



WORKSHOP REPORT

UNITED NATIONS SYSTEM WORKSHOP ON AVIAN AND PANDEMIC INFLUENZA ASIA AND THE PACIFIC

**27-29 JANUARY 2010
BANGKOK, THAILAND**

TABLE OF CONTENTS

DAY 1: Wednesday, 27 January 2010	3
Welcome and introductions.....	3
1.1 Session 1: Global H1N1 Pandemic Response.....	3
1.2 Session 2: UN system support to public health system response.....	4
1.3 Session 3: UN system support to effective mass communication.....	6
1.4 Session 4: UN system support to surveillance and animal health response to H1N1.....	8
1.5 Session 5: UN system support to whole-of-society pandemic preparedness....	10
1.6 Sessions 7 and 8: Plenary reporting on working groups and discussion.....	11
DAY 2: Thursday, 28 January 2010	14
2.1 Session 9: Summary and reflections from Day 1.....	14
2.2 Session 10: Introduction: Evolving Avian and Pandemic Influenza.....	14
2.3 Session 11: Support to animal health and sustaining livelihoods.....	15
2.4 Session 12: Support to human health.....	16
2.5 Session 13: Public information and supporting behavioural change.....	17
2.6 Session 14: Whole-of-society preparedness in the context beyond H1N1 and influenza: the usefulness and long-term feasibility on multi-sector preparedness planning?.....	18
2.7 Session 17 and 18: Plenary reporting on working groups and discussion.....	19
DAY 3: Friday, 29 January 2010	22
3.1 Session 19: A coordinated UN response for 2010.....	22
3.2 Session 20: Discussion of draft document	22
3.3 Session 21: Next steps.....	24
3.4 Session 22: Concluding session.....	25
3.5 UN Partner Meeting.....	25
3.6 Country Coordinator and API Focal Points Meeting.....	28
Annex 1: Workshop agenda.....	31
Annex 2: Message from Dr. David Nabarro.....	37
Annex 3: Workshop recommendation document.....	39
Annex 4: List of participants and workshop photo.....	45

EXECUTIVE SUMMARY

The 8th UN system workshop on avian and pandemic influenza took place in Bangkok, Thailand from 27-29 January 2010. The 3-day workshop was organized by the United Nations System Influenza Coordination (UNSIC) Asia-Pacific regional hub, jointly with the regional offices of FAO, ICAO, ILO, IOM, UNICEF, UNOCHA/PIC, WFP and WHO.

The workshop brought together over eighty Asia-Pacific UN focal points on avian and pandemic influenza to examine the UN system support for the implementation and coordination of country-level actions to reduce the risks of avian and pandemic influenza. The event saw the participation by representatives from a cross-section of UN entities including FAO, ICAO, ILO, IOM, OCHA, OIE, UN Resident Coordinators' Offices, UNDP, UNESCAP, UNFPA, UNHCR, UNICEF, UNSIC, WFP and WHO - representing 18 UN country teams and 15 regional offices.

The first day of the workshop focused on the UN system coordinated response to the current Influenza H1N1 Pandemic and the support to the needs of the least resourced vulnerable countries, including the Urgent Needs Identification and Prioritization (UNIP) process. Day two concentrated on the longer-term more sustainable consolidated UN system support to avian influenza response and pandemic preparedness, in the context of the purpose and objectives of the UN system Consolidated Action Plan for Animal and Human Influenza (UNCAPAHI). The final day consisted of a number of smaller meetings including a UN Partner Meeting and meeting for Country Coordinators and API Focal Points.

The sessions of each day spanned the themes of human health, animal health, communications and the whole-of-society framework. Through these themes a number of recommendations were identified by participants as the priority areas where it was felt that the most impact could be made in preparedness and response to avian and pandemic influenza. The recommendations (detailed below) will be taken forward at country, regional and global level over the coming months.

Strengthening communication and advocacy

To strengthen communication and advocacy, it is encouraged that working closely with government is prioritized, to form country-level government-led intersectoral communication strategy coordinating bodies. A country-level communication framework should be developed, extending beyond influenza to address other emerging infectious diseases. An assessment of communication and community perceptions of health and disease, using participatory and community consultative methods, should be incorporated into all communication strategy design processes. Regular community-based reviews of communication strategies can be conducted.

Strengthening capacity development

To strengthen capacity development, the UN is encouraged to work with governments to improve health communications. UN and government expertise should be strengthened in whole-of-society approaches and business/operational continuity planning. Human resource development planning can be included in strategic national veterinary service plans. With

regards the 2005 International Health Regulations, the targeted core capacities required to implement regulations can be extended. In addition, countries will be encouraged to undertake Performance of Veterinary Services (PVS) evaluations, further conduct gap analyses and develop strategic plans for veterinary service.

Strengthening coordination

To strengthen coordination, information sharing, collaboration and coordination across the UN system and with partners should be improved. The interface between emerging infectious diseases (EIDs) and the cluster system should be reviewed with a view to mainstreaming EIDs. It is encouraged that animal and human health collaboration in areas including laboratory, diagnosis, surveillance, response, epidemiology and communication are institutionalized. Indicators should be established to measure the expected outcomes of UNCAPAHI, and operational continuity and common services can be clarified through the review of the CONOPS framework.

Strengthening integration/multidisciplinary approaches

To strengthen integration and multidisciplinary approaches pandemic preparedness may be integrated into a multi-hazard approach, and the joint WHO/FAO/OIE guidelines on inter-sectoral collaboration can be applied at the country level.

Strengthening sustainability

To strengthen sustainability country-offices will work with donors to promote harmonized and aligned support, and funding can be mobilized that prioritizes ongoing and longer term provision of human, equipment and financial resources. It is encouraged that support moves from a project approach to a programme approach, including identifying ways to institutionalize programme coordination through embedding in country level UN strategic frameworks.

Strengthening technical support

To strengthen technical support pandemic vaccination campaigns should be developed that address both the benefits and risks of vaccination. Pandemic plans can be refined to include clear triggers or thresholds for action tailored to the severity of the pandemic. Further technical meetings should be convened to discuss specific interventions to manage HPAI in entrenched countries. Monitoring can be expanded based on risk assessments for animal influenzas, targeting high risk animal populations rather than blanket surveillance. Protocols on laboratory diagnosis and surveillance of animal influenza should be harmonised. Promotion of public-private partnerships and cross-border collaboration in disease prevention, control and mitigation is encouraged.

Strengthening knowledge base

In order to strengthen the knowledge base of the UN system, research should be conducted to determine the risks of transmission between animals and humans, to determine the implications for disease interventions, policies and procedures. Existing studies can also be reviewed to inform programme and policy development, and a regional communication research agenda could be developed. In addition, the collection and dissemination of best practices for animal husbandry, incorporating risk analysis will be encouraged.

Welcome and introductions

The workshop Chair, Annu Lehtinen, Regional UN System Influenza Coordinator, UNSIC Asia-Pacific regional hub, introduced the workshop process and participants, providing a brief overview of its purpose and expected outcomes.

The workshop was officially opened with a video statement by David Nabarro, UN System Senior Influenza Coordinator. In the statement, Dr. Nabarro outlined a number of core messages on pandemic preparedness. Firstly, he emphasized the importance of maintaining a coordinated response to highly pathogenic avian influenza (HPAI) which continues to pose a significant threat in several countries in the Asia-Pacific region. He recognized that the global response to the Pandemic (H1N1) 2009 was stronger than it would have been a short number of years ago, because of the dedicated work in response to HPAI. He commended the whole-of-society approach which was taken in responding to the pandemic and asked for continued efforts in this front to respond to the virus. Reflecting on the H1N1 pandemic as a learning tool on global efforts, Dr. Nabarro noted the continuing presentation of emerging infectious diseases in new and challenging ways. Lastly, he called attention to the upcoming International Ministerial Conference on Avian and Pandemic Influenza (IMCAPI) due to take place in Hanoi, Vietnam from 19-21 April 2010, marking it as an important opportunity to review the work that has been done on avian and pandemic influenza to date and discuss the direction for future work.

(The full text of Dr. Nabarro's address is in Annex 2)

1.1 Session 1: Global H1N1 Pandemic Response, Michelle Barrett, Partnership Officer, UNSIC New York; Michael Mosselmans, Director, Pandemic Influenza Coordination Team, OCHA / PIC

Michelle Barrett presented an overview on the international efforts to respond to current influenza H1N1 pandemic. Since the announcement of the virus on 25 April 2010 up until the current date, the virus has spread remarkably quickly across the world, reflecting the level of global interconnections faced. At the same time, geographical differences in transmission were experienced and a likelihood still exists that different regions may face a first, second or third wave in the near future. In terms of whole-of-society preparedness, the pandemic hit many non-health areas quickly and heavily, including tourism, travel, finance, animal husbandry and healthcare delivery systems. The quick responsiveness of the UN system to the pandemic is commendable, most notably because of the work done in previous years responding to H5N1. The effective response is also attributable to the high level coordination demonstrated across UN agencies at all levels.

Michael Mosselmans provided an overview of the UN system support to responding to the needs of the least resourced vulnerable countries through the Urgent Needs Identification and Prioritization (UNIP) process. In July 2009, OCHA, UNSIC and WHO invited 77 of the least developed and GAVI-eligible countries to work with WHO and UN Country Teams (UNCTs)

to develop a prioritized assessment of their most urgent needs, that could be addressed by rapid interventions that would strengthen their resilience to H1N1. 64 of these countries chose to participate in the process. UNIP resulted in an appeal for approximately USD\$1.5 billion dollars, of which USD\$1.1 billion dollars was requested for vaccines, antivirals and antibiotics. USD\$240 million was requested for country-readiness and country capacity-building in the areas of health sector planning, training for health workers, health commodities, communication, multi-sectoral preparedness, whole-of-society support, surveillance, laboratory strengthening and regional knowledge sharing meetings. USD\$80 million was requested for agencies to meet their costs in providing technical assistance to support implementation of these interventions.

The outcome of UNIP is that, since August 2009, there has been a considerable amount raised for vaccines but a far considerable lesser amount raised for non-pharmaceutical areas. The UK Department for International Development (DFID) is the sole contributor supporting the non-pharmaceutical side, in the sum of USD\$26 million. This modest amount highlights the difficult times for financial resource mobilization for the pandemic agenda and how the UN will mostly likely have to work within its current resources for the foreseeable future.

UNSCIC is currently leading a process to conduct an update report on UNIP. The report will look at progress of the pandemic to date, its likely behaviour in the coming months, and include a status update on the least developed and GAVI-eligible countries.

1.1.1 Session 1: Key discussion points

Breakdown of DFID support. Discussion centered on the allocation of DFID support to the non-pharmaceutical sector. USD\$26 million dollars was received from DFID and is managed by UNSIC and WHO. It was agreed that USD\$15 million would be allocated to WHO for health sector training, guidance and the agency's role in surveillance and communication. It was further agreed that USD\$9 million would be allocated to UNICEF for communication and USD\$2.4 million would be placed into a fund within the Central Fund for Influenza Action (CFIA) for Resident Coordinators to use on multisector/whole-of-society projects. The funds were targeted towards countries depending on what they identified as priorities in the UNIP questionnaires.

Media coverage of WHO. The WHO statement in response to accusations in the media around vaccines was shared with participants. Michael Mosselmanns stated that it was natural that WHO would prepare for a worse case scenario when the pandemic initially broke, advocating governments to procure amply vaccinations. As the pandemic turned out to be relatively mild the response was quite extensive in relation. The mildness of the pandemic could not have been predicted and the criticism of WHO is therefore unjust.

Session 2: UN system support to public health system response, Dr. Satoko Otsu, Medical Officer for Pandemic Preparedness, WHO WPRO

Panel: Dr. Satoko Otsu, WHO WPRO; Dr. Bee Lee Ong, WHO WPRO; Dr. Nicole Smith, WHO WPRO and Dr. Augusto Pinto, WHO SEARO

Satoko Otsu provided a situation update on the H1N1 pandemic and human health framework for action. From the H1N1 virus emerging in Mexico in April 2009, it took only 9 weeks for the disease to spread to all WHO regions. As of 27 January 2010 it had been reported in 208 countries and caused over 14,000 deaths in 100 of those states. The media reports that claim the pandemic is over are false, for it is too early to confirm whether this is the case. The allegations that WHO exaggerated the risk of the pandemic threat are also unfounded and scientifically incorrect. The virus was declared a pandemic on account of its rapid spread globally and the fact it affects mostly young people, those with chronic diseases and pregnant women. However, one third of those admitted to intensive care units due to H1N1 have no risk factors.

The clinical picture of H1N1 is similar to that of seasonal influenza with the majority of cases being mild and uncomplicated. However, there are few cases where the disease has progressed rapidly to a severe form and caused fatality. Because of this risk early treatment is critical. The co-circulation of both H1N1 and seasonal influenza increases the potential for re-assortment. The disease is sensitive to antivirals despite sporadic cases of resistance. It is also sensitive to pandemic vaccine. As the virus could evolve it is essential to continue monitoring the situation closely.

WHO is currently observing and assessing the virus, as well as sharing the most update information available. It has published several technical guidance papers which are available on its website at www.who.int. WHO is supporting member states to respond effectively to the pandemic, including providing them with technical assistance. Based on the pandemic readiness assessment it conducted in May 2009, WHO has identified five core public health capacities: command and control; surveillance, communication health care response and public health interventions. Based on these capacities it has developed a framework of action to respond to the pandemic.

