

AVIAN AND HUMAN PANDEMIC INFLUENZA (AHI)

CONSOLIDATED ACTION PLAN FOR CONTRIBUTIONS OF THE UN SYSTEM

(up to December 2006)

3 July 2006

**Produced on behalf of
FAO, OCHA, UNDP,
UNHCR, UNICEF, WFP and WHO
by
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PREFACE

*AVIAN AND HUMAN PANDEMIC INFLUENZA:
CONSOLIDATED ACTION PLAN
FOR UN SYSTEM CONTRIBUTIONS*

No nation is immune to avian influenza, and a human pandemic could threaten our world. During the past six months, avian influenza has advanced rapidly from country to country. The disease, and measures required to control it, have rendered yet more vulnerable millions of smallholders and their families, most of them in poor countries. There has been a steady rise in the number of human cases, and a high fatality rate associated with the virus. H5N1 reminds us that health, development and global security are inextricably linked.

This calls for a sustained engagement by all, working in close cooperation. We must take effective action to tackle avian influenza at its source, wherever it is found, and to prepare for a potential human pandemic. However, many countries lack the systems, technical skills and financial resources to meet the challenge. They have turned to the UN System, and we are ready to help.

The UN response to H5N1 needs to be coordinated and predictable, so as to bring funds and expertise rapidly to where they are needed. This Consolidated Action Plan, which will be updated every six months, presents a strategy for how we can best bring to bear the know-how of UN agencies, funds and programmes, together with their partners.

While the UN has received generous support so far, almost \$245 million more is required until the end of this year to respond to requests from countries. It is essential that we meet that shortfall. Ensuring that all countries -- rich and poor -- are adequately protected and prepared remains our collective responsibility.

A handwritten signature in black ink, appearing to read 'K. Annan'.

Kofi A. Annan

Summary

I This Consolidated Action Plan is an update of the UN System Strategic Approach to Avian and Human Pandemic Influenza (AHI) which was released by the UN Development Group on 10 January 2006,¹ just before the International Pledging Conference on Avian Influenza in Beijing.

II The global avian influenza situation has changed greatly since January 2006: this change has been associated with significant increases in the number of countries seeking urgent technical and financial assistance so that they can respond and contribute to the global effort. The countries need (and request) substantial assistance from agencies, funds and programmes of the United Nations System.

III The UN's support to countries is offered within the context of the financing framework approved by participants in the International Pledging Conference in Beijing January 2006. The participants in this conference envisaged a key role for the UN system as standard setter, provider of technical assistance and – in certain cases – supporter of priority actions within countries. The Secretary General of the United Nations and the Directors General of relevant specialized agencies committed the United Nations to support both national and international responses to Avian and Human Influenza. However, the UN system is often not in the best position to do this due to extreme shortages of funds. UN System agencies, funds and programmes received less than half of the funds requested in Beijing, and agencies find it difficult to provide the assistance that countries currently need – especially the world's poorest countries.

IV This Consolidated Action Plan builds on the individual strategic AHI action plans developed and implemented by each of the core UN agencies, programmes, and funds. It draws them together in a way that reflects the common objectives, strategic directions, and results to be attained by different parts of the UN system together with their international and regional partners. It also provides indications on financial requirements for the different objectives to be realized, and lists the financial requirements of the different UN agencies, programmes and funds.

V The Consolidated Action Plan reflects both the changing AHI situation and the current status of the global response to AHI threats. It also draws on a companion report, from the UN and World Bank, on the progress of responses to AHI, due to be released end of June 2006.

VI The structure of the document is as follows:

I Background (paragraphs 1 – 9)

II The seven objectives of national AHI responses (paragraphs 10 – 18)

III The unique contribution of the UN System (paragraphs 19 – 36)

IV Arrangements for implementing this Plan (work with different stakeholders) (paragraphs 37 – 40)

Annex I summarizes central features of the Plan (p. 15)

Annex II spells out the combined contributions of the UN system to each of the seven objectives (p. 18)

Annex III spells out the separate contributions of each agency and details the resources required to implement them (p. 27)

Annex IV summarizes the readjusted UN system financial requirement for the remainder of 2006 (p. 46)

VII Given the rapidly changing AHI situation, the plan will be updated in December 2006.

¹ http://www.undg.org/documents/7610-Avian_and_Human_Pandemic_Influenza_UN_System_Contributions_and_Requirements_-_A_strategic_Approach.pdf

I Current International Response to AHI

1 **There is growing international recognition of the potential for AHI threats to undermine development** (and the fulfilment of Millennium Development Goals) through their impact on animal and human health, and on livelihoods of poor people. A shared vision² of a **coordinated global response** started to become evident, outlining the following actions: (a) control highly pathogenic avian influenza in poultry, and reduce the risks that this disease poses for members of the human population exposed to it; (b) watch out for sustained human to human transmission of highly pathogenic influenza through vastly improved surveillance, and be ready to contain it; and, (c) should containment not be successful, mitigate the impact of a pandemic on human health, society, economic systems and governance.

2 **During 2005, the governments of Asian countries that were severely affected by AHI started to work with a range of partners to develop and finance a response.**

2.1 An international meeting in Geneva, November 2005, convened by FAO, OIE, WHO and the World Bank, and hosted by WHO, engaged representatives of national governments and partner organizations. The meeting agreed³ that global AHI strategies should give priority to both animal and human health interventions, and multi-sectoral efforts to mitigate human pandemics. It also recognized that effective AHI action at country level relies on a strong evidence base as well as well-prepared and tested national AHI strategies.

2.2 Successful implementation of any complex inter-sectoral strategies depends on **six key factors**:

- Consistent high level political engagement and direction;
- Procedures and systems for rapidly scaling up implementation of priority actions,
- Strong risk analysis, information dissemination and communication systems to encourage compliance with reporting and social mobilization,
- Mechanisms to sustain vulnerable livelihoods and relieve distress,
- Strategic alliances across all levels of government that engage private and voluntary sectors, and
- Management systems that engage all stakeholders, encourage synergy, analyze progress review results and shift programme emphasis when necessary.

2.3 National governments were encouraged to develop and own their **integrated national AHI plans and programmes**, reflecting this global strategy. They would include long- and short- term actions, and reflect (in a realistic way) the in-country capacity to implement these actions effectively.

3 **Governments asked for coordinated and sustained international support to help them effectively implement AHI programmes for which they have the primary responsibility.** They want to be made aware of the international **regulations, recommendations, guidelines and standard operating procedures** that relate to preparedness, rapid response and the control of avian and human influenza. Some need **technical assistance** with development and/or implementation of national plans and programmes. Many governments also seek **financial support** for priority elements of national programmes, particularly if funds are scarce and need to be taken from other urgent animal or human health activities. In some countries there is also a need for some **direct assistance with implementation** of some critical actions within national programmes. The agencies, funds and programmes of the UN

² See FAO/OIE (November 2005), WHO (November 2005), and World Bank strategy documents

³ See report of November 6 – 9 AHI meeting in Geneva

System are well equipped to provide this assistance, working alongside and in synergy with bilateral donor agencies, international NGOs, private sector bodies, and development banks.

4 The UN System and the World Bank have supported national AHI planning and resource mobilization efforts. In January 2006, an international pledging conference—jointly sponsored by the Government of the People’s Republic of China, the European Commission, and the World Bank—brought together delegates from 100 countries to set out their national AHI programmes and pledge financial support. FAO, OIE, WHO and other UN System agencies were represented. The World Bank presented an estimate of aggregate financing gaps against short-term needs at the global, regional, and country levels,⁴ and a proposed financing framework⁵—with a range of channels, including grant funds via bilateral, multilateral, and pooled (multi-donor) arrangements, as well as IDA and IBRD loans. Delegates pledged to provide almost \$1.9 billion through these different channels, in support of country, regional, and global programmes.

5 The World Bank developed a Global Programme on Avian Influenza Control and Human Pandemic Preparedness and Response (GPAI) to streamline the disbursement of its own \$500 million loan pledge. This offers an operational template for the support by the World Bank, the Multi-Donor Facility and bilateral donations of integrated national influenza programmes, drawing on the technical work of WHO, FAO, OIE and other UN System agencies. World Bank directors are also working closely with UN counterparts and bilateral donors to raise grant funding for influenza action in very poor countries.⁶ Unfortunately, the volume of resources accessible to poorer nations, particularly in Africa, is very small indeed. The funds pledged for UN System agencies are also below what was requested, and not all donors have yet delivered on their pledges.

6 The stakeholders support national AHI programming through arrangements that require the international community to be brought together at country level to review and appraise plans, and to ensure that support is provided in a timely and efficient manner. Upon request of respective countries, the UN Resident Coordinators, World Bank Country Directors as well as other UN System technical agencies, are working with governments to convene the donors, initiate joint appraisals of national AHI plans, and organize efficient donor support. In many countries implementation is undertaken at the same time as programmes are designed and appraised.

7 The World Bank and the UN System Influenza Coordination Office (UNSIC), in conjunction with UN agencies, are monitoring progress within individual countries, obtaining detailed breakdowns of donor pledges, and updating information on resources needed—and gaps—at country, regional and global levels. Regular updates are essential given the evolving nature of the avian influenza epizootic and changing needs within individual countries. These updates on the technical, financial and implementation assistance are feeding into a six-monthly progress report and being posted on agency websites and presented at various partners’ meeting of senior officials (such as the one recently held in Vienna, 6 – 7 June 2006).

8 In the last four months avian influenza has spread to at least 30 new nations. Several countries have requested UN System agencies, the World Bank, bilateral donors and the Red Cross and Red Crescent Societies for urgent help. The response has been unpredictable, because the resources available to fund influenza action – particularly support from the UN System - are very small indeed.

⁴ Avian and Human Influenza: Financing Needs and Gaps: World Bank December 21st 2005

⁵ Avian and Human Influenza: Multi-donor Financing Framework: World Bank December 21st 2005

⁶ JOINT NOTE FROM JAMES ADAMS, VICE PRESIDENT AND HEAD OF NETWORK, OPCS, WORLD BANK AND DAVID NABARRO, UN SYSTEM INFLUENZA COORDINATOR FOR AVIAN AND HUMAN INFLUENZA, MARCH 3RD 2006

This is a matter of global, as well as national, concern. The evolution of highly pathogenic avian influenza within any one country is an issue which threatens the well-being of poultry across national borders. A focused and effective response within an individual country is a contribution to the global good. A concerted action has to run from individuals to village communities and from sub-national institutions to national, regional and global levels. National-level response is to be duly complemented and reinforced by regional and international level initiatives.

9 **On 29 March, the UN Secretary General drew attention to the difficult funding situation of AHI response.** He said “Avian influenza threatens the entire world. It knows no borders. It is our collective responsibility to ensure that all countries - rich and poor - are protected and prepared. The United Nations family will do all it can to help ensure that this happens.” The UN System is working with the World Bank to develop this influenza Consolidated Action Plan. Its purpose is to ensure predictable and effective cross-sectoral response and control of avian influenza at the country level, and to address the threats posed by a human pandemic, particularly in poorer countries. The Plan identifies the specific expertise and services different agencies, funds and programmes are committed to provide to countries, reinforced by regional and international level initiatives. It also indicates ways in which countries with the greatest need can receive intensified and timely support from the international system.

II Objectives Pursued within National AHI Responses

10 Programmes that respond to the threats of avian influenza and prepare for a potential human pandemic are likely to be concerned with the pursuit of **seven key objectives**. For each objective, the emphasis is on selecting and implementing priority actions that lead to positive results.

