



**Office of the Senior UN System Influenza Coordinator
(UNSIC)**

2010 Narrative and Financial Report

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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

The gradual decline of pandemic (2009) H1N1 influenza outbreaks last year culminated in the World Health Organization's 10 August 2010 announcement that the pandemic had ended, and the world had moved into a post-pandemic period. Coupled with this has been an overall reduction in outbreaks and countries affected by Highly Pathogenic Avian Influenza (HPAI) H5N1 since 2006. While both diseases continue to circulate and remain a concern today, in this context 2010 served as a year for reviewing and consolidating much of the work done over the previous years to prevent, prepare for, and respond to animal and pandemic influenzas.

The experiences of the 2009 H1N1 pandemic and HPAI H5N1 have resulted in useful lessons being learned. The outbreaks tested some of the planning put in place since 2005, proving that investments in readiness over the preceding years significantly impacted the way world was able to respond to a pandemic when it occurred. Many of these findings laid the foundation for discussions at the April 2010 Hanoi International Ministerial Conference on Animal and Pandemic Influenza, which gathered more than 500 delegates from 71 countries (including government ministers, their technical advisors and international organizations). In addition to reviewing the work that had been done to date, the conference also set the stage for the future, identifying three streams of work in need of sustained attention: 1) Prevention and Control of HPAI, 2) Adoption of One Health approaches and 3) Continued Readiness for Response to Influenza Pandemics. As detailed in this report, many of these findings are recorded in the 2010 UN-World Bank Global Progress Report on Animal and Pandemic Influenza, a document which also proposes a framework for sustaining the momentum on this work. There are several other efforts to review and capture lessons learned for whole-of-society readiness or the overall global response, which continue today.

Within this context, in 2010 UNSIC began to review the mainstreaming of efforts around pandemics; identifying key functions to be maintained as well as those proposed for transitioning, and exploring how best to utilize existing structures and programmes in a more sustainable way. This UNSIC 2010 Annual Report provides an overview on UNSIC's work in support of the evolving global response. This Report also captures UNSIC's overall efforts towards a longer-term approach that aims to maintain what has been accomplished, build on the experience gained, and strengthen capacities and systems so that continuity of this work is secured.

David Nabarro
Senior UN System Influenza Coordinator

THE SENIOR UN SYSTEM INFLUENZA COORDINATOR

Appointed by the UN Secretary General in September 2005, the UN System Influenza Coordinator¹ 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 2010, the Coordinator's work was principally focused on:

- **Global reporting on progress, funding and financial/technical requirements**, particularly through stewardship of the United Nations-World Bank 2010 Global Progress Report on Animal and Pandemic Influenza.
- **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 UN System Influenza Steering Committee.
- **Support to inter-governmental processes**, including support for the organization of the 7th International Ministerial Conference on Avian and Pandemic Influenza (April 2010 in Vietnam).
- **Supporting the UN System's Preparedness Efforts**, including through the initiative to ensure the access of the H1N1 pandemic vaccine to UN staff in field locations.
- **Coordination of Communications** through continued involvement in the UN Communication's Group Taskforce on AHI.

It should be noted that upon the request of the UN Secretary General, throughout 2010 the Coordinator also served as Special Representative of the UN Secretary General for Food Security and Nutrition and Coordinator of the High Level Task Force on the Global Food Security Crisis. This report will focus on UNSIK activities linked to influenza coordination.

ACHIEVEMENTS OF UNSIK

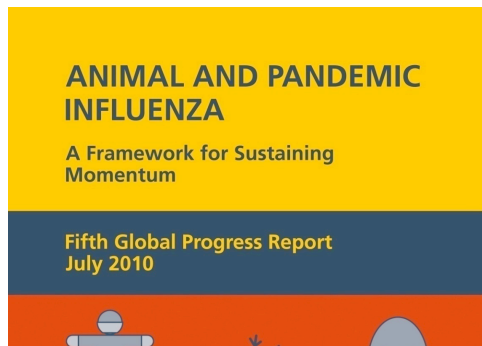
1. TRACKING, ASSESSING AND ANALYZING THE IMPACT OF NATIONAL EFFORTS AND EXTERNAL ASSISTANCE

1.1 2010 Global Progress Report on Animal and Pandemic Influenza

Since 2005, UNSIK has stewarded the development of joint UN System/World Bank progress reports on avian influenza and pandemic preparedness. Produced in conjunction with the International Ministerial Conferences on avian and pandemic influenza, these reports provide a comprehensive – and global – analysis of avian influenza and other animal and pandemic diseases, including an analysis of financial and technical assistance. The 2010 report is the fifth and most comprehensive in this series, and also takes into account the 2009 H1N1 pandemic.

