

**Review of  
UN System Influenza Coordination (UNSIIC)**

Final Report

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Barnaby Willitts-King  
Independent Consultant

[barnabywk@fastmail.net](mailto:barnabywk@fastmail.net)

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## **Executive Summary**

UNSIC has sustained the achievements of its first two-three years, adapted to changing circumstances and continued to support effective coordination on influenza, as well as more broadly on pandemic preparedness and One Health. It has operated effectively at both global and country/regional level, and provided crucial linkages between UN agencies and other non-UN actors at all levels. There are significant lessons to be learned from UNSIC's light, networked approach to supporting coordination.

Transitioning UNSIC's functions is, however, proving a major challenge and there are risks to the legacy of its work, with a need to sustain coordination through senior level leadership. Building on UNSIC's successes, there are opportunities to support and broaden the scope of horizontal working in the UN system – particularly for global, multi-sector threats and crises.

### **Ten lessons learned from UNSIC**

UNSIC's experience offers useful lessons for other areas where coordination is needed:

1. The UN is able to work effectively as One UN
2. Coordination requires resources but small dedicated teams can be very effective
3. Support for coordination requires constant attention to the political climate
4. Constant adaptation is required
5. Ad hoc approaches are flexible but institutions can emerge and are difficult to close
6. Broad consultation and ownership builds broad support but can slow decision making
7. Big bureaucracies are slow to change but can learn from good practice
8. Working across different levels is important
9. Communication builds trust
10. Building relationships in advance is essential for crisis response

### **Achievements**

This review finds overall that UNSIC's strategy has been broadly successful but makes a number of observations on areas of weakness and challenge.

Key achievements have been:

- **Influencing coordination culture**

UNSIC has fostered a constructive culture of broad-based consultation and broken down barriers within and between agencies.

- **Changing preparedness culture**

The work of UNSIC and its PIC team have been an important part of the movement towards business continuity, crisis management and whole of society preparedness within and beyond the UN system.

- Nurturing One Health

The growth of the 'One Health' agenda and its adoption by governments and UN agencies is in considerable part due to UNSIC's consistent advocacy to broaden the response to influenza to address a wider range of threats at the human/animal interface.

- Supporting affected countries

Countries affected and threatened by pandemic influenza have been well supported by UNSIC both through its global work and particularly in the work of its regional hubs in Bangkok and Cairo which ensured country realities feed in to global policy as well as ensuring country level work is informed by regional and global events and thinking. The IMCAPI ministerial meetings in Egypt and Vietnam have been well organized and maintained momentum and support to the extent possible in the context of increased 'flu fatigue'.

### **Challenges and criticisms**

Against this generally positive picture there are areas of weakness and challenge:

#### *Transition*

There is a clear consensus that UNSIC in its current form and scale is no longer justified. While the risks of an influenza pandemic remain high, the priority being given to preparedness and strengthening global country systems specifically for influenza has been displaced by other priorities.

Recognizing this and in the context of its time limited mandate, UNSIC has continued the transition of its activities to other agencies, which started in 2008. However transitioning has been among the most challenging areas of its work. There has been a low level of interest from technical agencies at both global and country/regional level in taking leadership of AHI coordination and maintaining networks. Much of the challenge can be attributed to the very tight financial position that many agencies find themselves in, coupled with the declining public and political interest in AHI.

#### *Inclusion vs. decision-making*

The inclusiveness of the key governance mechanisms for AHI – the Steering Committee and Technical Working group, were criticized for their unwieldiness and lack of decision making due to the wide participation.

#### *Fundraising role*

UNSIC could have attempted to provide more support to fundraising and donor coordination, recognizing its capacity constraints.

#### *Pandemic preparedness could go further*

The work to prepare for pandemics might have been possible to broaden more quickly into a wider whole of society approach.

### *Triple hatting of Senior Coordinator*

The time that Dr Nabarro has been able to dedicate to influenza work has reduced with his taking on responsibilities for the food crisis and nutrition. In part the reduced profile of influenza has created the space for this, but this has meant his participation has tended to be prioritized to the key events where his seniority and experience is crucial. The cross linkages between the different sectors in which he is working have created some synergies.

### **Recommendations**

1. Coordination capacity for AHI at senior level should be continued. Coordination should be considered as part of a wider portfolio of coordination responsibilities, including at minimum One Health. The AHI threat, as well as the food and nutrition crisis, and more recent events in 2011 as a consequence of the tsunami in Japan, have highlighted the need for stronger horizontal ways of working in the UN system. Crises are going to be increasingly global and multi-sector, with no clear lead agency.
2. UNSIC's remaining mandate should be used to shape and develop a transformed role during 2011-2 to address these challenges. This should include a remit for working on One Health, but could usefully be expanded to cover a broader remit including – at its most ambitious – inter-related issues concerning global threats and sustainability such as water and climate. There will be a need to continue this Senior Coordinator function beyond the current UNSIC mandate, and it should be positioned in the SG/DSG's office. Whole of society, all hazards preparedness should also be a part of the mandate, working closely with the SG's Special Representative on Disaster Risk Reduction.
3. UNSIC should focus on how to sustain a light network of AHI/One Health focal points through UN Resident Coordinators' offices which can keep the lessons learned and be activated in the event of a pandemic or a major multi-sector crisis.
4. Donors should continue to encourage joint agency approaches to One Health by funding joint programmes.

The risks are significant. The major investments made in preparing for an influenza pandemic would not be fully realised if much of UNSIC's experience on coordination was not institutionalised somewhere within the UN system. The reputational risk to the UN and partners is high if, when a future pandemic strikes, there is a perception that lessons learned during H5N1 were forgotten and time was lost in re-inventing the wheel.

# **1 Introduction**

## **1.1 Scope of the review**

The Terms of reference for this review (Annex A) define the scope of this review as both evaluating UNSIC's performance since the 2008 evaluation, and discussing UNSIC's future role. Distilling some of the lessons learned from UNSIC's work is a final part of the remit of the review. The review aims to build on and not duplicate the 2008 evaluation.

