country Teams (commissioned by UNSIIC in 2007), and focused on UN System internal pandemic preparedness and remaining issues.

Following the outbreak of Pandemic (H1N1) 2009 in April 2009, much of APRH's work was focused on supporting UN Country Teams to respond to the pandemic. APRH established a structured information sharing and collection mechanism which consolidated and broadly shared UN Country Team Situation Updates for Asia-Pacific region, which was found to be very useful by the UN System entities at different levels. During the year, APRH made a number of country visits, including to Cambodia, India, Indonesia, Lao PDR, Maldives and Vietnam. APRH performed significant outreach to UN Country Teams and was readily available to respond to calls for support from Country Teams, providing active follow-up with countries facing the Pandemic (H1N1) 2009 as well as H5N1 outbreaks.

The Pandemic (H1N1) 2009 underlined the continuous importance of coordination at the country level. APRH supported UNCTs as they increasingly looked into country coordination frameworks, fully utilizing the AHI Coordination Resource Guide for UN Country Teams as well as drawing from the benefits of broadly sharing best practices. APRH also sought to respond to increasing concerns over sustainability of the country level coordination and supported individual UNCTs seeking to secure continuity of the coordinated response at a time when an actual pandemic provided a momentum to move pandemic related work forward at the country level. APRH also played an active role in linking countries as well as the UN System at the country level in need of external support with that available, as an example from the Regional Risk Communication Initiative or from regional partners through their programmes and activities.

The H1N1 pandemic increased UN Country Team focus on contingency planning processes, which were actively supported in a number of countries as a collaborative effort, especially with the support of OCHA/PIC work. UNSIC APRH inter-agency team provided practical advice focusing also on sustaining the impetus on contingency planning and revision of plans as well as the gradual evolution towards all-hazard contingency planning beyond pandemic threat.

## **2.2 SUPPORTING COORDINATED ACTION AT REGIONAL LEVEL**

UNSID-APRH engaged in effective coordination with South East Asia and Pacific regional offices of UN agencies involved in AHI work. Efforts on information sharing and maintenance of regional coordination network were intensified in light of the H1N1 pandemic, particularly at the early stages of the escalation of the H1N1 circulation. In line with the Concept of Operation for the UN System in an Influenza Pandemic (CONOPS) and its reference to the Regional Pandemic Task Force, UNSIC APRH followed an already well established regional set up based on network of identified Focal Points in Regional UN Offices, and maintained contact via e-mail communication and teleconferencing, convening regional UN system meetings when needed to discuss issues related to regional response in support of the work of UN Country Teams and national efforts.

Throughout 2009, APRH convened four regional UN System meetings to provide updates on the HPAI and H1N1 situation in the Asia-Pacific region, to brief on ongoing programmes and activities as well as the UN System wide activities at the global level and to discuss and explore ways for enhanced joint action in support of country level work. Regional offices of UN system agencies also attended other meetings and coordination platforms organized by APRH, such as the workshop and partner meetings. In the H1N1 context, UNSIC APRH also supported the consolidation of the WHO regional gap analysis for responses to pandemic influenza H1N1 2009, and in June 2009 convened a regional UN system discussion to explore how the UN system as a whole could provide support to the overall public health response and the work of WHO.

Building on these joint discussions, the planning and preparatory process for the 7<sup>th</sup> UNSIC regional UN System Workshop on Avian and Pandemic Influenza (conducted in January 2010) was a joint inter-agency effort which commenced in late 2009 with full involvement of FAO, OIE, UNICEF, WFP, WHO, WHO WPRO and SEARO as well as IFRC, ILO and IOM, and aimed at enhanced joint regional UN system support to UN teams at the country level.