¹ Hereafter referred to as the 'Coordinator'

The 2010 Global Progress Report on Animal and Pandemic Influenza² was based on the experiences of people in many countries and was produced to support discussions during the April 2010 Hanoi International Ministerial Conference on Animal and Pandemic Influenza in (IMCAPI; the conference is described in greater length in section 2.5 of this report).



Incorporating a record of the IMCAPI discussions and key outcomes, the Fifth Global Progress Report provides a comprehensive analysis of avian influenza and other animal and pandemic diseases, analyses financial and technical assistance, draws lessons from preparedness campaigns, and explores the One Health approach for improved coordination between the animal, human and environmental health disciplines. The report presents a ‘Framework for Sustaining

Momentum’ which identified streams of work and suggestions for future efforts at national, regional and global levels. Main findings of the report can be summarized as follows:

H5N1 Highly Pathogenic Avian Influenza (HPAI)

The Fifth Global Progress Report highlights that significant progress has been made in improving biosecurity in poultry production systems and in vigilance for disease outbreaks within animal health systems – which helps explain the decline in the number of countries affected by H5N1 HPAI since 2006. Most countries have improved surveillance capacity, and countries reported significant animal health events promptly to the OIE World Animal Health Information System (WAHIS). The sharing of information between FAO/OIE laboratories, namely through the OIE/FAO Network of Expertise on Animal Influenza (OFFLU), has also continued to improve, along with early warning systems and the implementation of the International Health Regulations (IHR) 2005. This has led to better capacity for detection, assessment, notification and response to public health threats.

However, despite these achievements, the report notes that much still needs to be done to bring veterinary services up to standard in many countries and to improve biosecurity in poultry production chains. Animal health legislation was often found to be outdated and inadequate and too little funding is available for veterinary staff, operating costs and laboratory diagnostics. The quality of communication to the general public about the risks associated with H5N1 HPAI and other diseases with pandemic potential is highly variable, and needs sustained investment within countries and at the regional level. The Report found that OIE’s standards and programmes for improving veterinary services are helping to redress such problems, but if investments in animal health systems are not sufficient, the risk of further disease outbreaks will greatly increase. The Report recommends the development of a standardized indicator-based system for the quantitative analysis of progress.

² <http://un-influenza.org/node/4231>

Infectious Diseases at the Animal-Human-Ecosystem Interface

The 2009 outbreak of the novel Influenza A/H1N1 virus was only one in a long series of infectious diseases that have made their way from the animal kingdom to the human; it is estimated that 75 per cent of new human diseases come from animals. The Report found that success in curtailing the rapid spread of H5N1 among birds and poultry and in educating humans to avoid infection has validated the One Health approach, involving humans, animals and natural environments.

The Report concluded that policy makers increasingly recognize that a high proportion of infectious diseases in humans come from animals, that these zoonotic diseases have high economic costs (especially for countries that export livestock and meat products), and that outbreaks that do occur can have major political, economic and health consequences. During the past few years there has been an increasing call for science-based decision-making to minimize potential economic and trade impacts on affected countries and maximise trans-sectoral and multidisciplinary working to address disease threats that emerge at the animal-human-ecosystem interface. A key challenge is to now turn promising beginnings of stronger cross-sector working into institutionalized, sustained and holistic approaches.

Pandemic Preparedness

In terms of pandemic preparedness, the Report concludes that the response to the pandemic (H1N1) 2009 revealed that substantial world-wide progress with pandemic preparedness has occurred since 2005. Most countries have developed and / or updated pandemic preparedness plans. The expansion and strengthening of international partnerships for pandemic preparedness has continued, and new partnerships have been established. Civil society, private entities, militaries, research groups and different sectors of government are increasingly involved in enhancing awareness of disease spread and preparedness for future outbreaks. These partnerships have had a significant impact on hygiene and continuity planning within service providers, schools, community centres and residential institutions. They have underlined the value of effective trans-sector, multicountry and coordinated working, based on trust and supported by effective communications.