## **1.2 Methodology**

The review was conducted through analysis of key documents and interviews by telephone and in person with key informants (Annex B) between April and June 2011. Meetings were held in Washington, New York, Geneva and Rome in April and May 2011. Attempts were made to interview more representatives from developing countries but logistical challenges and scheduling difficulties proved insurmountable.

## **1.3 About the report**

The report is divided into three main sections. Section 2 documents and analyses the lessons learned from UNSIC's work. Section 3 looks at UNSIC's performance in carrying out its functions since the 2008 evaluation and considers the transition of its work to other parts of the UN system, and its future activities. Section 4 makes a number of recommendations.

## **1.4 Acknowledgements**

The author is grateful for the support given by Dr David Nabarro and the UNSIC teams in New York, Geneva, Bangkok and Cairo, and for all those who gave their time to be interviewed. The report is the responsibility of the author and does not necessarily reflect the views of the United Nations, its agencies, funds and programmes, or any of those interviewed.

## **2 Lessons learned**

UNSIC has developed a considerable body of experience from its five years. As it contracts, documenting this experience is crucial to sustain the positives of the approach and influence other parts of the UN system. This section considers the lessons learned from UNSIC for coordination of multi-sector crises, and specifically for continued work on influenza coordination.

### **2.1 Ten lessons learned from UNSIC for multi-sector crisis coordination**

#### ***2.1.1 The UN is able to work effectively as One UN***

This review continues to find that the work of UNSIC at its best has allowed the UN to work as it should, in a coordinated and effective way that transcends agency barriers and politics. This is not the natural inclination of a hierarchical, multi-layered, multi-agency entity with hundreds of masters and different political drivers.

#### ***2.1.2 Coordination requires resources but small dedicated teams can be very effective***

Coordination requires people and resources to do the coordinating. Increasingly agencies are recognising the need to invest sufficiently in coordination to derive benefits from it. UNSIC has however demonstrated that small teams are able to work effectively – and indeed as well as being less costly, small, flexible teams are better able to provide the catalytic, responsive support to maintaining networks that has been a hallmark of UNSIC.

Making horizontal linkages requires deft, flexible working styles rather than cumbersome, bureaucratic structures. UNSIC worked well by putting others at the forefront and not trying to occupy a position of visibility itself.

#### ***2.1.3 Support for coordination requires constant attention to the political climate***

Operational agencies with specific mandates can be threatened by the encroachment of coordinators on their ‘turf’ as well as by the risk of seeing their limited resources pulled into coordination activities from which they do not see added value. The UN has an important role in both following and leading the political winds of Member States.

#### ***2.1.4 Constant adaptation is required***

Coordination entities have to be flexible to adapt to changing contexts of: funding, political attention, crises (e.g. H1N1 pandemic). There is no one size fits all coordination model. Part of UNSIC’s success has been in evolving to the changing context – for example by moving towards One Health, or by finding a niche during the H1N1 pandemic.

### ***2.1.5 Ad hoc approaches are flexible but institutions can emerge and are difficult to close***

Ad hoc approaches gave UNSIC flexibility without the constraints of being deeply embedded in a bureaucratic or institutional structure. Being positioned in the DSG/SG's office gave UNSIC authority but the light model meant energy was not expended on building an entity in the way that, for example, UNAIDS evolved from similar initial aims.

UNSIC has, however, unintentionally become something of an institution. In part due to its being named as something that can be perceived as an agency, driven by donor desires for a strong institution, and in part due to its success, closing it down is difficult. This risks the perception of empire building which could undermine the trust it has built up.

Transition is difficult and very hard to do in an orderly way – the same factors that mean UNSIC should phase down mean that agencies are reluctant to take on its lower profile activities.

### ***2.1.6 Broad consultation and ownership builds broad support but can slow decision making***

Building partnerships based on inclusive participation is the most effective way to prepare for and respond to emerging threats. Involving all parts of the UN family, civil society, governments and the private sector has built a strong foundation for future influenza responses – and demonstrated the benefits of working together.

One challenge created by inclusive participation has been designing action-oriented structures. The Steering Committee and Technical Working Group have sometimes been too unwieldy for decision-making. This calls for strong leadership to ensure action emerges from discussion.

### ***2.1.7 Big bureaucracies are slow to change but can learn from good practice***

The UN has not transformed from hierarchical, siloed organisation overnight. But in many corners a culture of coordination and cross-disciplinary working has begun to be fostered. The overall view is that without UNSIC it will not be sustained. External facilitators can also help to break down internal barriers within organisations.

### ***2.1.8 Working across different levels is important***

UNSIC has worked at both country level and global inter-ministerial level. Global governance is a complex and murky world but one that potentially has far reaching impact. Without being rooted in country level approaches, the global risks being disconnected and lacking in credibility. Investing in connecting different levels pays off.

At country level, AHI coordinators valued being able to access briefing on latest developments globally and regionally, as well as being able to communicate major issues and concerns to Dr Nabarro either directly or via his team.

### **2.1.9 Communication builds trust**

The reality of working in a complex global system is that perceptions are important. The more structured dialogue that can occur between organisations, the more the areas of common ground can be identified and trust established at a personal and eventually institutional level.

E.g. the World Bank's relationship with the UN

### **2.1.10 Building relationships in advance is essential for crisis response**

As has been observed in many spheres of work, having the right relationships in place before a crisis hits makes for a better response to the crisis. While many relationships were effectively forged at the height of the H5N1 crisis – which has its own benefits in terms of bringing people together around clearly shared agendas – the continuity of many of the key people from different agencies over the period since 2005 to the present day in many cases has been a benefit overall. Ways of working have been established, trust has been built, and discussions can take place at a more substantive level.

Two caveats are i) that there is a risk of stifling innovation if a particular cadre of individuals end up occupying the territory where ideas are developed and 'groupthink' can emerge. This has not occurred to a great extent, but a changing of the guard in terms of personnel would be beneficial from this point of view; ii) where relationships are poor, as occurred at various points between WHO and UNSIC particularly, this can be due to specific personal relationships which are not working rather than institutional differences.

## **2.2 Five additional lessons for continued influenza work**

### **2.2.1 Multi-sector approaches are valuable**

Siloed approaches are all too common when individual sectors are busy and focused on their own areas of work. AHI has demonstrated through the increased profile of One Health, how important it is to break down sectoral siloes. In particular making links between animal and human health specialists offers highly important opportunities.

