



## REPORT

# UNITED NATIONS SYSTEM REGIONAL WORKSHOP ON AVIAN AND PANDEMIC INFLUENZA Asia and the Pacific

30-31 March 2009

Amari Watergate Hotel, Bangkok, Thailand

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## Executive summary

The 7<sup>th</sup> UN System Asia-Pacific Regional Workshop on Avian and Pandemic Influenza was held in Bangkok 30-31 March 2009. The meeting brought together UN Country Teams and Regional UN Offices in the region, with participation from approximately 14 UN Country Team delegations, as well as regional and HQ offices of UN and partner agencies including FAO, ILO, IOM, OIE, UNDP, UNHCR, UNOCHA, WFP, and WHO (See Annex 2, List of Participants).

The objective of the workshop was to provide strategic guidance to UN Country Teams for country level coordination of Avian and Pandemic Influenza (API) work, UN system support for national pandemic preparedness and transition to incorporate Avian and Pandemic Influenza work as part of the existing structures both in national and UN system planning. (See Annex 1, Workshop Agenda).

***Objectives of the Bangkok workshop.*** The workshop aimed at UNCT AHI Focal Points and other UN Country Team representatives responsible for support to national efforts and/or UN system pandemic preparedness. The objectives of the workshop were to provide updates and discuss the following:

1. Global process after International Ministerial Conference on Avian Influenza and Pandemic Preparedness held in October 2008, including support to One World, One Health Concept, and the potential implications on country level work.
2. UN System set up on API for 2009 and the evolving role of AHI Focal Points: the direction for facilitation and coordination of country level UN system work on API.
3. New WHO Guidance on Pandemic Preparedness and UNCT support to the multi-level, multi-sectoral and operational national pandemic preparedness planning processes.
4. UN System Pandemic Preparedness, including the new UN Medical Services Guidelines.
5. Ongoing regional initiatives

**Day 1** included updates on the global process on the development of new strategic framework contributing to One World, One Health, updates on the current epidemiological situation, and discussion on the UN system support to national preparedness in light of the new WHO guidance on pandemic preparedness, whole-of-society approach and the UN medical Services guidelines.

**Day 2** focused on issues related to country-level coordination, including discussions on future direction of the avian and pandemic influenza initiatives and potential contributions of the UN system, focusing on the evolving role of AHI focal points and the direction for facilitation and coordination at the country level.

Session 1 described the evolution of the global response and progression in the understanding, analysis and articulation of the response and the pandemic threat through series of international

conferences. This raised concerns over the declining of the financial support, especially in the light of current global economic challenges. The need for support has to be advocated at highest political levels.

The One World, One Health concept and supporting strategic framework was introduced, receiving support from the workshop participants but raising the need to establishing priority OWOH elements, aligning these with the national plans and providing further clarity on the operationalization of the framework, through consultation with primarily country level actors and national authorities, at the same time recognizing that the spirit of OWOH is already being taken forward through a range of collaborative efforts.

Session 2 provided an update on the epidemiological situation on HPAI outbreaks in animal and H5N1 infections in humans. Issues such as the sample sharing to advance understanding and cross-sectoral research, the forming of a better understanding on the linkages between poultry infections and migratory birds, role of vaccinations and issues related to control measures and culling as well as the role of the communication were discussed.

Session 3 outlined the core of the revised WHO guidance on the pandemic influenza preparedness and response. The discussions evolved around the need for well-articulated community level communication looking ahead to subsequent phases as well as the need for better preparation for the subsequent second and third waves, including the post-pandemic, post-beak periods. It was recognized that both national and UN internal plans needed to be revised according to the new guidance.

The whole-of-society approach and multi-sectoral/multi-level preparedness was viewed as an area in need of further advocacy to get national Government to embrace the concept. The precise roles of the UN system and Government entities needed further exploration and clarity. The critical areas in need of work identified included strengthening of communication strategies on community mobilization and preparedness, business sector preparedness and engagement with non-governmental entities.

Session 4 discussed the direction of UN System preparedness, in light of the UN Medical Services Guidelines and other guiding documents. Issues related to antivirals, the challenges on sustaining the impetus on contingency planning, the benefits of broadly sharing best practices, the need for consistency between different UN System guidance and the evolvement towards an all-hazard contingency planning beyond the pandemic threat were discussed.

Session 5 provided updates on the initiatives by the UN System agencies, partners and regional organizations including ILO project on promoting workplace action, WFP avian and pandemic influenza preparedness, H2P humanitarian preparedness, IOM project linking migrants, mobile

populations and AHI/pandemic preparedness and response, UNHCR regional updates as well as updates on AHI initiatives of inter-governmental regional institutions.

Session 6 on the second workshop day focused on enhancing country level coordination, presenting the Coordination Resource Guide for UN Country Teams and sharing country coordination experience, as well as the UN System Consolidated Action plan and existing tools. The ensuing discussion confirmed the importance of coordination and concern over the sustainability of country level coordination, exploring better usage of e.g. the UNDAF framework.

Session 7 consisted of group work on the future direction of the API initiatives and potential contributions of the UN System including work priorities for UN Country Teams for 2009 and beyond as well as support and global action needed. Among the identified priorities were: advocacy for and support to multi-sectoral national preparedness planning and updating of national plans in light of new guidance, whole-of-society approach and also the elements of One World, One Health; adoption of an integrated, all-hazards approach in UNCT contingency planning; revision of existing plans to be consistent with new guidance and importantly, aligning to national pandemic preparedness plans; development or revision of UNCT API coordination framework and action plans.

Among identified areas in need of regional or global support were: consistency between different UN system guidance and flexibility to allow UNCT adaptation to country context; documenting and evaluating best UNCT contingency planning practices and processes and sharing these broadly; consideration at the strategic level on what support can be made available for UNCTs during second and third pandemic waves; increased support for national Governments to test their plans; consistent advocacy at the HQ and regional office levels for planning and support for country relevant needs and funding for longer-term frameworks; continuous support from UNSIC and regional UN offices.

## Day 1: Monday 30 March 2009

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### Welcome and Introductions

The introductions were delivered by Ms Annu Lehtinen, Regional Avian and Human Influenza Coordinator, UNSIC Asia-Pacific Regional Hub, in Chair of the meeting, who reflected the history of UN System coordinated response and the evolution of these regional workshops since June 2005 when six UN Country Teams gathered together in Bangkok.

The Chair also delivered a keynote address on behalf of Dr David Nabarro, UN System Senior Influenza Coordinator, sharing six core messages on pandemic preparedness, each relating to issues addressed in the workshop:

- Helping people come to terms with an event which will have major adverse impacts for humanity.
- Advising the UN, governments, and partners regarding pandemic preparedness. Show them how such preparedness is valuable for business continuity planning and preparation for crises of all types.
- Engaging with the constituents politically; partnership is the key.
- Working through simulations to help people understand the potential impact of threats and preparing them to act in synergy. WHO guidance is one especially valuable tool.
- Ensuring that pandemics are incorporated in the agendas of other key actors.
- Establishing minimum standards for pandemic preparedness that are accepted by as broad a group of stakeholders as possible.

Full text of the Dr Nabarro's address is in Annex 2.

### **Session 1: Global process on the development of a new strategic framework**

#### **1.1. Global process through international Ministerial conferences on avian and pandemic influenza, *Annu Lehtinen, Regional Avian and Human Influenza Coordinator, UNSIC Asia-Pacific Regional Hub***

Annu Lehtinen provided an overview of the global process to respond to avian and pandemic influenza through series of high-level international conferences, describing the progression in the understanding, analysis and articulation of the pandemic threat and the global response:

In Beijing in January 2006 the international community adopted a vision to: a) control highly pathogenic avian influenza in poultry reducing the risk posed by the disease to the human population; b) watch for sustained human to human transmission of highly pathogenic influenza through improved surveillance, ready to contain it; and c) mitigate the broad impact of a pandemic.

In Vienna in June 2006 the principles of this vision were sustained but emphasis started to shift to the multi-sectoral dimensions of a pandemic, placing emphasis on the importance of communication. In Bamako in December 2006 the outcomes being pursued began to address the challenges in sustaining avian influenza control and responses to a pandemic. In New Delhi in December 2007 emphasis was given to the convergence of animal and human health actions under One World, One Health concept.

She summarized the Sharm el-Sheikh conference in greater detail, including messages arising for the future: a) sustained trend towards a broadening scope, confirming support for the One World, One Health concept and b) continuity of preparedness actions despite uncertainty.

She also presented the evolution of pledged funds and noted that the next Ministerial conference may take place in Hanoi in early 2010, provided this will be endorsed by the Government of Vietnam.

## **1.2. Contributing to One World, One Health: A strategic framework for reducing risks of infectious diseases at the animal-human-ecosystems interface, *Dr Subhash Morzaria, Regional Manager, FAO RAP-ECTAD***

Dr Morzaria presented an overview and update of the One World, one Health (OWOH) approach. In 2004, in New York, the Wildlife Conservation Society (WCS) produced the concept of One World, One Health to promote the insight that the health of wildlife, people, and domestic animals is inextricably linked.

Development of the present strategic framework document arose from the New Delhi recommendation (2007), which recognized that pandemic HPAI was part of the larger issue of EIDs at the animal-human-ecosystem interface. The Geneva planning meeting (2008) outlined a strategy, with a joint FAO-WHO-OIE-UNICEF-WB document finalized later that same year. This remains a strategic framework, with key concepts still needing wider consultation.

Dr. Morzaria discussed the nature of emerging infectious diseases (EIDs) in the modern world, their economic effects (especially those due to pandemic influenza), the contemporary human factors behind their emergence and spread, including human-natural environment interactions,

climate change, globalized travel and trade, and pathogen characteristics and risk factors. He also discussed the identification of EID “hotspots” as it relates to surveillance and prediction of outbreaks. Such cross-cutting issues as the following further complexize matters: surveillance of the wildlife, human and domestic-animal health domains; bio-security; bioterrorism; socio-economics development issues; communications strategies at various levels; private-public partnership; and monitoring and evaluation. Funding in itself is a complex issue, involving several different key areas.

The components of the OWOH strategy were outlined, together with lessons learned from the approach thus far, and indications of the way forward.

The broader vision includes securing public health, food safety, food resources, and the livelihoods of poor and vulnerable people. Disease and economic development are clearly linked. In poorer countries, infectious diseases can quickly become endemic, and disease control cannot be separated from the livelihoods of the people. An essential element of the concept is that HPAI and EIDs in general present a global challenge, requiring global solutions. They are also a complex problem, and any effective response to EID emergence and control must be international, interdisciplinary, cross-sectoral, and involve coordinated action by agencies at all levels. Collaboration at the global, regional, and country levels already involves FAO, OIE, WCS, WHO, GLEWS (FAO/OIE/WHO), and OFFLU (OIE/FAO).

Short-, medium, and long-term priority measures were recommended at the country, regional, and international levels. Most action, however, should be at the country level, and it is important that stakeholders buy in; the sense of ownership is vital.

Dr Morzaria noted that the response embodied in the March 2009 Winnipeg meeting—especially the wider participation, including more than 100 representatives of academia, research institutes, donors, countries, and regional organizations—validates the findings of the strategic framework document. He also noted that OWOH is already happening and many collaborative efforts are already underway.

### **1.3. Session 1: Key discussion points**

**Action “ownership”.** Strategic plan “ownership” really applies to Governments, which are operating at both the central and decentralized levels, ideally in a cross-sectoral effort, getting everyone else involved. That’s what is being translated into action. Thus the challenges are at the national, provincial, and district and cross-sectoral levels.

**Strong communications strategy.** This has to be supported by a strong communications strategy on the part of the Government as well as others. Communications has already become an integral component—not a sideline issue, but rather a tool, a technical input.

Trans-border communication needs improvement. All EIDs have a trans-boundary nature. Therefore, although most work is on a country level, countries should work together on a regional basis to achieve a broader perspective on the diseases. This is something that is lacking. Whatever unit addresses surveillance, which is an epidemiological concern, must operate across borders, rather than merely at a country level.

**Country-level funding realities.** Participants wanted to know how soon the new funding would be available. There's a sense at the country level that funds are shrinking, that there's donor fatigue in face of such new issues as global warming and the general economic crisis, which have been receiving much attention and are drawing donor interest away.

**“The money is declining”.** The trend from Beijing to Delhi to Sharm el-Sheikh shows this decline, especially during the current global economic downturn. The Winnipeg meeting addressed this issue. The need for support has to be advocated on a higher political platform. If advocacy is undertaken at the G8 and G20 levels, there may be major financial support. As it is, we're overwhelmed by the climate change and the global economic crisis.

**The next steps.** Winning the political support of Member States is essential. Next come country-level consultations, ideally through regional organizations. In Winnipeg, there was tremendous input from key countries and regional organizations. But there's a defined timeline: something is needed for the Hanoi meeting.

**Engaging at the country level.** There's a feeling that developed countries aren't buying in because they're already facing other crises. But they see these emerging diseases as a threat, one that may have their origins in the developing world, so they see a win-win situation in supporting cross-border projects. Home security is one advocacy driver, here, since EIDs is widely viewed as a security issue. Already, the EC has a \$180 programme on EIDs.

**Minimum standard of veterinary services** is needed to support the prevention of infectious diseases.

**More people needed from wildlife organizations.** One participant expressed the desire to see diagram for a global governance structure addressing wildlife issues. The International Health Regulations (IHR), e.g., are a major achievement for global governance. The presenter responded there wouldn't be a new governance structure for OWOH.

**Policy for disbursement of funds.** Funds are not being invested according to the criterion of identified geographic “hotspots”, since new hotspots can emerge at any time. Investment is on a regional basis. (It was remarked that areas of extensive deforestation with new human habitation would be especially interesting, in terms of surveillance).