The Progress Report notes that continued global vigilance for infectious disease outbreaks and pandemics is of critical importance for health security and well-being. Increased emphasis is being given to reliable and rapid forecasting, with surveillance and early warning systems that predict disease emergence through a better understanding of drivers. Some countries seek ways to mainstream and strengthen pandemic preparedness by integrating it within multihazard disaster planning. The best preparedness plans were found to involve a range of sectors and services and collaboration with civil society organizations and the private sector, and ensure that the needs and interests of vulnerable groups, such as refugees and migrants, are adequately covered. Regular simulation exercises were found to help to strengthen readiness, test planning assumptions and establish resource needs.

International financing of Avian and Pandemic Influenza action

As described in the Progress Report, the World Bank's analysis of contributions by bilateral and multilateral donors indicates that between 2005 and December 2009,

US\$4.3 billion in pledges were reported, against which US\$3.9 billion was committed (of which US\$2.7 billion was disbursed). Approximately 40 percent (US\$1,560 million) of committed funds went directly to support for country programmes and 29 percent (US\$1,140 million) supported country efforts and global functions through international organizations.

New commitments for countries increased in 2009 (after a gradual decline since the peak in late 2005/early 2006); and the composition of financing was found to have changed, with loans becoming the dominant form of assistance. There was an increase in the proportion of funds being contributed to human public health systems and pandemic preparedness, with a reduction in the proportion directed to avian influenza and other animal health issues. This reflected the international response to challenges posed by pandemic (H1N1) 2009.

Sustaining the momentum and the Way Forward

The report's recommendations were encapsulated in 'A Framework for Sustaining Momentum,' which envisaged three work streams for concentration:

- (a) Prevention and control of H5N1 HPAI,
- (b) Ensure that control and response systems can tackle a broad range of emerging and existing disease threats through operating a One Health approach, and
- (c) Being ready to detect, assess and respond to influenza pandemics.

For each stream, the Framework identified the incentives and institutional arrangements needed to sustain momentum, highlighted systems for monitoring progress, and spelled out investment priorities - particularly those needed to support institutions and systems in the least developed countries. To realize these goals, longer term capacity building (instead of emergency response) within existing programmes and the mainstreaming of pandemic readiness skills were highlighted as key.

1.2 Urgent Support for Developing Countries Responses to the H1N1 Influenza Pandemic

In response to the H1N1 (2009) pandemic, in August 2009 UNSC, together with the Pandemic Influenza Coordination team in the UN Office for the Coordination of Humanitarian Affairs (OCHA), the World Health Organization (WHO) and the UN System, worked closely with over 60 Least Developed Countries and Global Alliance for Vaccines and Immunization (GAVI)-eligible countries to identify priority areas for potential international assistance. This exercise, and subsequent report entitled "Urgent Support for Developing Countries Responses to the H1N1 Influenza Pandemic³" (UNIP), identified short- to medium-term interventions to strengthen the capacity of the most vulnerable countries to mitigate the impact of the pandemic.

In March and June 2010, updates of the UNIP report were undertaken to provide up-to-date information on the resources mobilized and activities undertaken by WHO, UN System and IFRC to support the least resourced countries (the reports can be found on the UNSC website <http://un-influenza.org/documents>). These reports provided details on the UN action to support countries in meeting the priority needs to strengthen readiness and response, including WHO's provision of essential medicines (including vaccines) and the collaborative work of other UN

³ <http://www.undg.org/index.cfm?P=1289>

agencies which supported the delivery of the pharmaceutical needs (ie UNOPS' assistance to WHO for the shipment of vaccine and ancillary products from manufacturers to recipient countries; WFP's provision of additional logistic assistance to support in-country vaccine distribution in hard to reach areas). The report also provided details on other types of support that the UN agencies provided, such as efforts by UNICEF, the International Organization for Migration (IOM) and the International Labor Organization (ILO) to strengthen communications for the pandemic, and efforts by the Humanitarian Pandemic Preparedness (H2P) Initiative, OCHA and other agencies provided support for multi-sectoral pandemic preparedness and humanitarian readiness.

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

UNSIIC's efforts to strengthen information-sharing and coordination served to encourage and support UN and partner stakeholders in their efforts to work in synergy. UNSIIC's Asia-Pacific Regional Hub (APRH), based in Bangkok, and the Middle East and North Africa Regional Office (MENA), based in Cairo, continued to facilitate coordination with UN system and other stakeholders at regional and country levels in their respective regions, particularly in terms of support to national governments. Many of the successes in UN System pandemic preparedness and response work in 2010 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 2010, UNSIIC's APRH and MENA offices continued to serve as trusted sources of information sharing and support for countries in their regions, maintaining regular contact with UN Country Teams (UNCTs) through constant outreach, regional meetings and missions to countries challenged by animal and pandemic influenza.