11 The first objective is to control highly pathogenic avian influenza and prevent the disease at its source, in birds, by *improving animal health and bio-security*. This involves designing programmes that address the technical, socio-economic, institutional and policy aspects of AI; ensuring the provision of national and regional level laboratory diagnostic and epidemiological surveillance through regional networks; and strengthening National Veterinary Services to bring animal health and bio-security up to international regulations and OIE standards while ensuring best practice in veterinary services. Specific emphasis includes surge capacity, so that veterinary services can be scaled up, when needed, to detect and stamp out new avian infections through prompt movement restrictions and culling, where agreed at the country level. At the same time, strategic vaccination of poultry and other interventions should be adopted when desirable.

12 The second objective is to protect *livelihoods in a sustainable manner and encourage resilience where there is a risk of avian influenza*. Specific emphases include the regular monitoring of the potential for avian influenza to affect the economy (and increase the threat of poverty) among different population groups, action to mitigate these adverse consequences (limiting the impact of avian influenza on the Millennium Development Goals), and provision of fair and equitable compensation for owners of birds whose livelihoods are endangered by avian influenza and related control measures. Control strategies should be tailored to minimize adverse impacts of avian influenza on livelihoods.

13 The third objective is to ensure that *systems for safeguarding the health of human populations reflect international health regulations and WHO standards*. The imperatives comprise strengthening public health infrastructure and systems, including disease surveillance, to (i) reduce human exposure to the H5N1 virus; (ii) strengthen early warning systems, including early detection and rapid response to human cases of avian influenza; (iii) intensify rapid containment operations and responses for a newly emerging human influenza virus; (iv) build capacity to cope with a pandemic, including surge capacity for a pandemic, and (v) coordinate global science and research, particularly as this pertains to the availability

of a pandemic vaccine and antiviral drugs. Community based treatment of acute respiratory infections should also be strengthened, with pre-positioning of medical supplies in peripheral areas to enhance capacity to respond, combined with enhanced nutrition security and increased access to micronutrients to minimize the impact of infection on susceptible populations.

14 The fourth objective is to achieve *synergy among actions taken by national-, regional- and international-level stakeholders to tackle AHI threats*. The emphasis is on ensuring that national government ministries work together in a focused way, bringing in civil society and private sector groups, in pursuit of sound strategies for avian influenza control and pandemic preparedness.

15 The fifth objective is to provide key decision makers with information and assessments of risk of H5N1 transmission amongst animal populations and to humans, and to promote *changes in behaviour that reduce risks of transmission*. The emphasis is on ensuring a strategic approach to communications with all levels of the government, the general population and key target groups, grounded in studies of governance, existing knowledge and practice. This will include social mobilisation programmes involving the public, households and communities to encourage the adoption of appropriate behaviours to reduce risks, mitigate the impact of any outbreaks and, where possible, improve pandemic preparedness.

16 The sixth objective is to *encourage continuity under pandemic conditions*. In other words, to ensure the continuity of essential social, economic and governance services as well as effective implementation of humanitarian relief, under pandemic conditions.

17 The seventh objective is to *ensure the availability of common services to buttress national capacity in the event that it is overwhelmed* by efforts to prevent, contain or respond to an influenza pandemic. The emphasis is on setting up standard operating procedures, and triggers for invoking them; and on the creation of pre-established information technology and logistics capacity. These need to be appropriately supported by operational agencies of the UN System and other international organizations.

18 The needs of countries differ greatly. Those with **strong implementation capacity (SIC)** expect the international community to convene stakeholders, set norms and standards, harmonize external cooperation, maintain support through regional and international technical networks, and monitor progress. Countries with a more **moderate implementation capacity (MIC)** have similar expectations but also require substantial and sustained technical and financial assistance so as to be able to realize the international norms and standards. Up to 30 countries with **restricted implementation capacity (RIC)** may need to draw on the direct assistance of the international community – to help with aspects of programme implementation until the in-country response is adequate. Special arrangements are needed to respond to the needs of refugees: 1.8 million are located within 24 African countries and a further 1.5 million within 11 countries in the rest of the world. Special arrangements are also needed for IDPs living in camp settings.

III UN System Agencies' Actions for the Seven Objectives⁷

19 The UN System Resident Coordinators have a key role in bringing together UN System agencies and supporting national contingency planning efforts. The UN System provides support to UN Resident Coordinators as they convene the UN country team, support effective inter-ministerial action by the

⁷ For detail see Annex 2: "The combined contributions of the UN system to each of the seven objectives" and Annex 3: "The separate contributions of each UN body and the resources required to implement them"

national government and its partners and encourage synergy among the donor community and other stakeholders. Working closely with the World Bank Country Directors, Resident Coordinators help governments mobilize, manage and account for resources.

20 How do UN System agencies contribute to the first objective - *improving Animal Health and Bio-security*? FAO, with OIE, work with national and regional entities to strengthen capacities for improving veterinary services, livestock raising practices, risk analysis and mitigation – emphasizing the importance of rehearsed contingency plans -, and wildlife surveillance. For example, in Africa, FAO and OIE work with the Inter-African Bureau for Animal Resources of the African Union (AU-IBAR) and the Initiative for African Livestock (ALIVE). They coordinate efforts to respond to the spread of the highly pathogenic avian influenza virus through the establishment of joint regional Emergency Centres for Trans-boundary Animal Diseases. They are investing in networks of experts (OFFLU), who will provide reference diagnostic to countries, support OIE and FAO in assessment and response missions, and investigate the role of Wild Birds in the spread or the persistence of the disease. In addition, FAO has established regional networks of national diagnostic laboratories and epidemiological surveillance units which follow the principles of the FAO/OIE Global Framework for the Progressive Control of Trans-boundary Animal Diseases, such as HPAI. FAO/OIE seek to define how countries may work in cohesion so that national, area-wide disease campaigns support regional progress in terms of continuing elimination of avian influenza at the continental and global scale.

21 When providing more intensive support to countries with moderate implementation capacity, FAO distinguishes those that have had highly pathogenic avian influenza for some months (“infected”), those that are “newly infected”, and those that are “at risk”. To respond effectively to the newly infected countries, FAO is working with bilateral donor agencies to set up a FAO/OIE Crisis Management Centre in Rome. This Centre will be a key component of FAO’s response to HPAI and will assemble, analyze and communicate disease data and early warning messages; deploy rapidly specialized teams to infected areas; and coordinate country support for best concerted international efforts. For at risk countries, FAO, OIE and WHO have established a Global Early Warning System for major trans-boundary animal diseases and zoonoses. This system enables rapid response to avian influenza emergencies in poultry. FAO is supporting infected and at risk countries with technical assistance. In many countries of Africa, FAO has initiated the provision of urgently needed support, drawing resources from its Technical Cooperation Programmes (TCPs), and has developed 15 country specific project proposals to bring this support up to the required level of implementation. At inter-country level, FAO brings together relevant international expertise to clarify the unknowns surrounding the evolution of the new emerging HPAI H5N1 virus, more generally in the shift of pathogens from animals to humans, and undertakes studies on the role of farming systems, farming landscapes and natural ecosystems, including migratory bird cycles.

22 FAO has established a special fund for emergency and rehabilitation response (SFERA) through which it can provide support to countries with restricted implementation capacity (and in these settings it may implement in partnership with international and national NGOs). This mechanism promotes flexibility and efficiency for beneficiary countries, donors and FAO, enabling the deployment of resources effectively and rapidly. UNHCR will work on animal health and bio-security in refugee populations.

23 In relation to the second objective, UN System agencies join with the World Bank and regional development banks and economic commissions to help ensure *sustainable livelihoods in settings where there is a risk of avian influenza*. UNDP is positioning itself to undertake analysis and provide technical assistance on livelihood, governance, micro-economic and macro-economic consequences of avian and human influenza. It is already evident that women and children carry much of the burden of rearing the poultry in many developing societies and are therefore at particular risk of occupational exposure to highly pathogenic avian viruses, including AI. UNICEF and UNFPA are both concerned to highlight

these particular vulnerabilities in their existing programming while FAO seeks to clarify the inter-connectivity of socio-economic factors, in particular those related to rural livelihoods, risks of AHI, and public health hazards. FAO has worked on schemes to assist countries in developing appropriate compensation strategies. FAO is also drawing on its substantial institutional capacity to advise national authorities on livestock development for agriculture, environment and people's livelihood, including studies on socio-economic impact of HPAI and on applied control measures. To this end it is establishing Regional Networks for social, economic and policy analysis related to avian influenza, backed up by a strong multi-disciplinary support team. UNDP will offer specific technical assistance (e.g. with border controls) in countries with moderate implementation capacity. Where implementation capacity is restricted, the UN System will offer more direct assistance with implementation of actions to minimize the impact on livelihoods and mitigate nutritional impact of culling and other control actions through the operational agencies (FAO, WFP and UNICEF). In camp settings, UNHCR, in collaboration with other agencies and the host country, will ensure that refugees and host population will have equivalent compensation for culling. WFP is integrating AI specific aspects in its vulnerability assessment and is looking at the impact on livelihood of the avian influenza, its potential nutritional impact and the adequacy of food aid intervention. Upon government's request, WFP will provide programme support to vulnerable populations, whose food security is impacted by avian influenza and containment efforts (nutrition and vulnerability surveillance, short term food aid to vulnerable households, and programmes to support livelihood recovery).

24 UN System agencies are mandated to contribute to objective three – *systems for safeguarding the health of human populations that reflect international health regulations and WHO standards*. In May 2005, the World Health Assembly (WHA) approved the International Health Regulations (2005), which will come into force in June 2007. The Regulations represent the key platform by which epidemiological surveillance and reporting systems can be developed and implemented at country level. In 2006, the WHA approved a resolution whereby Member States agreed to the voluntary compliance of the provisions of IHR (2005), considered relevant to the risk posed by avian influenza and pandemic influenza. WHO provides technical assistance to national alert systems so that they can function at the standard envisaged by the IHR (2005).

25 WHO actions include country-level capacity building to reduce human exposure to H5N1 through a set of communication activities. WHO assists countries in developing early warning systems that can detect persons with severe respiratory diseases; that can report, trace and monitor contacts of human cases; and that can strengthen the ability to build collaborative and coordination networks across human health and agricultural sectors. WHO maintains an international reference laboratory system (including transport of laboratory specimens, data analysis, real time risk assessment and immediate communications). WHO ensures that there is in-country and regional capacity for rapid field investigation of human clusters of communicable diseases and takes responsibility for the international dimensions of the containment protocol. WHO maintains in-house capacity and, through the GOARN network, the capability to immediately deploy international technical support personnel in response to a pandemic alert, and to supply antivirals, protective equipment and consumables from both international and regional stockpiles. A key responsibility is WHO's rapid containment plan effort, elements of which are mentioned above. WFP will share logistics expertise and knowledge to support implementation of containment activities and provision of supplies. WHO assists countries to develop their pandemic preparedness plans and identifies gaps in their core capacities. A component of this effort is the testing of the plans.

26 WHO is also assisting countries and the international community so that they are better able to develop, manufacture and deliver effective vaccines, antivirals and influenza diagnostics; have better access to real time data on the progress of disease; and have better access to global scientific expertise.