### **2.2.2 Preparedness is a good investment**

Investment in pandemic preparedness paid off in the response to H1N1, but also in strengthening the UN system's ability to cope with a wide range of non-health threats. One example is the use of the UN pandemic contingency plan as the basis of the earthquake response plan in Haiti in January 2010. Preparedness needs continued attention to ensure plans are updated & exercised, and new staff are trained. The challenge is finding ways to fund preparedness, which is never a high priority in the face of actual responses.

### ***2.2.3 Find common ground but avoid monolithic thinking***

In the area of One Health, the tripartite agreement between FAO, WHO and OIE offers insights into how to institutionalise joint working. Although the different agencies see One Health slightly differently, there is enough common ground for the agreement to work. The advantage of different voices is that the partnership is dynamic and ‘groupthink’ can be avoided.

### ***2.2.4 Build on lessons and experience***

Considerable knowledge has been gathered over the years of preparing for and responding to influenza outbreaks. It is important to find the right ways of sustaining and transferring this knowledge into the future so that the major investments in preparedness are not wasted. Maintaining networks of practitioners and documenting detailed case studies and lessons learned are two ways of doing this.

### ***2.2.5 Ad hoc structures can be built on crisis but need careful institutionalisation***

Ministerial meetings under IMCAPI auspices were developed in an organic, adaptable way. This gave flexibility in terms of structuring the events to suit specific needs of the moment. However the immediacy of the crisis which gave these momentum is no longer there, and the institutionalisation of Ministerial meetings under the tripartite agreement on One Health is an important step, building on past experience.

Making UNSIC into an institution, by contrast, risks losing its flexibility – although ensuring a firm foundation of funding and staffing, rather than depending on donor contributions and secondments, would provide greater certainty for future planning. The risk is that this leads inexorably to a large organisation.

### 3 UNSIC performance and transition

This section assesses UNSIC's performance over the review period, highlighting areas of achievement as well as those of concern. This section also reviews the transition of UNSIC's functions. The key questions that this section seeks to answer are:

- How well did UNSIC carry out its activities?
- What could it have done better?
- How well was transition prepared for? Could UNSIC have transitioned earlier?
- What has been achieved, what was absent from transition?
- What should UNSIC prioritise in future?

#### 3.1 Changing context

The period since the previous evaluation in 2008 is punctuated by a series of key events, as detailed below, which set the context for UNSIC's work. Other significant contextual issues are the global financial crisis and global food crisis which have respectively battered economies – and hence the source of funds for aid programming – and seen food prices soar.

##### Key events 2008-2011

2008

- January: PIC transferred to OCHA in January 2008, closed end 2010
- October: Sharm El Sheikh IMCAPI meeting

2009

- June: H1N1 pandemic declared

2010

- April: Hanoi IMCAPI meeting
- One health tripartite agreement presented in Hanoi

2011

- UNSIC mandate extended to 2012 at reduced scale
- May: Launch of 'Towards a Safer World' Initiative – joint venture of USAID, UNSIC, WFP

#### 3.2 Overview of UNSIC performance and transition

##### 3.2.1 Performance 2008-2011

Overall, UNSIC has sustained the achievements of its first three years, adapted to changing circumstances and continued to support effective coordination on influenza, as well as more broadly on pandemic preparedness and One Health. It has operated at both global and

country/regional level and provided crucial linkages between UN agencies and other non-UN actors at all levels.

UNSIC has attempted to maintain interest and funding support for AHI but there has been a limit to what can be achieved in the face of across-the-board decline, 'flu fatigue' exacerbated by the perception that the mild impact of the H1N1 pandemic demonstrated that previous concerns had been exaggerated.

Criticisms discussed below have been made on the balance of inclusive participation vs. decision making, UNSIC's fundraising role, further promoting pandemic preparedness, the multiple responsibilities of the UNSIC coordinator, and relationships with technical agencies.

It is not possible to attribute some problems solely to UNSIC – criticisms of the UN system are in part criticisms of UNSIC for not having foreseen and overcome them, but UNSIC is not in an apex position with authority over agencies and hence works through communication, persuasion and demonstration. On the other hand there are a number of areas where interviewees felt UNSIC could have operated differently.

### **3.2.2 Transition**

The 2008 evaluation of UNSIC recommended that it start planning for transition and this happened. However transition has not gone as expected and it has certainly been imperfect. While there has been a progressive handover of some functions, the idea that UNSIC's activities could be 'mainstreamed' has not been realised in a number of ways.

As discussed below, while many functions have transitioned – such as PIC, and the regional hubs – there are significant risks that UNSIC's legacy will be much less as a result of poor transition. To a degree an imperfect transition is unavoidable – particularly in the context of agencies which have serious budget shortages and no capacity to take on extra work. However there is more that UNSIC could be doing. Some would argue that the reason no-one wants to take on UNSIC's functions is because they are no longer a priority. However most would see this as due to competing priorities – seeing a need for the functions but unwilling to prioritise them above their own priorities.

There is a clear consensus that UNSIC in its current form and scale is no longer justified. While the risks of an influenza pandemic remain high, the priority being given to preparedness and strengthening global country systems specifically for influenza has been displaced by other priorities.

In some ways it is fortuitous that funding has driven a reduction in UNSIC size. For much of its constituency, UNSIC has continued to do an important job, but it is a reality that policy makers are no longer focused on the risks of pandemic influenza – even more so since the 'near miss' of the H1N1 pandemic. UNSIC has already been extending its focus quite logically into One Health and whole of society preparedness. In this respect it is correctly judging the political winds

among Member States of the UN and the agencies involved in influenza and preparedness.

UNSIC could have communicated its transition plans more widely, although there are benefits to keeping a low profile. For example most interviewees were not aware that Dr Nabarro would continue in his role through 2012.

UNSIC has attempted to maintain interest and funding support for AHI but there has been a limit to what can be achieved in the face of across-the-board decline, 'flu fatigue' exacerbated by the perception that the mild impact of the H1N1 pandemic demonstrated that previous concerns had been exaggerated.