During latter part of 2009, UNSIK APRH also provided a Secretariat for the Asia Risk Communication Initiative, which includes FAO, UNICEF, UNSIK, WHO (both regional offices for South East Asia (SEARO) and Western Pacific (WPRO)), ASEAN, IFRC and AED. The short term purpose of the forum is to develop a mechanism to better provide risk communications assistance in response to the current H1N1 threat. In the long term, the initiative aims to create a sustained interagency approach to developing risk communication capacity (in response to any emerging health threat) in Asia. UNSIK APRH played an active role in linking countries in need of communication related support with the support available from the Regional Risk Communication Initiative.

### **2.3 COORDINATION AMONG UN SYSTEM AGENCIES, FUNDS AND PROGRAMMES, AND THEIR PARTNERS**

UNSIK continued its efforts to encourage a large number of national, regional and international stakeholders from the public sector, private entities and civil society to work together towards a common purpose. In addition to the previously mentioned UNIP exercise, UNSIK is currently updating the UN System Consolidated Action Plan for Avian and Human Influenza, which establishes common objectives, strategic directions and results to be attained by the contributing agencies. This update will include activities planned for 2010, as well as reports on the impact of the UN action to date.

In an effort to ensure continued synergy within the UN system and other partners, UNSIK also continued to facilitate and chair the inter-agency Technical Working Group (TWG). Composed of UN agencies, funds and programmes, departments of the UN Secretariat, IOM, OIE, the IFRC, IMF and the World Bank, the TWG served as a critically important forum for information sharing and policy discussions during 2009, particularly in regards to the Pandemic (H1N1) 2009 response. In the very early months of the Pandemic (H1N1) 2009, the TWG was activated to a daily meeting, within which critical information and updates were shared between its members. Participation the TWG grew substantially (at times including more than 25 different offices and agencies), and it provided a forum wherein operational questions could be addressed whenever they arose, thus helped to make for more informed and coordinated actions by TWG members.

The work of the TWG also laid the ground for the decisions of the Deputy Secretary-General's Steering Committee on Influenza, which is composed of the heads of UN agencies, funds and programmes, the UN Secretariat, the OIE, the World Bank and the UN System Influenza Coordinator. The Steering Committee met regularly throughout 2009 in response to the Pandemic (H1N1) 2009, addressing issues such as messaging to UN staff globally, and the provision of H1N1 pandemic vaccines.

Through the close work with the Office of the Secretary General, the Office of the Deputy Secretary General and WHO, UNSIK helped to coordinate several UN staff town hall meetings on the Pandemic (H1N1) 2009. Open to staff in New York and streamed to UN staff throughout the world, these meetings provided an opportunity to share information and offer reassurances to UN staff globally on developments linked to the pandemic. Throughout 2009, but particularly in the early stages of the H1N1 pandemic (when New York was seriously impacted), UNSIK also served as an active member of the Crisis Operations Group for an Influenza Pandemic (COG-IP),

a coordinating body which provided support to and implemented directives of the UN Headquarter-based Senior Emergency Policy Team.

### **2.3.1 THE UN CENTRAL FUND FOR INFLUENZA ACTION**

Established in early 2007, the UN Central Fund for Influenza Action (CFIA) continued to provide a fund through which donors could pool their resources and support activities within the strategic framework of the Consolidated Action Plan (UNCAPAHI). The CFIA is governed by an inter-agency Management Committee composed of focal points for Participating UN and non-UN Organizations and donors, and the World Bank as observers, and chaired by the UNSIC Coordinator, and it served to review and approve project submissions by Participating Organizations.

Thanks to generous contributions from the United States (US\$ 27 million), Norway (US\$ 5 million), Spain (US\$ 0.6 million), and the United Kingdom (US\$ 0.7 million), the CFIA's portfolio reached US\$ 33.3 million at the end of 2009. Over the course of 2009, the CFIA Management Committee approved approximately US\$ 7 million in funding for 11 projects. Agencies that received funding in 2009 include ICAO, ILO, IOM, OCHA, UNHCR, UNICEF, UNWTO, and WFP. These agencies produced periodic updates on the progress of their project implementation, which are available on the CFIA website<sup>3</sup>.