27 UNICEF ensures that the needs of children are adequately addressed and that a protective environment for children is sustained during the prevention, preparedness and response to Avian Influenza and the Human Pandemic. This includes ensuring that adequate provision is made for the care of sick children (including essential medical supplies); for analyzing and mitigating the nutritional consequences of a potential pandemic, and for strengthening hygiene and sanitation strategies at the local level. WHO is to be consulted for technical input on treatment, particularly regarding the appropriate medical treatment for children and for social mobilization campaigns. UNHCR will strengthen health services for refugees to include surveillance and detection, hygiene education and other forms of infection control, and contribution to containment.

28 The fourth objective is to achieve *synergy among actions taken by national, regional and international-level stakeholders to tackle AHI threats*. The UN System is establishing regional capacities to support coordination of action at country level. This is starting in Asia with the convergent support provided by different Bangkok-based regional offices in support of (a) national AHI-related programming, (b) the preparation of inter-agency plans, (c) pandemic preparedness within the UN System, and (d) coordination and information/experience sharing with partners (NGOs, donors, private sector and regional institutions such as ASEAN and APEC). Different patterns of convergence and support will emerge in Africa.

29 In all regions, UNDP provides assistance to governments to bring together ministries and other stakeholders to formulate national inter-ministerial preparedness and response plans and to develop and coordinate multi-sectoral programmes. Through existing working channels WFP will work with national counterparts and other relevant national stakeholders in reflecting food security elements in national plans related to avian influenza and pandemic preparedness. WFP advocates on behalf of food insecure populations to ensure that their specific needs are taken into account within responses to AHI threats and pandemic preparedness plans. FAO will continue to be the central UN System contributor to coordinated action for animal health, and WHO to coordinated responses to human health threats. Moreover, WHO coordinates linkages with the Ministry of Health and its partners while FAO liaises with Ministries of Agriculture.

30 The importance of objective five – *public information support to induce behaviour change and reduce risks of ill-health (in animal and human populations) and poverty* – is increasingly recognized in both national and international AHI programmes. WHO has issued guidelines for outbreak communication with a focus on public information and media relations. In addition, WHO, FAO and UNICEF have developed consensus on a key set of behavioural outcomes and measurement indicators to guide communication for behaviour change for preventing bird-to-bird, bird-to-animal, and bird to human transmission at community level. Given that the current pandemic alert level is phase 3, the critical next step is to develop consensus around the behavioural outcomes and indicators for appropriate behaviours in phases 4 to 6. At the country level, UNICEF is supporting governments and partners to develop behaviour change strategies and prototype materials for communication at household level, with a specific focus on back-yard poultry farmers, community influencers and children. These strategies and materials based on the technical recommendations of WHO and FAO/OIE, are being adapted and used across different regions. UNHCR will ensure that awareness messages are communicated to refugees. WFP has started to use its on-going programmes to increase awareness of the avian and pandemic threats and may expand this activity in line with national policies and capacities.

31 UN System agencies are also collaborating at global, regional and country level to build capacity, including surge capacity, in various types of communication to prepare for a possible pandemic. UNICEF is working collaboratively with WHO and FAO to adapt social mobilization techniques to encourage behaviour change to prevent a pandemic. WHO is working to increase countries' capacity in

risk communication surrounding possible outbreaks and a potential pandemic situation. An inter-agency communication toolkit is being developed to strengthen capacity for planning, implementation, monitoring and evaluation of communication strategies for behaviour change and social mobilization. Efforts are also underway to strengthen the various UN agencies' own communication capacity at regional level, in order to provide technical assistance to their country teams, encourage cross-border collaboration, and support professional networks and sharing of knowledge and experience across countries and regions.

32 There is, perhaps, less recognition that objective six - *encouraging continuity under pandemic conditions* – is critically important, too. The UN has started by trying to get its own house in order. All UN System agencies have been asked by the UN Secretary General to show, by early June 2006, that they are able to remain operational under pandemic circumstances. They are expected to minimize the impact of a pandemic on the health and safety of their staff, and to comply with the UN medical services staff contingency plan. Each agency is investing considerable financial and human resources in the planning and implementation of preparedness measures for maintaining the continuity of operations so as to serve current beneficiary caseloads, and maintain existing assets and infrastructure. They have also planned for possible new programme demands, in the event of pandemic, developing their capacity to identify extra beneficiary caseloads and assess their food security needs. They have gone further, and considered how they could contribute to system wide efforts to help communities and countries prevent, prepare for and then respond to a pandemic.

33 Agencies are also gearing up to support contingency planning by national authorities, private entities, and non-governmental organizations. WHO is assisting with the development of pandemic preparedness plans for health systems (including settings affected by humanitarian crises) so as to increase system resilience and response capacity in the face of a pandemic. Working through the Office for the Coordination of Humanitarian Affairs (OCHA) and UNDP, the UN System is establishing decentralized capacity to assist countries, the UN and Civil Society for continuity under pandemic conditions. The emphasis is on planning for the continuity of Economic and Governance systems, and the provision of humanitarian relief. The focus of assistance will be on national pandemic preparedness, pandemic containment and pandemic mitigation by (a) establishing interfaces between the UN, civil society and national authorities (including their militaries); (b) providing tools for preparedness and contingency planning support (including managed simulations) for governments, civil society and international bodies; (c) coordinating pandemic preparedness at the country, regional and global levels, (d) managing information about pandemic preparedness (including monitoring progress and provision of assistance in the event that major gaps are identified). Major support for the continuity of financial systems and their continued regulation is now being provided by the IMF. OCHA Regional and Field offices are set to support UN Resident and Humanitarian Coordinators as they lead the UN country teams and team up with partner NGOs on preparedness for pandemic mitigation. Sub-regional task forces have been created and are playing a key role in determining the level of preparedness actions undertaken by the United Nations system, and providing support to national governments when assistance has been requested.

34 WFP will plan for continuity of its operations, identification of new caseloads requiring assistance, and possible new services. WFP pandemic programme response would focus on programme support to prepare for pandemic response (helping governments to build national resilience by emphasizing food stocks and pipeline support) and programme support to pandemic affected populations. Planning will take into account the likely impaired implementing capacity of its partners and suppliers in a pandemic environment.

35 The seventh objective being pursued by national authorities relates to the setting up of *common services that will underpin existing capacity within national governments and civil society*. This additional support would be used if the continued functioning of government were imperilled as attempts are made to prevent, contain or respond to a pandemic. UN country teams are planning for shortfalls in logistical capacity among themselves and within the host nation by utilizing resources at their disposal, and requesting additional capacity when necessary. Because of the sheer number of operations that may be affected under pandemic circumstances, no single UN agency is to be tasked with providing common service support to the UN System at country level. WFP is working within the context of the IASC and other partners in providing support to information management related to avian influenza. It is providing GIS capacity and leading the content management of the Humanitarian Early Warning System website related to avian influenza.

36 During 2006 the Consolidated Action Plan will be updated again so that it includes other UN System agencies that are already contributing to the seven objectives but for whom detailed financial estimates have yet to be developed. These include the World Tourism Organization, the International Civil Aviation Organization, the International Labour Organization and the UN Population Fund. As the Plan evolves it will also include reference to the critical role being played by other partner organizations in relation to the objectives, especially the Federation of Red Cross and Red Crescent Societies, major international NGOs, International Organization for Migration, and contributing corporations.

IV Arrangements for Implementing this Consolidated Action Plan

37 **Management and Monitoring:** The Consolidated UN Action Plan sets out the objectives for responses to Avian and Human Pandemic Influenza to which various UN systems agencies, funds and programmes contribute. At the same time, it presents (a) the work of different UN agencies, funds and programmes as they establish unified action by the whole UN System, (b) their financial requirements to respond to country needs through global and regional action, and (c) their support to essential actions within countries. The work of these different entities is monitored through their Executive Boards and nothing in this Consolidated Action Plan envisages that the normal monitoring process will be supplanted. However, the emphasis within the consolidated approach is on the synergy of the contributions made by individual entities. The UN System Influenza Coordination Office (UNSIC) will continue to monitor the overall UN System contribution to the fulfillment of the objectives focusing particularly on the synergy between individual agencies and on any programme changes that are necessary to fill gaps in the response as the AHI situation changes over time.

38 **Pooled Funding:** The prevailing mechanism for routing cash to agencies is the direct transfer from individual donors to the respective UN System agency, programme and fund. One additional means for donor support to this Consolidated Action Plan would be the use of “pooled funding” accessible to all UN agencies on the basis of their need. Pooling can be used by donors to provide resources for a specific AHI response objective – e.g. continuity during pandemic response, or to fund combined UN activities in a specific location (e.g. a country or region: such pooled funding has been used in Vietnam and is being considered in Cambodia). Any advantages of pooled funding must be set against the pressing need to keep cash as close as possible to the implementing agency to avoid unnecessary delays, possible confusions about accountability when funds are pooled, and duplications in financial and administrative processes. Whichever means are used to channel cash, the individual UN agencies, programmes and funds will have primary responsibility for monitoring progress on their strategic contributions and desired results, and reporting on these.

39 **Rapid Movement of Cash:** The UN System Influenza Coordinator and officials in the World Bank are now seeking ways to move cash rapidly to countries to permit rapid implementation of essential

interventions in the interval before the availability of longer term support for national influenza plans. This “Rapid Cash Transfer Mechanism” might be built into the multi-donor facility that is being administered by the World Bank on behalf of several donors. Alternatively, it could be managed on behalf of donors and the development banks from within the UN System. The normal destination for such funds would be national governments. However, within fragile states, funds transferred in this way may be used by NGOs or operational UN system agencies to enable them to undertake priority actions on behalf of national authorities.

40 **Implementation:** Different UN systems agencies, funds, programmes and other bodies will be responsible for implementing actions outlined in this plan and modifying the actions in the light of changing realities and contexts. However, the principle of a synergised approach to supporting national and regional authorities with the achievement of their expected results will be the defining characteristic of the UN system’s overall implementation arrangements. The plan will remain a living document capable of change in the light of evolving circumstances. Six-monthly revisions will be issued, reflecting the findings of the six-monthly progress and monitoring reports on the response to avian influenza and pandemic preparedness within individual countries worldwide, prepared jointly by the World Bank and the UN Influenza Coordination Office. These revisions will also take into account the evolving issues and experience of individual agencies, programmes and funds.

