

# **Coordination of Avian and Human Influenza Activities**

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## FOREWORD

In September 2005, the United Nations (UN) Secretary-General appointed a coordinator for support to national responses to avian influenza and pandemic threats. One purpose was to better synchronize external assistance for influenza action. At the June 2006 Vienna meeting of Senior Officials from the International Partnership on Avian and Pandemic Influenza, delegates requested international action to increase synergy of external assistance in countries affected by avian influenza. The World Bank (WB) and the UN System Influenza Coordinator (UNSIC) agreed to analyze current coordination mechanisms in affected countries. UNSIC took leadership in this study, while GTZ provided financial support.

The primary objective of the study was to examine advantages and disadvantages of different coordination arrangements, and to establish a series of principles that –if adopted –would lead to better synergy and more effective implementation of assistance. Brad Herbert, an experienced international development specialist, formerly with World Bank and Global Fund to Fight AIDS, Tuberculosis, and Malaria, was engaged to lead the team undertaking the study. After briefings from different stakeholders, Mr. Herbert and his team visited eight countries and, using a standard questionnaire, interviewed Government officials, NGO representatives, some stakeholders from the private sector, and staff of the United Nations, WB and donor agencies. Their conclusions reinforce best practice on coordination that has been promulgated by Organization of Economic Cooperation and Development, UNDG, and similar bodies. They also conclude that sustained attention is needed to ensure that best practice is pursued, and they have proposed that nine principles, which reflect this best practice, be put into practice at country level.

In addition, they identify three key elements of successful coordination. Firstly, they emphasize the central importance of an integrated national strategy and point out that the UN system agencies have a key role in helping ensure that this is prepared in a thorough fashion. This makes sense: all too often strategies are developed, but leave out difficult and vital issues. The second is that –between them– the UN and World Bank should designate one official as coordinator of external assistance provided by the international system (UN and development banks). This official must ensure that a joint programme be developed, designed and implemented. Ideally, this joint program should cover the role of the UN, development banks and donors. Though it's acknowledged that joint programming does not necessarily imply pooled funding, it does mean that everyone is aware of each others' intentions. The coordinating official may change over time –what matters, however, is that s/he be identified and perform the tasks well. Thirdly, they stress the importance of synergy and trust at the global level. To date, coordination efforts on AHI have been extraordinary by any measure. Yet, strong and sustained coordination across the number of agencies that have a role in supporting countries on AHI is not easy. As the study indicates, even with the successes to date, more can and should be done to meet the high standards that the ultimate beneficiaries of our work, the world's most vulnerable people, deserve.

We are committed to even more intense efforts to ensure synergy. We would prefer to do this without significant expansion of UNSIC - by encouraging greater efforts by external bodies already active at country level. We will review progress in a year, using the indicators proposed in this report, and anticipate that many of the identified deficiencies will be resolved.

We thank Brad Herbert and his team, those who funded the study, those who took part in it, and all those who invest their time and energy into coordination of influenza action. Theirs is frequently a thankless task but without it the impact of all our collective efforts is much diminished.

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## I. EXECUTIVE SUMMARY

The purpose of this review is to analyze factors influencing the degree to which efficient coordination takes place, with a view to (i) increasing the quality of coordination within governments; and (ii) strengthening partnerships and alliances among all avian and human influenza (AHI) stakeholders, including government, civil society, multilateral organizations and bilateral donors, and the private sector. As a result of this assessment, nine guiding principles have been identified which are essential to underpin effective coordination, not only for the current AHI epidemic, but also for other future disease and natural disaster threats. The list of the eight countries that were covered by the rapid assessment includes: Cambodia, Egypt, Indonesia, the Lao People’s Democratic Republic (“Laos”), Thailand, Turkey, Ukraine, and Viet Nam. Nine principles have emanated from the analysis of coordination mechanisms, processes and outcomes conducted in the above-mentioned countries. The detailed rationale for each principle and indicators to measure its attainment are included in the main report. The principles are presented in an order consistent with the Paris Declaration.

### I. National Ownership and Leadership

#### Principle 1

- High-level political leadership is essential for an effective response to avian and human influenza and must drive the development of multisectoral coordination structures that draw in all key stakeholders, including civil society, the private sector, and government ministries in addition to agriculture and health. The international community should respect this national leadership and, where necessary, use its resources and leverage to help build capacity for leadership.

#### Principle 2

- National coordination authorities, supported by the international community, should ensure that an appropriate balance is achieved between a developmental and an emergency response to AHI, and that AHI activities are mainstreamed into existing structures and programs to the extent possible.

#### Principle 3

- The national coordination authority should lead an open and inclusive planning process, resulting in a national strategic framework and operational plans that comprehensively address all aspects of AI response and pandemic preparedness.