Asia Pacific Region

During 2010, APRH emphasized the provision of support to UNCTs, seeking to help sustain efforts and strengthen a base for long term coordinated action. In January, APRH organized a three-day UN System Regional Workshop on Avian and Pandemic Influenza. The workshop brought together over 80 Asia-Pacific UN focal points on avian and pandemic influenza to examine the UN system support for the implementation and coordination of country level actions to reduce risks of avian and pandemic influenza. The event saw the participation by representatives of a cross-section of UN entities representing 18 UN country teams and 15 regional offices.

The workshop was viewed by participants as having been successful, and as an outcome there were several recommendations identified by participants as the priority areas where it was felt that the most impact could be made in preparedness and response to avian and pandemic influenza. Captured in the workshop outcome document, the recommendations include:

- Utilizing and targeting the comparative advantages of UN system agencies and partners in taking forward multi-disciplinary work in an efficient manner.
- Using the (then) focus on the H1N1 pandemic to encourage the future strengthening of animal and human health capacity preparedness, including laboratory diagnosis, surveillance and epidemiology in emerging infectious diseases. At the same time, ensuring

that the focus on H5N1 is not diluted, particularly considering that it is still entrenched in a number of countries within the Asia-Pacific region.

- Reviewing efforts of the past few years, particularly in response to H5N1, to identify and consolidate best practices, and mainstreaming project successes into routine programmes.
- Ensuring that whole-of-society preparedness efforts are not sidelined as efforts are undertaken to address emerging infectious diseases with pandemic potential.
- Ensuring that vulnerable populations are addressed in all aspects of interventions.
- Developing common communication tools for pandemic influenza, emerging infectious diseases and other cross-cutting areas of work.
- Recognizing that the operationalisation of the recommendations at the country level should be done in consideration of country-specific contexts, needs and the availability of resources.
- Reinforcing the message that substantial progress to advance efforts on pandemic preparedness is contingent on engaging donor investments in long term commitments to advance preparedness and improving response capacity at the country level. This is particularly crucial in high-risk countries with a significant threat of avian influenza.
- Addressing the importance of establishing a comprehensive framework, with clear mandates and roles, to institutionalise overall UN system coordination on animal and pandemic influenza and other high risk emerging infectious diseases beyond the crisis response, and
- Recognizing the importance of communication as a cross-cutting issue at all levels.

From mid-2010 onwards, APRH focus intensified on the provision of transitional support for coordinated country level action. Priority countries were identified, and engagement with them was active and ongoing throughout 2010 in order to identify and provide support to priority countries with transitional needs.

Based on consultations with country level coordination practitioners and feedback received, maintaining a 'coordination legacy' was identified as a priority action. During 2010, APRH began the production of a succinct package of avian and pandemic influenza coordination resources to create a more sustainable online version of the Coordination Resource Guide to UN Country Teams. This online resource guide was developed to include country case studies on API coordination, lessons learned of the coordinated UN system response, and a coordination toolkit consisting of templates and actual country samples. The process of documenting coordination experiences included a stand-alone legacy document on lessons learned, which created a solid link between the Coordination Study of 2007, the Coordination Resource Guide of 2008 and overall lessons learned. This documentation will be finalized in early 2011, following completion of the final UN System workshop in February 2011.

Middle East Region

Throughout 2010, UNSIK-MENA supported UNCTs through regular sharing of information in the form of situation updates, and on exploring challenges faced by countries to address the needs of enhancing health system capacity. In response to the Pandemic (H1N1) 2009, MENA also worked to support public information and behavioral change, whole of society preparedness, and the targeting of high-risk groups and vulnerable populations, as well as support for the integration of pandemic preparedness into disaster management and risk reduction. This work enabled animal and pandemic influenza (API) focal points in the region to better monitor the

situation, recommend decisions and particular courses of action to UNCTs, and maintain working level links with the national authorities.

In March 2010, UNSIC-MENA organized a two-day UN System Regional workshop on API in Cairo, which was attended by 55 API Focal Points from countries in the region. The workshop examined the UN System support provided to countries in the development, implementation and coordination of country-level actions to reduce risks of avian and pandemic influenza, discussed preparedness and response to the current H1N1 pandemic from a multi-sectoral perspective, identified lessons learned, and examined and proposed strategies for moving forward, improving further preparedness and coordination at country, regional and global levels. The recommendations from the workshop set the foundation for 2010 UN System efforts in MENA region to provide effective, consolidated assistance to support country-level action plans to prepare for and respond to possible future pandemics.