WHO is concentrating on a number of next steps with regards to monitoring and responding to the virus. It will continue its global surveillance to detect genetic changes in the virus and changes in influenza-like-illness (ILI) activity. Therefore, there is a need to strengthen laboratory capacity. The increased demand on health systems necessitates a nation-wide system to coordinate management plans with a focus on infection control and clinical management. While the current focus is on antivirals and vaccines there is also a need to concentrate efforts on non-pharmaceutical interventions. In terms of pandemic vaccine, due to the limited production capacity access was not ensured to all in early stages of the pandemic. Therefore, there is a need to prioritize groups to receive vaccine. WHO has provided guidance to governments on this but the decision of prioritization is left with national authorities. There is also a need to continue monitoring adverse events after vaccination. Lastly, it is critical to ensure inter-agency collaboration is promoted to effectively respond to the pandemic.

1.2.1 Session 2: Key discussion points

Behaviour change among young adults. Young adults can adopt a number of behavior change practices to prevent infection. At early stages of the pandemic, interventions to reduce

crowdedness such as school closure are helpful. However, infection control and personal hygiene are the main control measures that can be taken.

Adverse affects of the vaccine. To date the information WHO has received from countries is that the effects of immunization are similar to seasonal influenza and that there are no adverse affects of the vaccine. Dr. Otsu stated that WHO is closely monitoring vaccinations and will share any information should adverse affects be identified.

Confusing terminology. It was noted that the name of the pandemic, 'H1N1', is not easily understood by the public and therefore difficult for UN communication focal points to campaign on. Participants advised that for future pandemics consideration is taken to name the virus something that is easily comprehensible by the general public.

Defining the pandemic. Nicole Smith reported that the WHO guidelines on defining a pandemic were revised in early 2009. It was decided was that the severity of the virus should not be part of the definition of a pandemic because countries differ in their pandemic experiences. It would have been too difficult for WHO to obtain consensus on a severity index. For now WHO is responsible for defining the pandemic and national authorities are responsible for developing a severity index for their specific conditions. Augusto Pinto added that the definition of a pandemic has always been geographical and that in previous pandemics severity has never been used to define a pandemic.

Use of resources for laboratory confirmation. A question was raised as to why laboratory confirmations are not being conducted for all possibly cases of H1N1. Nicole Smith stated that while it is useful information to have laboratory confirmation of the virus, it is not feasible to test every person for H1N1 who shows flu-like symptoms. While it was noted that not using this testing results in a large underestimation of cases, hospitalizations and fatalities, Dr. Smith noted that testing does not inform policy decision-making. Dr. Otsu stated that WHO is monitoring trends and patterns of SARI and ILI and using available resources for other needed activities.

1.3 Session 3: UN system support to effective mass communication, Cathy Williams, Media and Communications Specialist, WHO WPRO

Panel: Regional Risk Communication Initiative (C Y Gopinath, Regional Communication Coordinator, FAO RAP; Tung Tran, Consultant, Communication for Development, UNICEF APSSC; Cathy Williams, Media and Communications Specialist, WHO WPRO)

Cathy Williams presented an overview of the support provided by the UN system to governments to enable them to strengthen their risk communication systems in the face of H1N1. A number of different aspects of risk communication support are offered to national authorities to ensure that there are no gaps in their communication strategies. Support is offered through operational, behaviour change and outbreak communication.

In the context of H1N1 support was provided immediately for outbreak communications because of the short period between of the outbreak of the virus and it becoming a pandemic.

Because of the preparations inherited from H5N1, assistance was provided fast and efficiently. There were already response mechanisms in place for many areas including multi-sectoral coordination, information dissemination, staff training and funding. However, while many of these mechanisms were in place many of them were not operational. There is still a need for customized operational communication pandemic plans to respond effectively to H1N1.

In terms of behaviour change communications many achievements have been made, including the adaptation of global goals to country situations, and the timely formation of plans and strategies to disseminate information to communities. Another success has been the development of the CREATE toolkit (a resource for creating IEC material) which was produced to combat H5N1 and which was applicable for use in response to H1N1. In addition, monitoring and tracking of campaigns is increasingly being conducted across countries in the region.

For outbreak communications, capacity has been built in many countries to enable governments to speak with the media and for the media to better understand and report on disease outbreaks. At the same time, other countries are still experiencing tensions between national authorities and the press, which results in trust issues between the state and the general public. Strengthening of governments' abilities to communication through the media needs to continue.

Two inter-organisation initiatives which have the ability to enhance cooperation and collaboration in the area of communication support to national governments are the recently launched Asia Regional Risk Communication Initiative and the Pacific Tri-Agency Risk Communication Initiative.

The main communication challenges identified to respond to H1N1 going forward are to improve coordination in the region, develop common risk communication tools, provide more sustainable long-term support and overcome flu fatigue.

1.3.1 Session 3: Key discussion points

Perception versus practice. It was noted that in one country setting many people did not believe that the public health practices advocated by WHO would actually prevent the virus. This highlighted the difficulty of communicating the causal relationship between prevention and infection of the disease. Ms. Williams noted that organisations often fail to properly look people's understanding of disease itself and why communities think in certain ways. CY Gopinath added that UN organisations are often the last group of people to speak to communities about a disease and that for hundreds of years they have come up with their own explanations.

Linking behaviour change communication and health information systems. Discussion centered on whether the UN has plans to strengthen communication systems beyond their use as surveillance tools. Tung Tran agreed that communication strategies and plans have to be linked with systems and long-term structures. Such systems need to be built, so that long term

issues are addressed rather than short-term goals of developing messages for immediate use. While there was no specific dialogue on this issue, if participants identified it as a priority it could then be taken forward.

Pandemic communication plans. The importance of assisting governments and UN systems to develop multi-sectoral plans was raised. If communications is a strong element of those plans, it can help strengthen collaboration. A participant asked if pandemic communication plans should be separate plans or part of a larger national plan. Ms. Williams responded that all organisations should have their own specific communication plans, which should also integrate into the national plan and even the regional plan, if possible.

Government communication strategies. Concern was voiced of the difficulty in encouraging governments to be part of the process of developing of a communication strategy. Another participant reported that she has been supporting the government in her respective country in development such a plan. She underlined the importance of working at community level for the success implementation of communication plans and strategies, an area in which there are a lack of UN resources. She noted that multiple partners can offer important support in the roll-out of the plan.

1.4 Session 4: UN system support to surveillance and animal health response to H1N1, Dr. Wantanee Kalpravidh, Regional Coordinator, Emergency Centre for Transboundary Animal Diseases (ECTAD), FAO RAP

Panel: FAO RAP, Dr. Itsuo Shimohira, Regional Representative for Asia and the Pacific, OIE AP, Dr. Ronello Abila, Sub-regional Representative, OIE SRR SE Asia; Dr. Gardner Murray, Senior Advisor, OIE SRR SE Asia

Wantanee Kalpravidh presented an overview of the UN system support to surveillance and the animal health response, in relation to H1N1. Providing a situation update on the pandemic in relation to animals, Dr. Kalpravidh noted that the disease was reported in the same countries where it was reported in humans. Reporting of the disease in animals is also generally in countries with higher capacity for surveillance. The virus has been reported in multiple animals with the majority of cases seen in pigs (about 83%). Signs of the virus in pigs and other animals are usually mild or sub-clinical. The mortality rate is 9.7% in pigs. Although no evidence exists, most cases in animals are thought to be from human-to-animal transmission.

In terms of scientific knowledge, immunity from existing vaccines for classic swine influenza does not prevent infection from H1N1. Studies show that H1N1 is biologically distinct from swine influenza viruses. The conclusion of the scientific evidence is that the H1N1 pandemic is unlikely to produce sustained outbreaks in poultry unless the virus mutates.

In terms of the key issues for consideration, FAO and OIE do not support the culling strategy of H1N1-infected animals. Also, due to evolving nature of influenza viruses and their ability to infect variety of host species, there are continuing threats that animals may play a role as possible sources of transmission to human and vessels for re-assortment. Furthermore, mixed farming practices raise concerns of transmission. It is thus imperative to continue efforts

monitoring influenza activities in animals. The harmonization of protocols and the strengthening of veterinary capacity are recommended, especially in the aspect of laboratory diagnosis and surveillance. Ensuring proper communication to the public is important, as is monitoring the virus in animals and the continued surveillance of the animal and human health interface.

1.4.1 Session 4: Key discussion points

Replication of best practices from H5N1. In one country setting, strong coordination between human and animal health was experienced for avian influenza, which has not been replicated for the H1N1 pandemic. Dr. Kalpravidh noted that the same coordination is expected across all countries for H1N1 and the levels of coordination for H1N1 have been as high as for H5N1. The OFFLU network has the same platform for coordination for H1N1 as it had for H5N1, so the same pattern should be possible across the region.

Culling policy for H1N1 versus H5N1. Dr. Kalpravidh noted that as the H5N1 virus is not a mild disease like H1N1, the strategy is to control it through quarantine rather than culling activities. Augusto Pinto added that the strategy for H1N1 is to control the disease by closely studying the infection in pigs. It was noted by one participant that the culling of pigs began in some countries because of the use of the terminology ‘swine flu’, even though the advice of FAO and OIE does not support the culling strategy.

1.5 Session 5: UN system support to whole-of-society pandemic preparedness,
Tsuyoshi Kawakami, Senior Specialist, ILO; Jaime Calderon, Regional Migrant Health Manager, IOM; Mark Kelley, Security Officer, Pandemic Response Unit, WFP HQ, Jim Catampongan, Humanitarian Pandemic Preparedness Coordinator, IFRC; WFP; Ingo Neu, Senior Planning Officer, OCHA / PIC

Panel: Bahar Zorofi, Programme Officer, Pandemic Response Unit, WFP, Ingo Neu, Senior Planning Officer, OCHA / PIC, Jaime Calderon, Regional Migrant Health Manager, IOM, Tsuyoshi Kawakami, Senior Specialist, ILO, Jim Catampongan, Humanitarian Pandemic Preparedness Coordinator, IFRC

A selection of presentations was provided on the whole-of-society approach to pandemic preparedness, in the context and timeframe of the H1N1 pandemic response.

Ingo Neu outlined the whole-of-society approach to pandemic planning, including the key government actors and sectors at different country levels and the various roles of the UN system in relation pandemic planning. It is essential that all key sectors have business continuity plans in place in order to maintain services under pandemic conditions. Assigning ‘sector leads’ is thought to be the most strategic approach ensuring that sectoral preparedness can be achieved in a given timeframe.

Mark Kelly provided an overview of the logistical side of pandemic preparedness, focusing on WFP’s cooperation with multiple stakeholders at national level. Joint action planning with all stakeholders is essential for the maintenance of critical services and the provision of life-

saving humanitarian assistance. WFP as recently scaled up its pandemic preparedness activities in light of H1N1. It is the lead agency in the global logistics cluster and it is mandated to provide logistic support to humanitarian partners in the event of a pandemic.

Tsuyoshi Kawakami outlined the practical tools provided by ILO for small and medium enterprises in planning and response to the pandemic. ILO assistance is provided through the use of training materials, the collection of existing good practices, inter-ministerial discussions, the use of consultation workshops and the engagement of training networks. One of the key tools is the template of business continuity planning for small business enterprises.

Jamie Calderon provided an overview of pandemic preparedness for vulnerable populations. IOM considers migrant populations more vulnerable because of the H1N1 pandemic. Currently the majority of national plans do not have any specific actions that target the needs of migrants. IOM activities have focused on developing migrant friendly and behavioural change communication and IEC material, community awareness, health education and support health activities that support migrant populations. Looking forward, IOM is preparing advocacy tools for use with governments in order to raise awareness of migrant populations.

Jim Catagmpongan presented a summary of the IFRC contribution to pandemic preparedness in communities. Its pandemic preparedness work is targeted at the community level in partnership with elements of the UN system and non-governmental organisations. The work is implemented through the H2P programme which is focused on five regional countries (India, Indonesia, Nepal, Philippines and Vietnam), working in collaboration with national planning authorities and civil society. The programme focuses on preparing community leaders, health workers, first responders and the media.

1.5.1 Session 5: Key discussion points

Whole-of-society communication plans. The question was raised as to what communication plans exist in the context of the whole-of-society approach and who is developing those plans. WFP responded that a communication plan is included within each country level operational plan. ILO stated that its communication is targeted at the grassroots level and small workplaces, and in reaching these audiences it uses existing networks such as trade unions. IOM focuses its communication on raising-awareness advocating for the needs of migrant populations in pandemic planning. IFRC has developed guidelines for the development of communications materials.

Long-term whole-of-society planning across different disasters. Discussion centered on how whole-of-society pandemic preparedness is focused on long-term national capacity building in the wider context of other disasters. Ingo Neu stated that whole-of-society pandemic scenarios need to be viewed as entry points for a wider context beyond pandemics. The resources for pandemics are declining simultaneously as the risks are increasing, so there is a need to ensure that pandemic planning is incorporated into a multi-hazard approach.

Lessons learnt from a whole-of-society approach. Mark Kelly noted that in terms of examples of solid coordination in the context of whole-of-society, there is no single model

country. WFP has been advocating for the need of this approach framework with national authorities. The approach is an awareness and education campaign that will develop over the long term. In Asia Pacific, New Zealand and Singapore have been using the multi-sector approach for a number of years. More recently, Cambodia and Laos have both started to progress on whole-of-society planning.