**New tool.** Google, with their global mapping and biometrics technology, are being engaged in providing better predictive capacities as part of surveillance efforts.

## **Session 2: Update on epidemiological situation and technical development**

### **2.1. Epidemiological situation of HPAI outbreaks in animals, *Dr. Wantanee Kalpravidh, Regional Coordinator, FAO RAP-ECTAD***

Acknowledging the support of FAO HQ, FAO RAP, the FAO country teams, their national counterparts, and researchers, Dr. Wantanee Kalpravidh provided an overview of the HPAI H5N1 situation, including an account of AI disease patterns, including the evolution and distribution of HPAI H5N1 viruses between 1996 and 2008. In the October 2007 to March 2009 period, observed outbreaks declined in some countries in South and South-East Asia, remained level in others, and increased in two countries. In general, Asia, Africa, and Europe experienced declining incidence of the disease, with pockets remaining mainly in Africa and Asia.

Globally, there is a clear decline in outbreaks. In Asia-Pacific, the H5N1 now endemic in some areas. There are reported cases of human infection. First three months of 2009 have seen new outbreaks; and a newly infected country (Nepal).

Researchers are trying to trace the origins and distribution of H5N1 viruses, as they mutate, according to genetically distinct clades. Although this kind of data has to be interpreted with caution for now, this approach can also serve as a tool in testing vaccines.

Dr Kalpravidh outlined the following areas in need of improvement: 1) better linkages between reports of animal and human outbreaks and 2) better understanding of cross-border issues to a) determine where pockets of infection are located, and b) prevent the transmission of the disease to those countries while building national capacity to contain the disease once it is introduced.

### **2.2. Epidemiological situation on H5N1 infections in humans, *Dr Rick Brown, Public Health Specialist and Acting Team Leader of Communicable Diseases Surveillance and Response, WHO SEARO***

Dr Brown reported trends being observed in human cases of avian influenza. In remarks regarding the pandemic phase of the disease, he said there has been progress in both mapping and containing the course of outbreaks among humans, but too little is really known about the spread of the disease.

Evidence is accumulating that early detection and treatment, especially with Tamiflu, makes a real difference. He delivered a concluding reminder that we remain in WHO's "Pandemic Phase 3": Human infections with a new virus, but no (or very infrequent) human-to-human spread.

### **2.3. Session 2: Key discussion points**

**Sensitivity or resistance analysis.** Question was raised whether FAO, or reporting country labs, do sensitivity or resistance analysis on the samples of suspected cases of infection that they collect? On the human side, this is becoming a major issue, and if many samples from the animal sector are available, that might help a lot from with research into human API. No work has been done yet at the country level or even in the OFFLU lab, although there may be plans to work with the labs in the OFFLU network, which also are in contact with the human labs.

**Link between diseased poultry and migratory birds.** Migratory birds are often blamed for the introduction of AI from one country to another, and there must be a link between diseased poultry and these birds. But resident wild birds might be playing an important role in the transmission of disease in the country itself. In any case, several outbreaks in Asia have been related to poultry and poultry product movements, and it's likely the majority of the risk factors, or sources of infection, were due to such movements. For the local, or residential, wild birds, we have to look at things from another angle. They might not be the initial source of infection, but they might be victims, after the virus has been introduced, who then spread it further.

**Why are there no reported human infections in some countries and locations?** There are culturally specific risk factors for infection (such as the tradition that only boys pluck poultry in Thailand or, in Viet Nam, engage in cockfighting, which might explain why far more boys than girls have been infected in these countries). Another important factor, however, may be genetic susceptibility, and it might simply be that the gene leading to susceptibility is absent in certain populations. But the real answer is: We don't know. A considerable risk remains of the emergence of human infections, and there's a huge need to communicate this risk, and implement control programmes accordingly. Of course it is possible that there are human infections that simply haven't been detected. It is a very difficult disease to detect, because there's nothing about its presentation that really makes it stick out from any other severe respiratory illness.

**Farmers resisting control measures in South Asia.** Farmers in West Bengal and other parts of India have had difficulty accepting control measures. Two years ago, intensive culling proved a very, very successful means of controlling the disease, and, because of the perceived potential risk to humans, people responded really well. However impressive the success of the culling programme, now the farmers are resisting culling. There have been no human infections, and the poultry infections have been contained, so there's no concrete evidence, in their minds, that preparedness measure are needed. There is a lot of strong communication that would be needed.

**Outbreaks linked with vaccination policies?** Are the outbreaks, probably including the emergence of human cases, linked with poultry vaccination policies in some of the countries? Is there a difference because of the vaccination itself, in terms of the emergence of outbreaks, as well as viruses which can cause human disease? This is also a very difficult question to answer. More research is needed. Countries have simultaneously applied a variety of containment measures, so it's difficult to ascribe the results to any one policy over another. From another perspective, we know that vaccines are useful. The key issue for the AI vaccine is that it has to be properly used.

### **Session 3. UN system support to national pandemic preparedness**

The last Global Progress Report shows global evidence of action, in the areas of both prevention of and response to HPAI and preparedness for a pandemic. The WHO HQ has been working on revising the related guidance. Dr Rick Brown provided an update and introduction to the new guidance and Dr Nicole Smith from WHO Viet Nam followed with a report on a recent meeting in Fukuoka discussing the guidance with member states of the Western Pacific Region..

#### **3.1. Revised WHO guidance on pandemic influenza preparedness and response, *Dr Rick Brown, Public Health Specialist, Acting Team Leader, CSR Subunit, WHO SEARO***

Dr Brown provided an update and introduction to the new WHO guidance on pandemic influenza preparedness and response. In response to the Avian Influenza outbreak resulting in a number of human cases in Hong Kong in 1997, the first WHO guidance was published in 1999. This was replaced by a revised pandemic guidance in 2005.

Reasons for this new, third revision were the availability of new data from studies and research as well as additional practical experience with HPAI and simulation exercises that have changed the understanding on how to prepare and respond to a pandemic. The new legal framework, the International Health Regulations (IHR) 2005, also includes certain requirements for pandemic

preparedness. Stockpiles of antivirals, the possible availability of pandemic vaccines at a certain stage and a new rapid containment protocol have also created a new situation compared to when the previous guidelines were issued.

The new guidance includes a number of related documents, as a core document the WHO guidelines on pandemic influenza preparedness and response (including planning assumptions). Other more technical documents will be the guidelines on pandemic surveillance, on the whole-of-society-approach, on disease control measures, on laboratory preparedness, updated guidelines on rapid containment and on outbreak communication planning.

New features include involving the non-health sectors in a whole-of-society approach; a section devoted to H5N1 (only one of the possible pandemic threats); ethical approaches; integration of pandemic preparedness into general emergency preparedness; IHR; pandemic severity assessment; revised phase definitions; general recommendations; and planning assumptions. It should be emphasized that H5N1 is only one particular example of an influenza virus with pandemic potential and there are others that cause outbreaks and can become pandemic viruses, too.

An ethical approach to pandemic planning will have to be taken during a pandemic, when making decisions, balancing potentially conflicting individual and community interests. There is for example a dilemma inherent in “social distancing”, given the apparent choice between infringing on an individual’s rights or considering the benefits to the whole community. Other problems will relate to decide who gets anti-viral drugs or vaccines and who doesn’t? Ethical framework helps to assess and balance often conflicting interests and concerns.

Pandemic mitigation measures should be necessary, reasonable, proportional, equitable, non-discriminatory, and in harmony with national and international law. Issues regarding migrants and refugees are perhaps especially recalcitrant.

Pandemic preparedness planning should not be developed in isolation from other emergency preparedness plans that are already available in many countries and done by skilled and experienced planners. Building on similarities with other emergency plans and integrating pandemic preparedness plans within an overall emergency preparedness framework might make it more sustainable.

During a pandemic, a severity assessment will be very important and might involve a simple scale of “mild”, “medium” and “severe”. The previous pandemic alert phases lacked clarity and relevance for national planning and were therefore rephrased and changed. Phase 3 will refer to a situation with mainly animal infections and some limited human cases, while phase 4 four will be critical, being the tipping point where the sustained human to human transmission indicates a

change of situation and accelerated preparedness is necessary. Phases 5 to 6 will cover the progressive geographic spread through countries and regions and will also include post-peak (as opposed to post-pandemic) recovery phases.

The new phases reflect more appropriately the epidemiological risk and emphasize the importance of phase 4 and the distinction of times for preparedness and times for response. When the first larger clusters will be detected, while still being in phase 3, some critical decisions will have to be made, such as to whether (i) to initiate rapid containment, (ii) to change to the global phase 4 and (iii) to shift from seasonal to pandemic influenza vaccine production.

The new guidance will define functions such as planning & coordination, situation monitoring, etc. in addition to actions by phases.

Awareness of planning assumptions and the fact that they are based on experience with seasonal and avian influenza is important. They may not accurately describe how the next influenza pandemic will play out but provide a basis for planning. At this stage the assumptions are that the next pandemic will be similar to seasonal influenza with the main mode of transmission being droplets, while airborne transmission could be possible. Incubation period is assumed to be 1-3 days with a latent period of 0.5 – 2 days. People might remain infectious for up to 5 days after the onset of symptoms. The expected reproduction rate is between 1.5 and 2 people per infected person. The overall clinical attack will be 25 – 45% over the entire time of the pandemic.

The next pandemic can start at any time anywhere in the world. It is likely to spread globally within several weeks or months, with durations varying from country to country and most communities experiencing multiple waves. The health impact may vary widely among countries and communities, due to other underlying health conditions and access to and quality of health care, with vulnerable populations likely to be affected more severely. Workplace absenteeism is expected to be higher than the clinical attack rate.

WHO intends to help Member States with revisions to the guidelines and with their implementation. The next formal revision will be issued in 2014, or after the pandemic, whichever comes first.”

### **3.2. Recommendations of the Fukuoka workshop on the revised WHO guidelines, *Nicole Smith, Epidemiologist, WHO, Viet Nam***

Dr Smith reported on the 3.5-day WHO workshop conducted in Fukuoka, Japan (2-6 March 2009) for Member States of the Western Pacific Region (WPR). The workshop aimed to introduce the revised guidelines. It also involved a review of progress in pandemic preparedness,

country experiences, including experience with simulation exercises and to identify steps for updating national pandemic preparedness plans, incorporating the contents of the new WHO guidance.

Progress was reported in all the present WPR Member Countries compared to 2004/5, with significantly better understanding of the issues and with national preparedness and response plans in place (focuses and stakeholder involvement differs between countries).

Most national plans are still focused on AI and not on a pandemic, or on health issues with lack of multisectoral involvement or a “Whole-of Society” approach. There are some countries with more comprehensive and multisectoral plans. Most countries have done some kind of exercises to test their plans, but often focusing on AI issues.

Areas for improvement included integration of the pandemic plans with emergency management processes; development of better operational plans, including at the local level, to include rapid containment; and establishing or improving surveillance systems.

With regards to feasibility and timing of revising national plans, it is important to take into consideration that in some countries that is a highly formal process, even involving PM approval. However, it should be explored whether in case of updating existing and approved plans in light of the new WHO guidance one might not need to follow all those procedures, especially as they might have to be “living” documents, constantly revised according to the developing situations. All countries should consider revising national plans in light of the revised WHO guidelines until June 2010, with eventual an exception of those countries that have currently revised their plans.

Main priorities identified during the workshop related to recognizing the importance of risk communication, which might need to be better reflected in some of the current plans. Other major priorities were the incorporation of the whole-of-society approach and establishing or strengthening comprehensive surveillance systems.

One of the surveillance supporting documents of the new guidance identifies three main surveillance components: (i) early detection and investigation, (ii) comprehensive assessment of the first 100 cases and (iii) monitoring of how the pandemic situation develops.

Multi-sector pandemic preparedness plans should be developed and integrated within the national plans. For that purpose high level advocacy might be needed and the MOH could take at this stage the lead. MOH might not have to take the overall responsibility for multisectoral planning.

It was felt in Fukuoka that the public might now have to be more familiarized with pandemic preparedness, starting perhaps with behavioral measures (hand hygiene, respiratory etiquette,

etc.), moving gradually to measures that might be applied during a pandemic (school closure, etc.).

Some confusion of terms became evident, related to the concept of “rapid containment”. While WHO defines it solely as a measure to be applied in the first country where the pandemic originates, other countries might interpret it as a measure to be taken by every government to slow down the spread of the disease when it enters their territory, which in fact might rather be called “mitigation”.

Regular exercises were recommended to test and validate national plans, but more awareness of the available different types of exercises beyond TTX and functional exercises (eg. drills, etc.) might be required. In this context, recommendations for support to be provided by WHO included more detailed information on different exercises carried out by various countries.

### **3.3. Session 3: First round of key discussion points**

**When will the new guidance finally become available?** The guidance was expected last year November, and then postponed until December. During the meeting in Fukuoka it was announced that they might be released within a few weeks. Hopefully the guidance will become available in one more week.

Will WHO produce a compendium of simulation exercises that would provide specific details (scenarios, etc.) that could be easily adapted by countries, instead of having to develop everything from scratch? It is planned to develop a toolkit on exercises with a meeting to be planned sometimes in summer to look at the different types of exercises, but it is not clear when it might become available.

Countries that assume the next pandemic to be rather severe and not mild or moderate may consider the capacities of the health sector to be already insufficient to deal and appropriately prepare for such a situation. The MOH might therefore be reluctant to promote a “Whole of Society” approach, involving other sectors in preparedness planning, too. Depending on the severity communities might be able or not to prepare using a “Whole of Society” approach: MOH may not have to take the lead to organize the multisectoral planning, but only to advocate for the need for it. The responsibility for coordinating and organising this multisector planning process may need to be taken by others and it may in some countries be the Ministry of Home Affairs, in some it might be the emergency management authorities and in others it might in fact be the MOH. The MOH should take the lead to advocate for the need for a “Whole of Society” approach, which has to be led by somebody.