MENA particularly provided support to the Egyptian Government and UNCT, given the co-circulation of the Pandemic H1N1 and Avian Influenza H5N1 viruses. Technical inputs and policy guidance were provided to the Government of Egypt to respond to pandemic H1N1 through support to the activation of the national preparedness plan and the setting up a Multi-sectoral Crisis Management Committee, which met regularly to provide a rapid response to the evolving pandemic situation. The UNSIC Coordinator made high level missions to Egypt in March and December 2010 to discuss actions taken by the national authorities, the UN and other partners to mitigate the impact of the pandemic on Egyptians people and to review opportunities and challenges for the future, in light of progress made so far.

In collaboration with OCHA and WHO, UNSIC-MENA also made a number of country visits, including to Syria and Yemen. During these visits they jointly supported the governments and their stakeholders to assess their level of pandemic preparedness, to develop or review contingency preparedness plans in the context of a whole of society approach, and to integrate pandemic preparedness into national disaster risk reduction plans.

At the global level UNSIC has also continue to support (through the secondment of two staff members) the Pandemic Influenza Contingency (PIC) team located within OCHA's Emergency Services Branch. During the reporting period, PIC has continued to play a leading role in providing guidance and substantive support to governments and UNCT's in developing, resourcing and testing their contingency and continuity plans. This has included assisting 31 national governments to develop stronger plans on how to maintain key services during a pandemic through the "Urgent Needs Identification and Prioritisation" (UNIP) process described in chapter 1.2. PIC has also played a leading role in the development and facilitation of simulation packages which have proved a vital tool for testing planning and response mechanisms.

2.2 SUPPORTING COORDINATED ACTION AT REGIONAL LEVEL

Asia Pacific Region

Overall, during 2010 UNSIC APRH continued regular sharing of the HPAI situation updates, relevant policy and guidance documents, information on upcoming missions and initiatives, global meetings and meeting outcomes, regional UN system updates and bulletins and other relevant information with county level and regional level UN colleagues, and as appropriate, with regional donors and NGOs.

Throughout the year, UNSIC-APRH met regularly with UN System colleagues. In January, APRH jointly organized a UN System Regional Workshop, which provided opportunities for joint considerations of regional strategies and priorities. APRH also organized workshop follow-up, as well as the preparatory process for the Risk Communication workshop. A separate UN System meeting for regional offices was convened in early April in the lead up to the April 2010 Hanoi Ministerial meeting. Regional offices of UN system agencies also attended other meetings and coordination platforms organized by UNSIC APRH, such as the workshop and partner meetings.

From mid-2010 onwards, the focus of APRH's regional work shifted towards transitional consultations and considerations, during which the following areas in need of long-term joint UN System wide action were identified: 1) Sustainable regional support to coordinated country action, particularly in H5 risk countries, 2) One Health approach and regional support to its adaptation, 3) Sustainable support to development and mainstreaming of Whole of Society Preparedness Plans and 4) Sustainable support to risk communication.

During 2010, UNSIC APRH continued its membership 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 and participated in the pilot testing of the Zoonotic Diseases "One Health initiative" providing reviews on the training modules.

APRH followed closely regional discussions and developments around One Health, for example attending a One Health/One Medicine meeting in Chiang Maim, Thailand, in November contributing a presentation on One Health from the human health perspective as well as a tri-partite regional workshop on collaboration between human-animal health sectors on zoonoses prevention and control in Sapporo, Japan, in December. During country missions and discussions with UN teams and Government officials, APRH also shared information on global One Health developments, listening to the country views on practical applications of the One Health approach. Several related discussions were held at the regional level, and UNSIC APRH stood ready to support the advancement of One Health agenda in the region seeing this as an important sustainable way forward.

Middle East Region

To ensure a coordinated response at MENA regional level, the API Regional Team (composed of representatives of UN regional offices) met regularly to discuss support provided to UNCTs and national authorities in line with the Concept of Operation for the UN System in an Influenza Pandemic (CONOPS). In addition, regular regional situation updates were shared among agencies and partners to synergize communication across UN System agencies and with their partners. Good practices and lessons learned were also identified and shared among all stakeholders for their translation into policies and strategies.

UNSIIC-MENA also developed, compiled and shared an API- “Event Calendar” to capture agencies’ activities and potential joint collaboration opportunities as well as an API- “Project Matrix” to identify agencies’ current interventions and projects implemented to support national authorities in the region.