<u>Seven Objectives</u>	Emphases pursued by National Authorities with the support of the UN System and its partners	Lead(s) and UN agencies' involvement
1. Animal Health and Bio-security	Ensuring, through a global, cohesive framework in response to avian influenza in birds, that animal health is safeguarded, bio-security is brought up to standard, and capacity is there, when needed, for scaling up veterinary services to detect and stamp out new avian infections through prompt movement restrictions and culling, and for sustaining vaccination of poultry and other interventions when they are indicated. Clarifying how the emergence of pandemic agents, food and agricultural practices, land use and ecosystem management are related.	FAO Collaboration with UNHCR for refugee camps
2. Sustaining Livelihoods	Ensuring that the economic and poverty impact of avian influenza as well as related control measures are monitored and rectified; limiting any adverse repercussions on the Millennium Development Goals; seeking fair and equitable compensation for those whose livelihoods are endangered by avian influenza and control measures.	UNDP and FAO Collaboration with WFP (food security), UNICEF (child focus), WHO (health system focus) and UNHCR (refugees)
3. Human Health	Strengthen public health infrastructure, including surveillance systems, to (i) reduce human exposure to the H5N1 virus; (ii) strengthen early warning systems, including early detection and rapid response to human cases of avian influenza; (iii) intensify rapid containment operations and responses for a newly emerging human influenza virus; (iv) build capacity to cope with a pandemic, including surge capacity for a pandemic; and (v) coordinate global science and research, particularly as this pertains to the availability of a pandemic vaccine and antiviral drugs. Strengthen community based treatment of acute respiratory infections, including pre-positioning of medical supplies in peripheral areas to enhance capacity to respond as well as to enhance nutrition security and access to micronutrients to minimise the impact of infection on susceptible populations.	WHO Collaboration with UNICEF (child focus) and UNHCR (refugees)
4. Coordination of National, Regional and International Stakeholders	Ensuring that national government ministries work together in a focused way, bringing in civil society and private sector groups, in pursuit of sound strategies for avian influenza control and pandemic preparedness.	UNDP in collaboration with WFP (food), WHO (MoH and partners), FAO (MoA), UNDG and UNSIC

<p>5. Public Information and Communication to Support Behaviour Change</p>	<p>Strategic communication to provide clear and unambiguous risk and outbreak information to the general public and key groups of people with the highest potential for stemming the spread and impact of the disease. This will include communicating with the public, households and communities to involve and mobilize them to adopt appropriate behaviours to reduce risks and mitigate the impact of any outbreaks or pandemic.</p>	<p>FAO and WHO for outbreak communication, UNICEF in collaboration with FAO, WHO, WFP and UNHCR for behavioural change communication</p>
<p>6. Continuity under Pandemic Conditions</p>	<p>Ensuring the continuity of essential social, economic and governance services, and effective implementation of humanitarian relief, under pandemic conditions.</p>	<p>OCHA and UNDP Collaboration with all UN agencies</p>
<p>7. Common Services Support</p>	<p>Ensuring that - in the event that national capacity is overwhelmed by pandemic conditions – agreed emergency operating procedures are invoked and benefit from information technology and logistics capacity set up and made operational beforehand.</p>	<p>All UN agencies working within the inter-agency process</p>

<p><u>Three intensities of implementation:</u></p>	<p>UN System (with partners) level of intervention</p>
<p>1. Countries with Strong Capacity to Implement (SIC)</p>	<p>Convene stakeholders, set norms and standards, harmonize external cooperation; maintain support through regional and international technical networks, and monitor progress.</p>
<p>2. Countries with Moderate Capacity to Implement (MIC)</p>	<p>In addition to the above, provide substantial and sustained technical and financial assistance so as to enable the realization of the international norms and standards.</p>
<p>3. Countries with Restricted Implementation Capacity (RIC)</p>	<p>In addition to the above, provide direct assistance – to help with aspects of programme implementation until the in-country response is adequate.</p>

ANNEX II

THE COMBINED CONTRIBUTIONS OF THE UN SYSTEM TO EACH OF THE SEVEN OBJECTIVES: A LISTING OF ACTIVITIES

Within many countries, particularly those with more restricted implementation capacity, the likelihood of successful AHI action is increased if the countries receive integrated support from the international community.

This annex lists the activities undertaken by the UN system, in collaboration with partners, in support of the national AHI objectives for response to the threats of avian influenza and a human pandemic.

The UN system body with lead responsibility for a particular activity is indicated in parentheses.

Objective 1: Animal Health and Bio-security

1.1 (FAO) Ensuring analysis of, and response to, the H5N1 situation in poultry and wild birds (with services worldwide) through the provision of a global framework for a cohesive response related to international (OIE) standards:

- I. Assessment of the country situation concerning risks of HPAI and its mitigation
- II. Assessment of capacity and impact of veterinary services, surveillance system, and national laboratories
- III. Review of emergency plans and field exercises

1.2 (FAO) Ensuring that countries affected by and at risk of HPAI receive necessary technical assistance to achieve international standards for animal health and bio-security:

- I. Advice to governments on national strategies for control of highly pathogenic avian influenza

1.3 (FAO) Ensuring that veterinarians and other personnel are competent to implement laboratory services, undertake field investigations, recognize disease, use protective equipment, and be operationally prepared for contingencies:

- I. Direct technical support through training of local veterinarians and other animal health workers to enable them to face the HPAI spread
- II. Equipment for and assistance with laboratories based on needs assessments

1.4 (FAO) Ensuring that national authorities can receive prompt and valuable support through a rapid response service:

- I. Rapid incident response in relation to new avian influenza infections
- II. Assistance with the implementation of responses through strategic alliances and partnerships with field NGOs and private entities
- III. Crisis Management Centre (CMC) at FAO Headquarters to assemble, analyse and communicate relevant disease data and early warning messages; deploy rapidly specialised teams to infected areas; and coordinate country support so as to contribute to concerted international efforts

1.5 (FAO) Ensuring the clarification of the links between the emergence of pathogens and food and agriculture practices:

- I. Assessment of zoonotic and pandemic risk – enhancing food and agriculture practices
- II. Assessment of zoonotic and pandemic risk – enhancing farming landscapes, land use and eco systems use and management
- III. Review options for safer and healthier natural resource management, land use, agriculture and livestock sub sectors, and minimising zoonotic risk and likelihood of pandemic agent emergence

1.6 (UNHCR) In refugee settings - ensuring surveillance, detection and collection of dead birds, and preventing measures of safe and separated keeping of poultry in refugee camps:

- I. Provision of PPE to community workers and training on collecting dead birds in a safe way
- II. Ensuring that protocols and pathways for laboratory and veterinary services are in place (provided by FAO)
- III. Awareness raising of refugees and people working in camps about avian flu and the risk of transmission from poultry to humans, and support to possible actions to keep poultry away from habitations
- IV. Setting up reporting systems, coordination and surveillance mechanisms at camp, national and global levels

1.7 (WHO) Ensuring that each country affected by outbreaks in poultry has a policy in place, supported by appropriate equipment and supplies, for protecting defined groups (poultry cullers and veterinarians, health care staff attending suspected or confirmed human cases, and laboratory workers) considered at high occupational risk of exposure to the virus

Objective 2: Sustaining Livelihoods

2.1 (FAO) Ensuring that the HPAI impacts on livelihoods and its control measures are well understood and rectified by carrying out work in the following areas:

- I. Advising governments on compensation strategies and related livelihoods support for longer term analysis
- II. Advising on costs for control and funding mechanisms under different scenarios of control measures and disease situation
- III. Reviewing social and economic impacts of HPAI at micro/meso level (particularly impacts on small scale producers, food security and nutrition of both emergency measures and longer term bio-security regulations that may lead to significant changes in the poultry sub-sector)
- IV. Analysing trade and market shocks, in terms of trade flows and price fluctuations internationally, and price changes and demand fluctuation at national and local levels, and suggest measures to mitigate these shocks

2.2 (UNDP) Assisting governments as they design and implement mechanisms for sustaining the livelihoods of persons whose assets (e.g. poultry) are lost due to the culling required for controlling the AHI threat, and who might well become distressed as a result:

- I. Analytical work on the potential socio-economic consequences of an AI pandemic
- II. Reviews of benefits and risks posed by different compensation mechanisms
- III. Supporting community action to identify alternative options for livelihood security

2.3 (UNHCR) Ensuring that refugees benefit from compensation that is equivalent to compensation received by members of host country population in similar economic condition:

- I. Define and implement compensation schemes in refugee settings in accordance with schemes applied for the host population

2.4 (WFP) Supporting ongoing efforts to assess and analyze the impact of avian influenza (and control measures) on vulnerable populations, particularly focusing on the impact of the epizootic on livelihood and food security:

- I. Strengthen capacity for livelihood/food security analysis and monitoring

2.5 (WFP) Providing programme support to vulnerable populations whose food security is impacted by avian influenza and containment efforts

2.6 (UNICEF) Strengthening capacities to monitor the impact of avian influenza (including the culling of poultry and other birds) on the nutritional status and well being of children and women

Objective 3: Human Health

3.1 (WHO) *Reducing human exposure to the H5N1 virus.* Reduce opportunities for human infection and, in so doing, reduce opportunities for a pandemic virus to emerge; improve understanding of risk factors for human infection; ensure that proper isolation and infection control procedures are followed in hospitals caring for suspected or confirmed cases

3.2 (WHO) *Strengthening the early warning system.* Strengthen the capacity of national and international surveillance systems, using existing infrastructures, in ways that ensure rapid detection of suspected human cases, rapid and reliable laboratory confirmation, rapid field investigation, and rapid and complete reporting to WHO; ensure that affected countries, WHO, and the international community have all data and clinical specimens needed for an accurate risk assessment:

- I. Conduct surveillance for human cases in countries experiencing poultry outbreaks
- II. Detect imported or exported cases
- III. Confirm diagnosis
- IV. Undertake field investigations of cases and interpret the findings, trace and monitor contacts of each human case
- V. Identify populations at heightened risk of infection and introduce protective measures
- VI. Strengthen mechanism for formal collaboration between the human health and agricultural sectors
- VII. Ensure that clinical specimens and viruses are shared with the WHO network of reference laboratories specialized in diagnostic work and analyses of H5 influenza viruses

3.3 (WHO) *Leading rapid response efforts and Intensify rapid containment operations.* Prevent the H5N1 virus from further increasing its transmissibility among humans or delay its international spread. Carry out and manage risk communications on potential outbreaks, while providing substance and technical input on human health issues, including prevention and treatment, for social mobilization activities being implemented:

- I. Detect the earliest epidemiological signals that the virus may be increasing its transmissibility among humans
- II. Quickly assess situations that potentially signal the start of efficient and sustained human-to-human transmission of the virus
- III. Should assessment indicate that human-to-human transmission is occurring, intervene immediately, using rapid-response field teams and global and regional stockpiles of antiviral drugs and other supplies
- IV. Develop an operational protocol, supported by standard operating procedures, to support this intervention
- V. Develop a communications protocol to support this intervention, encourage compliance, and minimize the stress experienced by the affected population

3.4 (WHO) *Building capacity to cope with a pandemic.* Ensure that all countries have formulated and tested pandemic response plans and that WHO is fully able to perform its leadership role for health sector action during a pandemic:

- I. Provide generic guidance on the content and structure of a response plan
- II. Assist individual countries, particularly those with limited resources, in the development of plans
- III. Test plans in individual countries, regions, and internationally in order to identify gaps in core capacities
- IV. Enable WHO and its regional and country offices to carry out greatly expanded functions, around the clock, in leading and coordinating the global response to a pandemic

3.5 (WHO) *Coordinating global scientific research and development.* Ensure that pandemic vaccines and antiviral drugs are rapidly and widely available shortly after the start of a pandemic and that scientific understanding of the virus evolves quickly. Advocate that viral samples are treated as global public goods for research into antivirals:

- I. Identify priority research areas and encourage public- and private-sector funding
- II. Obtain more data on the use of both classes of antiviral drugs and on virus susceptibility to these drugs, and (for oseltamivir) on optimum doses and duration of administration for both treatment and prophylaxis in children and adults
- III. Establish partnerships with governments, regulatory authorities, academic institutes, and industry to find ways, facilitated by WHO, to increase vaccine manufacturing capacity quickly and in ways that ensure equitable access
- IV. Assist developing countries embarking on the development, regulatory approval, and production of pandemic vaccines
- V. Accelerate research and development for new vaccines conferring long-lasting protection against multiple influenza virus strains
- VI. Use institutions within the WHO Global Outbreak Alert and Response Network (GOARN) and laboratories within the WHO influenza surveillance network to ensure that scientific knowledge about an evolving pandemic is generated and communicated in real time