Whole-of-society versus the cluster approach. Clarification was requested on the differences between the whole-of-society and the cluster approach. Dr. Neu stated that while there are similarities between the two approaches, the cluster approach focuses on response coordination rather than preparedness planning. Mr. Kelly added that while the whole-of-society involves all actors in society, the cluster approach only engages a number of nominated actors.

Interagency multi-hazard planning. The question was raised of whether there are cases in which pandemic planning has been mainstreamed into a wider multi-hazard planning. Dr. Neu responded that in Asia-Pacific a number of countries and also UN country teams have started to see how planning for pandemic can be integrated into a general multi-hazard approach.

1.6 Sessions 7 and 8: Plenary reporting on working groups and discussion

Following on from the four thematic breakout working group discussions, presenters from each group provided a brief presentation outlining the main findings of their discussions.

1.6.1 Findings of the mass communication working group

Gaps and challenges. The main gaps and challenges faced in the area of communication include; the pandemic terminology; insufficient baseline data on knowledge and behaviour; variances in level of technical understanding between governments and the UN; the lack of understanding of communication scope and functions; the absence of a one-UN approach; the lack of alignment of communication strategies with national pandemic preparedness plans; and the need to align communication with health-service delivery.

Lessons learned. A number of good communication practices were identified which include; inter-agency technical committees that combine ministries, UN agencies and other partners; advocacy to build partnerships for policy, community and media on risk communication; emphasizing the need for communication strategies based on evidence, tracking, research and indicators; using a person-to-person approach for taking relevant messages to the community; putting government in the driver's seat; and providing inputs and technical support 'behind the curtain'.

Priority areas for 2010. Priority areas identified for communication focus in 2010 include; clarifying issues around vaccination; using the H1N1 experience to broaden scope of preparedness and emergency approach; developing the capacity of health communication infrastructure at all levels; integrating H1N1 messages into existing programmes; mobilizing communities instead of solely executing mass communication strategies; sharing information and strategies across countries in the region; and expanding communication to reach all

groups, especially marginalized populations.

1.6.2 Findings of the public health system working group

Lessons learned. A number of lessons learned from the H1N1 pandemic response were identified including: pandemic response plans need to evolve over time; pandemic preparation plans enabled countries to respond faster; through pandemic response, laboratory capacity was strengthened; Ministries of Health developed media relations capacity; health facilities were strengthened; and integrating influenza surveillance with other surveillance system averted the requirement of additional human resources.

Gaps and challenges. At the same time, a number of gaps and challenges were also identified including; a lack of immediate behavior change; human resource shortages across sectors, an excessive emphasis on travelers and screening; slow movement from containment to mitigation, a slow shift from avian influenza to H1N1, poor engagement of other sectors, costs of vaccine deployment plans; communication on H1N1 vaccine; shortage of ICU capacity, patch-work surveillance; weak infection control and clinical guidelines; unclear policies in non-pharmacy measures; and a lack of leadership.

Priority areas for 2010. The next steps in relation to human health involve the need for ongoing surveillance and data collection; improvements in vaccine and influenza risk communication; identification of risks of re-assortment; policy transition decisions according to pandemic stage; revisiting pandemic plans; acknowledging that surge and capacity-building represents an opportunity; and conducting country level reviews.

1.6.3 Findings of the surveillance and animal health working group

Potential risks of H1N1 and other animal influenzas. In terms of addressing the potential risk of H1N1 and other animal influenzas, it was identified that monitoring risk should continue, based on risk assessments. Monitoring should be targeted on high risk populations rather than a blanket focus on pigs. Research should continue to be supported and additional funding should be mobilized to support H1N1 activities in animals. In countries where there are limited resources, the possibilities for research institutions should be explored. Strengthening of laboratory capacity also needs to continue.

Preventing human-to-animal infection. Several recommendations were made to support the prevention of infection from humans to animals. It was agreed that farmers should be encouraged to use the best pig production/management practices when handling animals; the risk to animal workers in terms of transmitting the virus to animals should be determined; production of joint recommendations for best practices should be developed, as should a communication strategy for best practices in private sector pig production; and the risk of H5N1 in countries where it is entrenched should continue to be monitored.

Animal surveillance priorities. With regards animal surveillance, a number of items were prioritized. Participants identified finalizing the guiding principles for surveillance and laboratory diagnosis for Asia. It was also agreed that random blanket surveillance is resource-

intensive, unfeasible and inefficient for most countries - targeted risk-based surveillance is therefore recommended instead. In addition, countries are encouraged to share information and samples with international reference laboratories.

Human-animal surveillance priorities. Recommendations in this area included using the existing structures to encourage formal collaboration between the animal and health sectors on influenza surveillance and information-sharing, applying the joint WHO/FAO/OIE guidelines on inter-sectoral collaboration at the country level, and promoting the usefulness of OFFLU and GLEW at the field level.

1.6.4 Findings of the whole-of-society working groups

Opportunities to strengthen whole-of-society/multisector preparedness planning. The focus on H1N1 should be used to prepare for other possible pandemics. To sustain the whole-of-society approach, governments need to fully understand the concept and take an active role in its implementation. Opportunity can be built on partnerships and networking with UN and relevant partners. The pilot projects that have been in place will have results that can be shared and linked to government processes. There is also an opportunity to integrate the whole-of-society framework into disaster management structures and plans.

Gaps and challenges. The perceptions of ‘crying wolf’ and flu fatigue need to be overcome. There needs to be further UN expertise established in the whole-of-society approach and business continuity planning. Support is also required in the areas of tools and guidelines for mainstreaming pandemic preparedness into national contingency plans. The current levels of whole-of-society preparedness among countries vary and therefore prognosis requires a variety of approaches. The complexities of coordination with governments need to be understood and addressed. Also, while UNSIC is key to marketing the various UN agencies’ training and capacity building abilities to countries, it itself is a temporary structure. A strategy needs to be developed to address its wind-down.

The way forward. The future direction for pandemic preparedness centers on mainstreaming whole-of-society preparedness into disaster management structures. Pandemics should be included on the list of ‘disasters’ to enhance. There is an opportunity to develop and strengthen existing government structures and coordination mechanisms. Ideally a decision-making government body should be established to take responsibility and management of inter-agency efforts. The UN should build on existing coordination mechanisms that have been used with governments in response to H1N1. In the short-term, focus should concentrate on capacity-building and continuing awareness-rising to all sectors and ministries. Facilitation for peer learning and exchange for best practices should be encouraged. The needs of each sector should be assessed in order to provide longer-term support. Clear roles for non-health sectors should exist that will help strengthen the containment and build country’s resilience. Regional and headquarter offices should continue their role as an intermediary for experience sharing.

DAY 2: Thursday, 28 January 2010

Session 9: Summary and reflections from Day 1, *Annu Lehtinen, Regional UN System Influenza Coordinator, UNSIC*

Annu Lehtinen provided an overview of the priority areas for 2010 identified by participants, for each of the four thematic areas covered in Day 1, as a consolidated reference to the day's discussions ahead.

2.2 Session 10: Introduction: Evolving Avian and Pandemic Influenza, *Michelle Barrett, Partnership Officer, UNSIC New York*

Michelle Barrett presented an overview on the evolving avian influenza response and pandemic preparedness. The work on the current pandemic was built from previous work undertaken around H5N1. Important external drivers are relevant to the continuing work on avian influenza, including climate change, the global financial crisis and the Millennium Development Goals.

A number of challenges to the work in this area may present themselves in the future. H1N1 may impact Africa with greater severity in 2010. The mildness of the pandemic makes it more difficult to promote the UN's work and there is a likelihood that donor funds for preparedness will be reduced as flu fatigue is experienced. In terms of changing policy drivers, there is a growing push for 'one health-esque' approaches and the integration of influenza work within the broader emerging infectious diseases framework. There is therefore a greater need for flexibility and adaptability in the UN's work.

Ms. Barrett introduced the UN Consolidated Action Plan for Avian and Human Influenza (UNCAPAHI), noting that UNSIC is currently working on revising the document. Inputs were encouraged from participants on the document's revision.

2.2.1 Session 10: Key discussion points

UNCAPAHI objective on common services. A participant recommended that the common services objective of UNCAPAHI could include a broader understanding of common services, including business continuity planning and a wider range of agencies. Another participant added that the UNCAPAHI document could give greater emphasis to the coordinating role of UN Resident Coordinators. Ms. Barrett agreed to take both points into consideration.

The change in the UNCAPAHI name. It was noted that the title of the UNCAPAHI document had changed from 'avian' to 'animal' influenza and it was suggested that this be reflected in the plan itself. Ms. Barrett agreed and noted that it would be reflected.

The future of UNSIC. Discussion centered on the future of UNSIC and it was suggested that the UN looks strategically into its transition. Annu Lehtinen responded that UNSIC would ensure a proper transition, and begin to look at this following the policy guidance which emerges from IMCAPI.

2.3 Session 11: Support to animal health and sustaining livelihoods, Dr. Wantanee Kalpravidh, Regional Coordinator, Emergency Centre for Transboundary Animal Diseases (ECTAD), FAO RAP and Dr. Ronello C. Abila, Sub-Regional Representative, OIE SRR SE Asia

Panel: Dr. Wantanee Kalpravidh, Regional Coordinator, Emergency Centre for Transboundary Animal Diseases (ECTAD), FAO RAP, OIE AP, Dr. Ronello C. Abila, Sub-Regional Representative, OIE SRR SE Asia

Wantanee Kalpravidh presented an overview of the support to animal health and sustaining livelihoods in response to avian and pandemic influenza. While there has been a downward trend in numbers since 2004, H5N1 is still entrenched in many parts of Asia and North Africa. The peak period for the disease appears to be between January and March each year. The majority of cases of H5N1 are found in commercial flocks rather than wild birds. A vaccination strategy has been adopted in many Asian countries together with a post vaccine monitoring and surveillance strategy. There has been a general improvement in laboratory capacity at the regional level and the need for a regional reference laboratory has also been identified at the sub-regional level. Passive and active surveillance activities have been activated at grassroot level, which benefit from a far better understanding of the disease epidemiology and ecology bird flyways through research and operational studies. Prioritized as the next step moving forward is the need to focus on quality while at the same time developing a long-term strategy.

Ronello Abila presented an overview of the area of veterinary governance strengthening. The key gaps identified by OIE in this area through a number of evaluations include; weak or an absence of veterinary legislation and enforcement, a general lack of effective management, a lack of coordination, weak linkages with public health and limited technical capabilities. Following the evaluation, OIE is working on gap analysis in order to identify follow-up activities to improve the situation.

2.3.1 Session 11: Key discussion points

Post-outbreak surveillance recommendations. A question was raised about the surveillance recommendations advocated by FAO/OIE following an outbreak. The recommendations are contained in the OIE surveillance code. However, OIE does not officially declare that any outbreak is over - this responsibility rests with the national authorities of each country.

Capacity building of veterinary services. A participant asked about the initiatives for long-term capacity building of veterinary services. Dr. Kalpravidh responded that the assessment on the results of the short-term training provided to several countries found that while participants were empowered with knowledge, it was too specific and therefore difficult to apply to broader issues. Also, there was no further support from the institute when they returned to their home countries. Capacity building in terms of longer-term training needs to be conducted. In addition, facilities and equipment need to be enhanced together with a strategy for maintaining such facilities in the long-term.

Veterinary legislation. OIE will release new guidelines for strengthening veterinary legislation in July 2010. If specific countries would like to request expertise, they are invited to make this request in writing to the Director General of OIE.

Government support to culling. In relation to the recent H5N1 outbreak in India there have been difficulties in implementing culling activities because of a lack of government support. A participant asked about the guidance in place to assist this process. Dr. Kalpravidh responded that encouraging governments to follow UN recommendations can sometimes be difficult. Key to solving this problem is the collaboration between UN agencies. Public/private sector collaboration requires strengthening in order to assist with compensation. In addition, the UN needs to work with national authorities to identify the gaps where recommendations are not being followed.

2.4 Session 12: Support to human health, Dr. Nicole Smith, Epidemiologist and Acting Team Leader, WHO

Panel: Dr. Bee Lee Ong, WHO WPRO and Dr. Nicole Smith, WHO Vietnam

Dr. Nicole Smith presented the UN system response to strengthening public health infrastructure, focusing on support to country-level surveillance systems to reduce human exposure to the recent pandemic, strengthening early warning systems, intensifying containment and building capacity to cope with the pandemic. She provided an overview of the UNCAPAHI human health objective which includes the reduction of human exposure to the virus, strengthening of early warning systems and capacity building for dealing with a pandemic. The Asia Pacific Strategy for Emerging Diseases (APSED) objectives were also set out, including the aim to reduce the risk of emerging diseases, and strengthening early detection and response mechanisms. While APSED has helped to build the foundation for meeting the IHR more work remains to be done. Surveillance and response systems need to be expanded to address chemical, food borne, radiological and nuclear events. The process to develop the 'APSED beyond' strategy is underway, including conducting an APSED assessment and achievement report, the external evaluation of APSED implementation, as well as consultations to discuss APSED.

Many challenges are faced in relation to surveillance, response, containment operation, pandemic mitigation, communication, treatment and logistics. Overall challenges identified by WHO include identifying information needs and gaps, encouraging coordinated multi-sectoral whole-of-society preparedness, expanding training/exercise activities, using results to revise plans, and avoiding confusion and complacency.