2.3 COORDINATION AMONG UN SYSTEM AGENCIES, FUNDS AND PROGRAMMES, AND THEIR PARTNERS AT THE GLOBAL LEVEL

In an effort to ensure continued synergy within the UN system and other partners, UNSIIC 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, World Organization for Animal Health (OIE), the International Federation of the Red Cross/Red Crescent (IFRC), the International Monetary Fund (IMF) and the World Bank, the TWG served as a critically important forum for information sharing and policy discussions throughout 2010.

The work of the TWG also laid the ground for the decisions of the Deputy Secretary-General’s UN System Steering Committee on Influenza, which is supported by UNSIIC and 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 periodically throughout 2010, addressing issues such as the UN System’s response to the pandemic (H1N1) 2009 and the access of UN System staff in the field the pandemic H1N1 vaccine.

Globally, UNSIIC has also continued to support (through the secondment of two staff members) OCHA’s Pandemic Influenza Contingency (PIC) team. Throughout 2010, PIC continued to play a leading role in providing guidance and substantive support to governments and UNCT’s in developing, resourcing and testing their contingency and continuity plans. This included providing assistance to 31 national governments to develop stronger plans for maintaining key services during a pandemic through the “Urgent Needs Identification and Prioritisation” (UNIP) process described in chapter 1.2. PIC also played a leading role in the development and facilitation of simulation packages, which have proved a vital tool for testing planning and response mechanisms.

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 UNSIIC Coordinator, and it served to review and approve project submissions by Participating Organizations.

Thanks to generous contributions from the United States (US\$ 30 million), Norway (US\$ 5 million), Spain (US\$ 1.1 million), and the United Kingdom (US\$ 9.8 million), the CFIA’s portfolio reached around US\$ 46 million at the end of 2010. Over the course of 2010, the CFIA

Management Committee approved approximately US\$ 12.2 million in funding for 4 projects. Agencies that received funding in 2010 include OCHA, UNDP, UNICEF, and WFP. The Participating UN Organizations produce periodic updates on the progress of their project implementation, which are available on the CFIA website⁴.

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

Throughout 2010, UNSIC continued its engagement with NGOS and other non-UN stakeholders, including the World Bank and the International Federation of Red Cross/Red Crescent Societies. As part of the global partnership between UNSIC and World Bank, the 5th Global Progress Report on Animal and Pandemic Influenza was published in July 2010 (more information on the report can be found in section 1 of this report).

Asia Pacific Region

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. During 2010, UNSIC APRH hosted the Regional Pandemic Preparedness Forum (PPF), bringing together NGOs, donors, UN organizations, private sector and academia. UNSIC organized and convened monthly meetings, and thematic focus areas covered ranged from government preparedness and communications to global direction for future pandemic preparedness and climate change and its impacts on pandemic. With transition in mind, APRH also conducted a PPF survey among the 300+ Forum participants to advise on future directions, and engaged the Coordination Core Group in transitional strategizing. Arrangements for continuity of the PPF in 2011 were agreed upon with identified handover entities. Handover was completed in December 2010, with UNSIC committing to provide transitional support and advice continuing its close engagement until mid-2011.

In the Asia Pacific region, APRH 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), the Mekong Basin Disease Surveillance (MBDS) and Asia-Europe Foundation (ASEF).

APRH, together with OCHA/Pandemic Influenza Team (PIC), remained engaged in many ASEAN activities such as continuing technical support and close involvement with ASEAN planning for assessment work on multi-sectoral pandemic preparedness and response. UNSIC partnered with ASEAN and USAID in the planning and organization of the ASEAN Pandemic Preparedness Tabletop Simulation Exercise, which took place in August in Cambodia; in addition to substantive inputs and practical co-organization, APRH provided support with media and communications resulting in good coverage in international and local media.

As part of transitional activities UNSIC APRH undertook an exercise to document values created, lessons learned of the AHI related programmes and projects conducted by regional inter-governmental and the implications for broader crisis response and readiness. Through this process the liaison and interface with regional inter-governmental institutions was intensified.

⁴ <http://mdtf.undp.org/factsheet/fund/CFI00>

APRH also chaired and convened a Regional Coordination Core Group, consisting of nongovernmental organizations, academia, private sector, UN and the OIE. The information sharing and maintenance of coordination network with NGOs, IOs and Red Cross Societies continued throughout the year, as did bi-lateral meetings with the NGOs.