There is a need to be prepared not only for a first, but also for the second and third waves. What support can Regional Offices provide to Country Offices on a second and a third wave in terms of logistics? UNCTs don't expect much from ROs on a first wave. But in the post-peak phase there might be a small window of opportunity for regional support, such as restocking for the COs?

UNCTs need to be prepared to operate without support from the outside as different countries might be in different stages of the pandemic. In case that it would be a severe pandemic it might also be difficult or impossible to procure and provide logistics from the outside.

This is an argument for having a really good logistics capacity in place, and maintaining that to the extent possible. It is important for all of us of documenting the issues through the first wave so we can see what we have to do differently during the second wave. Part of that will be: as we run short, are we making plans for resupply, and what's the likelihood of those additional supplies being available. If that is low, then maybe our original plan may have to consider rationing those initial supplies for a longer period, rather than just through an initial first wave, for example.

Planning for second or third waves is more difficult and has been less considered for a number of reasons. A government might have problems to explain why rationing supplies for a future wave might be justified if the supplies are not even sufficient for the first wave. On the other hand, after the first wave many people may have developed immunity to the virus and thus the demand for Tamiflu and vaccines might be lower.

As a result of the contingency planning process and simulation exercises UNCTs are confronted with certain difficult questions such as how to plan for future waves and these issues need to be discussed at regional and/or global level and while no immediate answer can be expected cannot just be thrown back to the UNCTs.

#### **3.4. Whole-of-society approach and multi-sectoral/multi-level pandemic preparedness,** *Michael Mosselmans, Chief, PIC OCHA, Geneva*

Mr Mosselmans explained that one of the tasks of PIC is to help UNCTs strengthen pandemic planning and stimulating the humanitarian community to prepare to meet humanitarian needs during a pandemic. As part of this, OCHA has been encouraging countries to develop multi-sectoral pandemic preparedness beyond health issues. This approach—which aims to reduce social and economic impacts, improve continuity of services, and strengthen resilience to other threats—is more cost effective than to respond after the disaster has happened. At the same time, investment in pandemic planning strengthens communities. OCHA plans to do related research and better articulate the case for the collateral benefits of such pandemic preparedness.

We don't know how bad it's going to get. But three types of intervention are needed to mitigate the impact of a pandemic: medical, non-medical, and multisector preparedness needed to keep a society functioning.

Governments tend to be much more focused on AI and animal and human health, rather than whole-of-society planning. It is hoped that after the new guidelines are issued the whole-of-society planning concept will gain wider attention.

The current status of pandemic planning:

- a) Comprehensive whole-of-society planning—governments, businesses, civil society working in a concerted, collaborative way with essential infrastructure and services—**very few**.
- b) Essential infrastructure interdependencies and the role of other sectors of society is identified, but critical structures are not fully involved in planning, and lack a concrete operational plan—**few**.
- c) Pandemic preparedness limited mainly to the Ministry of Health and Agriculture with some involvement of the disaster management structures—**the majority**.

Analysis of national pandemic preparedness plans show there is very little multisector preparedness planning undertaken in most countries. The whole of society approach involves all different levels, from national, provincial down to community level. It needs to cover all phases from preparedness to response to recovery, involving private and public sectors as well as civil society and should be integrated in a comprehensive national emergency preparedness & response framework.

The whole-of-society chapter that has been included in the new WHO guidance describes a number of important “essential” services, which might be defined differently by various countries. It is important to make sure that sectoral plans will be developed enabling those essential services to maintain their operations. At the same time, critical interdependencies must be identified and integrated within plans and actions. If electrical power fails, there are spin-off effects on all other sectors. As the timing and severity of the next pandemic is uncertain, contingency and business continuity planning needs to plan their mitigation and response measures based on different scenarios.

Humanitarian actors also depend to a degree on suppliers as well as for example civil society and non-government organizations to deliver their humanitarian support. If those are no longer able to function and maintain their services, WFP might also be affected and experience problems to deliver humanitarian assistance. As a consequence WFP would need to advocate to their suppliers CSO and NGOs the need for preparedness planning or they need to plan for alternate channels if those stop functioning.

While WHO is primarily focusing on health issues, but recognizing that also the health sector depends on the continuity of services of other sectors, WHO has put emphasis on multisector preparedness planning and included the whole-of-society approach in the new guidance.

A range of ethical considerations are addressed in the new guidelines. Governments need to identify and take into account the needs and rights of vulnerable groups such as refugees and migrants. Governments should ensure that all groups have access to healthcare services, and that information about the crisis and response to it, is accessible to all. These objectives are best served by engaging community-level organizations and civil society in preparedness planning

The heart of the whole-of-society approach is business continuity planning. The WHO guidelines include 25 key elements critical to business continuity management. WHO and the health sector should deliver planning assumptions to advise private and public actors and civil society on what they should be planning for.

An important aspect of business continuity planning will address the issues of staff safety and security and how to maintain essential functions, including the training of alternates to step in when staff are absent for any reason. Plans and specific aspects of it need to be tested to assure that they are appropriate.

The different government ministries need to identify what critical roles they need to provide during a pandemic and assure that they develop plans accordingly in order to assure their continuity. Similarly private sector needs to develop BCPs, especially as they are in most sectors the main service providers. Civil society also need to make plans on how to support communities and vulnerable groups and to assure that government measures will reach the people.

Legal issues relating to health policy, public order, labour issues need to be considered, perhaps with the needs to identify gaps in legal systems and prepare legal texts and develop mechanisms to implement IHR.

The guidelines include a checklist of 19 recommended steps by means of which Governments can tackle the foregoing issues; integrating into national disaster processes; measures to protect the vulnerable; provision of essential services; assigning roles and responsibilities; tabletop exercises and simulations as a means of testing plans.

### **3.5. Session 3: Second round of key discussion points**

**Where does the UN System, as a series of parts, fit within this whole approach?** What are the comparative advantages across the UNCT, and, in presenting and supporting a whole-of-society approach, which elements of the UN System actually support that approach? We need to clarify where the UN is positioned within that, and which agencies have the comparative advantages or indeed the mandate to support that. In addition to formulate such an approach as a good-practice way of moving forward, but we also have to discuss how we make this happen, and how we support Governments in making this happen.

WHO plans to take a lead role in advocating and disseminating these messages, and PIC will help them. The issue hasn't been elaborated beyond that. Where a UN agency has a strong link with a particular Ministry, such agencies' mandates would lead them to be the natural choice to support that sector. Resourcing such type of support is not easy. PIC has made small grants available to support RCs and UNCTs that develop project proposals on how to support governments on multisector pandemic preparedness planning. Discussions between WHO and the World Bank add hope that the new OWOH agenda, discussed in Winnipeg, may help generate additional resources, but these are just preliminary discussions.

**Ethical dilemmas.** "Equity" becomes difficult in taking care of disadvantaged groups in emergency situations. UN wants to advocate with Governments that these people should be treated fairly. At the same time the UN has responsibilities towards its own staff, but if the UN has a certain quota with private hospitals or public health services, is it really ethical, because everybody will need the health services. Should the UN treat its own staff better than its beneficiaries?

There are those ethical dilemmas for which we may not yet have a solution. The UN won't be able to help beneficiaries unless its own staff are healthy and safe. One dilemma will be risking staff to save beneficiaries. The UN will want to thrust policy on the whole System, in this regard; it'll be up to each agency. In OCHA staff won't be thrown involuntarily into dangerous situations which could make them sick or kill them. But there may be staff who wish to volunteer for such services, and it'll be a decision made by the head of OCHA on the basis of advice from WHO.

It is interesting to hear that OCHA has this position. But from a country team perspective, UNCTs need guidance, and this should be uniform across the UN family. This is something that needs to go back to higher level for discussion and result in clear guidelines to all UNCTs.

**What are the requirements to apply for the small grant facility?**

Proposals are mostly oriented around strengthening national plans to bring in more multi-sectoral approaches. The proposals should be executed by individual agencies, but the Resident Coordinator has to sanction them.

**Mobile populations and cross-border groups need more consideration.** If you don't treat your migrants, those migrants can infect your nationals. Governments often don't understand this. At the UN level, we have to act to change these perceptions. In Thailand, migrants and refugees has been an area till recently relatively overlooked. There has been a question whether the UN should primarily support the Ministry of Public Health or whether we could be directly involved with the NGOs running the camps. Opinion was very divided, but there was a consensus that we had a moral imperative to do something if the Ministry was not doing enough, recognizing that was a bit beyond our mandate.

## **Session 4. UN system pandemic preparedness**

**4.1 Status of UNCT pandemic planning preparedness in Asia-Pacific,** *Ingo Neu (Senior Planning Officer, OCHA ROAP/PIC, Regional Inter-agency API Team)* summarized the situation of UNCT preparedness in Asia-Pacific in February 2009.

The three main planning objectives for the UNCT contingency planning process:

- Minimize pandemic impact on staff health and safety
- Maintain operational capacity
- Support to governments in pandemic preparedness & response

An assessment of UNCT preparedness based on the PIC tracking system, which is online accessible to all UNCTs sows the following results. None of the 23 UNCTs in Asia-Pacific is any longer categorized as “less prepared”, with 70% having achieved “moderate” preparedness and the remaining 30% are considered to be more prepared. The accuracy of the assessment may be lessened if UNCTs do not provide updated inputs to the tracking system.

From 2005 until 02/2009, most activities with regards to developing or revising contingency plans took place in 2007 with a significant drop in 2008. Most UNCTs (12/23) have carried out simulation exercises using standardized materials with facilitation support from regional UN agencies and found them to be a useful tool for increasing awareness of the pandemic threat and for revitalizing planning processes.. Another 3 UNCTs have carried out exercises using their own methodology and facilitation. However, not all UNCTs have followed through with revising their plans based on the results of the exercises. Most of the 8 UNCTs that have not tested their contingency plan have had to deal with major humanitarian problems.

Looking into different planning components of the plan, the area where most UNCTs have not yet reached a level of “more” preparedness concerns the support to governments. In terms of revising and improving contingency plans from 2007 to 2008, most progress was achieved in the areas of planning and coordination and least progress in support for government preparedness & response.

The regional interagency team is willing and available to provide further and encourages UNCTs to carry out simulation exercises support in 2009,

**Comment of the session chair:**

A lot of credit for the work on testing the contingency plans has to go to the UNCTs in the first place and other UN partners such as UNICEF, who developed simulation materials and provided substantial support to facilitating UNCT exercises, as did WHO and others.

**4.2 UN Medical Services guidelines,** *Dr. Sarita Pandey (UN Dispensary Physician, UNDP, Nepal)* presented the latest (May 2008) Medical Services Division’s pandemic guidelines, which supersede those issued in 2005 and 2006. As a living document it will be subject to further revisions in light of new experience and better knowledge.

- The new version focuses on public health measures, and is aligned with UNSIC’s pandemic preparedness planning assumptions. The main emphasized public health measures cover strategies for staff: personal hygiene, social distancing, self-care knowledge, six weeks of supplies, travel advisories and seasonal vaccinations, What kind of PPE to be provided for any given staff is determined according to an established typology of 5 risk categories.
- The recommended three-level response framework is no longer linked to WHO’s global pandemic alert Phases 1 through 6. Although the Medical Services “readiness” mode is associated with WHO Phases 1-3, the “crisis” mode with Phases 4 and 5, and the “emergency” mode with Phases 5 and 6, actual response levels will be determined in light of local circumstances. UNCTs are asked to update their plans accordingly.
- After extensive FDA testing in the USA, Medical Services decided to follow the recommendation of the manufacturer that allows for an extension of the shelf life of Tamiflu capsules (not the syrup) by two years, if the drugs were stored properly in dry and not too hot conditions.

**4.3 Direction of UN System preparedness,** *Michael Mosselmans (Chief, PIC OCHA, Geneva)* reported that the main objectives of PIC OCHA aim to encourage countries to develop multi-sectoral pandemic preparedness beyond health; help UNCTs who want assistance in strengthening pandemic plans; and stimulate the humanitarian community to prepare to address a pandemic.

- It is important to try and avoid requesting from UNCTs to produce a multitude of overlapping and competing plans, again highlighting the importance of coordination and trying to find ways for more integration of the various planning requirements. While not telling UNCTs what kind of plan they should develop, PIC Geneva is willing to help collect and disseminate best practices. There seems to be a need for an inter-agency mechanism at the senior programme level, under the supervision of the DMT.
- An important aspect of the contingency planning process is the business continuity plan.. Geneva has developed a “planning framework for crisis and continuity management” for consideration and welcomes input, and looks to the UNCTs for further feedback. What is needed, beyond a pandemic plan as such, is a multi-hazard operational continuity plan that is aligned with existing planning frameworks, includes business continuity planning and is in line with the three-stage Medical Services response planning. Workshop participants were invited to ask OCHA Geneva for a documented example of how this has been done in Egypt and Thailand.
- The core of the agency action plans is establishing what the key activities are, designating critical staff (and alternates, for contingencies), describing a chain of command, identifying critical dependencies, and specifying what actions are needed to achieve readiness. OCHA is planning this process, and is going to apply it in two West African countries, as a kind of pilot project, analyzing the risks and hazards.
- PIC provides guidance and assessment tools as well as simulation packages online at [www.un-pic.org](http://www.un-pic.org). and support can be also provided in-country on request by the UNCTs.