2.4.2 Session 12: Key discussion points

Use of monitoring for lessons learned. A participant asked whether WHO is considering a rapid evaluation of the response to the H1N1 pandemic. Dr. Smith responded that WHO aims to have an early assessment of cases in response to the pandemic. It also aims to identify the

gaps and challenges which arise throughout the pandemic which can later be analyzed to improve future responses.

APSED external valuation. Dr. Smith noted that the external evaluation discussed during her presentation is specific to APSED and the Asia-Pacific strategy for emerging diseases. It is an evaluation of the capacities that WHO is trying to build in responding to emerging infectious diseases and it is separate from the H1N1 evaluation.

The future of H1N1. Dr. Smith said it was impossible to predict the future and number of waves of H1N1 which is why WHO continues to emphasize that the pandemic is not yet over. Preparedness is vital as the virus may become more severe or mutate into another strain.

Inter-linkages between animal and human health responses. Discussion centered on the importance of the inter-linkages between animal health and human health. The work that is being done by both areas contains both technical and political issues. Therefore, a role exists for the involvement of a wide range of partners at a number of difference levels to work together in a collaborative and coordinated way.

2.5 Session 13: Public information and supporting behavioural change, C Y Gopinath, Regional Communication Coordinator, FAO RAP and Tung Tran, Consultant, Communication for Development, UNICEF APSSC

Panel: Regional Risk Communication Initiative (C Y Gopinath, Regional Communication Coordinator, FAO RAP; Tung Tran, Consultant, Communication for Development, UNICEF APSSC; Cathy Williams, Media and Communications Specialist, WHO WPRO)

C Y Gopinath's presentation 'The View from the Farm: Why behavior change is so difficult' focused on the need to take a fresh look at risk communication. Drawing on data and anecdotes from a wide range of disciplines, experiences and health predicaments the current framework for behaviour change communication was reviewed in the context of emerging infectious diseases, to point to gaps, challenges and new directions. A large chasm exists between the way biomedical specialists (from the animal, human and wildlife health areas) describe illness, and the dramatically different ways in which ordinary people perceive and experience illness. There is a need to build a generic foundation that helps the general public better understand micro-organisms, vectors and disease transmission so that the logical basis for preventive actions is understood more clearly and better accepted by lay people. The case was also made for deeper multi-disciplinary community assessments that involve sociologists, anthropologists and ethnographers, as part of the start-up steps in communication in a specific setting.

2.5.1 Session 13: Key discussion points

Social behaviour change. A participant noted that behaviours are seldom standalone components and are often part of a social web of norms. Therefore, every communication needs to be community-based. This is often challenging because the behaviour is such an integral part of the society and not easy to change with a short-term campaign.

Perceptions versus facts. A participant suggested using local perceptions as a vehicle to convey messages. He proposed that communication campaigns could be based around community perceptions rather than facts, even if it may be argued, for example, that using superstition in order to explain something means supporting superstition.

Social marketing. The importance of social marketing in achieving behaviour change was an issue raised by a participant. He noted the lack of evaluation of social change in the communication campaigns that are implemented.

Engaging the community to advocate change. Discussion focused on the difficulty in advocating for behaviour change without engaging the efforts of the community. For example, persuading poor communities not to allow animals to live inside the home is particularly challenging. C Y Gopinath noted that a solution may be to identify a community belief that could help people understand why they should not allow animals inside the home. Only by exploring cultural beliefs and finding examples to enable the community to understand the similarity of the problem, will a solution be achieved.

2.6 Session 14: Whole-of-society preparedness in the context beyond H1N1 and influenza: the usefulness and long-term feasibility on multi-sector preparedness planning? *Mr. Michael Mosselmans, Director, Pandemic Influenza Coordination Team, OCHA / PIC, Dr. Judy Kimaru, Emergency Management and Coordination Officer, UNRCO Lao PDR, and Ms. Bahar Zorofi, Programme Officer, Pandemic Response Unit, WFP HQ*

Panel: Dr Judy Kimaru, Emergency Management and Coordination Officer, UNRCO Lao PDR, Ms. Bahar Zorofi, Programme Officer, Pandemic Response Unit, WFP HQ and Mr. Michael Mosselmans, Director, Pandemic Influenza Coordination Team, OCHA PIC

Michael Mosselmans spoke about the need for multi-sectoral preparedness. As it is a diverse area it requires the collaboration and coordination of many partners. The challenges are numerous in providing a multi-sector response; flu fatigue has made it difficult to maintain financing, donors do not have as much funding as they had before and the H1N1 pandemic was milder than anticipated. IMCAPI 2010 will influence the future direction of the API agenda. Also, the Global Progress Report will reflect the growing importance placed on emerging infectious diseases at the animal-human interface.

Judy Kimaru presented the experience of Lao PDR in the context of whole-of-society preparedness for influenza pandemics. Until the emergence of H1N1 and the event of the SEA Games, the need for a whole-of-society response had been identified but had not been sufficiently addressed. UN agencies began to work in close collaboration with ministerial counterparts throughout the pandemic. The process of continual dialogue with high levels of government was a key factor to moving the process of business contingency planning forward. Other factors included the need for the UN and development partners to commit to providing technical advisors and funding throughout the process; recognizing government as the lead actor with the UN supporting from behind; the need for regional workshops to guide UNCTs; and acknowledging that business continuity planning is an 18 month to two year

process.

Bahar Zorofi provided an overview of WFP's activities to strengthen its pandemic preparedness. The organisation has scaled up its pandemic readiness activities by providing operation continuity guidance, high-level logistics consultations, and conducting staff health and safety activities. Additional programmatic activities include developing food distribution guidelines for pandemics and looking at ways to increase local/regional food production capacities. Contingency plans called 'Operational Action Plans' are being developed by all WFP country offices. These plans are designed to integrate with government and partner activities, with each plan reflecting the specific environment of its respective country. 80% have now been finalised at the country level, working closely with UNCTs and national authorities in their development.

2.6 Session 14: Key discussion points

Monitoring and evaluation of the whole-of-society approach. Discussion centered on the lack of commitment of long-term funding from donors. A participant enquired if UNSIC/PIC had thought about completing the planning cycle through monitoring and evaluation frameworks, which could feed back into the planning process in order to demonstrate results to donors. Mr. Mosselmans responded that the upcoming Global Progress Report would highlight how best to strengthen monitoring and evaluation across all responses to the pandemic. In addition, OCHA has a website which aims to monitor and track the state of readiness of governments across the globe. ASEAN has also developed some useful indicators on multi-sectoral response in the countries in its region.

Ensuring country-level focus. A participant noted the importance that whole-of-society initiatives are designed and implemented at the country level. It is necessary that headquarters works together with country offices to ensure the realities on the ground are taken into account, for the success of the whole-of-society framework.

Alignment of WFP Operational Action Plans with UNCT contingency plans. The question was raised of how the WFP Operational Action Plans interface with UNCT contingency plans at country level. Ms. Zorofi responded that the WFP plans are designed in synergy with the UNCT contingency plans, taking into account specific country team concerns.

2.7 Session 17 and 18: Plenary reporting on working groups and discussion

Following the four thematic breakout working group discussions, participants from each group provided a brief presentation outlining the main findings of their discussions.

2.7.1 Findings of the public information and behaviour change working group

Regional policy-level changes are required to ensure effective communication on emerging infectious diseases. To ensure effective communication, a joint approach in communication, surveillance and reporting between animal and human health should be

developed through active dialogue among these two sectors. Incorporation of a communication-based assessment in any initiative start-up should be encouraged. The formation of a government-led intersectoral coordinating body is recommended to drive the development of country communication strategy. Communication strategies are also recommended to include marginalized/vulnerable groups.

Communication strategies can take advantage of prevailing knowledge, attitudes and social norms that affect community behaviour change. In order to understand the prevailing factors affecting community behavioral change, formative research that requires participatory and community consultation should be conducted and shared with governments. This will lead to the design of a communication strategy. It is recommended that regular community-based reviews of communication reviews should be conducted.

Priority areas for regional communication strategies. There is a need to develop communication strategies that take into account the human and animal interface. The communication should be built around disease surveillance systems. There is a need for capacity-building on communication for frontline workers, government agencies and the UNCT. There are also aspects in regional and cross-border communication management that need to be looked at. The inter-agency approach for communication on emerging infectious diseases should be created and maintained. The aspect of communication and coordination among agencies needed to be strengthened. This would also be helped by establishing communication coordination database. A research framework needs to be developed to guide the direction of research.

The long-term joint priority areas for communicating on emerging infectious diseases. The development of common communication tools for pandemic influenza and emerging infectious diseases is necessary, such as training manuals, training of trainers, surveys and tracking tools. Mechanisms for mentoring and follow-up should be set up. The networks and association of livestock farmers should be involved in communication planning.

2.7.2 Findings of the public health working group

Current situation. Countries have made significant progress in human health planning and response to influenza in the broad areas of surveillance, response and communication. In this process, APSED has been seen as a useful guiding framework. However, if 'APSED-beyond' aims too broadly, success may be jeopardized. The underlying root causes of vulnerabilities among people contribute to enhanced calls for a multi-sectoral approach. Countries have mixed experiences in terms of national and sub-national operationalization of pandemic plan, and some countries have greater coordination between animal and human health.

Lessons learned. Easy-to-digest user friendly guidelines have proved useful at the field level. There is a need to sustain the enhancements that have been developed through H5N1 in areas of laboratory capacity, infection control and supply chain. The animal and human health collaboration in different areas needs to be institutionalized for longer-term sustainability. Screenings at points-of-entry are conducted differently across countries and need to be reviewed for their effectiveness.

Challenges faced. Challenges exist in the areas of balancing communication between worst and best case scenarios, too many resources provided to points-of-entry with hidden political agendas and risk communication made by the public health sector. The latter would provide an opportunity for WHO to work in collaboration with other agencies in supporting countries to communicate epidemiological facts.

Next steps. A ‘one UN’ consolidated action plan needs indicators, as does the UNCAPAHI log frame, in order to measure expected outcomes. UN agencies should act in a complementary way according to the relative advantage of each. Core capacity stipulated in APSED should be decentralized to sub-national level in order to open opportunities to involve other agencies. Lead agencies at country-level need to be clarified. Good practices of multi-sector collaboration at country level should be shared. There should be an inclusion of these above mentioned aspects in UNDAF. A move from a project to a programme approach is also required for long term sustainability.

2.7.3 Findings of the animal health and sustaining livelihoods working group

Proposed activities to address the endemic situation of disease hotspot areas.

Recommendations include implementing control processes using risk analysis along the production and market-chain of all sectors; the formation of mechanisms for Public Private Partnerships; advocating political involvement at the highest level in government; and promoting cross-border collaboration in disease control. Technical meetings should be held to discuss the specific interventions in areas such as vaccines, movement control, biosecurity, legislation and enforcement, market chain restructuring, culling and compensation, and epidemiology of disease in endemic situations.

Long term capacity-building. This can be achieved by encouraging countries to accept and make public Performance of Veterinary Services (PVS) evaluations and further conduct gap analysis in order to develop strategic plans for veterinary service to address the identified gaps. The analysis can be used to encourage donors fill the gaps. There is also a need for closer collaboration among donors in order to avoid duplication.

Socio-economics and livelihoods. A review of the existing socioeconomic studies related to economics, livelihoods and value-chains should be conducted, and the results used to guide policy development and support disease control.

(Recommendations for animal influenza surveillance and joint human-animal influenza surveillance are the same as those presented in Session 7)

2.7.4 Findings of the whole-of-society working group

Broadening the whole-of-society approach for the long term. There is an option to broaden whole-of-society/multisector planning approach for the long term with consideration of building on existing structures and partnerships. These structures and partnerships have given a sense on the linkages among animal health, human health and communications in the multi-

sectors approach. Non-governmental organisation partnerships with the UN often exist already and as such are credible and valued, providing the UN with access to vulnerable populations.

Non-health sectors should be acknowledged for their involvement in the planning process. To ensure sustainability, partners should work together on the basis of comparative advantage. The notion of incorporating a multi-sector into a multi-hazard approach should be considered a positive change for the future.

The principles of whole-of-society/multisector approach at different levels are similar, but the methods of rolling out and entry points differ at national, provincial and community levels. Advice should be sought from country teams, partners and national governments to ensure the entry points are correct. UNCAPAHI and other existing UN structures should be reviewed in the context of the multi-sector approach.

*** A working group comprising of a small cross-section of workshop participants convened in the evening, to work on drafting a recommendations document to present to the wider workshop participants the following day.

DAY 3: Friday, 29 January 2010

3.1 Session 19: A coordinated UN response for 2010, Ann Lund, Senior UN Coordination Specialist, on behalf of the drafting team

Ann Lund presented the draft of the 'Recommendations for Coordinated UN System API Response in Asia-Pacific for 2010' document. (See Annex 3 for a final draft of the document)

3.2 Session 20: Discussion of draft document

Panel: Ann Lund, Senior UN Coordination Specialist; Michelle Barrett, Partnership Officer, UNSIC; Dr. Nicole Smith, Epidemiologist and Acting Team Leader, WHO; Dr. Hitoshi Murakami Avian and Human Influenza Regional Coordination Officer, UNSIC; C Y Gopinath, Regional Communication Coordinator, FAO RAP; Tung Tran, Consultant, Communication for Development, UNICEF APSSC

Communication and advocacy. A suggestion was made to change the recommendations headline 'Communications and Advocacy' by omitting the 's' in communications and altering the title to reflect that it focuses more broadly than communication outreach. As communication is included in almost all sections of the document, it was suggested that it is integrated into each section and not a standalone topic, in order for its cross-cutting nature to be fully captured. Dr. Smith noted that a point on communication could be included in the introduction.