3.6 (UNHCR) *Pursuing its responsibility for ensuring the health of refugees, and working closely with WHO,* pursuing international protocols for surveillance and investigation of, and response to,

suspected human cases of avian influenza and instances of efficient human-to-human transmission of highly pathogenic influenza, including targeted supply of antiviral and vaccines, with a focus on:

- I. Awareness raising of refugees and people working in camps about human flu transmission and protection
- II. Provision of PPE to Staff and training in risk and risk avoidance, case management, and management of waste
- III. Security of staff, medications, isolation and triage zone
- IV. Strengthening of health services to include surveillance, detection, infection control and clinical management (including stockpiling of antibiotics, paracetamol, and essential drugs for other diseases)
- V. Setting up reporting systems, coordination and surveillance mechanisms at camp, national and global levels

3.7 (UNICEF) *Pursuing its responsibility for ensuring the health of women and children:* Ensuring that the health needs of children and women at risk of avian influenza or of any potential future pandemic are adequately addressed and that a protective environment for children is sustained at all stages of preparedness for containment and pandemic response:

- I. Strengthening of on-going community-based and home-based care for acute respiratory infections
- II. Strengthening of nutrition security and micronutrient initiatives to ensure that children and women have optimal nutritional health
- III. Contribution to development of national pandemic preparedness plans for health services that pay adequate attention to the special needs of children and women and focus on the required surge capacity for the peripheral decentralized health services
- IV. Supporting increased availability of the appropriate essential drugs, especially for children and women

Objective 4: Coordination of National, Regional and International Stakeholders

4.1 (UNDP) Working with national authorities at the highest level to ensure leadership for the national response to AHI (in conjunction with the World Bank, regional banks, other international stakeholders and the UN country team composed of respective UN agencies), through:

- I. Consistent advocacy with national leaders to encourage their fullest commitment to the response while openly facing challenges
- II. Support for cross-government engagement – bringing together ministries of Agriculture and Health, together with other Ministries and Institutions concerned with pandemic preparedness and response
- III. Facilitation of the joint analysis of challenges and synergized approaches to AHI responses in high level regional and global meetings

4.2 (UNDP) Working with national authorities, civil society and the private sector to assist the formation of strategic alliances to tackle the AHI threat across all levels of government, with full engagement of the private and voluntary sectors

4.3 (UNDP) Providing a dependable package of assistance for:

- I. Developing the integrated national AHI programme management systems that are based on the global strategic vision for AHI responses

- II. Engaging different ministries and non-governmental partners within an agreed framework for national accountability
 - III. Adopting results-based management methods
 - IV. Instituting regular implementation reviews and adjusting the AHI strategy as necessary to reflect changed national and/or international circumstances
- 4.4 (UNDP) Ensuring capacity in the office of the Resident Coordinator for coordination of bilateral and multilateral external assistance (in conjunction with the development banks) in line with the integrated national influenza plan:
- I. Ensuring complementarities of externally provided technical assistance
 - II. Encouraging synergy of financial assistance
- 4.5 (WFP) Assisting the setting up of national structures to coordinate avian influenza response and national pandemic preparedness activities by:
- I. Advocating for integration of food security elements in national plans for avian influenza and pandemic preparedness
 - II. Advising countries on building up national resilience, particularly related to food availability (pipeline management and creation and use of national food stocks)
- 4.6 (UNDG and UNSIC) Improving regional and international coordination through support for:
- I. Harmonization and alignment of external assistance at country level, working through Resident Coordinators and World Bank country directors
 - II. Synergy of strategies pursued and actions undertaken by UN system agencies and other development and humanitarian partners (development banks, NGOs, private entities working in alliance with the UN system, bilateral assistance agencies and regional institutions) around the seven objectives by reflecting these actions in the UN system Consolidated Action Plan; tracking progress against the plan; and problem-solving through UN System Influenza Steering Committee and its Technical Working Group; creating situation-specific networks and ad hoc groups; producing regular (monthly) progress reports; and revising the Consolidated Action Plan at six-monthly intervals
 - III. Supportive engagement (with World Bank) in Intergovernmental Partnerships (e.g. IPAPI); production of reports and identification of critical issues for review in six-monthly meetings organized by the partners
 - IV. Providing a focal point for guidance on and monitoring of preparedness planning for different pandemic contingencies by different agencies, funds and programmes within the UN System (so as to ensure continuity of their essential functions in the event of a pandemic)
 - V. Encouraging synergy, consistency (and, ideally, unison) of the messages issued by different UN systems agencies to media, to interested parties, to the respective line ministries, in relation to AHI
 - VI. Maintaining an up-to-date database of the progress of AHI activities at country level through proactive data collection, by acting as a repository of materials issued by national governments and other authorities, and through rigorous analytical work

Objective 5: Public Information and Communication to Support Behaviour Change

- 5.1 (FAO and WHO) Advising on the development of effective public awareness and behaviour change campaigns:

- I. (FAO) Development and application of guidelines on approaches to communication and information on compensation
- II. (FAO and WHO) Provision of materials that convey core messages on AHI prevention as well as pandemic containment
- III. (WHO) Ensuring that each country affected by outbreaks in poultry has a strategy for informing the general public of the associated risks to human health and related mitigation measures, and has a policy that facilitates these protective behaviours
- IV. (WHO) Ensuring that this strategy is based on best practices for bringing about behaviour change, is adapted to the national social and cultural context, reaches populations at greatest risk (including children), and is tested for effectiveness and modified as needed

5.2 (UNICEF) Supporting governments and partners to develop behaviour change strategies and prototype communication materials designed for the household level, with a specific focus on backyard poultry farmers, community influencers and children:

- I. Resilience building among communities by supporting national communication strategies that provide clear and empowering information to the general public and key groups of people, with a focus on communities and households
- II. Advocacy among the key national decision makers for the appropriate actions to stem the spread and impact of a pandemic
- III. Strengthening of on-going hygiene promotion programmes

5.3 (UNHCR) Ensuring that refugees and other populations of concern to UNHCR are properly informed and encouraged to adopt healthy AHI-related behaviours:

- I. Translation of public awareness messages into appropriate languages and format to inform and encourage refugees to reduce risks

5.4 (WFP) Integrating AHI awareness components into existing or new food-assisted programmes where appropriate:

- I. Introduction of awareness materials in schools where WFP provides school feeding
- II. Use of food distribution sites for awareness campaigns
- III. Link with UNICEF, FAO and government to disseminate awareness materials during monitoring visits
- IV. Support partner and government community training programmes through food for training if appropriate

Objective 6: Continuity under Pandemic Conditions

6.1 (OCHA) Ensuring that influenza pandemic plans and strategies are built upon existing mechanisms for disaster and public health emergencies preparedness, mitigation and response, as well as established best practice for crisis responses, and – as far as possible – are fully integrated into existing management structures for disasters and public health emergencies:

- I. Undertaking of risk assessments, developing alternative pandemic scenarios, adjusting scenarios as required given the evolution of risks associated with the pandemic
- II. Preparation and review of comprehensive multi-sectoral preparedness and response plans, involving all levels of government, for different pandemic-related contingencies

- III. Testing of these plans through simulations, reviewing their relevance and utility, and revising them as appropriate
- 6.2 (OCHA) Assisting with the development of standard operating procedures and the provision of surge capacity for the implementation of both pandemic containment and pandemic mitigation:
- I. Planning responses to the humanitarian consequences of a pandemic, including strategic alliances across all levels of government, in ways that engage private and voluntary sectors, and involve communities
 - II. Engaging, as appropriate, with national and international military and civil defence actors in defining appropriate roles and effective mechanisms for coordination and planning
- 6.3 (OCHA) Promoting management systems for pandemic preparedness and response that engage all stakeholders, encourage synergy, analyze progress, review results, and shift programme emphasis when necessary:
- I. Establishing the framework for regional perspectives of pandemic preparedness, mitigation and response
- 6.4 (UNDP) Working with OCHA to provide support to national pandemic preparedness planning:
- I. Supporting the efforts of the UN resident coordinator and country team to ensure that the UN country team develops and tests its own pandemic preparedness plan
 - II. Encouraging national officials to integrate pandemic preparedness planning into national crisis preparedness and response exercises
- 6.5 (UNHCR) Working on behalf of refugees and in close cooperation with OCHA, coordinating with national governments and UN country teams on the preparation of country-level pandemic influenza contingency plans, enabling staff to respond to refugees' needs
- 6.6 (UNICEF) In collaboration with the UN country team and government, identifying essential as well as additionally required activities that should continue in a pandemic:
- I. Assistance in operationalisation of the national pandemic containment and response plan
 - II. Assistance to meet the needs of the marginalized, including women, children and orphans in a pandemic
 - III. Assistance in development of a strategy with the Ministry of Education to minimize the negative impact (on children and women) of class-suspension and/or other interruption of the education of children as a result of a pandemic
- 6.7 (WFP) Strengthening its capacity for business continuity planning and implementation:
- I. Provision of business continuity planning guidance to its staff and counterparts
 - II. Country capacity assessments and list of shortfalls
 - III. Stockpile mapping and logistics capacity assessments
 - IV. Analysis and mapping of countries with particular food security vulnerabilities in a pandemic situation
 - V. Agency and country offices-specific business continuity plans
 - VI. Share BCP methodology and tools with other agencies

6.8 (WFP) Providing support to governments in countries with large vulnerable and food insecure populations:

- I. Upstream advice on building up national resilience and planning for relief food interventions in a pandemic situation
- II. Negotiation of access to national food stocks for pandemic response, pipeline planning and support and planning of food aid intervention

6.9 (WFP) Providing humanitarian support under pandemic conditions:

- I. Programme support to pandemic affected populations; planning will take into account the likely impaired implementing capacity of WFP, other UN agencies, governments, NGO partners and suppliers in a pandemic environment

Objective 7: Common Services

7.1 (WFP) Providing support to information management related to avian influenza:

- I. Provision of GIS capacity
- II. Content management of HEWS web related to avian influenza.

7.2 (WFP) Providing logistics expertise, contingency planning experience, and joint operations approach to the inter-agency process

ANNEX III

THE SEPARATE CONTRIBUTIONS OF EACH AGENCY AND THE RESOURCES REQUIRED TO IMPLEMENT THEM

This annex is an overview of the contribution of each UN agency, in collaboration with partners, to the objectives addressed within national efforts to respond to the threats of avian influenza and prepare for a human pandemic. The contributions are presented by agency, in alphabetical order.

The text and tables in this section demonstrate the commitment of UN System's bodies to the common cause of protecting our societies from the global threat of an influenza pandemic. They indicate the efforts being made to integrate international support, and to ensure synergy and complementarities among the various bodies and their separate actions.

All UN bodies are drawing on, and strengthening to the extent possible, their existing structures and programmes to respond to the threats of AHI. Additional programmes are established only when there is no alternative

The general pattern of UN assistance is technical assistance to national institutions. Within many countries, particularly those with more restricted implementation capacity, the likelihood of successful AHI action is increased if the countries receive more direct support from the international community. UN System agencies are used to this gradation and are already offering more direct implementation assistance to countries with greatest needs.

Given the complexity of situations that often prevail at country level, any UN agency, at any given time, may be called upon to fill identified gaps as a last resort and assume responsibilities that are additional to those described in this Consolidated Action Plan in order to ensure optimal response to the needs of a given country.