#### 4.4 Session 4: Key discussion points

- While expressing satisfaction that the **shelf-life** can be extended by two years, under certain conditions. some participants reported inconsistencies across the region, as WHO recommends to follow country guidelines, and asked whether the new guidelines would be harmonized. The **disposal** of expired Tamiflu is not specified in the UN System guidelines and different options can be considered. It could be disposed of following the local rules and regulations or in some countries there is an options to return it for a fee to the manufacturer. **Stockpiling** issues with regards to location and related security as well as whether it should be the responsibility of the UNCT or the individual UN agencies need consideration, too.
- Despite many problems much work has been done and progress achieved with AHI contingency planning, keeping the process alive in many countries over the years, presenting possible a case of best practice for other kinds of contingency planning. OCHA and others involved in contingency planning for other kinds of hazard, struggle to achieve

this with UNCTs or IASCs, who rather tend to view it as a task to be ticked off and a document to be shelved.

- The UNCT Nepal comprises 22 different agencies and it was difficult to bring them all on board and to coordinate the planning process. Once the contingency plan was done, the UNCT found people weren't reading it. User-friendly guidelines are needed, perhaps a small manual. UNCT Nepal conducted a simulation exercise in June of 2008 and outside observers remarked that the contingency plan lacked a component for supporting Government as a whole, apart from assistance provided for certain issues by specialized agencies such as a FAO, WHO, and UNICEF. UNCT contingency plans are still predominantly too concerned with staff safety and security during a pandemic and the question is how to link UNCT AHI contingency plans with national plans,
- UNCTs looked into a lot of issues, back in 2005-2006 when the first contingency plans were put together and have evolved to another stage. Compiling best practices and experiences at the country level will add much value. This is an innovative process as there are different country settings and different ways of looking into these things.
- The Philippines plan has two components: the public document, as well as a more simplified version, highlighting UNCT functions and support to be provided, primarily in a cluster context, integrating it with the disaster management plan. The long-term vision is to integrate pandemic with multihazard planning. With the more traditional staff-and-dependents safety issues, the internal continuity activities, it is hoped to integrate with, or provide an annex, to the security plan.

## **Session 5. Updates on Initiatives by UN System agencies, partners, and regional organizations**

This session was reserved for looking into regional initiatives, where interested UN system agencies and partner-agency regional offices could provide updates on their projects and programmes, and then take the opportunity to consult with UNCT AHI Focal Points. First, ILO, IOM, UNHCR, WFP, and WHO SEARO regional offices presented updates.

### **5.1. Promoting workplace action protection and preparation for avian and human influenza, Suttida Chaikitsakol, National Project Coordinator, Avian Influenza and the Workplace Project, ILO**

Ms Chaikitsakol reported that the ILO is disseminating information collected from fellow UN agencies, from our own practices, and from workers in the workplace. The ILO is basically promoting workplace action in preparation for AI and pandemic.

The approach involves: 1) learning from the experiences of other agencies, especially WHO, UNICEF, and FAO over the past year; 2) assessing the safety and health risk approaches the ILO has applied in the past few years; and 3) using ILO tripartite channels by enabling government workers, farmers, employers, and several trade unions to gather together, where the ILO has applied its participatory training experience—including the ILO WISE (work improvement in small enterprises) approach—to connect workplace and policy levels.

The approach also involves asking the workers themselves how they would do things better. The ILO API project aims at grassroots workplaces such as small enterprises, farmers, and poultry workers. The emphasis is on user-friendly, practical training materials. The project applies consultations and awareness-raising, the collection of good practices to share, inter-Ministerial cooperation, the development of training materials, and the training of trainers to develop and sustain a training network. In progress is a participatory training manual: Protecting your business and workers from pandemic human influenza, which will familiarize employers and workers with the threat and its emergent stages; provide workplace action checklists, including practical procedures for preventing avian influenza; and present ideas and experiences collected from workers, supervisors, and managers.

Priorities for the immediate future include these: extending training coverage; assisting in relevant national policy development; upgrading training materials, including those for business continuity planning for SMEs; sharing experiences with other countries in the region; and conducting impact assessments.

ILO AHI initiatives are in line with the ILO Project 2nd Phase (January – December 2009) for the UN Consolidated Action Plan Objectives 3 (human health), 5 (communication), and 6 (continuity).

## **5.2 Avian and pandemic influenza preparedness, Yasuyuki Misawa, Contingency Planner, WFP**

Ms Misawa presented the WFP preparedness update. As part of its global pandemic influenza preparedness activities, in 2007 WFP dispatched medical supplies and personal protective equipment to all its offices. In early 2009, the WFP Regional Bureau organized regional API focal-points training in health and safety measures, including protective measures.

Priorities for the rest of 2009 include pandemic-related training for critical staff; developing or updating preparedness plans in five countries, integrating emergency response measures, contingency planning, and business continuity management; updating API inventory and web-

matrix for OMB COs; a joint mission with IFRC to enhance humanitarian pandemic preparedness initiative funded by USAID; update and modify all logistical tools and procedures. Participants were each promised a DVD of the user-friendly personal protective equipment document from which the graphics for the workshop presentation were taken.

### **5.3 Update on H2P (humanitarian pandemic preparedness), *Michael Mosselmans, Chief, PIC OCHA Geneva***

Mr Mosselmans spoke on behalf of PIC OCHA, Geneva, in saying that they intended to encourage countries to prepare multi-sector pandemic preparedness beyond health, to this end assisting UNCTs working to strengthen pandemic plans and urging the humanitarian community to prepare to address the humanitarian dimensions of pandemic.

The first-round beneficiary Asia-Pacific country will be Nepal; second-round countries include India, Indonesia, Lao PDR, the Philippines, and Viet Nam.

Coordination mechanisms include an operations committee together with working groups in the areas of health, food and livelihoods, country-plan template, business continuity planning, and assessment. Participants were presented with a country- and district-planning template.

The UNOCHA PIC website has tools developed for UNCTs, but these can be easily adapted for government settings. In addition, as part of our follow-up to UNCT exercises, most UNCTs have done tabletops, so we have started doing some guidance for doing drills, because one thing that came out of the tabletops were plans to test specific parts of the contingency plans. The workshop folder has a printout on the conduct of drills, and OCHA invites feedback. Countries who feel they need help in implementing these, please contact us and we'll be happy to assist..

### **5.4. Linking migrants, mobile populations, and AHI/pandemic preparedness and response, *Nenette Motus, Regional Migration Health Advisor, IOM RO for South-East Asia***

Ms Motus spoke on the pandemic preparedness for migrants and host communities project in Asia. Phase 2 has been underway since January 2009 in coordination with government partners at the national, provincial, and district levels; migrant communities; migrant health workers; etc. IOM maintains links to key migrant management stakeholders in both health and non-health sectors, aiming to integrate the migrants themselves in the AHI preparedness plan.

Ms. Motus outlined recent IOM activities undertaken in coordination with various partners on situation assessments, simulation exercises, and education regarding AHI risks, preparedness, and response activities in Thailand, Lao PDR, Indonesia, and on the Cambodia-Viet Nam border (where coordination of provincial government authorities on both side of the border present special complexities).

Lessons learned include these:

- leadership by relevant government authorities is vital;
- it is important to improve understanding of pandemic preparedness in all sectors;
- migrants and mobile (or cross-border) populations, where they are given support and sufficient engagement, can themselves prove valuable resources in pandemic preparedness planning;
- the multi-sectoral and integrated approach is time-consuming and often longer-term in its visible effects, but a very valuable investment for all of that;
- migrant, cross-border, and mobile populations can involve sensitive issues that require caution; and all activities must include both migrant and host communities.

#### **5.5. UNHCR regional updates, Dr. Sibyl Jade Pena, MPH Regional Emergency Preparedness and Response Coordinator for Asia, UNHCR**

Dr Pena presented update on UNHCR activities and the situations in Bangladesh, Myanmar, Nepal, Pakistan, and Thailand. UNHCR operates predominantly near borders in areas that are usually remote and which see cross-border traffic and trade.

The challenge is to advocate for the refugees among the multi-sector stakeholders. As it is, refugee populations remain below the radar for most of these groups, and are not included in AHI-related activities operated by most agencies or national Governments. Refugee-camp preparedness must be linked with their host countries' plans, non-discriminatory bio-safety measures should be applied, and access to treatment has to be provided for refugees in the event of pandemic.

Special problems for communication/education/general health, safety, and preparedness include the fact that the very notion of “containment” can strike fear into refugee populations (are the camps going to be shut down?), while culling of poultry may end a primary source of cheap protein to those in need.

#### **5.6. Update on AHI initiatives by major inter-governmental regional institutions in Asia-Pacific I, Koji Nabae, Regional Coordination Officer, UNSIC Asia Pacific Regional Hub, Regional Inter-agency API Team**

Dr Nabae outlined key ongoing and upcoming activities by APEC, ASEAN, ACMECS, ASEM, MBDS, SAARC, and SPC.

These activities ranged from high-level leaders' and Ministerial meetings to organization sub-fora, and aimed at objectives ranging from general emergency preparedness to integrating approaches to the threats of AI to (and potential roles of) the agricultural sector, small and medium enterprises (SMEs), the animal health sector, and the human health sector. Pandemic preparedness, of course, was an important overarching concern, as were related research and surveillance and communication and public risk and response education strategies. Multi- and cross-sectoral training activities were similarly high on many agendas.

Assessment of national preparedness, capacity building, and establishment of minimum standards for multi-sectoral joint administrative arrangements during outbreaks were part of the agenda for Phase II of the ASEAN Plus Three EID Programme, as were strong cross-sectoral cooperation between human and animal health. Non-health pandemic preparedness and response indicators were another item on the ASEAN Work Plan on PPR agenda, as was exploration of a possible ASEAN Pandemic Preparedness Rapid Response Team.

Tourism, an important and potentially synergistic economic resource for countries across the region was considered within the larger programme.

Logistical matters such as antiviral stockpiles are essential matters for multi-sectoral and regional cooperation and coordination.

Business continuity and continuity of essential services planning has been a key concern.

**5.7. Update on AHI initiatives by major inter-governmental regional institutions in Asia-Pacific II**, *Ingo Neu, Senior Planning Officer, OCHA ROAP/PIC, Regional Inter-agency API Team*

Dr Neu supplemented the preceding presentation with description of practical tools, including an elaborate but simple to use ASEAN indicator system for use at a variety of levels in multi-sectoral pandemic preparedness planning. He also demonstrated the wide scope for UN-US cooperation in the use of the abundant US resources incorporated in the USPACOM AOR (Pacific Command Area of Responsibility) pandemic preparedness framework. Meanwhile, MPAT (Multinational Planning Augmentation Team), a cadre of military planners from 31 countries across Asia-Pacific, specializes in rapid establishment or augmentation of multinational taskforce HQs to coordinate expert crisis action planning.

## **5.8. Key findings from pandemic simulation exercises, Koji Nabae, Regional Coordination Officer, UNSIC Asia Pacific Regional Hub, Regional Inter-agency API Team**

Dr Nabae presented the key findings, suggesting that “A plan that has not been tested is only a theory.” Simulation exercises are essential to evaluate organizational capabilities and to reveal gaps in policy and procedures.

Lessons learned from simulation exercises across the region were unanimously deemed valuable, in terms of preparedness for both H5N1 and other threats and issues.

Participants were presented with a simulations exercise handbook including orientations, drills, tabletop exercises, functional exercises, and full-scale national simulation exercises, where countries can invite the participation of local governments, businesses, NGOs, etc. (Asia Pacific pandemic simulation exercises booklet, 22 entries—sample exercises conducted by 17 countries and a number of regional agencies, with more than 50 writing team members). Each level of exercise, from orientation up to full-scale, requires progressively greater capabilities and correspondingly greater planning and training. The presenter also outlined the relative costs in money and planning time and the utility of each type of exercise. Case examples were referred to, and the value of scenario-based simulation exercises was discussed, with different approaches needed in different pandemic phases, including the recovery phase.

Audiovisual and IT tools were presented, with Korea’s use of realistic “Breaking News” video alerts inspiring some workshop participants to consider similar features in their own simulation exercises then they returned to base.

Best-practice guidelines were proposed as an especially successful means of both planning and evaluating exercises.

Lessons learned included the need for timely communication of reliable information (Lao PDR); improved whole-of-government and cross-jurisdictional communications mechanisms (Australia); clearer definition of the roles and responsibilities of advisory or decision-making groups (New Zealand); better detailing of the command structure and integration into existing disaster-response mechanisms (Indonesia); need to make decisions on a case-by-case basis, a recommendation that resists articulation in guidelines (Japan); need to ensure sustainability of responses (Australia); better to be proactive, deploying resources in waves even where information is scant, rather than respond too late (Cambodia/ASEAN); training is essential (People’s Republic of China); plans need updating to provided more flexible layering of preparedness and response appropriate to the severity of the pandemic (Australia); need to educate organizations beyond the Government regarding preparedness, especially private sector/businesses (Malaysia); importance of establishing regional communication protocols and network (APEC); countries should be

integrated within a collaborative regional and global framework (Myanmar); conducting a simulation exercise was helpful in strengthening capacity at all levels (Viet Nam); and more. All 76 Thai provinces have conducted simulation exercises.

In conclusion, simulation exercises are a powerful tool to test plans as well as raise awareness and sensitize stakeholders. Have a clear objective; know what it is you want to test. Countries should choose from among the many types of exercise that best addresses national needs and resource capacities.

The Day ended with a reception for networking and more informal exchange.

## Day 2: Tuesday 31 March 2009

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### Reflections on Day 1

The Day 2 began with the Chair's and participants reflections on the discussions during the Day 1. The consensus was that Day 1 was well coordinated. The preparation was excellent, as was the time management, and the short presentations were generally appreciated.