### **3.3 UNSIC function 1a: Global coordination and advocacy**

#### **3.3.1 Inter-Agency Coordination**

The heart of UNSIC's role is to provide leadership and bring coherence to the global UN response and connect the UN with other stakeholders. Much of this work is done informally through Dr Nabarro's highly effective networking and 'windcatching' – sensing the way political winds are blowing among UN Member States and UN agencies. This has been done in an adept, low profile way which does not seek to make UNSIC into a brand. Agency concerns have been felt when UNSIC has become too closely involved in operational/substantive issues at technical level – such as its working to broaden the biomedical emphasis of the WHO response to H1N1 to take a whole of society approach.

#### *Steering Committee and Technical Working Group*

The formal mechanisms for coordination have been the Steering Committee on AI chaired by the Deputy Secretary-General, supported by the more operational Technical Working Group. These have generally been useful mechanisms, with meeting frequency and seniority of attendees varying with the profile of AHI – but with a consistent, active Secretariat role played by UNSIC. This has meant they maintained good involvement from their memberships.

The strength of these mechanisms also creates a weakness. The SC and TWG both comprise over 20 members, a 'broad church' including different parts of the UN Secretariat, technical agencies, the IFIs, the Red Cross (IFRC), donors (USAID). Including the World Bank as a core part of coordination has continued to prove to be a very good strategy. This brought authority, money and influence but also some challenges – the World Bank has very different systems from the UN, with a highly centralised operation. There has also been the risk of it treating UN agencies as subcontractors rather than partners.

The inclusive nature of the TWG and SC provided space for 'junior' agencies to listen and be heard, bringing in both rarely heard voices such as the International Civil Aviation Organisation (ICAO) or World Tourism Organisation and the International Federation of Red Cross/Red Crescent Societies (IFRC) on an equal footing to technical lead UN agencies; as well as

particularly the World Bank and IMF who had important roles but were previously not involved in coordinating so closely with the UN.

However there was frustration in some quarters that such inclusiveness was at the cost of effectiveness. The sheer number of participants made discussion both technically and practically difficult and there was a tendency for meetings to be less action oriented than particularly the technical agencies wanted them to be. A smaller focused technical sub-working group might have been a way to provide space for more detailed discussions – although these were probably occurring as needed without formal mechanisms.

Many agencies mentioned how their involvement in these mechanisms provided a useful inspiration and lever to break down internal barriers within their own agencies between animal and human health, for example.

### ***Transition***

The Technical Working Group and Steering Committee structures will continue to be supported by UNSIC into 2012. They have good, established ways of working and can scale up or down in terms of meeting frequency and seniority of attendees in response to events. One consideration would be to see how an executive core could complement the wider inclusive group – particularly during crisis periods.

At global level the WHO/OIE/FAO tripartite group on One Health has taken on some aspects of UNSIC's functions, such as the joint ministerial meetings, but the broader role of reporting and maintaining networks will have less capacity devoted to it, and developments during the course of this review demonstrated the role that UNSIC continues to need to play to support such ministerial meetings.

As UN crisis management architecture evolves in coming months the TWG and SC could potentially be transformed into broader mechanisms to support crisis preparedness and response beyond influenza.

### ***3.3.2 CFIA and fundraising***

The Central Fund for Influenza Action (CFIA) has received commitments of almost \$46m (table) since its inception in November 2006. The main beneficiaries of this funding were WFP, UNICEF, UNHCR and OCHA (see table).

<b>Donor</b>	<b>Commitment (US\$)</b>
USAID	30,000,000.00
DEPARTMENT FOR INT'L DEVELOPMENT (DFID), UK	9,818,560.00
NORWAY, Government of	5,032,462.46
SPAIN, Government of	1,138,320.00
<b>TOTAL</b>	<b>45,989,342.00</b>

Organization	Approved budget (US\$)
WFP	11,078,114.00
UNICEF	7,195,096.36
UNHCR	7,175,045.00
OCHA	6,089,456.00
IOM	4,078,977.00
UNDP	1,941,509.00
WHO	1,484,328.00
ICAO	1,264,444.83
ILO	1,194,201.92
UNWTO	803,809.85
PAHO/WHO	350,000.00
UNRWA	99,510.00

Source: UNDP MDTF website

The main champions of the CFIA have been those that received funds from it – primarily the smaller influenza players, including WFP, which were not able to mobilise resources in the same way as the frontline technical agencies for which fundraising was easier. The CFIA explicitly aimed to support under-funded parts of UNCAPAHI, mainly on preparedness and contingency planning. The technical agencies – WHO, OIE and FAO – did not see the value of the process of developing UNCAPAHI and the CFIA. While the total funds disbursed by the fund over 2005-2011 is relatively modest (\$40m over 5-6 years), the opportunity this gave to broaden the platform of agencies able to be involved, as well as in presenting the UN in a coordinated way, were significant.

The role of the CFIA in supporting Resident Coordinators' preparedness activities was highlighted as a positive aspect of the CFIA that would have been difficult to support from other sources. UNSIC has been criticised for not being more successful at raising funds for itself and influenza activities more widely. UNSIC can only realistically have been expected to increase funding pledges indirectly through its advocacy of the issue.

Some interviewees felt UNSIC could have devoted more time for more fundraising for AHI, for UNSIC and the CFIA. The reality of fundraising for AHI was that donors funded quite bilaterally – UNSIC's greatest contribution may have been in raising the profile of the UN and presenting it coherently which had a knock-on effect on donor confidence, particularly from the major donors such as USAID. However the best fundraising skills in the world would find it difficult to reverse the declining sums available since 2005. Conceivably UNSIC might have invested more effort in supporting donor coordination to avoid duplication and ensure coverage of essential requirements, but this is a resource heavy activity.

### ***Transition***

UNCAPAHI/CFIA has a number of ongoing projects but new contributions are unlikely in the absence of major outbreaks. There should continue to be oversight from the Steering Committee but this need not be a major investment of time.

### **3.3.3 Partnerships and Alliances**

Key to UNSIC's role and success has been in providing low key leadership as an interlocutor for the UN system with key donors such as USAID and the EU, Governments of affected or potentially affected countries, and other actors such as the Red Cross movement.