I. FOOD AND AGRICULTURE ORGANIZATION (FAO)

No	Objectives	Funds requested till end 2006 (in USD)	Partners
1	Animal Health and Bio-Security	125,000,000	OIE, WHO, UNICEF, national and regional entities/organizations and NGOs
2	Sustaining Livelihoods	2,500,000	
5	Public Information and Communication to Support Behaviour Change	3,500,000	
	TOTAL	131,000,000*	

* Projected FAO financial requirements for 2007 are USD 91,000,000 and USD 87,000,000 for 2008. It is anticipated that affected countries will request FAO's technical assistance for the implementation of up to a quarter of their total estimated needs and up to half of the total estimated global needs for countries at risk of infection.

Overview of FAO's Contribution

FAO, together with the Office International des Epizooties (OIE), is supporting countries to strengthen veterinary services in preventing and controlling H5N1 highly pathogenic avian influenza. As the central UN System contributor to coordinated action for animal health, FAO has established and promoted global strategies for tackling avian influenza, and now monitors the H5N1 situation. It also tracks the extent to which International Standards for animal health are being achieved.

FAO facilitates direct technical and resource assistance to the efforts of national governments in infected countries, in countries at risk of introduction of HPAI, and in newly infected countries. It provides rapid response services (and is gearing up to increase its crisis management capacity). Through a range of regional technical networks, FAO works with partner organizations (especially OIE) to increase the availability of technical assistance for national efforts to tackle trans-boundary animal diseases.

FAO is also working to clarify how animal husbandry, agriculture and ecosystems management may enhance the risk of an emergence of pandemic agents. FAO further provides assessment on the inter-relation of animal production and health practices, farming landscape dynamics and pathogen emergence.

FAO makes the following contributions to the objectives for AHI response:

Objective 1: Animal Health and Bio-security

1.1 Ensuring analysis of , and response to, the H5N1 situation in poultry and wild birds - with services worldwide - through the provision of a global framework for a cohesive response related to international (OIE) standards:

- I. Assessment of the country situation concerning risks of HPAI and its mitigation
- II. Assessment of capacity and impact of veterinary services, surveillance systems, and national laboratories

III. Review of emergency plans and field exercises

1.2 Ensuring that countries affected by and at risk of HPAI receive necessary technical assistance to achieve international standards for animal health and bio-security

I. Advising governments on national strategies for controlling highly pathogenic avian influenza

1.3 Ensuring that veterinarians and other personnel have the necessary knowledge and skills to implement laboratory services, to undertake field investigations, to recognize disease, to use protective equipment, and to be operationally prepared for contingencies:

- I. Direct technical support through training of local veterinarians and other animal health workers to enable them to face the HPAI spread
- II. Equipment for and assistance with laboratories based on needs assessments

1.4 Ensuring that national authorities can receive prompt and valuable support through a rapid response service:

- I. Rapid incident response in relation to new avian influenza infections
- II. Assistance with the implementation of responses through strategic alliances and partnerships with field-based NGOs and private entities
- III. Crisis Management Centre (CMC) at FAO Headquarters to assemble, analyse and communicate relevant disease data and early warning messages; deploy rapidly specialised teams to infected areas; and coordinate country support so as to contribute to concerted international efforts

1.5 Ensuring that the links between the emergence of pathogens and food and agriculture related practices becomes clarified:

- I. Assessment of zoonotic and pandemic risk - enhancing food and agriculture practices
- II. Assessment of zoonotic and pandemic risk - enhancing farming landscapes, land use and eco systems use and management
- III. Review options for safer and healthier natural resource management, land use, agriculture and livestock sub sectors, minimising zoonotic risk and likelihood of pandemic agent emergence

Objective 2: Sustaining Livelihoods

2.1 Ensuring that the HPAI impact on livelihoods and related control measures are well understood and rectified by carrying out work in the following areas:

- I. Advising governments on compensation strategies and related livelihood support for longer term analysis
- II. Advising on costs for control and funding mechanisms under different scenarios of control measures and disease situation
- III. Reviewing social and economic impacts of HPAI at micro/meso level (particularly impact on small scale producers, food security and nutrition of both emergency measures and longer term biosecurity regulations that may lead to significant changes in the poultry sub-sector)

- IV. Analysing the trade and market shocks, in terms of trade flows and price fluctuations internationally, and price changes and demand fluctuation at national and local levels, and suggest measures to mitigate these shocks

Objective 5: Public Information and Communication to Support Behaviour Change

5.1 Advising on the development of effective public awareness and behaviour change campaigns:

- I. Development and application of guidelines on approaches to communication and information, and on compensation
- II. Provision of materials that convey core messages on AHI prevention (with WHO)

II. OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS (OCHA)

No	Objectives	Funds requested till end 2006 (in USD)	Partners
6	Continuity under Pandemic Conditions	4,300,000	UNDP, FAO, OIE, WHO, World Bank, UNESCO, IRIN radio, UNICEF, IOM, WFP, OXFAM, IFRC, IGAD, CEEAC, SADEC, ECOWAS
	TOTAL	4,300,000	

Overview of OCHA's Contribution

In conjunction with UNDP, OCHA is establishing a platform for the UN System to support national pandemic preparedness, pandemic containment and pandemic mitigation. This platform consists firstly of an interagency support group on pandemic preparedness, based in Geneva, which reviews and streamlines the UN System's capacity within the overall objective of ensuring that the organization plays its full role in supporting governments' pandemic preparedness planning and actions. The second element is the establishment of dedicated resources within different OCHA Regional and Field offices to support UN country teams (through UN Resident and Humanitarian Coordinators) and partner NGOs.

The platform is particularly focused on ensuring strong United Nations contribution to countries with restricted implementation capacity (RIC), where governments seek intensive assistance with their AHI responses. It provides a springboard for the UN System to assist countries, private entities and international organizations.

OCHA makes the following contributions to the objectives for AHI response:

Objective 6: Continuity under Pandemic Conditions

6.1 Ensuring that influenza pandemic plans and strategies are built upon existing mechanisms for disaster and public health emergency preparedness, mitigation and response, as well as established best practice for crisis responses, and – as far as possible – are fully integrated into existing management structures for disasters and public health emergencies:

- I. Risk assessment, development of alternative pandemic scenarios, adjustment of scenarios as required, given the evolution of risks associated with the pandemic
- II. Preparation and review of comprehensive multi-sectoral preparedness and response plans, involving all levels of government for different pandemic-related contingencies
- III. Testing these plans through simulations, reviewing their relevance and utility, and revising them as appropriate

6.4 Assisting in the development of standard operating procedures and providing surge capacity for the implementation of both pandemic containment and pandemic mitigation:

- I. Planning responses to the humanitarian consequences of a pandemic, including strategic alliances across all levels of government, in ways that engage private and voluntary sectors, and involve communities
 - II. Engaging, as appropriate, with national and international military and civil defence actors in defining appropriate roles and effective mechanisms for coordination and planning
- 6.5 Promoting management systems for pandemic preparedness and response that engage all stakeholders, encourage synergy, analyze progress, review results, and shift programme emphasis when necessary:
- I. Establishing the framework for regional perspectives of pandemic preparedness, mitigation and response

III. UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)

No	Objectives	Funds requested till end 2006 (in USD)	Partners
2	Sustaining Livelihoods	13,500,000	OCHA and other UN System agencies, Governments, World Bank, regional development banks, donors and civil society organizations
4	Coordination of National Stakeholders	12,500,000	
6	Continuity under Pandemic Condition	4,000,000	
	TOTAL	30,000,000	

Overview of UNDP's Contribution

National governments' responses to threats related to avian and human influenza are most likely to succeed if their strategies pass the test of technical soundness, if multi-sectoral response mechanisms are realistic and effective, and if they are implemented in a timely manner. The UNDP effort is designed to contribute to ensuring that success factors as described in this Consolidated Action Plan are in place, particularly through encouraging effective governance in relation to AHI. The primary focus of the UNDP effort is countries with restricted capacities (RIC) or Least Developed Countries - especially Sub-Saharan African countries and countries where capacities are already compromised -, and countries with moderate implementation capacities (MIC) or Low Income Countries. UNDP is well placed to ensure that countries receive any needed support to encourage these attributes necessary for success.

In addition UNDP, in close collaboration with OCHA, supports UN System coordination at the country level as UN Resident Coordinators and members of the UN country team grapple with how best to arrange this support and to ensure that it is implemented from a country perspective.

UNDP makes the following contributions to the objectives for AHI response:

Objective 2: Sustaining Livelihoods

2.2 Assisting governments as they design and implement mechanisms for sustaining the livelihoods of persons whose assets (e.g. poultry) are lost due to the culling required for controlling the AHI threat, and who might well become distressed as a result:

- I. Analytical work on the potential socio-economic consequences of an AI pandemic
- II. Reviews of benefits and risks posed by different compensation mechanisms
- III. Supporting community action to identify alternative options for livelihood security

Objective 4: Coordination of National, Regional and International Stakeholders

4.1 Working with national authorities at the highest level to ensure leadership for the national response to AHI (in conjunction with the World Bank, regional banks, other international stakeholders and the UN Country Team composed of respective UN agencies), through

- I. Consistent advocacy with national leaders to encourage their fullest commitment to the response together while openly facing the challenges
 - II. Support for cross-government engagement – bringing ministries of Agriculture and Health together with other Ministries and Institutions concerned with pandemic preparedness and response
 - III. Facilitation of the joint analysis of challenges and synergized approaches to AHI response in high level regional and global meetings
- 4.2 Working with national authorities, civil society and the private sector to assist the formation of strategic alliances to tackle the AHI threat across all levels of government, with full engagement of the private and voluntary sectors
- 4.3 Providing a dependable package of assistance for :
- I. Establishing AHI programme management systems that are based on the global strategic vision on AHI response
 - II. Engaging different ministries and non-governmental partners within an agreed framework for national accountability
 - III. Adopting results-based management methods
 - IV. Instituting regular implementation reviews and adjusting the AHI strategy as necessary to reflect changed national and/or international circumstances
- 4.4 Ensuring capacity in the office of the UN Resident Coordinator for coordination of bilateral and multilateral external assistance (in conjunction with the development banks), in line with the integrated national influenza plan
- I. Ensuring complementarities of externally provided technical assistance
 - II. Encouraging synergy of financial assistance

Objective 6: Continuity under Pandemic Conditions

- 6.4 Working with OCHA to provide support to national pandemic preparedness planning:
- I. Supporting the efforts of the UN Resident Coordinator and country team to ensure that the UN country team develops and tests its own pandemic preparedness plan
 - II. Encouraging national officials to integrate pandemic preparedness planning into national crisis preparedness and response exercises

IV. UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)

No	Objectives	Funds requested till end 2006 (in USD)	Partners
1	Animal Health and Bio-security	1,000,000	The government of the host countries in collaboration with UNDP, FAO, WHO, WFP and UNICEF
2	Sustaining Livelihoods	500,000	
3	Human Health	6,000,000	
5	Public Information and Communication to Support Behaviour Change	500,000	
6	Continuity under Pandemic Condition	2,000,000	
	TOTAL	10,000,000	

Overview of UNHCR's Contribution

In the event of a pandemic, the already limited resources for infection control and disease management are unlikely to be directed towards refugees. UNHCR will be responsible for protection and assistance activities for refugees and other population of its concern, should the influenza pandemic occurs. It will ensure that these people are not being excluded from national and regional preparedness planning and are properly informed. It will also be the convening agency in refugee settings during the pandemic and ensure timely and efficient management of the situation according to stages. Although UNHCR normally seeks to implement its activities indirectly through an implementing partner, there are circumstances in which it may be necessary and/or clearly in the interest of refugees for UNHCR to assume greater operational responsibility.