Many questions from 2005 were addressed. New questions arose, but many of the old issues remained. The reflections can be summarized as follows:

**Evolutionary process.** Pandemic preparedness continues to be an evolutionary process, with evolving issues and concomitant responses. The first day's sessions made it clear there are certain things we haven't found answers to, but they also made it clear that both the issues and our responses are evolving. Constant communication, including with other participants of this workshop, can enrich our respective experience, thus speeding the evolution of our responses.

**Partnerships.** It was agreed that the whole notion of "partnerships", both internally and externally, is very important, especially for the UNCT, if we are to apply consistent approaches to the issues that arise. Among other things, partnerships are important at the district, provincial, and central government levels—it's important that we work with them.

**Communication.** Discussions addressed various aspects of communication, both inside and outside the UN System, including that of institutional memory—e.g. with messages regarding security issues, where we keep delivering the same message till it loses effectiveness. How do we keep the communication strategy relevant? A related question was that of linking clarification of who does what to the idea of clusters.

**Useful information and tools.** Participants remarked that the first day's sessions presented much information and several tools—including guides, e.g. the Medical Services booklet, and online resources—to apply in pushing the agenda when upon return to their CT offices.

**Need for guidelines and matching of different guidelines.** Some participants suggested that UN support for country-level activities is more difficult when some of the guidelines have yet to be released or where they don't match one another. The medical guidelines, e.g., were very welcome, but it was felt they were inconsistent. What the UN recommended contradicted what the WHO was advising, and the WHO had the lead, as an example, with development issues and plans. It was suggested that parties really had to make efforts to make the guidelines consistent with one another.

**Issues of terminology and concepts.** A related matter concerned the common understanding and consistent use of concepts and terms. One interesting aside concerned use of the expression “disaster prevention” as opposed to “disaster preparedness”. It was suggested that it might be better to say we can “mitigate” disasters, since prevention isn’t possible—can we really stop a disaster from striking?

**Integration and testing of preparedness plans.** One key question was how to integrate UN System preparedness with other plans, specifically DSS and business continuity plans. Business continuity plans, e.g., can’t stand alone, so how do we integrate them so they become a regular feature of preparedness contingency planning?

**Putting specific UNCT experience in new perspective.** In countries where a peace-keeping mission includes “quite a big” UN country team with a lot of personnel, the issues were a little different: “The workshop sessions have been a positive experience for us because we realize that we’re a lot more capable than we thought we were. We conduct contingency exercises once a month, not just for avian influenza, but for security preparedness and emergency response all under one section and one person.”

**Drills, simulations.** The testing elements, of course, are critical to all the foregoing, and should be routine. Lessons learned from simulation exercises across the region (examples were presented in the Day 1 sessions) were unanimously deemed valuable, in terms of preparedness for both H5N1 and other threats and issues. The Korean “breaking news” video idea, e.g., inspired a number of participants to consider similar devices.

**Effective country-level engagement of the actors.** The opinion was expressed that the first day’s presentation was more on the technical side, and the question was raised as to how we could actually engage the variety of specific actors at the country level. Indeed, this was to be an important focus of Day 2 proceedings.

## **Session 6: Enhancing country-level coordination**

### **6.1. Coordination resource guide, Annu Lehtinen, Regional Avian and Human Influenza Coordinator, UNSIC Asia-Pacific Regional Hub**

Ms Lehtinen, in Chair of the Day 2, spoke about building on innovative approaches to coordination and joint action, saying that the Coordination Resource Guide for UN Country Teams documents “the UN at its best”. A study of AHI activities conducted in 2006 assessed different types of coordination structures, and this guide captures some of this while encouraging

UNCTs to feel their efforts are part of it. The consultative development phase distributed the draft to and solicited feedback from AHI Focal Points—working with those who will be actually fielding this guide—and the writing team had first-hand country-coordination experience.

There's no one unified UN coordination system; different UN Country Teams work to different rhythms. But the guide presents tools such as a six-step approach to establishing API coordination systems at the country level, and reports country experiences so that other teams can consider and adapt best practices to their national contexts, establishing their own coordination structures. More, they are encouraged to expand these resources by adding relevant material to the complementary website. Users of the guide are also referred to other tools that help with effective country-level coordination, ensuring alignment with national priorities, promoting transparency in the sharing of information, and harmonizing the various UN Country Team efforts, thereby reducing duplication of effort and concomitant multiplication of costs across the different countries.

As Ms. Lehtinen suggested, those were mere recommendations. Far more important were the country experiences of UNCTs such as those of Cambodia and Nepal, who were invited to make the following two presentations.

**6.2. Country experience:** *Cambodia country coordination, Ann Lund, Head of Office, Senior UN Coordination Specialist, UNRCO Cambodia*

As with other UN Country Teams, said Ms Lund, the UNCT Cambodia continues to address old challenges while facing new ones. AHI coordination structures in Cambodia, in operation for some time, reflect the principles of effective coordination:

**Aligning with government structures.** This ensures promotion of counterpart relations between the Government and the UN, supporting government functions and coordination measures that simplify rather than crowd the coordination field.

**Reinforcing the use of existing institutions and systems** such as the National Committee for Disaster Management.

**Maintaining a UN-Government technical forum**, permitting a relatively confidential exchange of information on the status of the virus.

**Creating a forum for partners** focused on aid coordination/effectiveness and information exchange. The UN is positioned as a co-facilitator with the Government in improving coordination and technical exchange among UN agencies, Government, NGOs, and donors.

**Recognizing NGO efforts** to coordinate and link with the broader API coordination structure.

**Positioning the IEC committee and its partners.**

**Presenting a balanced approach to the distinct roles of - animal health, human health, IEC, pandemic preparedness and inter-ministerial coordination**

Making this work has involved a minimum number of tools:

- Weekly API Bulletin, a joint effort by the line Ministries and UN agencies compiled by UN RC office.
- Funds matrix mapping aid against the Government's strategic framework, presenting the alignment of funds, duplication, or gaps.
- Partnership Meeting, co-chaired by the UN, Government, donors, NGOs.
- IEC and technical meetings.

In adjusting coordination efforts to meet changing demands at the country level, some requirements and mutual obligations remain constant:

- Ongoing need for clear and up-to-date guidance representing agreed UN-system advice (the up to date WHO guidelines—plus, it is hoped, the supporting resource kit of sample plans and checklists).
- Increased access to good practices, examples of tools tried and tested at the country level.
- API focal point network. The UN system at all levels needs to continue to make best use of the established API focal point network to ensure consistency in approaches with UNCTs, with Governments and with other partners.
- Available resources (guidelines, pro forma, checklists) need to support whole of UN planning at the country level, and should be usable in that context.
- Basic sets of agreed principles/requirements/components must be incorporated into country-level planning. Each CT works in a unique internal and external environment, but the provision of the foregoing will help increase autonomy in planning at the country level and support basic compliance in planning and consistency across the UN system.
- Regional and central-level interventions at the country level should consult with and link to the UNCT to strengthen and consolidate planned work, making best use of the API focal point network on the ground. This ensures effective entry points, reduced duplication of effort by multiple partners, and effective engagement with national governments that does not undermine ongoing in-country priorities.
- Streamlining of basic resources and guidance, the efforts to link country-level and regional-level initiatives, and efforts to bring different agency-level initiatives together within the whole of UN approach that takes place at the country level.

One important practical issue mentioned by the presenter was this: The UNCT is putting pressure on national institutions that are expected to act, yet which may not have the requisite resources. This suggests the need for parallel efforts to help with national institutional strengthening. The Government is increasingly aware of the value of pandemic planning, and of that multi-level planning means to the country. But, at a variety of levels, there's a need for step-wise support to help national institutions assume their roles within the preparedness plan.

### **6.3. Country experience:** Nepal country coordination, Sarita Pandey (UN Dispensary Physician, UNDP, UNCT Nepal)

Dr Pandey explained why engagement of all the stakeholders and facilitating effective information flow and dialogue among them is vital to pandemic preparedness. The Nepal UNCT works both within an especially complex constellation of agencies and other stakeholders and within a complex of issues that includes critical political, security, and humanitarian concerns. Coordination of preparedness in this context makes communications even more vital than it normally is, both internally, within the UNCT and its partners, as well as nationally and regionally. Greater cross-border coordination and cooperation with India, e.g., would make Nepal's preparedness and response more effective. Another important issue is the workload of national focal points, and the need to extend greater incentives to maintain their motivation. It's also true that clearly defined national coordination authorities need to be in place, plus there needs to be an international community coordinating financial support. And there needs to be a designated focal point for the donor community for external aid; as it stands, this often comes from the UN System.

The UN System contingency plan for an influenza pandemic is the Nepal UNCT's guiding document, endorsed in mid-2008 and followed soon thereafter by a simulation exercise. Weakness of the current UN System contingency plan for an influenza pandemic: it focuses only on the health and safety of UN personnel. It is not linked to the national AI and operational plans; in general, it lacks a strategy to support the Government.

The presenter elaborated on charts illustrating API coordinating mechanisms for planning preparedness and response (with the UNCT as the pandemic management team), and for UN working groups for AI response, with the UNCT at the centre of a constellation including UNCG (communications group, media relations, etc.), UNICEF (communications coordination), UN Influenza Task Force (UNITF), UNDSS (coordinating staff security and safety), UNDP: (coordinating business continuity), and the OMT.

The presenter outlined the first and second Nepal outbreaks with the aid of maps and charts, and detailed the joint response.

**Lessons learned/issues still to be resolved:**

- Regional cooperation, e.g. with India, needs to be enhanced. This would make the outbreak response more effective.
- Details of the security and AI phases need to be clarified among staff, to begin with. What about restrictions on movement in affected areas, e.g.; and are people going to be evicted?
- Focal points receive no reward, despite the workload, which can be demotivating.
- More user-friendly documents are needed.

**6.4. Staff training in pandemic influenza preparedness, Dr. Preetha G.S. Pandemic Influenza Trainer/Coordinator, UNRCO, India**

Dr Preetha reported on a training-needs assessment of UN staff's pandemic preparedness where they found significant "knowledge gaps" in terms of the epidemiology including risk factors, associated preventive measures, and treatment of influenza. At the same time, a sizeable majority felt better information should be provided. Training for staff from 14-18 agencies will start in April-May 2009. Aside from training programmes, including those involving simulation exercises to test plan components, regular information capsules will be made available online, encouraging agency coordination to facilitate information exchange and dissemination.

**6.5. Session 6: Key discussion points**

**Aligning UNCT preparedness planning with national priorities and plans** is essential. Participants heard details of the Bhutan, Nepal, and India Country Team's policies and experience with including representatives of the military and other national Ministries, the private sector, civil society, and a whole range of external actors.

**Lead coordinating roles.** Questions were raised who is to take the lead in coordinating such constellations of actors?

**Private sector roles.** What roles can the private sector play? Some of the basic services and facilities during a pandemic may be undertaken by the private sector rather than the Government. UN broker's role. Does the UN have a role in brokering Government-private sector discussions?

**Dealing with multi-level governmental jurisdiction.** The UN generally deals with national governments, but some situations are more complex, where some decisions are taken at the state level and where, moreover, different states may have different institutions and different relative strengths. In some countries there is a need for a clear mechanism to address the federal system,

with the institutional and legal complexities that emerge when both national and federal levels need consulting, advocacy, policy-making, and coordinating.

**Coordination of the UN, as a system, with national plans.** It's necessary to clearly establish how to coordinate, as a UN system, with national Governments and national plans. India, e.g., acknowledged the need to move the agenda forward now

**UNDAF role?** It was suggested that UNDAF could provide a good mechanism for sustaining longer-term efforts, addressing national priorities and providing the necessary resources to sustain whatever capacity-building mechanisms are needed. This could be an opportunity wherein we don't consider API as a separate issue, but rather as one integrated within our UN country strategy.

**Need to enlist other line Ministries.** During actual AI outbreaks, teams, together with the Minister of Health, can be overwhelmed by addressing all the animal and human health issues. We could use front-line workers from other Ministries and Departments, e.g. the Ministry of Education, in educating and mobilizing communities.

**Comment.** Cambodia, Lao PDR, and Viet Nam are three countries who, after 2005, very quickly set up coordination structures and processes within the UN System to effectively engage with the Government. An evaluation about a year and a half ago found that these three countries also had very good coordination mechanisms. Behind these mechanisms, there are a whole range of systems and processes that could prove instructive and are captured in the Coordination Resource Guide.

**Decentralization of the government role/provincial-level replication of coordination mechanisms.** The question arose whether the coordination mechanisms that prove successful at a national level could be replicated at a provincial level, and, if so, who then would serve as the connector at the sub-national level? At the national level it's the UN System and high-level Government.

**Sustaining existing coordination mechanisms.** The big question remained: How do we sustain the kind of mechanism that has been set up, and increasingly shift the focus?

**6.6. Update on AHI Consolidated Action Plan for Contributions of the UN System and Partners (UNCAPAHI).** *Koji Nabaie, Regional Coordination Officer, UNSIC Asia Pacific Regional Hub, Regional Inter-agency API Team*

Dr Nabae introduced a UNCAPAHI draft, emphasizing that the document is only a draft. He told participants that, if they felt their country perspective hadn't been adequately reflected in it, then they should feel free to contribute comments, including suggestions for revisions and additions.

This document is published by UNSIC on behalf of 12 agencies: FAO, ICAO, ILO, IOM, OCHA, OIE, UNDP, UNHCR, UNICEF, UNWTO, WFP, and WHO. This document aims help the UN System and its partners translate strategy into coordinated action, including advocating for an effective AHI response, fund raising, and reporting progress in an accountable manner. This document has already been published three times. The current revision is being undertaken at HQ level, and the results should be released in April of 2009. This will incorporate a partial revision, focusing on Objectives 3, 6, and 7 of the UN pandemic preparedness plan. The Objectives 1 and 2 responses to AI outbreaks has been validated, and the OWOH concept remains under discussion. UNFPA will join the upcoming discussions, and a further edition of the Action Plan is expected before the 2010 Hanoi Ministerial meeting.