UNSIC's orchestration of the international meetings in Sharm El Sheikh and Hanoi (2008 and 2010 respectively) proved important in maintaining momentum and focus among international donors and in affected countries. Particularly with changing administrations and waning international interest, the meetings managed to sustain some momentum. Technical agencies benefitted from both the external and senior character of the coordinator, and the organisational capacity of his team. Specific aspects that were positive were that they were well prepared, organised and chaired.

They were however seen by some as lacking in clear follow up and action points, allowing the meetings to be talking shops which did not necessarily deliver on what they promised. The pragmatic reality is probably that attempting to pin down concrete commitments would have risked undermining the constructive, collaborative atmosphere which had an effect of sustaining the idea of an international movement/'peer pressure' to combat influenza and particularly to operationalize One Health ideas.

There was a tension between needing to broaden participation to create a movement for global preparedness, and to transition towards a One Health approach, with the need for the worst affected countries to share detailed lessons with each other. UNSIC in general demonstrated aptitude at judging the political winds of key players in the UN and donor systems – and influencing them, as well as following their lead.

The time that Dr Nabarro has been able to dedicate to influenza work has reduced with his taking on responsibilities for the food crisis and nutrition. In part the reduced profile of influenza has created the space for this, but this has meant his participation has tended to be prioritized to the key events where his seniority and experience is crucial. A less tangible, but definitely observed effect has been to reduce the access to Dr Nabarro of key focal points in other agencies or in affected countries. Part of what worked well with UNSIC was the relative ease with which AHI focal points were consulted by Dr Nabarro, and could bring issues to his attention either directly or via his team. This will inevitable be less possible as his time is stretched and his support team is reduced in size.

#### ***Transition***

This is a key area for continued engagement by Dr Nabarro. Maintaining informal and formal links with international partners to keep an overview of key trends and issues, and troubleshoot problems as they arise, as well as being involved in chairing major international meetings, is a central role that needs continued consistency and the seniority of the UNSIC Coordinator. Maintaining the capacity to support this function beyond UNSIC's current lifespan will be important, as discussed below.

### **3.3.4 One Health<sup>1</sup>**

One Health was actively promoted by UNSIC as a key legacy of H5N1 – broadening the movement from influenza to emerging diseases at the animal/human/ecosystem interface. This proved a successful strategy as UN Member States increasingly moved in this direction, and interest in influenza and emerging infectious diseases was sustained. Veterinary services in particular have benefited from substantial investment on the realisation that strengthening animal health surveillance was of benefit to human health. UNSIC’s role was very important in bringing this about.

With support/pressure from Member States and international donors, as well as internal advocates, the three main agencies involved in One Health, WHO, FAO and OIE, published a tripartite concept note in April 2010. This was negotiated and agreed at the highest levels. Apart from differences of opinion over the scope of One Health (with FAO seeing it as extending beyond human and animal health into ecosystem health), this provides a useful platform for institutionalising One Health. While UNSIC was not involved in the development of the concept note, it is increasingly being asked to support the first joint ministerial meeting being organised by the tripartite group, in Cancun in late 2011. This is the successor of the IMCAPI series of meetings and has been agreed as a series.

At the moment One Health in the tripartite sense is quite narrowly defined, particularly in terms of the inclusiveness of discussions compared to previous work under UNSIC’s. While there is a broad reference group for the Cancun meeting, the bulk of coordination is at a technical level between the three agencies. This risks losing momentum and missing opportunities to sustain the broader work which planned for whole of system/whole of society preparedness and response, and the expertise and authority/leverage of the World Bank.

Particularly at country level, but also at headquarters, One Health is a fairly niche activity (if known about at all) despite its potentially broad ramifications. There are reports from many countries that despite interest in pursuing One Health approaches, the UN system on the ground is not necessarily well advanced in its ability to support governments in developing One Health structures. The risk is that technical discussions at headquarters continue to perfect a model while countries either lose interest or develop alternative approaches.

#### ***Transition***

The creation of the tripartite agreement enabled the technical agencies to assert leadership of influenza and other animal/human health crossover diseases, ‘away’ from the World Bank and UNSIC. It is a fairly inward looking arrangement.

The technical agencies do not support the creation of a long term coordination entity but there is no evidence of a major culture change in the agencies at institutional level beyond a

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<sup>1</sup> This term refers to health activities at the human/animal/ecosystem interface, recognising different agencies interpret its scope and validity differently. In practice it is the term most commonly used by almost all interviewed.

demonstration effect to those directly involved of the benefits of a broad coalition coordinating on a multi-sector issue.

The relationship with WHO is less of an issue now but in hindsight created more of a challenge than had been expected. On balance, though, Dr Nabarro's knowledge of WHO and credibility as a medical doctor were crucial assets in the success of his work.

There is a continued need to break down stovepipes within and between agencies, as well as external involvement in taking forward the One health agenda. Most interviewees felt that there are major risks of some agencies returning to old habits of giving low priority to coordination despite the importance demonstrated by collaborative approaches to the pandemic to ensure a broad response encompassing more than simply health aspects.

### **3.4 UNSIC function 1b: Country and regional coordination**

The core activity of the regional UNSIC presence in Bangkok and Cairo has been to support an atmosphere of coordination and encourage mutual learning, and avoid a feeling of isolation by UNCTs and national governments.

There has been considerable praise for the work of the UNSIC regional hub in Bangkok (APRH) supporting Resident Coordinators, UN country teams and focal points in the Asia-Pacific region, and working with regional bodies such as ASEAN and APEC.

Key aspects of its work are in linking together AHI focal points in the region for sharing of lessons and good practice, and providing a channel for communication of global policy to countries, as well as sharing country insights with the global level. APRH has also actively supported the One Health approach – in more than one country fostering contacts between technical agencies in country and making the link to headquarters policy on One Health which had not been successfully communicated to country level.

The more recently established Cairo hub was also praised for supporting important missions and managing coordination with key countries in the Middle East region. The role of the coordinator in supporting Egypt during the H1N1 outbreak was significant and demonstrated the high degree of trust she had fostered with both UN and government colleagues.