Media monitoring. A participant noted the potentially damaging affects of the media around the pandemic. She asked whether media monitoring should be included as a priority. Ms.

Lund responded that many issues around media were tabled during the previous discussions but media monitoring was not raised as an issue for prioritization. She added that it could be added if participants felt it was important.

Creation a communication structure within government. Referring to a point on the recommendation document which advocates working with government to create a communication strategy, a participant noted that creating another structure within government would be challenging. She suggested instead that the intersectoral structures already established at government level are used to implement the communication objectives of the report.

Capacity development of APSED. It was suggested that the point on building the capacity of APSED was not time bound. In addition, Dr. Nicole Smith suggested that a change was made to the part of that point which referred to the task being taken on by ‘relevant’ UN agencies and partners, rather than what was currently written of ‘all UN agencies’. Participants agreed with this suggestion.

Allocation of human resources. A point in the document advocated for the need of funding to support human resources. A participant suggested that some of this funding is allocated to the hiring of staff, rather than the training of existing staff.

Cluster system point clarification. Discussion centered on rewording the point which calls for a review of the interface between emerging infectious diseases and the cluster system, in order to clarify the recommendation.

Performance of veterinary services. It was suggested that the point on encouraging countries to undertake Performance of Veterinary Service be moved to the section on strengthening capacity development. It was further recommended that included in this point should be advocating for the sharing of evaluation results between countries.

Broadening the scope of the UN’s work. It was noted that the term ‘broadening’ is used throughout the document in reference to pandemics (for example, broadening the focus of communications from pandemics to emerging infectious diseases). It was questioned whether broadening of the UN’s work to cover so many areas was an unrealistic goal.

Risk versus severity of pandemics. It was noted that the issue of risk versus severity of pandemics was discussed throughout the workshop and should it therefore be reflected in the document. It was added that a definition of pandemic may be helpful for clarification purposes. Dr. Smith suggested that the point on refining pandemic plans ‘to include triggers or thresholds for action’ is modified to include the text ‘... tailored to the severity of the pandemic’ at the end.

Root causes of animal health issues. A participant acknowledged that while advancements are being made in strengthening veterinary services and the UN’s capacity to respond, gaps exist in looking at root causes in the agriculture sector (for example, investigating the risks

around how livestock is raised and traded). It was suggested that there may need to be further focus on this.

Responsibility for action of the recommendations. A number of participants suggested that certain UN agencies are allocated lead responsibility for each of the points, in order to leverage movement and ensure the recommendations are actualized.

Communication workshop. In order to actualize a communication strategy framework, it may be necessary to convene a meeting of the communication focal people to map out the various communication components, which could then be brought back to country offices.

3.3 Session 21: Next steps

Panel: Ann Lund, Senior UN Coordination Specialist; Michelle Barrett, Partnership Officer, UNSIC; Dr. Nicole Smith, Epidemiologist and Acting Team Leader, WHO; Dr. Hitoshi Murakami Avian and Human Influenza Regional Coordination Officer, UNSIC; C Y Gopinath, Regional Communication Coordinator, FAO RAP; Tung Tran, Consultant, Communication for Development, UNICEF APSSC

The steps detailed below were identified by workshop participants as the primary actions needed in order to take the recommendations forward in 2010.

3.3.1 Country level next steps

The workshop recommendations will be broadly shared, seeking ways to further strengthen coordinated action. UN Resident Coordinator and UNCT senior management will be briefed. A meeting will be convened of UNCT focal points, reviewing recommendations within the country context. Planning priorities and recommendations will be shared with national counterparts as well as partners and stakeholders, as appropriate, for heightened engagement and joint planning. Recommendations will be integrated into UNDAF and other joint planning documents as they come up for review/drafting - while also taking into consideration the Millennium Development Goals. UN pandemic preparedness plans and business continuity plans will be reviewed and revised. Linkages will be strengthened between programmatic aspects of UN system support to national government and the whole-of-society approach. Table-top exercises and simulations will be conducted. Communication plans will be reviewed to take into account workshop recommendations. Reflections on recommendations and country-level priorities, as well as lessons learned, will be fed to UN regional offices and headquarters for consideration and integration into broader policy/programme development.

3.3.2 Regional level next steps

The workshop recommendations will be broadly shared, seeking ways to further strengthen coordinated action. A meeting will convene of the focal points from regional UN offices to review the recommendations and identify options for enhanced coordinated regional UN system support for country-level action. The Asia Regional Risk Communication Initiative will take forward a coordinate inter-agency approach to communication, to organize a

regional forum on communication and develop a common regional framework for communications. The workshop discussions and recommendations will be shared and integrated into the following activities: review of the APSED-related workshop recommendations (WHO); inter-agency regional exercises on operational continuity/whole-of-society (WFP, March 2010); planned regional workshop (ILO, March 2010); sharing the recommendations at the expert meeting (OIE, June 2010); and convening of a follow-up meeting in one year's time to review progress on the workshop recommendations.

3.3.3 Headquarter level next steps

The outcomes of the workshop, including the workshop recommendations, will be shared with the Deputy Secretary General's Steering Committee on Influenza as well as with the UN System Technical Working Group. The workshop discussions, outcomes and recommendations will be fed into ongoing and upcoming processes including agency-specific planning processes, the revision of UNCAPAHI and CONOPS, the drafting of the 5th UNSIC-World Bank Global Progress Report, and UNSIC strategic and transitional planning.

3.4 Session 22: Concluding session, Annu Lehtinen, Regional UN System Influenza Coordinator, UNSIC Asia-Pacific Regional Hub

In concluding the workshop, Annu Lehtinen recognized that there was much to be done to ensure the recommendations become operational. Some of its proposals may require a shift in the way the UN does business, while others will be implementable almost immediately. The key starting point is that country level colleagues intend to bring the recommendations back to their country offices and initiate a dialogue with their respective UNCTs.

Going forward, recommendations from the discussions in Day 3 of the workshop will be incorporated into the final draft of the recommendations document and shared with participants in the days following the workshop. As advocated by colleagues at the country level, Ms. Lehtinen reiterated the sharing of the final recommendations with partners outside the UN system, in a bid to share information.

Many positive achievements have been made over the past year, in part stemming from the inheritance of H5N1 and the lessons learned from the virus. This is because of the work that has taking place at country level. The heart of the UN system response remains at the country level, with regional levels ready to support those efforts on the ground. The views and advise of country level teams will continue be solicited going forward and the process of two-way dialogue will be maintained for the future, for the benefit of this continuously important but evolving UN system joint work on avian and pandemic influenza.

3.5 UN Partner Meeting

A UN Partner Meeting was convened with partners and interested UN workshop participants, to provide a briefing on the preliminary findings of the next UNSIC-World Bank Global progress Report and to provide an opportunity to share donor updates.

Annu Lehtinen, Regional UN System Influenza Coordinator, Asia-Pacific, UNSIC, who chaired the meeting, provided an update on the UN System Meeting and summarized the recommendations which emerged from the three days. She noted the overarching concepts which took the focus of the workshop: the utilization and targeting the comparative advantages of the UN system agencies and partners in taking forward the multi-disciplinary work; using the focus on the current pandemic to ensure the future strengthen of human and animal health capacity preparedness; ensuring the importance of H5N1 is not diluted as it is still entrenched in a number of countries in the region; taking the time to review the efforts of the past number of years, particularly with a view to learning lessons from H5N1; whether there could be a consolidation of work around the One World One Health initiative; the incorporation of the whole-of-society approach; developing common communication tools across agencies. Common themes were identified and a range of technical recommendations were proposed. Next steps were identified for Asia-Pacific in taking these recommendations forward. UNSIC will share these recommendations with partners when the draft document is finalized.

3.5.1 Update on the progress preparations for the International Ministerial Conference on Avian and Pandemic Influenza 2010, *David Payne, Partnership and Coordination Specialist, UNDP*

David Payne provided an outline of the progress on the organisation of the International Ministerial Conference on Avian and Pandemic Influenza (IMCAPI) 2010, which is scheduled to take place Hanoi, Vietnam. The proposed time for the conference is 20-21 April for the Ministerial Conference, with a technical meeting convening prior to that on 19 April.

IMCAPI 2010 is the 7th conference in a succession of a line of international ministerial conferences which have been convened since 2005. The conferences have received substantial support from the US and the EC, among other partners. Previous meetings have yielded concrete outcomes and have offered an opportunity to obtain political commitment for joint global actions for urgent responses. They have facilitated pledging of substantial resources allowed the joint monitoring of progress.

IMCAPI 2010 has a number of important objectives. It intends to reaffirm the need for sustained appropriate efforts on highly pathogenic influenzas (including H5N1) and other high impact health threats at the animal-human-environment interface. It aims to reaffirm the importance of adequate readiness for pandemics and other high impact threats to human health through continued strengthening of institutional capacity for national, regional and global contingency planning and response. It will agree options for a forward strategy to implement: 1. Sustained responses to highly pathogenic animal influenzas including H5N1; 2. World-wide readiness to respond to pandemics and other high impact health threats arising at the animal-human-environment interface; and 3. national, regional and global capacity to assess and address drivers for the emergence of high impact health threats at the animal-human-environment interface. It will also start to discuss how this strategy could be resourced, implemented and monitored.

Expected participants to the conference include government ministers responsible for agriculture and livestock, public health, foreign affairs and development cooperation, regional inter-governmental agencies and international organizations.

The Government of Vietnam has proposed that a short Conference Statement is adopted at the conclusion of the conference. A draft of this statement is being prepared and will be shared widely in advance of the conference for comments. Further information about IMCAPI 2010 is available on the conference website at www.imcapi-hanoi-2010.org.

3.5.2 Discussion on IMCAPI

Number of invited delegates. Six delegates (including ministers) from each country are invited to attend the conference. This is somewhat flexible and should a country have specific requirements which are higher. Certain countries may have issues in funding themselves to attend and that this is currently being looked into. The EC is supporting the travel costs of participants from a number of key countries, mostly in the Asia region.

Support of UN technical agencies. A participant asked what support will be required from UN technical agencies in lieu of the conference. Annu Lehtinen noted that a number of core organizing groups were supporting the conference preparation and content-setting, including FAO, OIE, WHO and the World Bank. Otherwise, the emphasis of the conference is on individual countries and their national authorities, the forum being an opportunity for them to review progress and share experience. For this reason the conference advocates for less presentations from UN agencies and more from countries governments. A display area will be set up outside the conference for agency display materials. UN agencies are encouraged to work with national partners to encourage them to attend and to support them in sharing their experiences with the conference.

3.5.3 Briefing on progress of the next UNSIC-World Bank Global Progress Report, *Michelle Barrett, Partnership Officer, UNSIC*

Michelle Barrett provided a briefing on the progress of the next UNSIC-World Bank Global Progress Report. The report is being developed hand-in-hand with IMCAPI. The objectives of the report are to provide evidence and document experiences to support discussions at the Hanoi conference, including the technical discussions that will precede the event. In addition, the report aims to provide a document for governments to reference after the conference to support, as appropriate, policy development and implementation of forward-looking strategies.

The development of this year's report will incorporate 3-phase approach which includes the preparation of five Resource Papers in advance of IMCAPI, designed to provide the evidence based for discussions and decisions at the conference. Phase two will involve the drafting of a Synopsis at the end of the conference, to capture the potential Conference Statement, decisions and recommendations coming out of the three days. A final report will be produced following IMCAPI. This will serve as both a final record of the conference as well as a forward-planning reference document.

The first phase of the report is currently underway and includes developing the following five resource papers: An overview of international efforts to strengthen preparedness and response to animal and pandemic influenza; a comprehensive update and review of the work done and developments made on H5N1; an examination of global health threats (including H1N1) in an effort to draw lessons learned for preparedness and response; a review of the potential impacts and drivers of global health threats, reviewing policy options for developing 'one health'-esque ideas for multi-sectoral, multi-disciplinary capacities at national, regional and global levels; and a summary document, integrating the conclusions of the previous four papers.

3.5.4 Partner updates on current and planned 2010 activities

Keenan Institute. Jim Hopkins provided a brief overview of the recently launched Greater Mekong Subregion Responses to Infectious Diseases Project (GMS-RID), which is funded by USAID. The project, which will run for five years, aims to increase the capacity for collaboration on infectious disease prevention, surveillance and response in the greater Mekong subregion. The project intends to strengthen national and local capacities for cross-border collaboration on surveillance of and response to infectious diseases in border areas among GMS countries. It will build partnerships and develop ways to work collaboratively among government agencies, donors, non-governmental and international organizations, and supranational networks for cross-border collaboration on surveillance and response with emphasis on avian and pandemic influenza in the region. In addition, it will build on public-private sector alliances on prevention, control and mitigation of the impact of infectious diseases with emphasis on avian and pandemic influenza.

Academy for Educational Development (AED). AED is working with the Keenan Institute on the GMS-RID project. It is also starting a new project to provide research and communication support across the same sites at the GMS-RID project, focusing on identifying communication gaps which it can fill and research it can conduct.

3.6 Country Coordinator and API Focal Points Meeting

An informal discussion was convened of UN country team API Coordinators and focal points working on coordination, UNCT preparedness and contingency planning issues.