### II. Alignment

#### Principle 4

- The international community should systematically base its financial and technical support for AHI activities on nationally developed plans, and should use country systems and procedures to provide this support, avoiding the creation of parallel systems and using common national monitoring mechanisms, to the maximum extent possible.

### Principle 5

- The international community should provide its support in a way that builds sustainable national capacity and leverages global knowledge to help adapt international good practice to national context.

## **III. Harmonization**

### Principle 6

- The international community should maximize the use of common arrangements at the country level for planning, funding, monitoring and evaluation, and reporting. In line with this, the UN system and the World Bank should prioritize development of joint programs over separate projects.

### Principle 7

- The donor community should designate one person as coordinator of external assistance on AHI; within that framework, it would also be useful for the UN community and the International Financial Institutions to name one person as coordinator of external assistance provided by the international system. These agreements should be appropriately documented.

### Principle 8

- There should be greater consistency of approach among UN agencies and the World Bank at the corporate level and at the country level, and between corporate headquarters, regional, and country levels within individual agencies.

### Principle 9

- Appropriate incentives should be designed to reward coordination efforts among international organizations.

To ensure effective coordination for activities to contain Avian Influenza and prepare for a pandemic, each of the above principles should be accepted and implemented by all stakeholders. However, there are several steps that the international community should focus on immediately to address key deficits that the study revealed.

1. An appropriate response to AHI requires a national strategy that encompasses both the emergency and the long-term developmental aspects of addressing Avian Influenza. In too many countries, the absence of a strategic framework is hindering effective implementation and reducing the effectiveness of international support. Strong leadership from the international community, driven by the UN Resident Coordinator (RC) and/or the World Bank Country Director, is needed to support national authorities to develop national strategies that are comprehensive. More broadly, little support has been provided by the international community to address the governance challenges posed by AHI. UN agencies that have a comparative advantage in dealing with governance issues need to assume a more active role.

2. The UN/World Bank designated coordinator should take responsibility to ensure that, in response to a government's national strategy, only one unified program for the UN/World Bank is developed to support the strategy. To succeed, this will require full coordination and collaboration not only at the country level but also at the respective headquarters. The development of a joint program is a key step in reducing the transaction costs that developing country governments face in dealing with the large number of international organizations involved in the AHI response, and improving the efficiency of the multilateral system.
3. Although the study focused on country-level coordination, coordination problems at the global level were repeatedly identified as impeding progress at the country level. Coordination between the respective headquarters of UN agencies and the World Bank must be improved, if progress is to be made on country-level coordination. At the moment, mixed messages, costly duplication and high transaction costs as a result of inefficiencies at the global level are hindering action at the country level. To improve this situation and ensure that high-level coordination is developed and mainstreamed, the mandate of the Office of the UN System Influenza Coordinator (UNSIC) should continue with a renewed focus on effective coordination among respective UN headquarters and World Bank headquarters. UNSIC should also be strengthened to provide stronger secretariat support.

The primary purpose of the study has been to glean lessons learned from the countries' experiences so far, and to identify key principles that should be applied in any country context for effective coordination. The study should not be considered as providing an in-depth analysis of individual country contexts. It is hoped that the results of this study will be of help to national authorities and the international community, as they work together towards reducing the threats posed by the highly pathogenic avian influenza viruses.

Finally, we wish to acknowledge the strong support received from the Office of the United Nations System Influenza Coordinator (UNSIC), the AHI regional and country coordinators, staff of the World Bank, and all the stakeholders who were candid and frank in their conversations with the team.

## II. METHODOLOGY

The study team began its assignment with a preliminary set of propositions that provided a framework for the scope of the study. These propositions were tested in eight target countries and were revised based on the findings collected during the country visits.

In each country, a wide range of stakeholders was interviewed, typically including the government (at a minimum, the Ministries of Agriculture and Health, and often other ministries, such as information and culture, education, and foreign affairs), the UN system organizations (always including the Food and Agriculture Organization [FAO], the World Health Organization [WHO], UNICEF, and the UN Resident Coordinator, and often including other members of the UN Country Teams), the World Bank, non-governmental organizations (such as the Academy for Educational Development, CARE, the Red Cross, and Agronomes et Vétérinaires Sans Frontières), and bilateral agencies and multilateral organizations (such as the Asian Development Bank, AusAID, the EU, Japan, and USAID and the US Centers for Disease Control and Prevention). Discussions were also held with a number of private sector organizations/associations and companies. These meetings were usually organized by Avian and Human Influenza Coordination Specialists based in the Office of the UN Resident Coordinator. However, to reduce bias, interviews were typically conducted in one-on-one or small group meetings, without accompaniment.