#### **3.4.1 Transition**

The UNSIC regional hubs in Cairo and Bangkok are envisaged to close during summer 2011. A transition plan was prepared for the Bangkok hub in 2010 but progress has been patchy despite major efforts to find homes for UNSIC functions.

Continued work on AHI coordination will be more dependent on individual RCs or Country representatives making it a priority and continuing to prioritise AHI coordination. The most likely scenario is that coordination will continue sporadically but agencies will work less together except where there are agreed joint programmes (as in Egypt or Vietnam) – for as long as these

last. Structures are not sufficiently institutionalised for coordination on AHI to continue in the face of other priorities, and in the absence of external support and linkages. The role will end that regional hubs played in:

- breaking down barriers within, between agencies and Ministries in country
- supporting information sharing within the region and beyond
- supporting two-way linkages to the global picture so that countries feel they are part of a global effort rather than isolated and in some cases, feeling pariah-like
- supporting the networks of AHI focal points in Governments and UN agencies

The review sees this as a significant loss but there seem few opportunities to replace the hubs in the absence of resources or interest from other agencies.

Particularly on One Health, in some pandemic affected countries, UNSIC was the first source of information on the tripartite agreement for some of the agencies involved. Implementing One Health at country level will require continued support and encouragement which may come as the tripartite agencies operationalise the agreement, but this will depend on the priority given to it by RCs, country teams and agency heads.

### **3.5 UNSIC function 2: Monitoring progress**

UNSIC's role in monitoring progress on AHI through the publication of reports continued in the same vein as previously. The Global Progress Reports (GPRs) aligned to the IMCAPI meetings provided authoritative reference material and maintained focus on a shared vision. As the last GPR in its current form, GPR5 played an important role in setting the scene and framework for the Hanoi meeting and then including the agreed framework and commitments from the meeting in the final published version.

The process for producing GPRs highlighted the challenge of UNSIC's position as a coordinator but not a technical lead – while the production of GPR was driven by UNSIC, it needed inputs and review from the technical agencies. In some cases the demands placed on the technical agencies exceeded the value they perceived they would derive from the report – demonstrating the challenge for busy specialised agencies to participate in coordination mechanisms which do not add value to their mandated role. A broader perspective would support the strategic objective of the IMCAPI meetings, which themselves needed the underpinning framework which the GPR provided.

#### **3.5.1 Transition**

UNSIC has demonstrated significant capacity at managing the compilation of progress reporting and other documents. While there would appear to be no pressing need for further global progress reports, it is not clear where the capacity to produce reviews in future will lie – presumably in the tripartite agreement between FAO/OIE/WHO and aligned with Ministerial meetings on One Health.

Products in response to crisis such as UNIP filled an important gap in needs assessment during H1N1 but required global coordination are difficult to envisage being produced in future in the absence of UNSIC capacity.

### **3.6 UNSIC function 3: Pandemic preparedness**

UNSIC's responsibility for encouraging & supporting pandemic preparedness within the UN system and Member States has made important contributions to their readiness but there is still more work to do in this area.

The Pandemic Influenza Contingency team (PIC) was instrumental in defining the need for Whole of Society responses and supporting planning on this basis. Some interviewees felt that it could have transformed earlier into focusing on a multi-hazard approach rather than just pandemics. This could have borne fruit in advancing detailed thinking on the multi-hazard approach. The reality is probably that various parts of the system were making progress on understanding this approach, and PIC was constrained by its mandate and funding to focus on pandemics. A lesson from this could be for donor funding to retain flexibility, but this could be easier with hindsight than in real time.

UN country teams have contingency plans, and PIC has been an important part of the push for business continuity planning which has flourished and is now established in the UN Secretariat and many agencies. The Pandemic Influenza Contingency team (PIC) transferred from UNSIC to OCHA in January 2008 and was wound up within OCHA at the end of 2010. During this period PIC continued its work supporting simulations and developing/testing preparedness plans through its regional network of preparedness officers. The H1N1 pandemic demonstrated the effectiveness of the UN Concept of operations (CONOPS) developed by UNSIC/PIC.

CFIA made useful contributions to support agencies in developing their readiness for pandemics. In particular the resident coordinator facility of the CFIA launched in 2009 allowed UN Resident Coordinators to apply for CFIA funds to develop their preparedness.

The Towards a Safer World initiative was launched in May 2011 as an exercise to draw lessons from pandemic preparedness with wider applicability to whole-of-society preparedness.<sup>2</sup> Given the significant level of experience developed through preparations for H5N1 pandemic and the actual H1N1 pandemic, TASW has much to offer. Important considerations are that it continue to take a broad approach and provides concrete lessons. It risks being seen as the pandemic community's 'last hurrah', and needs to continue its constructive atmosphere where it is not perceived as having superior knowledge by dint of experience, but as wanting to share lessons genuinely.

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<sup>2</sup> TASW is funded by USAID, hosted by WFP and its Steering Committee is chaired by David Nabarro in his UNSIC capacity

### **3.6.1 Transition**

The preparedness planning function undertaken by PIC was transferred to OCHA in January 2008 and ended at the end of 2010. This transition was not smooth and did not lead to preparedness planning being embedded in OCHA. This occurred due to leadership changes in OCHA leading to different priorities, and budget constraints, which meant it moved away from wanting to expand this area. This is an area where UNSIC might have planned better but changes in leadership were difficult to mitigate.

The Towards a Safer World initiative has picked up the conceptual pieces by developing papers and planning for a September conference on the lessons for broadening preparedness which can be learnt from the pandemic experience. The IASC Sub Working Group on preparedness is pursuing support to agency planning and national disaster management organisations. ISDR organised a dynamic biennial Global Platform on Disaster Risk Reduction in May 2011 where clear consensus emerged on the multi-hazard approach.

There is still however something of a vacuum at both policy and operational level in driving issues of preparedness forward consistently. As we have seen, the UN system is making progress in preparedness planning, business continuity and crisis management. Multi-hazard and whole-of-society approaches are widely agreed to be more appropriate than single focus preparedness on pandemics. UN country teams now have contingency plans. However the risk is that while the ideas are operationalised, without continued capacity to support operational planning, simulations, testing and updating of plans; as well as working with national governments; there will be a dip in practical support and preparedness will drop down the priority lists of busy individuals and organisations. There is a role for a regular reporting requirement to ensure that levels of readiness and testing are tracked and monitored, perhaps as part of the emerging crisis management architecture.