3.6.1 UN system country level coordination.

Annu Lehtinen noted the importance of coordination, in particular in the context of whole-of-society framework. She recognized that coordination is increasingly challenging at the country level and called for participants to share the challenges they faced.

In 2005 the UN requested that countries establish API focal points to act as avian influenza coordinators, especially in the regions where H5N1 was entrenched. Many coordination mechanisms were established including frameworks for information-sharing and support to national plans. Technical working groups were established in many countries. IEC working

groups were also set up, which expanded to include non-governmental organisations. This was seen as a positive coordination movement.

Ingo Neu noted that UNSIC Asia-Pacific has a list of country, regional and global focal points which it shares with API focal points regularly. He offered to share this list again with focal points so that they could contact each other and share information and experiences.

Participants were asked to email UNSIC to request this list. Annu Lehtinen added that the UN Influenza portal (www.UN-influenza.org) contains useful information on avian and pandemic influenza. UNSIC hopes to update the portal over the coming months and create a discussion forum to stimulate dialogue coordination, preparedness and contingency planning issues. Participants were also encouraged to use the UN Coordination Resource Guide when working on coordination issues.

3.6.2 UNCT contingency planning

Ingo Neu recommended speaking directly to colleagues in other countries to share information and experience regarding pandemic preparedness and contingency planning. He also recommended that colleagues upload their contingency plans to the PIC tracker website (<http://www.un-pic.org/web/>). As this is not a public website, it requires a password to obtain access. Participants can email Achara Jantarsaengaram (jantarsaengaram@un.org) to receive a password should they not have one already.

It was recommended that in addition to tabletop exercises which have already been completed by many countries, participants conduct drills of aspects of their contingency plans.

Methodology has been developed for these drills and related material is available via the OCHA ROAP website. Participants are encouraged to make contingency planning information widely available to UN country teams to ensure everyone was familiar with the plans. In addition, drills should be repeated to take into account the turnover of new staff. Pandemic contingency plan should be included in welcome/security briefings for all new staff. A participant noted that it was not necessary for all staff to know every part of the plan, but instead relevant and appropriate sections should be included in briefings for staff members.

In response to a question on how communications is incorporated into contingency, Ingo Neu noted that communication was included in terms of identifying who makes decisions and what systems are in place to communicate decisions to staff. Also under the area of communications is the identification of a media spokesperson.

3.6.3 UNCT multisector preparedness

Ingo Neu reported that UNSIC/PIC is ready and willing to conduct workshops and tabletop exercises with national authorities on multisector and whole-of-society preparedness. All that is required for this is for participants to find an opportunity to advocate multisector preparedness and to identify an entry point for UNSIC/PIC. There is little cost to country offices for the running of a workshop or a 1-2 day tabletop exercise with governments. In terms of organisation at the country-level, colleagues need only to invite participants to the

workshop to organize the venue. Relevant material can also be provided by UNSIC/PIC. In certain case, facilitators may be required to oversee some group work. However, the overall costs are low and there is little work on behalf of country offices.

A business contingency planning workshop is another way of strengthening multisector preparedness. ILO has conducting a number of successful business continuity planning workshops, including training of training.

A multisector preparedness workplan should include a number of activities, with each activity having a definite outcome. These include simulation exercises, business continuity plans with a number of ministries, awareness raising workshops, etc.

A number of countries have requested multisector support through the submission of UNIP sheets. These countries are now entitled to apply for support in the area of multisector preparedness and business continuity planning. Submissions of proposals must be sent for approval by 15 February 2010. Countries are encouraged to also submit sub-regional proposals which would allow country office colleagues to travel to other countries, sharing information and experiences.

The total amount to be allocated for this support is USD\$2 million and the number of theoretical eligible countries is 41. As it is not expected that every eligible country will submit a proposal, countries are encouraged to write proposals of up to USD\$130,000. These proposals are then sent through Resident Coordinators.

Concern was voiced that the deadline for proposals of 15 February is too soon. Participants were advised to request an extension of this deadline, although it could not yet be confirmed if this extension would be given. For activities such as tabletop exercise, the deadline of 15 February deadline does not apply. Eligible country offices were strongly encouraged to submit proposals.

If countries would like to hire consultants (for example, for business continuity planning) it was recommended that it may be more beneficial to share a consultant between a few countries so that the time of this expert is used more efficiently.

Copies of presentations and workshop CDs are available upon request from UNSIC Asia-Pacific Regional Hub. To obtain this material, please contact Ms. Panupatcharee Kaewprasit at kaewprasit@un.org or phone +66 (0) 2288 2641.

Annex 1: Workshop Agenda



UNITED NATIONS SYSTEM WORKSHOP ON AVIAN AND PANDEMIC INFLUENZA

ASIA AND THE PACIFIC
27-29 JANUARY 2010
AMARI WATERGATE HOTEL
BANGKOK, THAILAND

Workshop Agenda

DAY 1: Wednesday, 27 January 2010

08:30 – 09:00 Registration

09:00 – 09:30 Welcome and introductions

- Opening statement by video message, *Dr David Nabarro, UN System Senior Influenza Coordinator*
- Introduction of the workshop process and participants, *Annu Lehtinen, Regional UN System Influenza Coordinator, UNSIC Asia-Pacific Regional Hub*
- Brief discussion of purpose and expected outcome of workshop
- Adoption of agenda

Theme 1: The UN system coordinated response to current Influenza H1N1 Pandemic

Morning workshop

Scene-setting panel presentations

09:30 – 09:45 Session 1: Introduction: Global H1N1 Pandemic Response

Presentation: Michelle Barrett, Partnership Officer, UNSIC New York; Michael Mosselmanns, Director, Pandemic Influenza Coordination Team, OCHA / PIC

Overview presentation on the international efforts to respond to current influenza H1N1 Pandemic and the UN system support to responding to the needs of the least resourced vulnerable countries, including the Urgent Needs Identification and Prioritization (UNIP) process.

09:45 – 10:00 Q&A

10:00 – 10:20 Session 2: UN system support to public health system response

Presentation: Dr Satoko Otsu, Medical Officer for Pandemic Preparedness, WHO WPRO Panel; Dr. Satoko Otsu, WHO WPRO; Dr. Bee Lee Ong, WHO WPRO; Dr. Nicole Smith, WHO WPRO and Dr. Augusto Pinto, WHO SEARO

In the context and timeframe of the current influenza H1N1 pandemic response, panel presentation on the UN's support to strengthening the health system response. Main focus will be put on the situation updates from human health perspective and areas where UN inter-agency collaboration was critical.

10:20 – 10:30 Q&A

10:30 – 10:40 Group photograph

10:40 – 10:50 Coffee break

10:50 – 11:10 Session 3: UN system support to effective mass communication *Presentation: Cathy Williams, Media and Communications Specialist, WHO WPRO*
Panel: Regional Risk Communication Initiative (C Y Gopinath, Regional Communication Coordinator, FAO RAP; Tung Tran, Consultant, Communication for Development, UNICEF APSSC; Cathy Williams, Media and Communications Specialist, WHO WPRO)

In the context and timeframe of the current influenza H1N1 pandemic response, panel presentation on the support provided by the UN system to ensure effective mass communication between stakeholders involved in communicating key messages around the pandemic to the general public. Outline of the support packages developed to ensure effective communication to the public.

11:10 – 11:25 Q&A

11:25 – 11:45 Session 4: UN system support to surveillance and animal health response to H1N1

Presentation: Dr. Wantanee Kalpravidh, Regional Coordinator, Emergency Centre for Transboundary Animal Diseases (ECTAD), FAO RAP
Panel: FAO RAP, Dr. Itsuo Shimohira, Regional Representative for Asia and the Pacific, OIE AP, Dr. Ronello Abila, Sub-regional Representative, OIE SRR SE Asia; Dr. Gardner Murray, Senior Advisor, OIE SRR SE Asia

In the context and timeframe of the current influenza H1N1 pandemic response, panel presentation on the UN System support mainly in monitoring H1N1 amongst animal population.

11:45 – 12:30 Q&A

12:30 – 13:15 Break for lunch

Afternoon workshop:

13:15 – 14:00 Session 5: UN system support to whole-of-society pandemic preparedness; Q&A

Presentation: Tsuyoshi Kawakami, Senior Specialist, ILO; Jaime Calderon, Regional Migrant Health Manager, IOM; Mark Kelley, Security Officer, Pandemic Response Unit, WFP HQ, Jim Catampongan, Humanitarian Pandemic Preparedness Coordinator, IFRC; WFP; Ingo Neu, Senior Planning Officer, OCHA / PIC

Panel: Bahar Zorofi, Programme Officer, Pandemic Response Unit, WFP, Ingo Neu, Senior Planning Officer, OCHA / PIC, Jaime Calderon, Regional Migrant Health Manager, IOM, Tsuyoshi Kawakami, Senior Specialist, ILO, Jim Catampongan, Humanitarian Pandemic Preparedness Coordinator, IFRC

The whole-of-society approach to pandemic preparedness targets different aspects of government and civil society as well as a certain planning methodology. In the context and timeframe of the current influenza H1N1 pandemic response, panel presentation on the UN support that could be provided to multi-sectoral and multi-level pandemic preparedness by different UN actors and IFRC. The focus will be centered on the whole-of-society approach to pandemic preparedness which targets different aspects of government and civil society as well as a certain planning methodology, and the support that could be provided to countries for preparedness planning for vulnerable groups, civil society and communities, as well as national and sub-national level service providers and key actors in essential non-health sectors.

14:00 – 14:15 Q&A

14:15 – 16:00 Session 6: Working group session

Participants are split into working groups for in-depth discussions on the topics of the four presentations from the morning workshop, examining the country priorities in light of pre-proposed thematic and cross-cutting questions, identifying remaining immediate priorities and options for support drawing from the experience gained, the potential benefits of previous efforts in the context of the H5N1, the capacities strengthened and potentially tested as well as lessons learned.

16:00 – 16:15 Break for refreshments

16:15 – 17:40 Session 7: Plenary reporting on working groups; Q&A

A participant from each working group to report back on the findings of the group discussions.

17:05 – 18:05 Session 8: Discussion forum

Interactive discussion on the outcomes of the working group sessions. Participants are encouraged to further elaborate and share country and regional level experiences, challenges and outcomes identifying collective priorities. This session will contribute to drafting of the 'Recommendations for Coordinated UN System API Response in Asia-Pacific for 2010' from the short-term perspective within the scope of the of the current influenza H1N1 pandemic.

17:40 – 18:10 Summary of the day, closing remarks and agenda for the next day

18:30 – 21.00 Reception with UN and partner organizations.

DAY 2: Thursday, 28 January 2010

08:30 – 09:00 Session 9: Open discussion on reflections from Day 1

Theme 2: Sustainable Consolidated UN System Support to Avian Influenza Response and Pandemic Preparedness

Morning workshop:

Scene-setting panel presentations

09:00 – 09:30 Session 10: Introduction: Evolving Avian and Pandemic Influenza; Q&A Response, *Presenter: Michelle Barrett, Partnership Officer, UNSIC New York*

Presentation on the evolving Avian Influenza Response and Pandemic Preparedness in the context of the purpose and objectives of the UN system Consolidated Action Plan for Animal and Human Influenza (UNCAPAHI) and the broadening scope of multi-sectoral, multidisciplinary approaches.

09:30 – 10:00 Session 11: Support to animal health and sustaining livelihoods; Q&A

Presentation: Dr. Wantanee Kalpravidh, Regional Coordinator, Emergency Centre for Transboundary Animal Diseases (ECTAD), FAO RAP and Dr. Ronello C. Abila, Sub-Regional Representative, OIE SRR SE Asia

Panel: Dr. Wantanee Kalpravidh, Regional Coordinator, Emergency Centre for Transboundary Animal Diseases (ECTAD), FAO RAP, OIE AP, Dr. Ronello C. Abila, Sub-Regional Representative, OIE SRR SE Asia

Panel presentation on the cohesive framework developed in response to avian and pandemic influenza to safeguard animal health, ensure food security and protect human health.

10:00 – 10:30 Session 12: Support to human health; Q&A

Presentation: Dr Nicole Smith, Epidemiologist and Acting Team Leader, WHO Vietnam

Panel: Dr. Bee Lee Ong, WHO WPRO and Dr. Nicole Smith, WHO Vietnam

Panel presentation on the UN system response to strengthening public health infrastructure, focusing on support to country-level surveillance systems to reduce human exposure to the recent pandemic, strengthening early warning systems, intensifying containment and building capacity to cope with the pandemic.

10.30 – 10:50 Coffee break

10:50 – 11:40 Session 13: Public information and supporting behavioural change; Q&A

Presentation: C Y Gopinath, Regional Communication Coordinator, FAO RAP and Tung Tran, Consultant, Communication for Development, UNICEF APSSC

Panel: Regional Risk Communication Initiative (C Y Gopinath, Regional Communication Coordinator, FAO RAP; Tung Tran, Consultant, Communication for Development, UNICEF APSSC; Cathy Williams, Media and Communications Specialist, WHO WPRO)

Panel presentation on communicating risk and outbreak information around the pandemic to the general public. Focus on social mobilization activities with the public, households and communities to encourage them to adopt appropriate behaviours to minimize the impact of the pandemic.