### **2.4 MAINTAINING EFFECTIVE LINKS WITH NON-GOVERNMENTAL AND NON-UN STAKEHOLDERS**

UNSIIC continued its engagement with NGOS and other non-UN stakeholders, including the World Bank and the International Federation of Red Cross/Red Crescent Societies, throughout 2009. In the Asia Region, UNSIC APRH continued its close collaboration with non-government and non-UN stakeholders, including development banks, regional organizations, NGOs and the private sector.

As part of the global partnership between UNSIC and World Bank, APRH continued to provide support to coordinated and collaborative country level AHI activities between the UN system and the World Bank. For example, in May APRH joined the World Bank AHI videoconference with its country offices looking into projects in Cambodia, China, Lao PDR and Vietnam from the perspective of implementation progress as well as potential request based reallocation of funds or additional finances in response to the Pandemic (H1N1) 2009. APRH also followed-up and remained available for the above mentioned projects as well as the project in Mongolia.

UNSIIC APRH also continued its close collaboration with key regional and sub-regional inter-governmental organizations such as Association of South East Asian nations (ASEAN), Asia Pacific Economic Cooperation (APEC), Secretariat of the Pacific Community (SPC) and the Mekong Basin Disease Surveillance (MBDS). APRH was engaged in many ASEAN activities, such as continuing technical support and involvement with ASEAN assessment work on multi-sectoral pandemic preparedness and response, including the development of indicator system for national multisector pandemic preparedness capacities. APRH joined the ASEAN consultative

<sup>3</sup> <http://www.undp.org/mdtf/influenza/overview.shtml>

meeting on regional co-operation on pandemic preparedness and response, with the objective to strengthen regional collaboration and existing regional initiatives in improving the pandemic preparedness and response plans to maintain essential services in times of pandemic and reduce the socio-economic impacts. Recognizing the value of collaboration and exchange cross regions, APRH was also involved in the work of Asia-Europe Foundation (ASEF), the financing facility of ASEM, and supported League of Arab States engagement with ASEF activities.

APRH continued to provide strong substantive support to the Regional Inter-Agency Coordination Forum on Avian and Pandemic Influenza (renamed the Regional Pandemic Preparedness Forum), hosted during 2009 by the Asian Disaster Management Center. APRH provided occasional chairing of the meetings and organized a NGO briefing meeting on H1N1 soon after the emergence of the virus and declaration of a pandemic by WHO. Later APRH organized a meeting for international organizations and NGOs on One World, One Health and convened a Donor Day to facilitate sharing and exchange on donor activities. Towards the end of 2009, to secure continuity of this valuable coming together of broad range of international organizations, UNSIC APRH agreed to take on the lead and full organizational responsibility over the Monthly Pandemic Preparedness Forum.

APRH also continued as a founding member of the Regional Coordination Core Group (established in 2008), which consists of nongovernmental organizations (AED, ADPC, IFRC), academia (London School of Hygiene and Tropical Medicine), private sector (Nestle), UN (FAO, UNSIC APRH) and OIE. During 2009, APRH was also a member of the Rockefeller Foundation funded ADPC Zoonotic Diseases Project Steering Committee, aiming to develop a zoonotic diseases curriculum module from the perspective of one health principles.

APRH also continued its engagement to promote pandemic preparedness in the private sector through already established relationship with APEC Business Advisory Council (ABAC) cooperating with the Capacity Building Action Plan Working Group, in particular. Building on the survey outcome conducted in 2007, in 2009 APRH continued to help ABAC maintain a list of useful websites and establish a web-based scoring checklist for pandemic preparedness in small and medium size enterprises .

## **2.5 SUPPORTING INTER-GOVERNMENTAL ACTION**

Since October 2005, regular high-level inter-governmental meetings have been providing political backing for integrated national influenza programmes and support for regional and international agencies. UNSIC helped the preparation in the last of these meetings, which took place in October 2008 in Egypt, and included participation by nearly 500 people representing 112 countries and 24 regional and international organizations. During the second half of 2009 and through the first part of 2010, UNSIC has worked closely with the Government of Vietnam to prepare for the next of the next International Ministerial Conference on Animal and Pandemic Influenza, which was is scheduled to take place in Hanoi in April 2010.