Dr Nabae also outlined the proposed areas for the way forward: full implementation of the 2005 IHR; operationalization of pandemic preparedness and response plans; development of practical strategies for pharmaceutical and non-pharmaceutical interventions; ensuring maintenance of essential services during a pandemic; stronger engagement with private entities and civil society; addressing cross-border issues; integrating pandemic planning into disaster management structures; monitoring states of pandemic preparedness; and overall support to countries with poor capacity.

Another critical feature of the document is promotion of public-private partnership, with an elaborate schema depicting how the various agencies and partners can collaborate in a coordinated manner in a range of vital areas of preparedness and response.

#### **6.7. Effective usage of the new online UN Portal, Peachapol Polphong** *(Information Management Assistant, OCHA ROAP, Regional Inter-agency APT Team)*

Mr Polphong demonstrated in detail how the new UN Portal can be used to share information among elements of the UN System, including UNCTs, as an example reducing the need for e-mail requests. Users can ask questions, register opinions, contribute examples of good practices or other valuable resources. One of the many useful features is a forum which registered members may subscribe to—joining in, or even initiating, discussion topics, where any related comments are automatically distributed to their online mailboxes. This tool will remain a work in progress, and all concerned are encouraged to add material or even suggest structural additions and revisions as these might seem advisable. Participants were led through the registration process so that they could get started as soon as possible.

**6.8. Feedback on the UN System Update and information/documentation on the website,**  
*Acharya Jantarsaengaram, (Humanitarian Affairs Analyst, UNOCHA ROAP, Regional Inter-agency API Team*

Ms Jantarsaengaram introduced an online newsletter, yet another communication tool encouraging information exchange between countries, including regional and national updates, coming events, articles and notice of new publications, UNCT pandemic preparedness status notes, even features on UNCT dependents in most issues, aiming to cultivate the family ethos. Participants were invited to provide feedback and suggestions, contributing to the ongoing evolution of the newsletter.

**Session 7: Future direction of the API initiatives and potential contributions of the UN System**

The Chair introduced the group work on future direction of the API initiatives and potential contributions of the UN System, with focus on the evolving role of AHI Focal Points and the direction for facilitation and coordination at/of country level. The workshop participants, assembled in six discussion groups tasked with generating, from the UNCT point of view, discussion on the following target lists:

1. Work priorities for each UNCT for 2009 and beyond.
2. Types of support, from a country perspective, needed from headquarter and regional offices in 2009 and beyond.
3. Global action and policies needed to support country processes.

**7.1. Group discussion conclusions and recommendations**

The debriefing provided by each group is in the Annex 4.

The following conclusions and recommendations are a distillation of the Session 7 group discussions:

- One World, One Health: With One World, One Health, questions arose on what are the priorities, and how these can be aligned with specific national plans. Further clarity on operational aspects and linkages will be key.
- Although there was consensus that the OWOH strategic approach needs to be advanced, its operation, in some opinion, is premature at the country level. Participants talked in terms of establishing priority OWOH elements now and aligning these with the national

plans. At the same time it was noted that OWOH is already happening and many collaboration efforts are already under way in the spirit of OWOH. It was felt that a focused HQ efforts and consistent continuous engagement is needed with well-advanced planning in order to push OWOH at the upcoming Hanoi meeting.

- The whole-of-society approach: General approval was expressed for this WHO move to include non-health sectors in its whole-of-society approach, extending the scope of operations while maintaining WHO's lead role in the health sector.
- Imminent widespread application? This approach is a new feature of the revised guidelines, however, and as yet few Governments are applying it. But it was hoped that, after the new WHO guidelines were issued (scheduled for early April 2009), the utility of the whole-of-society planning concept would soon be widely recognized.
- UNCTs need more information and clear expressions of commitment from the agencies and from donors, and they need a UN System vision on advancing whole-of-society planning. UN Country Teams need further guidance on how to advocate the whole-of-society approach with national Governments, which will not embrace it automatically.
- The mandated whole-of-society approach to pandemic response involves three critical areas that need work
  - a) Strengthening a communication strategy within a programme of community mobilization and preparedness;
  - b) Business-sector preparedness, especially for the private sector; encouraging business-sector preparedness, asking what roles the private sector is already taking and what roles it could play (business continuity plans and essential service maintenance, together with staff safety and health plans, are essential features of effective country contingency plans, which must be aligned with national preparedness plans); and
  - c) Engaging the many INGOs and NGOs who also have much at stake, especially in the development arena.
- Measures must be taken to coordinate the multi-sector, multi-agency strategy. Specific action plans for each UN Country Team need to be adopted, and coordination continues to be important among the different UN and partner agencies; with the Government at all levels; among UN agencies and headquarter and regional levels; and between national and field levels. To these ends:
  - a) Continuous support is requested from UNSIC regional and global offices.
  - b) A country level coordination framework can be developed and shared with government counterparts.
  - c) Specialized agencies will continue their support and coordination with UN regional offices and HQ in continuing to support national operational plans is called for.
  - d) There's a need to further clarify the roles of UN agencies in pandemic response. .

- Provision of more and better technical support, including guidelines and other tools. UN System and partners should continue to provide concrete support to Governments.
- Need to update and align guidelines and plans. All global and regional plans and guidelines, especially the new WHO guidelines, have to be aligned with specific national plans in mind. National health-sector plans—especially with regard to the new and revised global guidelines—need to be updated.
- Need for flexibility. Internal UN System guidelines, which are generally global in application, should include enough flexibility that UNCTs may amend them in the light of special experience and local needs. Smaller agencies in particular have been hesitant to change such guidelines.
- More and better tools. Various tools and guidelines, such as the UN Medical Services Guidelines, should be consistent across various UN and partner agencies and where applicable, be aligned with national plans. In general, guideline documents should be more user-friendly—shorter and more accessible.
- Increased support should be extended to national Governments for:
  - a) conducting simulations;
  - b) capacity building among our national counterparts (guidelines, simulation exercises, workshops);
  - c) provision of technical expertise in-country, e.g. with animal health and bio-security issues;
  - d) accessibility and sharing of tools and materials is also very important; and
  - e) services backstopping (IT, mapping).
- Linkages between the UN contingency plans and national preparedness. In general, participants saw the need to better link UN contingency plans with national preparedness plans so that the links are clearly identified and better understood.
- Improve information sharing, identification and dissemination of best practices. It was recommended that when evaluating UN Contingency Plans, those UNCT plans that have been identified as best practices would be further analyzed and broadly shared, encouraging exchange between UNCTs.
- Advocate and support an integrated all-hazards approach. The UN System should adopt integrated, all-hazards UNCT contingency planning, including support to Government partners and support for UN staff and their dependents, updated and consistent with the new guidelines.
- Conduct and support more, and more effective, drills and simulations. Simulation exercises are important at both the national and the community levels, as well as within

the UN family itself. UNCTs should work towards whole-of-society contingency planning which, in light of the uncertain timing and severity of pandemics, needs to project responses for a range of possible scenarios and test them with simulations. Staff training should be undertaken in two parts: orientation of all staff, followed by action simulations and drills.

- Update plans to protect staff and their dependents, consistent with the new guidelines, as part of improved planning for operational continuity. Part of this will entail choosing which guidelines to apply from among those being issued, e.g. those from the WHO versus those from Medical Services.
  
- Needed at the global level: UN and partners support to national Governments. The following areas need support from the global and regional levels:
  - a) implementation of OWOH;
  - b) API surveillance and control; and
  - c) multi-sectoral pandemic preparedness.
  - d) UN System preparedness, staff health and safety and operational continuity;
  - e) coordination.
  
- Consistent advocacy, at HQ and RO levels, for plans and support for country-relevant needs and funding for longer-term framework to build capacity.

## **7.2. Group discussions on future directions: 2009 and beyond**

The Session 7 group discussions focused in part on work priorities for 2009 and beyond as follows:

**Longer-term planning and anticipation of emerging threats.** H5N1 is now enzootic in parts of the region, making a different plan necessary. So the health sector needs longer-term planning and guidance from HQ and regional offices (FAO, UNSIC, OIE) including those concerned with the wildlife sector, aligned with national frameworks and linked to national disaster agencies.

Given the enzootic avian influenza situation, longer-term planning, including poultry-sector restructure, is needed. It was felt this has not been sufficiently factored into current plans in the international, regional or country offices, despite the fact enzootic countries require different approaches. A strategy is needed for strengthening surveillance, including both data collection and analysis, in both the animal and human health sectors. Encouragement is needed to shift from a culture that sees surveillance as data collection into a culture that commits to use the information.

It is necessary to institute animal and human health agency collaboration, including formulation of policies, legislation, and other instruments.

**Sustaining country preparedness.** How do we sustain the initiatives beyond 2010? New approaches are needed, not just within the country, but within the UN System.

Integrating country five-year plans into the UNDAF five-year plan is one possible measure requiring further thought on how to do this. It is necessary to think next steps now, including the future direction of UNSIC, if we seek to sustain our initiatives.

**Pandemic preparedness is linked to the achievement of the MDGs.** These links need more systematic integration within a global strategy. This was proposed as an area for further UNSIC attention.

Increasing sensitivity to cross-boundary issues is needed. There is a need to work on how best to address cross-boundary issues. Early-warning systems and exchange of related information can be important, but we must be careful of political sensitivities.

Increasing sensitivity to ethical issues is needed. All concerned should benefit equitably from the open and transparent sharing of information and material assistance. The humanitarian needs of such vulnerable populations as migrants, refugees, and those from poor economies must be addressed.

UNCAPAHI evolution: Perhaps a UN System OWOH plan could emerge as the next evolutionary stage of UNCAPAHI. The funding could go beyond CFIA to overall costing for the UN System, and would be something we would take to the next IMCAPI.

More effective communications strategies are needed.

## **Session 8: Wrap up and Closure**

The Chair summarized the fruitful two-day discussions as follows:

- The One World, One Health concept and supporting strategic framework receives support from the workshop participants. There is a need to establish priority OWOH elements, aligning these with the national plans and providing further clarity on the operationalization of the framework, through consultation with country level actors and national authorities, at the same time recognizing that the spirit of OWOH is already being taken forward through a range of collaborative efforts.
- In the context of the epidemiology and response, issues such as the sample sharing to advance understanding and cross-sectoral research, the forming of a better understanding

on the linkages between poultry infections and migratory birds, role of vaccinations and issues related to control measures and culling as well as the important role of the communication were discussed.

- The revised WHO guidance on the pandemic influenza preparedness and response is welcome. There is a need for well-articulated community level communication looking ahead to subsequent phases as well as the need for better preparation for the subsequent second and third waves, including the post-pandemic, post-beak periods. It was recognized that both national and UN internal plans needed to be revised according to the new guidance.
- The whole-of-society approach and multi-sectoral/multi-level preparedness needs further advocacy to help the national Governments to embrace the concept. The precise roles of the UN system and Government entities need further exploration and clarity. The critical areas in need of work identified included strengthening of communication strategies on community mobilization and preparedness, business sector preparedness and engagement with non-governmental entities.
- The UN System preparedness, in light of the UN Medical Services Guidelines and other guiding documents, raised issues related to antivirals, the challenges on sustaining the impetus on contingency planning, the benefits of broadly sharing best practices, the need for consistency between different UN System guidance and the evolvement towards an all-hazard contingency planning beyond the pandemic threat.
- Updates on the initiatives by the UN System agencies, partners and regional organizations including ILO project on promoting workplace action, WFP avian and pandemic influenza preparedness, H2P humanitarian preparedness, IOM project linking migrants, mobile populations and AHI/pandemic preparedness and response, UNHCR regional updates as well as updates on AHI initiatives of inter-governmental regional institutions were valued.
- The continuous importance of coordination and concern over the sustainability of country level coordination were recognized, with exploration of better usage of eg. the UNDAF framework for sustainability of the coordinated effort. Some participating UNCTs committed to look into country level coordination frameworks, helped by the Coordination Resources Guide but also with commitment of UNSIC support to these processes.
- The concluding discussions on the future direction of the API initiatives and potential contributions of the UN System including work priorities for UN Country Teams for 2009 and beyond as well as support and global action needed were useful.
- Among the *identified priorities* were: advocacy for and support to multi-sectoral national preparedness planning and updating of national plans in light of new guidance, whole-of-society approach and also the elements of One World, One Health; adoption of an integrated, all-hazards approach in UNCT contingency planning; revision of existing plans to be consistent with new guidance and importantly, aligning to national pandemic

preparedness plans; development or revision of UNCT API coordination framework and action plans.

- Among identified *areas in need of regional or global support* were: consistency between different UN system guidance and flexibility to allow UNCT adaptation to country context; documenting and evaluating best UNCT contingency planning practices and processes and sharing these broadly; consideration at the strategic level on what support can be made available for UNCTs during second and third pandemic waves; increased support for national Governments to test their plans; consistent advocacy at the HQ and regional office levels for planning and support for country relevant needs and funding for longer-term frameworks; continuous support from UNSIC and regional UN offices.