At policy level too it is not clear where the natural lead lies in terms of pushing the agenda of preparedness. It attracts little funding compared to response and falls between humanitarian and development stools. There is no clear agency or group with the mandate, interest or capacity to cover the breadth of activity involved in fostering a culture of preparedness. This would appear to lend itself to a dynamic cross-UN coordination with senior level advocacy. While the Secretary-General's Special Representative on Disaster Risk Reduction has the right mandate to take a lead, much of her effort is involved in managing the ISDR Secretariat rather than having the capacity to lead a movement as occurred with UNSIC. Some donors and commentators feel ISDR lacks the capacity to take a global strategic lead (e.g. DFID is withdrawing voluntary contributions to ISDR after its Multilateral Aid review of March 2011).

### **3.7 UNSIC function 4: Communications and Information Sharing**

While lower profile than other UNSIC functions, this has been an important and successful area of UNSIC work at global and regional level. Through the Technical Working Group, work has been focused on ensuring health messages are harmonised across agencies, appropriately adapted for target audiences. The regional hubs have played a useful role in sharing key studies and reports around the regions with government, UN and non-governmental networks.

#### **3.7.1 Transition**

The information sharing role currently played by the regional hubs will suffer significantly from their closing down. While the existing networks are likely to continue for some time due to the momentum they have, it is likely that without external maintenance of such knowledge networks will decline as members of the network change and other priorities overtake AHI.

The work carried out through the TWG at global level on harmonisation of messaging will be able to continue under UNSIC's chairmanship. This could continue to be an important forum for discussing messages behind closed doors before they are shared publicly – testing the emerging health messages with a range of agencies reflecting the range of interests internationally, particularly during the uncertainty of a crisis. Beyond this, at working level contacts are fairly well developed to maintain some degree of harmonisation, but most interviewees felt this would suffer as part of a general drift to 'business as usual', i.e. reduced coordination and horizontal working.

Communication on UNSIC's own transition could be refined as many interviewees were not aware of how UNSIC was changing, and Dr Nabarro's continued role.

## 4 Recommendations: priorities for future UNSIC work

- Should UNSIC continue?
- What should it focus on?

### 4.1 UNSIC's future role and priorities

This review finds that UNSIC should continue with a number of important functions. However the reality of funding and interest in AHI is that UNSIC cannot continue in anything but a very stripped down form. This is probably also right for an entity that was only ever envisaged to have a short life span.

However there are major risks that some of UNSIC's key achievements will be lost as transition will not be perfect. The practical consequence would be a poor performance from the UN system in responding to a pandemic in coming years when individual knowledge has declined, which institutions have not managed to capture.

The balance that UNSIC needs to continue to strike is between being an advocate – sharpening and forming ideas, and influencing parts of the system that need to absorb them – and being an active implementer, getting more closely involved in developing frameworks and convening meetings. Technical agencies would draw the line in a more hands-off place than UNSIC, which has seen that sometimes the best way to sell an idea is to develop the detail and do more than just plant the seed of an idea for others to take forward. Particularly given the declining interest in AHI and the complex institutional issues around One health and pandemic preparedness, even with its reduced capacity UNSIC will need to prioritise judiciously.

There are a number of ways discussed below in which the remaining 12-18 months of UNSIC's work could be prioritised to help attenuate the risk of dwindling effectiveness and a diminished legacy.

### 4.2 Maintaining and expanding coordination capacity at senior level

Coordination capacity for AHI at senior level should be continued as part of a wider portfolio of coordination responsibilities. The AHI threat, as well as the food and nutrition crisis, and more recent events in 2011 as a consequence of the tsunami in Japan, have highlighted the need for stronger horizontal ways of working in the UN system. Crises are going to be increasingly global and multi-sector, with no clear lead UN agency. UNSIC's remaining mandate should be used to shape and develop a transformed role during 2011-2 to address these challenges.

At minimum, although influenza remains the main pandemic threat, the move towards One Health is the right direction and UNSIC should have an explicit remit to support coordination on One Health to ensure it moves beyond a narrow technical discussion to include for example, trade and economic aspects. It is conceivable that a network of agency focal points supported by some sort of central capacity in the UN Secretariat might suffice in maintaining enough capability and connectivity which could be activated in the event of an imminent pandemic.

However supporting such an activity is not currently a UNDOCO priority – based on (lack of) demand from Resident Coordinators – and the evidence since 2005 is that having a senior level coordinator is a vital part of effective UN preparation and response. Interviews confirmed that an external reference point is needed to develop coherent visions beyond agency mandates, support developing countries, and provide leadership in a soft sense of supporting, convening and facilitating – not directing.

Beyond this, the UN system needs enhanced capacity to convene, and facilitate across agencies and beyond on a range of major global crises – both bringing together agencies, and working at a senior level to bring together countries. It is clear from UNSIC’s experience that the authority of the Secretary-General’s office is necessary to break down agency barriers, and someone with the networks and relationships such as Dr Nabarro is needed to navigate and direct the different currents of inter-agency activity. While some agencies would be resistant to such an approach, with concerns about their autonomy being threatened, the UNSIC approach has demonstrated how light touch coordination can gain wide support when it adds value.

An expanded coordination remit could be developed alongside or as part of the emerging COG and SEPT crisis management architecture – a positive and important development which should be expanded to become global mechanisms incorporating agencies, funds and programmes. Recent global events have demonstrated the weaknesses of not having well crafted institutional mechanisms for crisis management. Part of this more integrated approach would be the development of a UN Concept of Operations (CONOPS) for global crises, modelled on the pandemic CONOPS. The TWG and SC could be transformed to have a broader remit supporting these structures.

An even more ambitious vision could include a broader remit to support coordination on a wider range of inter-connected, multi-sector issues such as climate, water and sustainability. This would allow a diverse range of horizontal linkages to be made. Whether at a more or less ambitious scale, different parts of Dr Nabarro’s portfolio – and support team – should be brought together more explicitly to exploit the synergies between them, reflecting the reality of the overlaps between food security, nutrition and global health. This should be institutionalised rather than an ad hoc arrangement, but maintain the flexible, light, convening approach. This would also be an opportunity to continue advocacy for stronger crisis preparedness, in tandem with the role of the Secretary-General’s Special Representative on disaster risk reduction.