Throughout 2009 UNSIC has also tried to ensure that donor governments and UN member states have been regularly updated on the coordinated efforts of the UN to respond to the H1N1 pandemic.

In July 2009, UNSIC helped to organize a donor meeting with the UN Secretary General and the WHO Director General in Geneva to discuss UN System's plans for supporting an effective world-wide response to the pandemic. During the General Assembly meeting in New York in September, UNSIC helped to organize another consultation with donor governments to discuss the (then newly published) report "Urgent Support for Developing Countries' responses to the H1N1 Influenza Pandemic."

In the Asia Region, UNSIC APRH also continued its engagement and close collaboration with donor governments. In April 2009, in collaboration with WHO and Ministry of Public Health Thailand, APRH organized a donor briefing on the H1N1 situation. In June APRH convened, jointly with WHO, a Regional Donor Coordination Meeting for Effective Responses to Influenza H1N1, and consolidated and distributed a Partner Update on Current and Future Support for Effective Responses to Influenza A/H1N1 in Asia-Pacific Region and also convened a before mentioned Donor Day in the context of the Pandemic Preparedness Forum with specific focus on donor activities. APRH continued to share information and key policy documents on regular basis and remained involved with regional meetings organized by donors, as well as with various regional donor processes. In addition to engagement with regional institutions, APRH and OCHA/PIC supported national Governments on technical aspects of multisector pandemic preparedness planning including the organization of sectoral preparedness planning for example in Brunei Darussalam and Lao PDR.

### **3. GLOBAL READINESS TO MITIGATE THE SOCIETAL IMPACT OF AN INFLUENZA PANDEMIC**

Much of UNSIC's work in 2009 was focused on assisting UN System bodies and National Authorities in their efforts to respond to the Pandemic (H1N1) 2009. As mentioned in section 2.1, UNSIC worked closely with several UN System offices and organizations, particularly WHO and UN Medical Services, to develop information updates and guidance materials which were in turn shared with UN Country Teams globally. In addition to providing many such updates electronically (via emails and readily accessible websites), UNSIC also assisted the Office of the Secretary General, the Office of the Deputy Secretary General and WHO to organize UN staff town hall meetings to provide updates and offer reassurances to UN staff globally on the Pandemic (H1N1) 2009. UNSIC also worked closely with UNMS to develop policy regarding access of UN staff to the H1N1 pandemic vaccine, and worked closely with OCHA/PIC to develop guidance for nations to help prioritize non-health sectors for receiving the (limited) H1N1 vaccines.

As noted in section 1, UNSIC worked closely with over 60 LDCs and GAVI-eligible countries through the UNIP exercise to identify priority areas for potential international assistance in response to the Pandemic (H1N1) 2009. This work provided a substantial body of information about the measures that LDCs and GAVI-eligible countries took in response to the pandemic, and identified priority area of need to help guide international support.

UNSID's APRH also worked closely with UN Country Teams, NGOs and Governments in the Asia Pacific region to strengthen pandemic preparedness efforts. At the start of Pandemic (H1N1) 2009, APRH intensified its support to the UN system in-country through conducting telephone rounds with countries in the region to assess and respond to immediate needs for support. Specific follow up was provided by the APRH inter-agency team and OCHA/PIC in

particular to those countries that had prioritized support to whole-of-society pandemic preparedness in the form of advocacy and concrete advice. Risk communication, identified by many UNIP countries as another area in need of rapid support, was addressed by APRH through the newly established Regional Risk Communication Initiative. APRH and OCHA/PIC's continued technical inputs to support Multisector Pandemic Preparedness Planning within ASEAN contributed to regional level readiness to mitigate the impact of an influenza pandemic.