11:40 – 12:30 Session 14: Whole-of-society preparedness in the context beyond H1N1 and influenza: the usefulness and long-term feasibility on multi-sector preparedness planning?; Q&A

Presentation: Michael Mosselmans, Director, Pandemic Influenza Coordination Team, OCHA / PIC and Dr Judy Kimaru, Emergency Management and Coordination Officer, UNRCO Lao PDR

Panel: Dr Judy Kimaru, Emergency Management and Coordination Officer, UNRCO Lao PDR, Bahar Zorofi, Programme Officer, Pandemic Response Unit, WFP HQ and Michael Mosselmans, Director, Pandemic Influenza Coordination Team, OCHA PIC

Panel presentation on the future direction of the whole-of-society and multi-sector approach, reflecting on the UN system joint coordinated approach guided by UNCAPAHI, lessons learned during the H1N1 response and potential move towards multi-sector approach beyond influenza.

12:30– 13:30 Break for lunch

Afternoon workshop:

13:30 – 14:45 Session 16: Working group session

Participants split into working groups for in-depth discussions on the key challenges, country needs, opportunities and policy drivers for future Avian Influenza Response and Pandemic Preparedness in the context of evolving and broadening scope and the UNCAPAHI objectives based on panel presentations from the morning workshop and pre-proposed thematic and cross-cutting questions. Participants, divided into objective specific groups, are offered the chance to probe further into each of the objectives of the UN system consolidated action plan and come up with recommendations for each objective based on their country experience, priorities and challenges with a longer-term, sustainable vision.

14.45 – 15:00 Break for refreshments

15:00 – 16:15 Session 17: Plenary reporting on working groups; Q&A

A participant from each working group to report back on the findings and recommendations of the group discussion.

Participants are encouraged to further elaborate and share country and regional level experiences, challenges and outcomes identifying collective priorities and recommendations in light of the experience gained from H5N1 and H1N1 and the UNCAPAHI objectives, analyzed during group work sessions. Agreeing on recommendations for each objective as well as on cross-cutting areas. This session will feed into drafting of the 'Recommendations for Coordinated UN System API Response in Asia-Pacific for 2010' from the medium-long term perspective, from the viewpoint of evolving and adaptable responses and under the scope of the objectives of the Consolidated UN System Action Plan (UNCAPAHI).

17:00 – 17:20 Summary of the day, closing remarks and agenda for the next day

18:00 Drafting Group for the Workshop Recommendations convenes
18:00 – 19.30 Workshop dinner

DAY 3: Friday, 29 January 2010

08:30 – 08:50 Session 19: A coordinated UN response for 2010

Presenter: Ann Lund, Senior UN Coordination Specialist, on behalf of the drafting team

Presentation of the draft 'Recommendations for Coordinated UN System API Response in Asia-Pacific for 2010' document.

08:50 – 10:00 Session 20: Discussion of draft document

In an open discussion of the draft document, this session draws together the workshop findings and assesses how country-level action can be supported by the UN system at the regional level. Amendments to the document are made and a consensus is reached on each recommendation, in order to produce a final report of next steps.

10:00 – 10:30 Break for refreshments

10:30 – 11:30 Session 21: Next steps

Discussion and agreement on the next steps going forward, to provide a continued UN system response at country and regional levels.

11:30 – 12:00 Session 22: Concluding session

Workshop evaluation and closing remarks

12:00 – 13:30 Lunch

Afternoon

13:30 – 15:00 UN Partner Meeting

Meeting with partners and interested UN workshop participants to provide a briefing on the preliminary findings of the next UNSIC-World Bank Global progress Report and to provide an opportunity to share donor updates.

15:00 – 17:00 Optional: Meeting for Country Coordinators and API Focal Points

An informal afternoon discussion for the UNCT API Coordinators and Focal Points working on coordination and UNCT preparedness and contingency planning issues with the proposed themes:

- UN system country level coordination
- UNCT preparedness and contingency planning: Remaining issues.

Organization of the proposed meeting, as well as topics discussed, will be dependent on the interest and availability of UNCT API Coordinators and Focal Points.

Annex 2: Message from David Nabarro

Dear Colleagues and friends,

I am very sorry that my schedule could not allow me to be with you in person today. Thank you for the chance to speak by video.

These Asia-Pacific regional meetings have taken place at regular intervals since 2005. They bring together colleagues from different countries, different sectors, and different contexts. They represent one of our most fruitful information-sharing and coordination forums.

During this workshop you will reflect on the work that we have done together over the past few years, and the possible new challenges and different directions that may lay before you. I anticipate that your discussions will be fruitful and will likely help guide your work in the coming years.

This regional workshop is very timely, occurring at the cross-roads of so much of our work:

First – we have an ongoing engagement in responding to Highly Pathogenic Avian Influenza, which continues to be a problem in several countries in this Asia Pacific Region. While Avian Influenza was somewhat overshadowed by the H1N1 pandemic in 2009, particularly countries in Asia-Pacific are aware we are far from being out of the woods yet and H5N1 continues to circulate and is entrenched in countries like Indonesia, China and Vietnam.

In many places, HPAI continues to pose a significant threat to animal health - and by extension, livelihoods – as well as potential threats to human health. It continues to be vital to maintain systems that reduce the likelihood of outbreaks of HPAI and other animal-human diseases, as well as to 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.

Second – we have been involved in the national, regional and global response to the H1N1 2009 pandemic, which dominated much of last year and continues today. Even though it has – so far - been moderate, the pandemic has impacted on pregnant women and those with chronic diseases, strained the health sector in many countries, and had impacts on other sectors, including economies, travel and tourism. The global response has sought to pay attention to the needs of poor countries but resources have not been easy to come by. At country level, H1N1 2009 has highlighted the significance of taking a whole-of-society approach in responding to the pandemic. Discussions at WHO Executive Board this week remind us that it may well have a more severe effect in developing nations during 2010 and beyond. It is too early to say that this pandemic is over.

The global response to the Pandemic (H1N1) 2009 was stronger than it would have been just years ago, because of the years of dedicated work in response to HPAI. This is due in large part to the work that you have done with your UN Country Teams, in support of the countries in your region. I thank you for this, and also encourage your continued efforts on this front, as there is more work to be done.

The H1N1 2009 pandemic is providing an opportunity for us to learn from global efforts to date. How effective has our pandemic preparedness work been? What areas may need renewed action? What are the new directions to be taken in the coming months and years?

Third - Emerging infectious diseases are continuing to present themselves in novel ways. We must intensify our preparations for the new challenges we will face in future. I hope that you will look at ways to get ready – for example through intensified action at the interface between animals, humans and the environment.

This Asia Pacific workshop enables you to bring these three strands of work together.

I anticipate rich discussions, sharing of experiences and ideas of paths to follow in the future. An interagency group teamed up to prepare for this workshop – from UNSIC team and from regional UN offices. They will listen carefully to UNCT colleagues during the workshop and learn from what is said. I personally look forward to hearing the outcomes of your deliberations, which will help to guide the work of the UN System – particularly in relation to needs of UN Country Teams – in the coming years.

Outcomes of this regional meeting will feed into the global efforts underway – our next high level interagency discussion is on February 3rd, chaired by the Deputy S-G. And there is an opportunity at the intergovernmental level too. In just a few months time, Ministers and Government officials from all around the world, as well as UN System, NGO and Development Bank representatives will gather in Hanoi at the International Ministerial Conference on Avian and Pandemic Influenza (IMCAPI), to review the work that has been done and discuss where we should go in the future. I believe that the Hanoi Conference will potentially be a watershed moment for our work on these issues.

As you start the workshop I share with you some of my current preoccupations

1. We cannot assume that H1N1 pandemic is over and must be vigilant about possible increased impacts in developing nations
2. We need to continue working to control the drivers for H5N1 and other animal influenzas
3. We need to maintain coordination: how will the roles of the different agencies and UNSIC evolve in future years?
4. We need to locate our work within the context of the current political interest in these issues: from where will political support for work on emerging diseases and the animal human interface come in the next few years?

I am grateful to all in the UN system country teams for their work on influenza. Together with your partners in national governments, other agencies, donors and NGOs: you are at the centre. You are the motor that maintains momentum in this work. I thank you for your hard work over the course of the past year. I thank you for adjusting your plans when challenged by unexpected events.

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

David

Annex 3: Workshop Recommendation Document

**RECOMMENDATIONS FOR A COORDINATED UN SYSTEM RESPONSE
TO AVIAN AND PANDEMIC INFLUENZA
IN ASIA-PACIFIC FOR 2010**

February 2010

FINAL VERSION



**PRODUCED JOINTLY BY THE UNITED NATIONS SYSTEM
ASIA-PACIFIC REGION**

**(FAO, ICAO, ILO, IOM, UNDP, UNESCAP, UNFPA, UNHCR, UNICEF,
OCHA/PIC, OIE, UN Resident Coordinators' Offices, WFP, WHO
and the UN System Influenza Coordination (UNSIC))**

1.1 BACKGROUND

The 7th UN system workshop on avian and pandemic influenza took place in Bangkok, Thailand from 27-29 January 2010. The 3-day workshop was organized by the United Nations System Influenza Coordination (UNSIC) Asia-Pacific regional hub, jointly with the regional offices of FAO, ICAO, ILO, IOM, UNICEF, UNOCHA/PIC, WFP and WHO.

The workshop brought together over eighty Asia-Pacific UN focal points on avian and pandemic influenza to examine the UN system support for the implementation and coordination of country-level actions to reduce risks of avian and pandemic influenza.

The event saw the participation by representatives from a cross-section of UN entities including FAO, ICAO, ILO, IOM, OCHA, OIE, UN Resident Coordinators' Offices, UNDP, UNESCAP, UNFPA, UNHCR, UNICEF, UNSIC, WFP and WHO - representing 18 UN country teams and 15 regional offices.

1.2 INTRODUCTION

A number of key concepts emerged from the UN system workshop covering areas which were identified as impacting the work of the UN family in the Asia-Pacific region. It was agreed that these concepts should be taken into account as work on API progresses. The recommendations detailed below summarize the priority areas where it was felt the most impact could be made. These overarching concepts include:

- Utilizing and targeting the comparative advantages of UN system agencies and partners in taking forward multi-disciplinary work in an efficient manner.
- Using the current focus on the H1N1 pandemic to encourage the future strengthening of animal and human health capacity preparedness, including laboratory diagnosis, surveillance and epidemiology in emerging infectious diseases. At the same time, ensuring that the focus on H5N1 is not diluted, particularly considering that it is still entrenched in a number of countries within the Asia-Pacific region.
- Reviewing efforts of the past few years, particularly in response to H5N1, to identify and consolidate best practices, and mainstreaming project successes into routine programmes.
- Ensuring that whole-of-society preparedness efforts are not sidelined as efforts are undertaken to address emerging infectious diseases with pandemic potential.
- Ensuring that vulnerable populations are addressed in all aspects of interventions.
- Developing common communication tools for pandemic influenza, emerging infectious diseases and other cross-cutting areas of work.
- Recognizing that the operationalisation of the recommendations at the country level should be done in consideration of country-specific contexts, needs and the availability of resources.
- Reinforcing the message that substantial progress to advance efforts on pandemic preparedness is contingent on engaging donor investments in long term commitments to advance preparedness and improving response capacity at the country level. This is particularly crucial in high-risk countries with a significant threat of avian influenza.
- Addressing the importance of establishing a comprehensive framework, with clear mandates and roles, to institutionalise overall UN system coordination on animal and

pandemic influenza and other high risk emerging infectious diseases beyond the crisis response.

- Recognizing the importance of communication as a cross-cutting issue at all levels.

1.3 KEY RECOMMENDATIONS

The following key recommendations were identified as the priority areas where it was felt by workshop participants that the most impact could be made in preparedness and response to avian and pandemic influenza.