Such an expanded Senior Coordinator role is likely to be needed for the foreseeable future and should not necessarily be tied to Dr Nabarro’s involvement and UNSIC’s existing mandate.

### **4.3 Sustaining coordination and response capacity**

UNSIC should also continue to try to embed its functions in other agencies. Whether or not the Senior Coordinator position continues in the longer term, UNSIC should focus on how to sustain a light network of AHI or One Health focal points in Resident Coordinators’ offices which can be a repository for lessons learned and be activated in the event of a pandemic or indeed a major multi-sector crisis. This would require either UNDOCO, WHO or FAO to maintain the network

through periodic workshops, information sharing and shared planning/analysis. Incorporating pandemic and wider preparedness lessons into UN Disaster Management team training, and RC orientation would also be entry points.

There is a role here for donors in continuing to support joint agency approaches, particularly on One Health, by funding joint programmes at country level which cross over the boundaries of animal and human health.

#### **4.4 Risks**

The risk of an imperfect transition is significant. The major investments made in preparing for an influenza pandemic would not be fully realised if much of UNSIC's experience on coordination was not institutionalised somewhere within the UN system. The reputational risk to the UN and partners is high if when a future pandemic strikes, there is a perception that lessons learned during H5N1 were forgotten and time was lost in re-inventing the wheel. The damp squib of H1N1 has produced a dangerous atmosphere which could border on complacency if agencies return to business as usual and influenza risks are not prioritised – whether as a specific issue or part of an all-risks approach to preparedness. For a relatively small investment in continuing with some of UNSIC's functions, and maintaining its key lessons, it should be possible to maintain the capacity to respond more effectively to future pandemics, maintaining a 'pilot light' which can ignite a full response when needed.

## Annex A: Terms of Reference

### TERMS OF REFERENCE FINAL REVIEW OF UN SYSTEM INFLUENZA COORDINATION (UNSIC) (2011)

#### **Purpose**

This review will assess the achievements of the UN System Influenza Coordination (UNSIC) in fulfilling its objective of making the UN system work to its best effect when addressing the threats posed by avian and pandemic influenza. Building on the evaluation that was carried out in 2008, it should detail lessons learned from the work of UNSIC and assess how best they can feed into ongoing aspects of its work, as well as for other inter-agency coordination initiatives. It should also review transition arrangements being put in place and the ability of the system to take over UNSIC's function.

#### **Background**

In September 2005, the UN Secretary General appointed David Nabarro as the UN System Influenza Coordinator to help make the UN system work to its best effect in support of national, regional and global efforts to address the threats posed by avian and pandemic influenza. The Coordinator reports to the Deputy Secretary-General, and the Coordinator's work is subject to review and direction through a high-level inter-agency Steering Committee on Avian and Human Influenza, chaired by the Deputy Secretary-General. Members of the Committee include the heads of UN system agencies, funds and programmes, the UN Secretariat, the World Organization of Animal Health (OIE) and the World Bank.

Since its inception, UNSIC has encouraged joint action by agencies, funds and programmes within the UN system and their partners to implement strategies developed for the control of Highly Pathogenic Avian Influenza (HPAI) and for improved, multi-sectoral pandemic preparedness and response. In recent years, there has also been an increasing emphasis for a broader, inter-disciplinary approach for addressing emerging infectious diseases at the animal-human-ecosystems interface ('One Health'). To facilitate this work, the Coordinator and his team have concentrated on encouraging synergy among different UN system agencies, funds and programmes, the World Bank, OIE and relevant UN Secretariat departments and offices, as well as representatives of governments, private sector bodies, scientific groups and voluntary agencies.

UNSIC's efforts have focused on several interlocking areas of work:

- UN system Inter Agency Coordination – to help coordinate UN system agencies and the World Bank, including through the UN Inter-agency Technical Working Group on influenza (TWG), the Central Fund for Influenza Action (CFIA), and (in conjunction with the office of the Deputy Secretary General) the high level UN Steering Committee on Avian and Human Influenza. Additionally, through supporting the development and advancement of 'One Health' strategies for addressing emerging infectious diseases at the animal-human-ecosystems interface.
- Support for Country and Regional Level Influenza Coordination – Supporting UN Country Team coordination efforts and humanitarian aspects of multi-sectoral pandemic preparedness and HPAI control plans at country level, and to support UN system integration within regional influenza coordination initiatives (particularly through regional bases in Bangkok and more recently Cairo).
- Support to Inter-governmental Processes– to cover and optimise UN system links through supporting the organization of regular International Ministerial Conferences

## **Annex B: List of interviewees**

### **UN**

Asha-Rose Migiro (Deputy Secretary-General, United Nations)  
Brian Davey, UN Medical Services  
Brian Gray, UN BCMU  
Dushyant Joshi, UN EPRST  
Margareta Wahlstrom, ISDR  
Changchui He, FAO  
Juan Lubroth, FAO  
Dominique Burgeon, FAO  
Keiji Fukuda, WHO  
Liz Mumford, WHO  
Cathy Roth, WHO  
Catherine Bragg, OCHA  
Peter Scott-Bowden, WFP  
Michael Mosselmans, WFP  
Michel le Pechoux, UNICEF  
David Payne, UN RC's Office, Vietnam

### **Other**

Alex Thiermann, OIE  
Olga Jonas, World Bank  
Piers Merrick, World Bank  
Armin Fidler, World Bank  
Vincent Briac, IFRC

### **Donors**

Simon Strickland, UK Civil Contingencies Secretariat  
Dennis Carroll, USAID  
Ronald Waldman, USAID  
Joseph Anelli, US Department of Agriculture  
Bruce Gellin, US Department of Health and Human Services  
Daniel Miller, US Department of Health and Human Services

### **UNSIC staff (current and former)**

David Nabarro  
Ian Clarke, Geneva  
Annu Lehtinen, Bangkok  
Chadia Wannous, Cairo  
Julia Landford  
Julie Hall