Middle East Region

UNSIC-MENA continued its engagement with NGOs and other non-UN stakeholders, including development banks, regional organizations and the private sector throughout 2010. In this regard, UNSIC-MENA organized a roundtable discussion for Development Partners on the impact of H5N1 on livelihoods, food security and nutrition on low-income households in Egypt, particularly those headed by women. The meeting also provided the opportunity to review projects being implemented to help women find economic opportunities other than poultry-raising, and to identify possible areas of collaboration between partners.

In March 2010, UNSIC-MENA organized a Development Partners meeting which gathered UN agencies, the US/USAID and EU delegations, several representatives from Embassies, the World Bank, the African Development Bank and the League of Arab States to exchange information and share updates on progress meeting the needs for API support to countries in the region. The meeting paid close attention to early lessons learned from the API response, and explored how collaboration between the UN System and international partners can be enhanced to address the challenges posed by other emerging zoonotic diseases.

UNSIC-MENA is an active member of the Inter-agency Coordination Network on Emergency Preparedness and Response, which aims to strengthen inter-agency collaboration on emergency preparedness and response and to ensure the coherence of support provided by different regional offices to countries of the region in this respect. Given the importance of Egypt as a high risk country for avian influenza in the region, UNSIC-MENA also joined the Egypt Development Partners sub groups on “Health and Population” as well as on “Natural Resources and Agriculture”. Each sub-group consists of bilateral partners and multilateral organizations working towards better coordination of policy and program activities among partners in development. The sub-groups enable widened and deepened dialogue with Government of Egypt’s Ministries and Councils, civil society organizations, the private sector and the media, thus achieving greater alignment between national priorities and the priorities of development partners.

2.5 SUPPORTING INTER-GOVERNMENTAL ACTION

Since October 2005, regular high-level inter-governmental meetings have provided political backing for integrated national influenza programmes and support for regional and international agencies. Through the first part of 2010, UNSIC worked closely with the Government of Vietnam to prepare for the seventh of these International Ministerial Conferences on Animal and Pandemic Influenza (IMCAPI), which took place in Hanoi in April 2010.

Despite the simultaneous eruption of Iceland’s Eyjafjallajökull volcano (which caused massive disruptions to travel globally), the Hanoi IMCAPI brought together more than five hundred delegates from seventy-one countries (including at least thirty delegates from the ministerial level), twenty-one international and regional organizations and twelve non-governmental

organizations. Organized over three days, the first day of the conference was dedicated to technical discussions and the second and third days to ministerial discussions. The conference marked a significant turning point for tackling animal and pandemic influenza, moving from emergency response approaches to long term sustainable approaches.

Through both the Technical and Ministerial meetings there was strong conference participation and robust discussion, demonstrating the strong interest and energy from countries and international organizations for sustaining the global coordinated response. The conference agenda focused on three technical streams, and provided analysis of the actions and institutional arrangements needed to sustain momentum. Three areas identified as priorities from the conference included:

1. Continued joint working by governments, communities and industry for multihazard disaster preparedness and for bio-secure animal rearing – ensuring that systems for control and response can tackle a broad range of diseases threats through improved coordination between animal, human and environmental health disciplines;
2. Long term investments in animal and human health – moving towards more sustainable approaches to disease prevention, development of capacities to respond to incursions and, where appropriate, to eradicate disease; and
3. Well functioning animal and human health delivery systems at local levels that reflect global standards and legal frameworks (such as the International Health Regulations and OIE veterinary standards) – with countries aiming to have strong, practical and predictable delivery systems for animal and human health.

In the MENA region, UNSIK and OCHA have worked with the League of Arab States, particularly the Social Affairs Division, to strengthen regional collaboration for improving pandemic preparedness and response plans, and to reduce the socio-economic impacts of a pandemic. UNSIK and OCHA also collaborated with the League to achieve longer-term preparation for emerging diseases outbreaks and pandemics at the human animal environment interface. UNSIK-MENA has also been actively working to engage with the African Union to control transboundary animal diseases and zoonoses in the region through strengthening coordination and inter-sectoral collaboration within countries, at regional levels and between regions.

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

In early 2010, in close collaboration with UN Medical Services and in an effort to mitigate the potential disruption of UN System programmes globally, UNSIK devoted considerable time to supporting the development and launch of a programme to facilitate the access of H1N1 pandemic vaccines to UN staff in field locations. This initiative aimed to coordinate and centralize the procurement and distribution of H1N1 pandemic influenza vaccines to UN field locations where the vaccines were otherwise unavailable. In total, nearly 250 individual orders for approximately 292,000 doses of the vaccine were completed, for UN entities/offices covering 111 UN locations.