#### **4. SUPPORT FOR HARMONIZED COMMUNICATION**

UNSIIC continued to manage the UN system web portal on avian and human pandemic influenza<sup>4</sup>, a website which provides an entry point for AHI information for the whole UN system, and links to existing information on websites of the various UN agencies, funds and programmes as well as their partners.

UNSIIC also continued to facilitate communications work on the wider UN response to Avian and Pandemic Influenza through participation in the UN Communication's Group Taskforce on AHI, which is led by the UN Department of Public Information and includes WHO, FAO, UNICEF, UNDP, UNSIC, DPKO and UNFPA. The Communications Group proved to be a very important forum for sharing latest information, talking points and communications activities.

A major function of UNSIC-APRH continued to be the enhancement of information sharing with county level and regional level UN colleagues, and as appropriate, with regional donors and NGOs, in UN system in the region. APRH continued to maintain a regional Asia-Pacific webpage<sup>5</sup>.

#### **5. OFFICE MANAGEMENT AND RESOURCE MOBILISATION**

In 2009, UNSIC was composed of a small team based out of Bangkok, Geneva and New York. UNSIC also increased its regional outreach in the Middle East/North Africa region, though the work of a Regional Inter-Agency Coordinator on Avian and Human Influenza who is based in the UN Resident Coordinator's Office in Egypt. The UNSIC team included seven staff on secondment from the Governments of Japan, Switzerland and the United Kingdom and UN Agencies (WFP and WHO).

The Coordinator continued to report to the UN Deputy Secretary General, and UNSIC continues to be administered by UNOPS and UNDP. The Coordinator and the UNSIC team are funded exclusively through voluntary contributions, and donors who supported UNSIC in 2009 included Canada, the United Kingdom and the United States (France, Ireland and Switzerland also provided support to UNSIC, though their contributions were directed to food-related work). A complete overview of donor support can be found in Annex 1.

---

<sup>4</sup> <http://un-influenza.org/>

<sup>5</sup> <http://un-influenza.org/regions/asia/>

## 6. Financial Report

### Report on Expenditure (January – December 2009)

Descriptive	Expenditure (Net of UNDP Support Costs)
1. Coordination	875,369
2. Contingency Planning	111,952
3. Monitoring and Assessment of Impact	50,938
4. Harmonized Communications	105,473
5. UNSIK Office Management	475,948
6. Resource Mobilization	42,447
<b>Total</b> (including UNOPS Programme Management Support)	<b>1,662,127</b>

## ANNEX 1

## CASH CONTRIBUTIONS 2006 - 2009

Donor	2006 Contributions	2007 Contributions	2008 Contributions	2009 Contributions <sup>6</sup>
Canada	888,800	1,724,138	1,022,495	820,345
Germany	82,329			
Norway	1,380,000	1,047,619		
Switzerland	40,000			
United Kingdom	380,952			654,644
United States	800,000	990,100	1,980,200	990,100
<b>TOTAL</b>	<b>3,572,081</b>	<b>3,761,857</b>	<b>3,002,695</b>	<b>2,465,089</b>

## SECONDMENTS AND LOANS IN 2009

WHO	Secondment of UN Senior Coordinator	Non Reimbursable Loan Agreement
WHO	Secondment of UNSIK Deputy Coordinator (April – August)	Non Reimbursable Loan Agreement
WHO	Secondment of Senior Technical Advisor (August – December)	Reimbursable Loan Agreement
WFP	Secondment of a Partnerships Officer	Reimbursable Loan Agreement
Japan	Secondment of a Policy Adviser for Bangkok Regional Hub	Non Reimbursable Loan Agreement
United Kingdom	Secondment of a Policy Adviser	Non Reimbursable Loan Agreement
Switzerland	Secondment of a Senior Policy Adviser	Cost-sharing Loan Agreement

<sup>6</sup> 2009 contributions received toward the end of the calendar year will be carried over into 2010.