**Annex 1: Workshop Agenda**



**UNITED NATIONS SYSTEM  
REGIONAL WORKSHOP FOR THE UN COUNTRY TEAM  
AVIAN AND HUMAN INFLUENZA FOCAL POINTS  
ASIA AND THE PACIFIC**

**30-31 MARCH 2009  
AMARI WATERGATE HOTEL, BANGKOK, THAILAND**

**PROVISIONAL WORKSHOP AGENDA**

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**DAY 1: Monday 30 March 2009**

8:30 – 9:00      Registration

**Welcome and introductions**

9:00-9:10      Introductions to the meeting objectives, process and agenda  
*Annu Lehtinen, Regional Avian and Human Influenza Coordinator, UNSIC Asia Pacific  
Regional Hub, Regional inter-agency API Team*

9:10-9:15      Introductions of the participants and housekeeping announcement

**Session 1:      Global Process on the Development of New Strategic Framework**

9:15-9:25      Global process through International Ministerial Conferences on Avian  
and Pandemic Influenza  
*Annu Lehtinen, Regional Avian and Human Influenza Coordinator, UNSIC Asia Pacific  
Regional Hub, Regional inter-agency API Team*

9:25-9:45 Contributions to One World, One Health: A Strategic Framework for Reducing Risks for Infectious Diseases at the Animal-Human-Ecosystem Interface, and its potential implications on country level work  
*Subhash Morzaria, Regional Manager, FAO RAP-ECTAD*

9:45-10:15 Discussion

**10:15 – 10:45 Coffee break**

**Session 2: Update on Epidemiological Situation**

10:45-11:00 Epidemiological Situation of HPAI outbreaks in animals  
*Subhash Morzaria, Regional Manager, FAO RAP-ECTAD*

11:00-11:15 Epidemiological Situation on H5N1 virus infections in humans  
*Rick Brown, Public Health Specialist, Acting Team Leader, CSR Subunit, WHO SEARO*

11:15-11:30 Q & A

**Session 3: UN System support to national pandemic preparedness**

11:30-11:50 WHO New Guidance on Pandemic Preparedness and support to national preparedness  
*Rick Brown, Public Health Specialist, Acting Team Leader, CSR Subunit, WHO SEARO*

11:50-12:00 Recommendations of the Fukuoka workshop on the Revised WHO Guidance  
*Nicole Smith, Epidemiologist, WHO WPRO, Vietnam Country Office*

12:00-12:15 Q & A

Group Photo

**12:30 – 13:30 Lunch**

13:30-13:50 Whole of Society Approach and Multi-sectoral/Multi-level pandemic preparedness  
*Michael Mosselmans, Chief, PIC OCHA Geneva*

13:50-14:00 Discussion

**Session 4: UN System Pandemic Preparedness**

14:00-14:10 Status of UNCT Pandemic Preparedness in Asia-Pacific region  
*Ingo Neu, Senior Planning Officer, OCHA ROAP/PIC, Regional inter-agency API Team*

14:10-14:25 UN Medical Services Guidelines  
*Dr. Sarita Pandey, UN Dispensary Physician, UNDP Nepal*

14:25-14:40 Direction of UN System preparedness  
*Michael Mosselmans, Chief, PIC OCHA Geneva*

14:40 -14:55 Discussion

**14:55 – 15:15 Coffee break**

**Session 5: Update on initiatives by UN System Agencies, Partners and Regional Organizations**

*This session is open for interested UN system and partner agency regional offices or HQ to provide updates to and consult with UNCT AHI Focal Points on their projects/programs*

15:15-15:45 ILO, IOM, UNHCR, WFP, WHO

15:45-16:00 Q&A and Discussion

16:00-16:05 Update on H2P (Humanitarian Pandemic Preparedness)  
*Michael Mosselmans, Chief, PIC OCHA Geneva*

16:05-16:10 Update on Other Regional Initiatives-1  
*Koji Nabae, Regional Coordination Officer, UNSIC Asia Pacific Regional Hub, Regional inter-agency API Team*

16:10-16:15 Update on Other Regional Initiatives-2  
*Ingo Neu, Senior Planning Officer, OCHA ROAP/PIC, Regional inter-agency API Team*

16:15-16:25 Key findings from Pandemic Simulation Exercises  
*Koji Nabae, Regional Coordination Officer, UNSIC Asia Pacific Regional Hub, Regional inter-agency API Team*

16:25-16:45 Q&A and Discussion

18.00- **Reception** for networking and more informal exchange (Dress code casual).

## **DAY 2: Tuesday 31 March, 2009**

9:00-9:10 Reflections on Day 1

### **Session 6: Enhancing API Coordination at Country Level**

9:10-9:20 Coordination Resource Guide  
*Annu Lehtinen, Regional Avian and Human Influenza Coordinator, UNSIC Asia Pacific Regional Hub, Regional inter-agency API Team*

9:20-9:30 Country Experience: Cambodia Country Coordination  
*Ann Lund, Head of the Resident Coordinator's Office, UNCT Cambodia*

9:30-9:40 Country Experience: Nepal Country Coordination  
*Speaker TBC, UNCT Nepal*

9:40-10:00 Discussion

10:00-10:10 Update on Consolidated Action Plan for Contribution of the UN System and Partners (UNCAPAHI)  
*Koji Nabaie, Regional Coordination Officer, UNSIC Asia Pacific Regional Hub, Regional inter-agency API Team*

10:10-10:20 Effective usage of UN Portal Site  
*Peachapol Polphong, Information Management Assistant, OCHA Regional Office for Asia Pacific, Regional inter-agency API Team*

10:20-10:30 Feedback on the "UN System Update" and Information/Documentation on Web Site  
*Achara Jantarasengaram, Humanitarian Affairs Analyst (Avian and Human Influenza), UN OCHA Regional Office for Asia and the Pacific, Regional inter-agency API Team*

**10:30 –11:00 Coffee break**

**Session 7: Future direction of the API initiatives and potential contributions of the UN System: with a focus on the evolving role of AHI Focal Points and the direction for facilitation and coordination of country level.**

11:00-11:05 Introduction to Group Work

11:05-11:50 Exercise and discussion:

- 1) Identification of priority work by each UNCT for 2009 and beyond
- 2) Country perspective: what kind of support from headquarter and regional offices is needed in 2009 and beyond?
- 3) Global perspective: global action and policies in support of country processes.

11:50-12:30 Debriefing by each group (5 mins each)

**Session 8:**

12:30-12:45 Wrap up and closure

**12:45-13:45 Lunch**

## **Annex 2. List of participants**

	<b>Country</b>	<b>First and Last Name</b>	<b>Title</b>	<b>Agency</b>
1	Bangladesh	Surangani Abeysekera	Communication Specialist	UNICEF
2	Bhutan	Karma Chogyal	LSA/Programme Associate	UNDP
3	Cambodia	Ann Lund	Head of Office, Senior UN Coordination Specialist	UNRCO
4	Cambodia	Nima Asgari	Public Health Specialist	WHO
5	India	Preetha G.S.,	Pandemic Influenza Preparedness Trainer & Coordinator	UNRCO
6	India	Nasir Ateeq	Programme Communication Officer	UNICEF
7	India	Anu Puri	Programme Communication Officer	UNICEF
8	India	Hare Krishna Pradhan	National Consultant-Avian Influenza	WHO
9	India	Reuben Samuel	TNP-Surveillance	WHO
10	Indonesia	Maria Dominika Albina Meo	UN Pandemic Preparedness Plan Coordinator	WHO
11	Indonesia	Dennis Lazarus	Deputy Resident Representative	UNDP
12	Lao PDR	Judy Kimaru	Emergency Management and Coordination Officer	UNRCO
13	Maldives	Aishath Jennifer	Coordination Associate	UNRC/U NDP
14	Myanmar	Silvia Garelli	Epidemiologist, Communicable Diseases Surveillance and Response (CSR)	WHO
15	Nepal	Sarita Pandey	UN Dispensary Physician	UNDP
16		Sanjeeb Bhattarai	Operations Manager	UNDP
17	Nepal	Rekha Shrestha	UN Coordination Analyst	UNRCO
18	Nepal	Ashok Pana	Local Security Assistant	UNDSS
19	Nepal	Deepa Risal Pokharel	Chief, Programme Communication	UNICEF
20	Philippines	Ruth Honculada-Georget	Coordination Associate	UNRCO
21	Philippines	Sarah T. Lacson	Assistant FAO Representative	FAO

22	Sri Lanka	Hendrikus Cornelus Johannes Raiijmakers	Technical Officer (Emergency Health Management)	WHO
23	Thailand	Chadin Tephaval	Communication Officer	WHO
24	Timor-Leste	Mathew Varghese	Chief Logistics Officer	UN Integrated Mission in Timor-Leste
25	Timor-Leste	Megan Counahan	Epidemiologist	WHO
26	Vietnam	David Payne	Partnership and Coordination Specialist	UNDP
27	Vietnam	Nicole Smith	Epidemiologist	WHO
<b>Regional and Global Offices</b>				
28	FAO RAP	Subhash Morzaria	Regional Manager, Emergency Center Transboundary Animal Diseases (ECTAD)	FAO
29	FAO RAP	Wantanee Kalpravidh	Regional coordinator for Asia Pacific	FAO
29	ILO SRO	Suttida Chaikitsakol	National Project Coordinator, Avian Influenza and the Workplace project	ILO
30	IOM	Nenette Motus	Regional Migration Health Advisor	IOM
30	IOM	Bernice Sarpong	Migration Health Associate	IOM
31	OIE RCU-SEAFMD	Nichola Hungerford	Communications Officer	OIE
31	WFP Regional Bureau for Asia	Yasuyuki Misawa	Programme officer/AHI Contingency Planner	WFP
32	WHO SEARO	Richard Brown	Public Health Specialist & Acting Team Leader of Communicable Diseases Surveillance and Response (CSR)	WHO SEARO
32	UNDP RBAP	Nescha Teckle	CPR Team Leader	UNDP RBAP
33	UNHCR	Sibyl Jade Pena	Regional Emergency Coordinator	UNHCR

33	UNHCR	Amy Conlee	Associate Programme Officer - UNHCR Health	
34	UNOCHA PIC	Michael Mosselmans	Director, Pandemic Influenza Coordination Team	UNOCHA
<b>Organizing Regional Inter-agency API Team</b>				
35	UNSIC APRH	Annu Lehtinen	Regional Avian and Human Influenza Coordinator	UNSIC
36	UNSIC APRH	Koji Nabae	Avian and Human Influenza Regional Coordination Officer	UNSIC
37	UNSIC APRH	Panupatcharee Kaewprasit	Assistant to AHI Team	UNSIC
38	UNOCHA ROAP/PIC	Ingo Neu	Snr. Pandemic Planning Officer	UNOCHA /PIC
39	UNOCHA ROAP/PIC	Achara Jantarasangaram	Humanitarian Affairs Analyst	UNOCHA /PIC
40	UNOCHA ROAP/PIC	Peachapol Polphong	Information Management Assistant	UNOCHA /PIC
41	UNOCHA ROAP/PIC	Pusadee Khianggam	Staff Assistant	UNOCHA
<b>Rapporteur</b>				
42		Collin Piprell	Consultant	

### **Annex 3: Message from David Nabarro**

I would wish to share six core messages on pandemic preparedness: Those of us who work on the control of Avian Influenza (and other Animal-Human-Ecosystem diseases), and who seek to help societies and governments prepare for the multi-sectoral impact of pandemic disease are

1 Helping people come to terms with an event which will have major adverse impacts for humanity: We cannot state what will happen, when it will happen or how serious it will be with any certainty. We are asking people to prepare for something uncertain and unknown, and this is not an easy task. But it must be done, and it is our responsibility to work on this issue even when others are less convinced that it is a useful thing to do.

2 Aware that in the past diseases have caused major upsets to society, as well as to political and economic systems: Historical analysis of previous pandemics, SARS, HIV-AIDS, Ebola and Cholera shows us that outbreaks of infectious diseases - whether epidemics or pandemics - have caused such upsets. So as well as believing that the issue is important, we are ready to advise UN, governments and partners (a) about pandemic preparedness, (b) about what they should be doing, and (c) about how much they should do to be prepared. We can also show them how pandemic preparedness can have other valuable spin-offs for crisis preparedness and business continuity planning]

3 Conscious of the need to sustain the engagement of key figures at national and regional level (resident coordinators and members of the UN system country teams, key officials in national institutions, political figures, especially those representing nations in the UN, in WHO or in other inter-governmental bodies): Political engagement is key: positive messages are important – e.g., you can be prepared with a modest investment of (a) consensus and coalition building and (b) time spent working together on the issues: this is what responsible government should be doing (a) on behalf of its people and (b) with its people through civil society organizations. Partnership is the key.

4 Committed to working through simulations to help people (a) understand the potential impact of these challenges, and (b) get on to the same page and act in synergy: [Tabletops are valuable as a way to initiate the engagement but more thorough simulations are necessary to test the robustness of responses, the resilience of the systems that will implement these responses, and the capacity of partners to work together in a predictable way when working under duress. It is not "what we are doing in our agency or programme" but, instead, "how we have prepared, together, and the capacities that we have developed so that we can act effectively when the pandemic threat is raised". WHO guidance is evolving to help different stakeholders to be in a better position when it comes to acting, and this is very useful, in my view.

5 Seeking to ensure that pandemics are on the agenda of other key actors, and committed to working with them: The central actor is always the national government - not just the Ministry of Health, also the interior ministry, social affairs, defence, local government...the provincial governors themselves will be key. But also important are the major NGOs (Red Cross and Red Crescent movement, service organizations, civil defence groups. We must seek to be engaged with regional organizations, humanitarian groups and donor bodies....Some will find this difficult so we must stress that we are working within the context of (a) all hazards preparedness and (b) the implementation of the international health regulations. Time spent getting prepared will be amply repaid when the pandemic starts up. Concepts of Operations (CONOPS) can be very helpful as an expression of this way of working.

6 Prepared to be called to account for the state of UN system pandemic preparedness and for the quality and impact of the support we are giving to national authorities and partners at all levels: We are likely to be called to account at any time, yet we recognize that there is not a lot we can do ourselves: we have to work through others at all times. We need minimum standards for pandemic preparedness that are accepted by as broad a group of stakeholders as possible. The PIC team and Red Cross movement are working on these with partners now. It is important work.