1.3.1 Strengthening Communication and Advocacy

- Develop a comprehensive, country-level communication framework that extends beyond influenza to address other emerging infectious diseases. (*UNICEF; Timeframe: ongoing*)
- Incorporate an assessment of communication and community perceptions of health and disease, using participatory and community consultative methods, into all communications strategy design process. (*UNICEF; Timeframe: ongoing*)
- Conduct regular community-based reviews of communication strategies and re-craft strategies as necessary. (*UNICEF; Timeframe: ongoing*)
- Work with governments to form country-level government-led intersectoral communication strategy coordinating bodies. (*UNICEF; Timeframe: ongoing*)
- Convene at least one regional communication coordination workshop per year. (*Asian Regional Risk Communication Initiative; Timeframe: 1st half 2010*)

1.3.2 Strengthening Capacity Development

- Work with governments to strengthen skills, capacities and systems to improve health communications (including media relations) from community to national levels. (*All; Timeframe: ongoing*)
- Develop and strengthen UN and government expertise in whole-of-society approaches and business/operational continuity planning. (*ILO, IOM, Resident Coordinator Offices, UNOCHA; Timeframe: ongoing*)
- Include human resource development planning within strategic national veterinary service plans. (*FAO, OIE; Timeframe: ongoing*)
- Train scientific staff to provide technical information in simple language. (*All; Timeframe: ongoing*)
- Extend targeted core capacities required to implement the 2005 International Health Regulations and, where feasible, extend those capacities stipulated in the Asia Pacific Strategy for Emerging Diseases (APSED) to sub-national levels by working across relevant UN agencies and with partners. (*WHO; Timeframe: ongoing*)
- Encourage countries to undertake Performance of Veterinary Services (PVS) evaluation, further conduct gap analyses, develop strategic plans for veterinary service to address the gaps and encourage the sharing of results between countries. (*FAO, OIE; Timeframe: ongoing*)

1.3.3 Strengthening Coordination

- Improve information sharing, collaboration and coordination across the UN system and with partners at country, regional and headquarter level. *(All; Timeframe: ongoing)*
- Review the interface between emerging infectious diseases (EIDs) and the cluster system with a view to mainstreaming EIDs as a biological hazard - in contingency planning, standard operating procedures and disaster risk reduction in country planning protocols and guidelines. *(PIC, UNCTs, UNSIC; Timeframe 2010)*
- Institutionalise animal and human health collaboration in areas including laboratory, diagnosis, surveillance, response, epidemiology and communication to promote longer-term sustainability and cross-sectoral collaboration. *(WHO, FAO, OIE; Timeframe: ongoing)*
- Establish indicators to measure expected outcomes in the UN Consolidated Action Plan for Animal and Human Influenza (UNCAPAHI) log frame. *(UNSIIC; Timeframe: 1st half 2010)*
- Clarify operational continuity and common services through the review of the Concept of Operations for the UN System in an Influenza Pandemic (CONOPS) framework. *(PIC; Timeframe: 2010)*

1.3.4 Strengthening Integration/Multidisciplinary Approaches

- Integrate pandemic preparedness into a multi-hazard approach. *(PIC, UNCTs; Timeframe: ongoing)*
- Apply the joint WHO/FAO/OIE guidelines on inter-sectoral collaboration at the country level. *(FAO, OIE, WHO; Timeframe: 1st half 2010)*

1.3.5 Strengthening Sustainability

- Ensure accountability is maintained within the UN system for coordinating and resourcing country level multi-sectoral approaches, should there be any changes in existing UN structures or systems *(PIC; Timeframe: 2010)*
- Work with donors to promote harmonized and aligned support, including procurement practices that support long-term maintenance of equipment. *(All; Timeframe: ongoing)*
- Move from a project approach to a programme approach, including identifying ways to institutionalize programme coordination through embedding in country level UN strategic frameworks such as the UN Development Assistance Framework (UNDAF). *(UNCTs; Timeframe: ongoing)*
- Mobilize funding that prioritizes ongoing and longer term provision of human, equipment and financial resources. This includes continued implementation of preparedness and response efforts, with identification of the need for and allocation of resources based on sectoral needs assessments. *(All; Timeframe: ongoing)*

1.3.6 Strengthening Technical Support

- Develop pandemic vaccination campaigns that address the benefits and risks of vaccination.

- Refine strategic and operational pandemic plans to include clear triggers or thresholds for action tailored to the severity of the pandemic. *(All; Timeframe: ongoing)*
- Continue consultations on the Asia-Pacific Strategy for Emerging Diseases (APSED) beyond strategy discussions, with specific consideration of progress to date when proposing expanded scope and content. *(WHO; Timeframe: 1st half 2010)*
- Convene further technical meetings to discuss the specific interventions to manage the endemicity in HPAI-entrenched countries.
- Expand monitoring based on risk assessment for animal influenzas, targeting high risk animal populations rather than blanket surveillance. *(FAO, OIE; Timeframe: ongoing)*
- Harmonize protocols on laboratory diagnosis and surveillance of animal influenza, including the finalization of existing draft guiding principles for Surveillance and Laboratory Diagnosis for Asia. *(FAO, OIE; Timeframe: 1st quarter 2010)*
- Promote the formation of mechanisms for public-private partnerships to achieve disease prevention and control objectives. *(All; Timeframe: ongoing)*
- Promote cross-border collaboration in disease prevention, control and mitigation, including conducting cross-border value-chain studies and fostering appropriate interventions along the value chain. *(FAO, OIE; Timeframe: ongoing)*

1.3.7 Strengthening Knowledge Base

- Conduct research to determine the risks of animal-human/human-animal transmission to determine the implications for disease interventions, policies and procedures. *(FAO, OIE, WHO; Timeframe: ongoing)*
- Review the existing studies to inform programme and policy development, including studies related to economics, livelihoods and value-chains. *(All; Timeframe: ongoing)*
- Develop a regional communication research agenda. *(Asian Regional Risk Communication Initiative; Timeframe: 1st half 2010)*
- Encourage the collection and dissemination of best practices for animal husbandry, incorporating risk analysis. *(FAO, OIE; Timeframe: 2010)*
- Identify and disseminate country-level good practices, prioritizing multi-sectoral collaboration. *(All; Timeframe: ongoing)*

1.4 NEXT STEPS OF ACTION FOR TAKING THE RECOMMENDATIONS FORWARD

The steps detailed below were identified by workshop participants as the primary actions needed in order to take the recommendations forward in 2010.

1.4.1 At country level

- Overall broad sharing of the workshop recommendations, seeking ways to further strengthen coordinated action.
- Debriefing to the UN Resident Coordinator and UNCT senior management.
- Convening a meeting of the UN Country Team focal points, reviewing recommendations within the country context, discussing ways to take the recommendations forward and identifying an action plan and respective lead agencies, or integrating recommendations into existing workplans.

- Sharing of planning priorities and recommendations stemming from the workshop with national counterparts as well as partners and stakeholders, as appropriate, for heightened engagement and joint planning.
- Integrating recommendations and avian influenza and pandemic preparedness into UNDAF and other joint planning documents as they come up for review/drafting – while also taking into consideration the Millennium Development Goals.
- Reviewing and revising UN Pandemic Preparedness Plan and Business Continuity Plans. Also, strengthening linkages to programmatic aspects of UN system support to national government and seeking to integrate workshop recommendations with whole-of-society approaches. Conducting table-top exercises or simulations.
- Reviewing communication plans to take into account workshop recommendations.
- Feeding reflections on recommendations and country-level priorities, as well as lessons learned on work done to date, to UN regional offices and headquarters for consideration and integration into broader policy/programme development.

1.4.2 At Regional Level

- Overall broad sharing of the workshop recommendations, seeking ways to further strengthen coordinated action.
- Convening a meeting of the focal points from regional UN offices to review the recommendations and identify options for enhanced coordinated regional UN system support for country-level action in the context of the workshop discussions and recommendations.
- Utilization of the Asia Regional Risk Communication Initiative to take forward a coordinate inter-agency approach to communication, to organize a regional forum on communication and to develop a common regional framework for communications, advised by the workshop discussions and recommendations.
- The sharing and integration of workshop discussions and recommendations into the following activities:
 - Review of the APSED-related workshop recommendations (WHO).
 - Inter-agency regional exercises on operational continuity/whole-of-society considering the workshop discussions and recommendations (WFP, March 2010).
 - Integration of workshop recommendations into a planned regional workshop (ILO, March 2010).
 - Sharing the recommendations at the expert meeting (OIE, June 2010).
 - Convening of a follow-up meeting in one year's time to review progress on the workshop recommendations.

1.4.3 At Headquarter Level

- Sharing the outcomes of the workshop, including the workshop recommendations, with the Deputy Secretary General's Steering Committee on Influenza (convening on 3 February 2010) as well as with the UN System Technical Working Group.
- Feeding the workshop discussions, outcomes and recommendations into ongoing and upcoming processes including:
 - Agency-specific planning processes
 - Revision of UNCAPAHI
 - Revision of CONOPS
 - Drafting of the 5th UNSIC-World Bank Global Progress Report
 - UNSIC strategic and transitional planning

Annex 4: List of Participants and Workshop Photo

	Country	Name	Title	Agency
1	AFGHANISTAN	Dr. Rabia Sadat	Communication for Development Officer	UNICEF
2		Dr. Mir Amaduddin Saleh	Medical Advisor	UNMACCA
3	BANGLADESH	Ms. Rumana Khan	UN Coordination Officer/Policy Support	UNRCO
4	BHUTAN	Mr. Esfand Negahban	Operations Manager	UNICEF
5	CAMBODIA	Ms. Ann Lund	Head of Office, Senior UN Coordination Specialist	UNRCO
6		Mr. Lotfi Allal	Avian Influenza Programme Chief Technical Advisor	FAO
7		Mr. Eng Ly	Head of Logistics/AI Focal Point	WFP
8	CHINA	Ms. Qin Xinyan	UN Influenza Coordination Officer	UNDP
9	FIJI/PACIFIC	Ms. Vika Waradi	Communication Officer Behaviour Change	UNICEF
10		Mr. Tomas Jensen	Communication Specialist	UNICEF
11	INDIA	Dr. Preetha G.S.	Pandemic Influenza Preparedness Trainer and Coordinator	UNRCO
12		Mr. Paolo Mefalopulos	Chief, Programme Communication	UNICEF
13	INDIA	Dr. Ritu Singh Chauhan	National Professional Officer-Microbiology	WHO
14	INDONESIA	Dr. Brenda Langdon	UN Pandemic Influenza Advisor	UNRC/HC
15		Dr. James McGrane	Team Leader	FAO
16		Mr. Mohammad Bey A D Sonata	National Project Coordinator	ILO
17		Dr. Yoko Ratnasari	Senior Migration Health Physician	IOM
18	LAO PDR	Ms. Eiko Narita	Head of Office, UN Office of the Resident Coordinator	UNRCO
19		Dr. Judy Kimaru	Emergency Management and Coordination Officer	UNRCO

20		Dr. Montira Inkochasan	Migration Health Project Coordinator	IOM
21		Dr. Justin Denny	CSR Medical Officer	WHO
22	MONGOLIA	Ms. Nansal Saruul	Senior Programme Communication assistant	UNICEF
23	MYANMAR	Ms. Anna K. Stechert	Communication for Development Specialist	UNICEF
24	NEPAL	Dr. Deepa Risal Pokharel	Chief, Programme Communication	UNICEF
25		Dr. Tony Williams	Chief Technical Advisor	FAO
26		Dr. Nirmal Kandel	National Program Officer	WHO
27		Dr. Yin Yin Aung	Regional Immunization Specialist	UNICEF ROSA
28	PAKISTAN	Ms. Sheeba Afghani	Programme Communication Specialist	UNICEF
29	PAPUA NEW GUINEA	Dr. Eigil Sorensen	Representative to PNG	WHO
30	PHILIPPINES	Mr. Duc Tran	Chief, Administrative Services	IOM
31		Ms. Ma. Antonina S. Ducusin	Admin/HR Associate	UNFPA
32		Dr. Maria Marisa Ricardo	Health Specialist	UNICEF
33		Ms. Marissa Rraggio	Senior Admin Assistant	WFP
34	THAILAND	Ms. Barbara Orlandini	IASU Manager	UNRCO
35		Mr. Adnan Quereshi	Chief Administrative Officer	FAO
36		Dr. Nigoon Jitthai	Migrant Health Program Manager	IOM
37		Mr. Jan-Erik Larsen	Response Operations	WHO SEARO
38	VIET NAM	Mr. David Payne	Partnership and Coordination Specialist	UNDP
39		Dr. Bandyopadhyay Santanu Kumar	Chief Technical Advisor and Team Leader	FAO ECTAD
40		Ms. Nicole Smith	Epidemiologist and Acting Team Leader	WHO
41		Ms. Tran Minh Thu	Avian Influenza Officer	UNICEF

42	FAO	Dr. Wantanee Kalpravidh	Regional Coordinator for Asia Pacific	FAO RAP
43		Dr. Kachen Wongsathapornchai	Regional Project Director/Epidemiologist	FAO RAP
44		Dr. Pawin Padungtod	Regional Project Coordinator	FAO RAP
45		Mr. C Y Gopinath	Regional Communication Coordinator	FAO ECTAD-RAP
46		Dr. Carolyn Benigno	Animal Health Officer	FAO RAP
47	ICAO	Mr. Pransak Thongyeam	Technical Cooperation Assistant	ICAO
48	ILO	Mr. Alfredo Lazarte	Director/Crisis	ILO
49		Dr. Tsuyoshi Kawakami	Senior Specialist on Occupational Safety and Health	ILO SRO
50		Ms. Suttida Chaikitsakol	National Project Coordinator, Avian Influenza and the Workplace Project	ILO SRO
51		Ms. Sunan Suthikorncompee	Project Assistant	ILO SRO
52	IOM	Mr. Jaime Calderon	Regional Migrant Health Manager	IOM
53		Ms. Bernice Sarpong	Regional Migration Health Associate	IOM
54	OIE	Dr. Itsuo Shimohira	Regional Representative for Asia and the Pacific	OIE AP
55		Dr. Ronello Abila	Sub-regional Representative	OIE SRR SE Asia
56	OIE	Dr. Gardner Murray	OIE Senior Adviser	OIE SRR SE Asia
57	UNESCAP	Dr. Teoliza Almendras	Medical Officer	ESCAP/ASD/HRMS/ MSD
58		Mr. Hak-fan Lau	Chief	UNIS
59		Mr. Mitchell Hsieh	Public Information Officer	UNIS
60	UNHCR	Ms. Amy Conlee	Associate Program Officer-Health	UNHCR
61	UNICEF	Mr. Tung Tran	Consultant, Communication for Development, Pandemic Preparedness and Response	UNICEF APSSC
62	UNOCHA	Mr. Michael Mosselmans	Director, Pandemic Influenza Coordination Team	OCHA / PIC

63		Mr. Ian Clarke	Senior Planning Officer	OCHA / PIC
64	UNSC	Ms. Michelle Barrett	Partnership Officer	UNSC New York
65		Ms. Chadia Wannous	Regional Coordinator	UNSC Egypt
66	WFP	Ms. Bahar Zorofi	Programme Officer, Pandemic Response Unit	WFP HQ
67		Mr. Mark Kelley	Security Officer, Pandemic Response Unit	WFP HQ