UNHCR is particularly concerned about refugees confined in camps of more than 5'000 persons.

- 24 countries in the African continent are concerned with over 1'800'000 people: Algeria, Angola, Burundi, Central African Rep., Chad, Congo, Côte d'Ivoire, Dem. Rep. of the Congo, Djibouti, Ethiopia, Ghana, Guinea, Kenya, Liberia, Malawi, Namibia, Nigeria, Rwanda, Sierra Leone, Sudan, Togo, Uganda, United Rep. of Tanzania, Zambia.
- 11 countries in the rest of the world are concerned with over 1'500'000 people: Afghanistan, Azerbaijan, Bangladesh, Iraq, Islamic Rep. of Iran, Nepal, Pakistan, Serbia & Montenegro, Sri Lanka, Thailand, Yemen.

UNHCR is not including in its plan of action IDPs living in camp settings, however UN country teams should clarify roles and responsibilities in such a situation in order to support this vulnerable population.

UNHCR makes the following contributions to the objectives for AHI response:

Objective 1: Animal Health and Bio-Security

1.6 In refugee settings - ensuring surveillance, detection and collection of dead birds, and promoting measures for safe and separate housing of poultry:

- I. Provision of PPE to community workers and training on collecting dead birds in a safe manner

- II. Ensuring that protocols and pathways for laboratory and veterinary services are in place (provided by FAO)
- III. Awareness raising of refugees and people working in camps about avian flu and the risk of transmission from poultry to humans, and supporting possible actions to keep poultry away from habitations
- IV. Setting up reporting systems, coordination and surveillance mechanisms at camp, national and global levels

Objective 2: Sustaining Livelihoods

2.3 Ensure that refugees benefit from compensation that is equivalent to the compensation received by members of the host country population in similar economic conditions:

- I. Development and implementation of compensation schemes in each of the camps, in accordance with schemes applied to the host population

Objective 3: Human Health

3.6 Pursuing its responsibility to ensure the health of refugees, and working closely with WHO, to pursue international protocols for surveillance and investigation of, and response to, suspected human cases of avian influenza and instances of efficient human-to-human transmission of highly pathogenic influenza, including targeted supply of antiviral and vaccines, with a focus on:

- I. Awareness raising of refugees and people working in camps about human flu transmission and protection
- II. Provision of PPE to staff and training in risk avoidance, case management, and management of waste
- III. Security of staff, medications, isolation and triage zone
- IV. Strengthening of health services to include surveillance, detection, infection control and clinical management (including stockpiling of antibiotics, paracetamol, and essential drugs for other diseases)
- V. Setting up reporting systems, coordination and surveillance mechanisms at camp, national and global levels

Objective 5: Public Information and Communication to Support Behaviour Change

5.3 Ensuring that refugees and other populations of concern to UNHCR are properly informed and encouraged to adopt healthy AHI-related behaviours:

- I. Translation of public awareness messages into appropriate languages and format to inform and encourage refugees to reduce risks

Objective 6: Continuity under Pandemic Conditions

6.5 Working on behalf of refugees and in close cooperation with OCHA, coordinating with national governments and UN country teams on the preparation of country-level influenza contingency plans enabling staff to respond to refugees' needs

V. UNITED NATIONS CHILDREN'S FUND (UNICEF)

No	Objectives	Funds requested till end 2006 (in USD)	Partners
3	Human Health	13,500,000	Line-ministries, NGOs and civil society organizations, local science institutions and professional bodies, WHO, FAO, WFP, UNHCR and OCHA
5	Public Information and Communication to Support Behaviour Change	25,000,000	
6	Continuity under Pandemic Condition	11,500,000	
	TOTAL	50,000,000	

Overview of UNICEF's Contribution

The main objective of UNICEF's response will be to ensure that the needs of children are adequately addressed in preventing, preparing and responding to avian influenza and the human pandemic. In order to achieve this objective UNICEF will:

- In collaboration with governments, and with FAO and WHO as technical lead agencies, develop communication strategies for advocacy and behavioural change to prevent bird-to-bird, bird-to-human and human-to-human transmission.
- In collaboration with governments and as part of the UN country team, assess the potential impact of a pandemic on country programme activities;
- In collaboration with governments and UN country teams, identify which programme activities are essential and should continue in a pandemic and which additional critical actions should be added to the programme of cooperation; and
- In collaboration with governments, UN country teams and Inter-Agency Regional Support Networks, put in place technical and material assistance needed to support critical new activities for national preparedness and response.

At country level, UNICEF provides technical assistance and support to direct implementation. UNICEF Regional Offices provide coordination, technical support to country offices, and regional oversight and share good practices. UNICEF Headquarters provides policy guidance and global oversight.

UNICEF has identified areas where strengthening systems and putting in place essential programmes will: (a) reduce morbidity and mortality, (b) reduce transmission, (c) maintain the basic essential services for children and the most vulnerable, and (d) support the national response to the pandemic. While these actions are aimed at mitigating the immediate threat of a pandemic, they will also serve to strengthen national systems for longer term gains for children.

As part of WHO and UNICEF's work towards reaching the Millennium Development Goals, both organizations have jointly agreed on a list of 60 priority countries, which account for over 90 per cent of global under-five mortality each year. During the initial stages of avian and human influenza preparedness activities, UNICEF proposes to leverage efforts in 48 of the 60 priority countries, all of which fall into the categories of countries with moderate (MIC) and restricted (RIC) implementation capacity.

UNICEF makes the following contributions to the objectives for AHI response:

Objective 2: Sustaining Livelihoods

2.6 Strengthen capacity to monitor the impact of avian influenza (including the culling of poultry and other birds) on the nutritional status and well-being of children and women

Objective 3: Human Health

3.7 Pursuing its responsibility for ensuring the health of women and children, UNICEF ensures that the health needs of women and children at risk of avian influenza, or any potential future pandemic, are adequately addressed and that a protective environment for children is sustained at all stages of preparedness for containment and pandemic response:

- I. Strengthening of on-going community-based and home-based care for acute respiratory infections
- II. Strengthening of nutrition security and micronutrient initiatives to ensure that children and women have optimal nutritional health
- III. Contribution to development of national pandemic preparedness plans for health services that pay adequate attention to the special needs of children and focus on the required surge capacity for the peripheral decentralized health services
- IV. Supporting of increased availability of the appropriate essential drugs, especially for women and children

Objective 5: Public Information and Communication to Support Behaviour Change

5.2 Supporting governments and partners to develop behaviour change strategies and prototype communication materials designed for the household level, with a specific focus on backyard poultry farmers, community influencers and children:

- I. Resilience building among communities by supporting national communication strategies that provide clear and empowering information to the general public and key groups of people, with a focus on communities and households
- II. Advocacy among the key national decision makers for the appropriate actions to stem the spread and impact of a pandemic
- III. Strengthening of on-going hygiene promotion programmes

Objective 6: Continuity under Pandemic Conditions

6.6 In collaboration with the UN country teams and governments, identifying essential activities that should continue in a pandemic and the required additional actions to keep these going:

- I. Assistance in operationalisation of national pandemic containment and response plans
- II. Assistance to meet the needs of the marginalized children, women and orphans in a pandemic
- III. Assistance in the development of a strategy with the Ministry of Education to minimize the negative impact (on children and women) of class-suspension and/or other interruption of children's education as a result of a pandemic

VI. WORLD FOOD PROGRAMME (WFP)

No	Objectives	Funds requested till end 2006 (in USD)*	Partners
2	Sustaining Livelihoods	500,000**	UNICEF, WHO, FAO, OCHA, UNDP, IFAD and other international and regional partners, NGOs
4	Coordination of National Stakeholders	500,000	
5	Public Information and Communication to Support Behaviour Change	1,000,000	
6	Continuity under Pandemic Condition	3,000,000***	
7	Common Services	2,000,000***	
	TOTAL	7,000,000	

* Including WFP Special Operations 10502: 'WFP Avian and Human Influenza Preparedness.'

** Does not include costs for programme implementation. WFP will respond to those needs following requests from affected governments and costs will be calculated on the basis of assessed needs.

*** Does not include support for programme implementation in a pandemic situation.

Overview of WFP's Contribution

WFP's four main planning objectives in responding to avian influenza and the threat of an influenza pandemic are:

- *Staff safety and health*, by minimizing the impact on the health and safety of staff, including compliance with the UN Medical Services Staff Contingency Plan;
- *Continuity of operations* in serving current beneficiary caseloads and maintaining WFP infrastructure;
- *WFP's capacity* to identify and address the food security needs of possible new beneficiary caseloads (new programme response);
- *Contribution to a system-wide effort* to prepare for, prevent and/or combat a pandemic (new services);

The majority of WFP's operations are focused in countries with restricted implementation capacity (RIC). In countries with strong and moderate implementation capacity (SIC and MIC), WFP will advocate for consideration, by the national authorities, of food insecurity in the development of plans in response to avian influenza as well as pandemic preparedness plans.

WFP makes the following contributions to the objectives for AHI response:

Objective 2: Sustaining Livelihoods

2.4 Supporting ongoing efforts to assess and analyze the impact of avian influenza (and control measures) on vulnerable populations, particularly focusing on the impact of the epizootic on livelihood and food security:

- I. Strengthen capacity for livelihood/food security analysis and monitoring

2.5 Providing programme support to vulnerable populations whose food security is impacted by avian influenza and containment efforts

Objective 4: Coordination of National, Regional and International Stakeholders

4.5 Assisting in the national coordination structures set up to coordinate avian influenza response and national pandemic preparedness activities by:

- I. Advocating for integration of food security elements in national plans for avian influenza and pandemic preparedness
- II. Advising countries on building up national resilience, particularly related to food availability (pipeline management and creation and use of national food stocks)

Objective 5: Public Information and Communication to Support Behaviour Change

5.4 Integrating AHI awareness components into existing or new food-assisted programmes where appropriate:

- I. Introduction of awareness materials in schools where WFP provides school feeding
- II. Use of food distribution sites for awareness campaigns
- III. Link with UNICEF, FAO and government to disseminate awareness materials during monitoring visits
- IV. Support partner and government community training programmes through food for training if appropriate

Objective 6: Continuity under Pandemic Conditions

6.7 Strengthening its capacity for business continuity planning and implementation:

- I. Provision of business continuity planning guidance to its staff and counterparts
- II. Country capacity assessments and list of shortfalls
- III. Stockpile mapping and logistics capacity assessments
- IV. Analysis and mapping of countries with particular food security vulnerabilities in a pandemic situation
- V. Agency and country offices-specific business continuity plans
- VI. Share BCP methodology and tools with other agencies

6.8 Providing support to governments in countries with large vulnerable and food insecure populations:

- I. Upstream advice on building up national resilience and planning for relief food interventions in a pandemic situation
- II. Negotiation of access to national food stocks for pandemic response, pipeline planning, and support and planning of food aid intervention

6.9. Providing humanitarian support under pandemic conditions:

- I. Programme support to pandemic affected populations; planning will take into account the likely impaired implementing capacity of WFP, other UN agencies, governments, NGO partners, and suppliers in a pandemic environment

Objective 7: Common Services

7.1 Providing support to information management related to avian influenza:

- I. Provision of GIS capacity
- II. Content management of HEWS web related to avian influenza

7.2 Providing logistics expertise, contingency planning experience, and joint operations approach to the inter-agency process

VII. WORLD HEALTH ORGANISATION (WHO)

No	Objectives	Funds requested for 2006-2007 (in USD)	Partners
3	Human Health	99,400,000	UN System agencies, national governments, NGOs, civil society, academic institutions and the private commercial sector
	TOTAL	99,400,000	

Overview of WHO's Contribution

WHO Member States have agreed on a series of protocols for reducing the risks of catastrophic ill health as a result of communicable disease. In May 2006, the World Health Assembly adopted a resolution (WHA59.2) that calls upon Member States to immediately comply, on a voluntary basis, with the provisions of the International Health Regulations⁸ (2005) that are considered relevant to the risk posed by avian influenza and pandemic influenza. WHO has been mandated to monitor the implementation of the Regulations and to provide technical assistance to those countries, where implementation is not at the required level.