On Avian Influenza I would like to stress that we are not out of the woods yet and that it is vital to maintain systems that (a) reduce the likelihood of outbreaks of HPAI and other animal-human diseases, and (b) ensure vigilance and response to detect these outbreaks quickly and respond to them. FAO, OIE and other agencies are leading on this work: it is important that we continue to work together on synergized communication around these issues and team up with the private sector at all levels.

I would like to take the opportunity to pay my respect to all in the Asia Pacific Regional Hub for their vital catalytic, empowering and partnership-building role., for their engagement with national and regional entities, for their efforts to improve synergy through better coordination, and for their unfailing sense of responsibility for these issues. They are a strong team with strong support from the different regional and national-level entities with whom they work.

I would also like to express my gratitude to all in the UN system country teams and their partners in national governments, other agencies, donors and NGOs: they are at the heart of this work, and the engine for effective action is the people working at national and local level to maintain the momentum.

I wish you well for your meeting and wish I could be there with you.

David

## **Annex 4: Group Work Debriefing**

**Group 1:** Bangladesh, Bhutan, Indonesia

**Rapporteur:** Dennis Lazarus

### **1. UNCT work priorities (2009 and beyond)**

- All plans and guidelines, especially the new guidelines, have to be aligned with specific national plans in mind.
- Multi-sectoral dimensions have to be considered. E.g. what roles are the private sector taking, and what roles can they play?
- OWOH: what are the priorities, and how can we align these elements with the national plans? The focus here is on the Country Offices (COs), who should do this themselves.
- Simulation exercises are important at both the national and the community levels, as well as within the UN family itself.
- Information sharing—we should try to pinpoint what the other COs have done. Here, we should try to avoid re-inventing the wheel. We should see what other COs have done, look at some of the best-quality COs to identify and, where appropriate, adopt best practices.
- Need to work on how best to address cross-boundary issues. Early-warning systems and exchange of related information can be important, but we must be careful of political sensitivities, here. Some agencies, e.g., have taken actions without recognizing cross-border issues involving other UN System agencies.

### **2. Support needed from headquarter and regional offices/ global action and policies needed to support country processes**

- Some thought should be given at a more strategic level to what kind of support can be given COs at the wave 2 and wave 3 stages.
- Internal UN System guidelines, which are generally global in application, should include enough flexibility that UNCTs may amend them in the light of special experience and local needs. Smaller agencies in particular have been hesitant to change such guidelines.
- A contradiction is apparent in some of the guidelines. As it stands, guidelines entails public medical facilities. But how can the UN recommend that we do agreements with these facilities? There's no way—it won't happen. Take the issue of triage, e.g. These types of practical matters must be addressed in the guidelines.
- Improved coordination and strengthened capacity at CO levels.

**Group 2:** Cambodia, Timor-Leste, Viet Nam, IOM, WPF

**Rapporteur:** Dr. Nima Asgari

### **1. UNCT work priorities (2009 and beyond)**

- Update national health-sector plans, especially with regard to the new and revised global and regional guidelines from WHO HQ and from HQ/ROs UNSIC, FAO, OIE.
- Longer-term planning for enzootic AI situation in poultry sector, including poultry-sector restructure. H5N1 is now enzootic in some parts of the region. This has not been factored into our current plans, in the international, regional or country offices, despite the fact enzootic countries require different approaches. How are we now going to look at the end game (surveillance, mass poultry vaccinations, when to think about other measures)?
- Multi-sectoral pandemic preparation plan, including
  - agency support to national Government in developing multi-sectoral plans.
  - clarifying expectations regarding what both the UNCT and the Government expect of one another and the implications for the UN System (also need WHO guidelines and leads for the UNCO).
- Establish a strategy for strengthening surveillance, both data collection and analysis, in both animal and human health sectors. And we need to encourage shift from a culture that sees surveillance as nothing but data collection; it's more than this—we have to do something with them.
- Adopt integrated, all-hazards UNCT contingency planning as advocated by the Viet Nam CT, including support to Government partners and support for UN staff and their dependents, updated and consistent with the new guidelines.
- Update plans to protect staff and their dependents to be consistent with the new guidelines, combining or at least harmonizing them. Part of this will entail choosing which guidelines to apply, from among those being issued, e.g. those from the WHO versus those from Medical Services.
- Adopt specific action plans for each agency.
- Whole-of-society planning and development:
  - strengthening communication strategy;
  - mobilizing and preparing the community;
  - encouraging business-sector preparedness;
  - involving international and Indian NGOs (e.g. World Vision did a good job);

- essential service maintenance (NDMA);
- multi-sectoral planning; clarifying who is going to adopt lead roles, and who is going to support the Government; and
- contingency planning producing unified guidelines (with possible direction from a UNDSG, if they have the mandate to do that).

## **2. Support needed from headquarter and regional offices**

- UN System OWOH plan needed. Currently premature to consider the potential relevance of OWOH at the country level.
  - UNCTs need more information, with clear expressions of commitment from the agencies and from donor
  - They need a UN System vision well in advance of the next IMCAPI meeting, to be held in Hanoi in 2010.
  - Clearer commitment needed from agencies and donors.
  - Regarding relevance to a given country context, we need to have existing policies, standards, and frameworks integrated. There's need, furthermore, for constant and consistent engagement with the COs, always keeping potential relevance to the given country in clear focus.
- A UN System contingency plan (integrated all-hazards approach) is needed.
- HQ support needed with well-advanced planning to push OWOH at the upcoming Hanoi meeting. Consistent engagement with officers concerned.
- Health sector needs longer-term planning and guidance from HQ and regional offices (FAO, UNSIC, OIE), including those concerned with wildlife sector, aligned with national framework and linked to national disaster agency.
- Updating UN System plan to align with latest guidelines.

## **3. Global action and policies needed to support country processes**

1. Support to national Government:
  - a. implementation of OWOH;
  - b. API surveillance and control; and
  - c. multi-sectoral pandemic preparedness.
2. UN System preparedness:

- a. staff health and safety;
  - b. operational continuity; and
  - c. coordination.
3. Other:
- a. consistent advocacy, at HQ and RO levels, for plans and support for country-relevant needs and funding for longer-term framework to build capacity.

***Comments from the floor:***

- In light of the fact H5N1 is now enzootic in parts of the region, a different plan is needed. Perhaps we need a seconded person in UNSIC to look beyond our current plan and funding. Because at that point the virus will still be endemic.
- Perhaps a UN System OWOH plan could be the evolution of UNCAPAHI, and the funding would go beyond CFIA to overall costing for the UN System, and would be something we would take to the next UNCAPAHI.
- From the perspective of a country like Timor-Leste, we can't talk about "strengthening surveillance systems". We don't have one. The reality for a number of countries is that these capacities have to be built before there's talk of strengthening them.

**Group 3:** Indonesia, Lao PDR, Maldives, Myanmar, Philippines

**Rapporteur:** Ruth Honculada-Georget

**1. UNCT work priorities (2009 and beyond)**

- Key priorities for intermodal UN preparedness:
  - We can supply technical support to the national Government for simulation exercises this year or next.
  - We need to revise and update business continuity plans (BCPs), seeing how this can be linked with existing national preparedness plans, if there are any.
  - We have to align our pandemic preparedness plans with national preparedness plans.
- Building capacities, advocacy through our national coordinating agencies, and advocating pandemic preparedness to our national coordination agencies. How do we advocate to government line agencies the whole-of-society approach? It's not as if they're going to automatically embrace it.

**2. Support needed from headquarter and regional offices**

- Institute animal and human health collaboration, including formulation of policies, legislation, other instruments.
- Increased support, in the next two years, to national Government for conducting simulations.
- Technical support for capacity building among our national counterparts (guidelines, simulation exercises, workshops).
- Provision of technical expertise in-country, e.g. with animal health and bio-security issues.
- Accessibility and sharing of tools and materials is also very important.
- Services backstopping (IT, mapping).
- Commitment from agency heads to keep pandemic preparedness high on their agendas, to conduct senior-level advocating.

### **3. Global action and policies needed to support country processes**

- Sustaining country preparedness:
  - a) How do we sustain these initiatives beyond 2010? Integrating country five-year plans into UNDAF five-year plan. New approaches needed, not just within the country, but within the UN System.
  - b) How do we integrate our plans with the five-year UNDAF plan? What are the next steps? We need to start thinking about them now, including where UNSIC goes next, if we are to sustain our initiatives beyond 2010.
- Pandemic preparedness is linked to the achievement of the MDGs. Have these links been integrated within a global strategy? Perhaps this is something UNSIC could raise at a higher level.

**Group 4:** Nepal, Sri Lanka

**Rapporteur:** Sarita Pandey

#### **1. UNCT work priorities (2009 and beyond)**

- Revision of UNCT contingency plan in line with the new WHO guidelines, including the security and pandemic-alert phases. We should also make the document more user-friendly; it's too long, and nobody reads it, to tell the truth.
- Training in two parts: orientation of all staff; action simulations and drills.
- Agency plans for business continuity (BCP) and staff safety and health in line with country contingency plan.

- Link UN contingency plans (CPs) with national CPs.
- Coordination
  - a) among the different UN and partner agencies;
  - b) with the Government at all levels;
  - c) among UN agencies and headquarter and regional levels; and
  - d) between national and field levels.
- Providing support to the Government for coordination with government agencies for implementation of the national preparedness and response plan.
- Support to Government in coordinating with their partners (regional bodies, civil society). Parallel support should come from global action and polices (see below).

## **2. Support needed from headquarter and regional offices**

- Support requested from UNSIC global and regional offices.
- Coordination framework developed and shared with government counterparts.
- Specialized agencies to continue support; WHO and FAO already doing so. Coordination with UN ROs and HQ in continuing to support national operational plans.
- Clarify role of UN agencies in pandemic response to national responses during outbreaks, and what our responsibilities are after that.

## **3. Global action and policies needed to support country processes**

- Need guidance and development funding.
- Developing human resources, especially resources for staff health and safety.
- Provisions for private-sector co-preparedness and business continuity.
- Cross-country information sharing and support with other CTs.
- Support to Government in coordination with partner agencies (regional bodies, civil society, etc.)

### **Group 5 : India**

**Rapporteur:** Reuben Samuel

#### **1. UNCT work priorities (2009 and beyond)**

This group organized their work priorities under two headings:

- UNCT responsibilities for staff.

- UNCT coordination with the Government.

### **1.1. UNCT responsibilities for staff**

- The UN contingency plan has been endorsed by the UNCT, but we need to look into a number of grey areas in the plan:
  - Stockpiling of drugs and supplies: we need to work out
    - a) logistical flow phase-wise;
    - b) details of central versus agency-specific storage.
  - Medical plan for pandemic response: we need to work out
    - a) contractual arrangements with hospitals (both in New Delhi and the states);
    - b) establish modalities for Tamiflu for staff who seek treatment;
    - c) sensitize and train medical personnel in hospitals;
    - d) sensitize UN examining physicians, who are currently only involved in pre-recruitment medical checkups;
    - e) regular medical checkups and then moving people who seek treatment.
- Training of staff and their dependents:
  - a) need to determine what resources are needed; and then
  - b) organize simulation exercises at UNCT and agency levels.

### **1.2. UN coordination in supporting national AHI plan**

- Advocacy and sensitizing workshop for UNCT senior management team and AHI focal points within two months following the March 2009 Bangkok workshop.
- Within three months, we expect to develop coordination frameworks for all UN agency people, bringing the UNCT plan into line with the national preparedness plan and the seven objectives of the UNCAPAHI.
- We need to determine how this would dovetail with the UNDAF plan.
- Agency-specific workplans are to include AHI issues, where these plans have yet to respond to the complications introduced by API preparedness. So we have to renegotiate what were already agreed-upon plans with the line Ministries.
- Two aspects of this coordination need to be addressed:
  - AHI preparedness and response; and
  - risk mitigation, including identification and surveillance, regarding EIDs of zoonotic origin. Here, we will look at the OWOH framework.

- We need effective coordination with both aspects. We want to use both documents—the UNCAPAHI and the OWOH documents—as the strategic framework upon which to build our plan. We can use the OWOH and UNCAPAHI resource guides, with support from both the UNSIC regional and global offices, in applying a coordination framework developed and shared with our national counterparts.
- Following development of the coordination framework, we would like to share it with the country’s line Ministries and the national influenza pandemic preparedness governance framework, which has already been laid in India, both in terms of inter-Ministerial taskforce, and there is also a joint monitoring taskforce, and we need to align with them. And we have to bring in the national disaster management authority, which is the structure connected to the grassroots level and community preparedness, aligning with the national framework and linking with the national disaster agency. There’s a clear need to bring in national authorities, including community-level agencies.
- We need objective-specific activities at the UNCT level, the agency level, or the UNDAF thematic-group level. So this needs to be worked out.
- The mandated whole-of-society approach to pandemic response involves three critical areas that need work:
  - strengthening a communication strategy within a programme of community mobilization and preparedness (the one for Phase 4 has not been rolled out);
  - business-sector preparedness, especially for the private sector; and
  - engaging the many INGOs and Indian NGOs who also have much at stake, especially in the development arena. We would like to have World Vision partner with us; they have done a good job at the global and country levels, and could provide a model of INGO and NGO pandemic preparedness.
- Much work is needed on essential-services maintenance with line Ministries.
- We would like the UNCT to get this coordination framework with UN regional offices and HQ (within the three months from April 2009). The rest we can take up to the end of the year. We can get this done, if we are lucky.
- Continued support for national operational plan.
- Clarified role for UN regarding its pandemic response.
- Guidance on new developments.
- More resources (especially for staff safety and BCP). Sharing expertise/experiences with other UNCTs.