UNSIK's APRH and MENA continued to work closely with UN Country Teams, NGOs and governments in the region to strengthen pandemic preparedness efforts. Specific support was provided to those countries that prioritized support to whole-of-society pandemic preparedness,

through advocacy and concrete advice as well as through field visits and training workshops for UNCTs and governmental officials.

4. SUPPORT FOR HARMONIZED COMMUNICATION

UNSIIC continued to manage the UN system web portal on avian and human pandemic influenza⁵, 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 animal 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, UNSIIC, DPKO and UNFPA.

Throughout 2010, UNSIIC-APRH provided a Secretariat for the Asia Risk Communication Initiative. Partners in the initiative include FAO, UNICEF, UNSIIC, WHO (both the South-East Asia and Western Pacific regional offices), ASEAN, IFRC and the Academy for Educational Development (AED). The short term purpose of this forum continues to be the development of mechanisms to better provide risk communications assistance to countries in the region. In the long term, the initiative continues to aim to create a sustained interagency approach to developing risk communication capacity (in response to any emerging health threat) in Asia.

In September, UNSIIC-APRH organized, together with the Risk Communication Initiative, a 1st Asia-Pacific Emerging Infectious Diseases Risk Communicator's Forum focusing on successes, challenges and solutions in the delivery of effective animal and human health risk communication. The workshop brought together 67 UN and UN-partner agency communication practitioners from across the Asia and Pacific to showcase outbreak and emerging infectious disease related communication and behaviour change material, activities and innovation and discuss ways agencies can more effectively work in partnership to support regional and country team cross-agency collaboration for better communication responses and outcomes. The outcome of the workshop is being used to inform future communication activities in the Asia and Pacific regions and, specifically, guide the activities of the Asia Regional Risk Communications Initiative.

A major function of UNSIIC-APRH and MENA 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. Both offices regularly compiled and shared API situation reports and news alerts with national and regional stakeholders. APRH continued to maintain a regional Asia-Pacific web-page⁶. UNSIIC-MENA also joined the Regional Information Management Network, which aims to improve the flow of humanitarian information between clusters, Resident Coordinators offices, UNCTs, NGOs, and Donors through strengthening coordination, collection, processing, analysis and dissemination of information.

5. OFFICE MANAGEMENT AND RESOURCE MOBILISATION

⁵ <http://un-influenza.org/>

⁶ <http://un-influenza.org/regions/asia/>

In 2010, UNSIC was composed of a small team based out of Bangkok, Cairo, Geneva and New York. The APRH continued to be housed and supported by UNOCHA Regional Office for Asia and the Pacific. The UNSIC team included five staff on secondment/loan from the Governments of Japan 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 was supported by the United States in 2010. A complete overview of donor support can be found in Annex 1.

6. Financial Report

REPORT ON EXPENDITURE (January – December 2010)

Descriptive	Expenditure (Net of UNDP Support Costs)
1. Coordination	913,742
2. Contingency Planning	200,978
3. Monitoring and Assessment of Impact	157,194
4. Harmonized Communications	129,330
5. UNSIK Office Management	292,641
6. Resource Mobilization	74,620
Total (including UNOPS Programme Management Support)	1,768,505

ANNEX 1

FINANCIAL CONTRIBUTIONS 2006 - 2010

Donor	2006 Contributions	2007 Contributions	2008 Contributions	2009 Contributions ⁷	2010 Contributions
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			654,664	
United States	800,000	990,100	1,980,200	990,100	1,113,861
TOTAL	3,572,081	3,761,857	3,002,695	2,465,089	1,113,861

SECONDMENTS AND LOANS IN 2010

WHO	Secondment of UN Senior Coordinator	Non Reimbursable Loan Agreement
WHO	Secondment of Senior Technical Advisor (January – June)	Reimbursable Loan Agreement
WFP	Secondment of a Partnerships Officer	Reimbursable Loan Agreement
Japan	Secondment of a Policy Adviser for UNSIK's Asia-Pacific Regional Hub	Non Reimbursable Loan Agreement
United Kingdom	Secondment of a Policy Adviser (January – November)	Non Reimbursable Loan Agreement

⁷ UK Contribution, received towards the end of 2009, was applied to 2010