WHO has developed model strategies that countries should consider to adopt as part of their pandemic preparedness planning. WHO has also highlighted the national and international capacities that are necessary, were there to be an outbreak of influenza with a pandemic potential. WHO - through its network of country and regional offices, and global initiatives for epidemic and pandemic preparedness and response - works to improve these capacities. This will result in increased capacity to respond to the present threats to human health that are posed by avian influenza and will improve countries' (and global) abilities for defence against many other emerging and epidemic-prone diseases.

WHO is implementing the International Health Regulations (2005) as the basic framework that guides countries to establish epidemiological surveillance and reporting systems. Moreover, WHO assists countries to develop their overall health systems that provide the ongoing capacity to respond to epidemics and pandemics, including prevention, treatment of affected persons, and leadership within the health sector.

WHO makes the following contributions to the objectives for AHI response:

Objective 1: Animal Health and Bio-security

⁸ The International Health Regulations (2005) officially enter into force in June 2007, two years after their adoption by the World Health Assembly.

1.7 Ensure that each country affected by outbreaks in poultry has a policy in place, supported by appropriate equipment and supplies, for protecting defined groups (poultry cullers and veterinarians, health care staff attending suspected or confirmed human cases, and laboratory workers), considered at high occupational risk of exposure to the virus

Objective 3: Human Health

3.1. *Reducing human exposure to the H5N1 virus.* Reduce opportunities for human infection and, in so doing, reduce opportunities for a pandemic virus to emerge; improve understanding of risk factors for human infection; ensure that proper isolation and infection control procedures are followed in hospitals caring for suspected or confirmed cases

3.2 *Strengthening the early warning system.* Strengthen the capacity of national and international surveillance systems, using existing infrastructures, in ways that ensure rapid detection of suspected human cases, rapid and reliable laboratory confirmation, rapid field investigation, and rapid and complete reporting to WHO; ensure that affected countries, WHO, and the international community have all data and clinical specimens needed for an accurate risk assessment:

- I. Conduct surveillance for human cases in countries experiencing poultry outbreaks
- II. Detect imported or exported cases
- III. Confirm diagnosis
- IV. Undertake field investigations of cases and interpret the findings; trace and monitor contacts of each human case
- V. Identify populations at heightened risk of infection and introduce protective measures
- VI. Strengthen mechanism for formal collaboration between the human health and agricultural sectors
- VII. Ensure that clinical specimens and viruses are shared with the WHO network of reference laboratories specialized in diagnostic work and analyses of H5 influenza viruses

3.3 *Leading rapid response efforts and intensifying rapid containment operations.* Prevent the H5N1 virus from further increasing its transmissibility among humans, or delay its international spread; carry out and manage risk communications on potential outbreaks; provide substance and technical input on human health issues, including prevention and treatment, for social mobilization activities being implemented:

- I. Detect the earliest epidemiological signals that the virus may be increasing its transmissibility among humans
- II. Quickly assess situations that potentially signal the start of efficient and sustained human-to-human transmission of the virus
- III. Should assessment indicate that human-to-human transmission is occurring, intervene immediately, using rapid-response field teams and global and regional stockpiles of antiviral drugs and other supplies
- IV. Develop an operational protocol, supported by standard operating procedures, to support this intervention
- V. Develop a communications protocol to support this intervention, encourage compliance, and minimize the stress experienced by the affected population

3.4 *Building capacity to cope with a pandemic.* Ensure that all countries have formulated and tested pandemic response plans and that WHO is fully able to perform its leadership role for health sector action during a pandemic:

- I. Provide generic guidance on the content and structure of a response plan
- II. Assist individual countries, particularly those with limited resources, in the development of plans
- III. Test plans in individual countries, regions, and internationally in order to identify gaps in core capacities
- IV. Enable WHO and its regional and country offices to carry out greatly expanded functions, around the clock, in leading and coordinating the global response to a pandemic

3.5 *Coordinating global scientific research and development.* Ensure that pandemic vaccines and antiviral drugs are rapidly and widely available shortly after the start of a pandemic and that scientific understanding of the virus evolves quickly; and advocate that viral samples are treated as global public goods for research into antivirals:

- I. Identify priority research areas and encourage public- and private-sector funding
- II. Obtain more data on the use of both classes of antiviral drugs and on virus susceptibility to these drugs, and (for oseltamivir) on optimum doses and duration of administration for both treatment and prophylaxis in children and adults
- III. Establish partnerships with governments, regulatory authorities, academic institutes, and industry to find ways, facilitated by WHO, to increase vaccine manufacturing capacity quickly and in ways that ensure equitable access
- IV. Assist developing countries embarking on the development, regulatory approval, and production of pandemic vaccines
- V. Accelerate research and development for new vaccines conferring long-lasting protection against multiple influenza virus strains
- VI. Use institutions within the WHO Global Outbreak Alert and Response Network and laboratories within the WHO influenza surveillance network to ensure that scientific knowledge about an evolving pandemic is generated and communicated in real time

Objective 5: Public Information and Communication to Support Behaviour Change

5.1 Advising on the development of effective public awareness and behaviour change campaigns:

- II. Provision of materials that convey core messages on AHI prevention, as well as pandemic containment (with FAO)
- III. Ensure that each country affected by outbreaks in poultry has a strategy for informing the general public of the associated risks to human health and how to avoid them, and has a policy that facilitates these protective behaviours
- IV. Ensure that this strategy is based on best practices for bringing about behaviour change, is adapted to the national social and cultural context, reaches populations at greatest risk (including children), and is tested for effectiveness and modified as needed

**VIII: UN Development Group (UNDG), including the Office of the
UN Systems Influenza Coordinator**

No	Objectives	Funds requested till end 2006 (in USD)	Partners
4	Coordination of National, Regional and International Stakeholders	0	The UNSIC office, which works from inside the UN Development Group, exists solely to facilitate the work of different UN system agencies, funds and programmes (and their outside-UN partners) as they support national and international responses to avian and human influenza; the office supports efforts to establish programme and funding gaps, and may catalyse efforts to close them.
	TOTAL	0	

Objective 4: Coordination of National, Regional and International Stakeholders

4.6 (UNDG and UNSIC) Improving international coordination through support for

- I. Harmonization and alignment of external assistance at country level, working through Resident Coordinators and World Bank country directors
- II. Synergy of strategies pursued and actions undertaken by UN System agencies and other development and humanitarian partners (development banks, NGOs, private entities working in alliance with UN system, bilateral assistance agencies and regional institutions) around the seven objectives: reflecting these actions in the UN System Consolidated Action Plan; tracking progress against the plan; problem solving through UN System Influenza Steering Committee and its Technical Working Group; creating situation-specific networks and ad hoc groups; producing regular (monthly) progress reports and revising the Consolidated Action Plan at six-monthly intervals
- III. Supportive engagement (with World Bank) in Intergovernmental Partnerships (e.g. IPAPI); production of reports and identification of critical issues for review in six-monthly meetings organized by the partners
- IV. Providing a focal point for guidance on and monitoring of preparedness planning for different pandemic contingencies by different agencies, funds and programmes within the UN system (so as to ensure continuity of their essential functions in the event of a pandemic)
- V. Encouraging synergy (and, ideally, unison) of the messages issued by different UN systems agencies to media, to interested parties, and to the respective line ministries, in relation to AHI
- VI. Maintaining an up-to-date database of the progress of AHI activities at country level through proactive data collection, acting as a repository of materials issued by national governments and other authorities, and through rigorous analytical work

ANNEX IV: SUMMARY OF THE READJUSTED UN SYSTEM FINANCIAL REQUEST FOR THE REMAINDER OF 2006

Table 1: FUNDS REQUESTED BY UN SYSTEM AGENCIES, BEIJING CONFERENCE, JANUARY 2006 (In million USD)

	FAO*	OCHA	UNDP	UNHCR	UNICEF	WFP	WHO	UNSCIC	TOTAL
BEIJING REQUESTS	59	4.2	9.5		9.0	7.0	99.4+ 38.6***	2.4	229.1
<i>Funds received plus firm and soft pledges</i>	36	0	0		49**	0.37	49.6****	2.4	137.37
<i>Funds received as of May 2006</i>	28.5	0	0		49**	0.37	26.3****	2.0	106.17

* Figures relate to 2006 only

** Earmarked grant for communication and supplies at country level, outside UNICEF's Beijing request

*** Budget period is 2006 – 2007: USD 99.4 million for WHO's response to AHI and USD 38.6 million for antiviral stockpiles

**** These amounts have been received or pledged against the USD 99.4 million for WHO's response to AHI

Table 2: REVISED REQUEST TILL END OF 2006 BY OBJECTIVES AND AGENCIES AS PER THE CONSOLIDATED ACTION PLAN (In million USD)

	FAO	OCHA	UNDP	UNHCR	UNICEF	WFP	WHO	OTHER	TOTAL
1. Animal Health and Bio-Security	125			1.0					126
2. Sustaining Livelihoods	2.5		13.5	0.5		0.5			17.0
3. Human Health				6.0	13.5		99.4**		118.9
4. Coordination of National, Regional and International Stakeholders			12.5			0.5			13.0
5. Public Information and communication to support behaviour change	3.5			0.5	25.0	1.0			30.0
6. Continuity under Pandemic Conditions		4.3	4.0	2.0	11.5	3.0			24.8
7. Common Services Support						2.0			2.0
8. Unallocated									***
TOTAL	131*	4.3	30.0	10.0	50.0	7.0	99.4	***	331.7

* This increase since Beijing conference is due to the unforeseen spread of HPAI in Africa and Europe. The new projected FAO financial requirements for 2007 are USD 91,000,000 and USD 87,000,000 for 2008

** WHO is still looking for funds for an additional USD 38.6 million for antiviral stockpiles but as a second priority

***Some funding may be required by other UN systems agencies, funds and programmes during 2006: not yet estimated.

Table 3: UN SYSTEM CURRENT FUNDING GAP FOR 2006 AND IMMEDIATE NEEDS (in million USD)

Revised requested funds minus funds pledged and funds received against requested funds in Beijing

FAO	OCHA	UNDP	UNHCR	UNICEF	WFP	WHO	OTHER***	TOTAL ****
95*	4.3	30.0	10.0	50.0	6.63	49.8**	0	244.73

is amount is needed for FAO in 2006. Another USD 178,000,000 is required to cover year 2007 and 2008.

his amount is needed for WHO in 2006 – 2007

Some funding may be required by other UN systems agencies, funds and programmes during 2006: not yet estimated

* UNSIC is fully funded for 2006; UNDP, UNHCR, UNICEF, WFP and other UN System agencies will need resources in 2007; estimates available end of 2006