A set of standardized questions (contained in Annex I) was developed, but interviews were semi-structured, addressing topics appropriate to the background of the interviewee and allowing the interviewee considerable latitude to share her/his insights on the issues deemed most important. The following topics were covered with essentially all interviewees:

- The state of coordination among government ministries;
- The state of coordination among UN agencies;
- Relations between the UN system and the World Bank;
- The state of coordination between UN, NGOs, private sector, and government;
- The extent to which non-governmental organizations (and, if appropriate in the country, the private sector) were involved in coordination structures and were tapped into AHI information flows; and
- The strengths, weaknesses, and gaps in the response to AHI.

Although an interview methodology is invariably subjective, in almost all countries, responses were highly consistent with each other, providing a strong indication of the robustness of the findings. However, as is inevitably the case with this methodology, the results represent the opinions of the individuals surveyed.

The findings were then used to revise the original set of propositions, resulting in a list of nine basic principles for AHI coordination. In the section that follows, each principle is set out, along with the evidence that led to the formulation of the principle.



### III. GUIDING PRINCIPLES FOR EFFECTIVE COORDINATION OF AVIAN AND HUMAN INFLUENZA PREPAREDNESS AND RESPONSE

The past decade has seen increased attention focused on the effective delivery of development assistance. This has resulted in broad international agreement on key principles underlying the delivery of aid, as set out in the Paris Declaration on Aid Effectiveness. These principles – concerning ownership, alignment, harmonization, and drive for results – must underpin the response to Avian and Human Influenza. As such, the study team used the Paris Declaration as a framework for its rapid assessment to develop, with country stakeholders, specific principles that are considered essential for effective coordination.

In determining principles for effective coordination, it is important to note that the international community has played a key role in supporting AHI activities. Technical advice, financing, and political leadership have all been provided by UN organizations, the World Bank, and bilateral agencies. To date, this work has led to putting AHI high on the political agenda of most countries affected by the highly pathogenic avian influenza. UN agencies and the World Bank have been working closely with national Ministries of Health and Agriculture to support projects aimed at developing effective emergency responses. However, the rapid assessment has shown that the quality of this support varies widely and, in many cases, is in need of improvement. For example, far too often, effective coordination between the UN and the World Bank has relied on the personalities of individuals. The result is that in many countries, there is a lack of systematic coordination between these institutions leading to slow implementation of newly funded programs and missed opportunities, particularly those associated with developing long term sustainable programs. Coordination between the different UN agencies, both at the country and headquarter levels, is also in need of improvement. For example, overlapping missions from different technical agencies have, in some countries, resulted in duplication of efforts and mixed messages on how to address the pandemic. In one instance, two different agencies offered conflicting advice on how best to manage backyard poultry production, which resulted in confusion at the national level.

International partners need to ensure that their support is *aligned* with the systems of countries they support, and that the multiple channels of international support are *harmonized* with each other. Many bilateral and multilateral agencies, such as AusAID, the EU, Japan, the Netherlands, and the US Government, have shown willingness to support joint UN/World Bank programs but are often frustrated by the apparent lack of coordination and leadership, duplication, high transaction cost and slowness of response. All countries would benefit from developing a single unified program at the country level that is supported by all agencies and provides a framework for donor support.

Alongside this, however, national authorities also have a responsibility to develop clear and transparent strategies that the international community can support. In too many countries, such a strategy is missing or ill-defined, creating a void that causes tensions and confusion at the country, regional and global levels.

The following nine principles were established in consultation with a wide range of public and private stakeholders during the eight-country visits undertaken for the rapid assessment. These principles take into account the many lessons learned from the successes and failures of implementing other multisectoral responses, such as the fight against HIV/AIDS. The principles are presented in a format consistent with the Paris Declaration on Aid Effectiveness, emphasizing the three distinct aspects for effective coordination: national ownership; alignment; and harmonization. Indicators to monitor progress towards achieving these principles as well as the rationale and justification for each principle are also included.

## A. National Ownership and Leadership

National ownership and leadership are central to an effective response to any development and humanitarian challenge, including AHI. Three principles around national ownership and leadership emerge from the findings of the study.

### **Principle 1**

- High-level political leadership is essential for an effective response to avian and human influenza and must drive the development of multisectoral coordination structures that draw in all key stakeholders, including civil society, the private sector, and government ministries in addition to agriculture and health. The international community should respect this national leadership and, where necessary, use its resources and leverage to help build capacity for leadership.

### Indicators

*To be monitored at national level:*

- Frequency of meetings of multisectoral coordination authority, with the participation of high-level representatives of civil society, the private sector, the military, and government bodies responsible for internal affairs, economy/finance, energy, food and water security, transportation, and information.
- Percentage of ministries that have clear operational plans linked to the national strategy.

*To be monitored at global level:*

- Percentage of AHI-affected countries in which multisectoral coordination authorities meet at least quarterly (pending country context).

### Rationale

High-level political leadership is particularly important in AHI because the cross-sectoral nature of the response requires a high level of coordination between areas that traditionally do not work closely together. In countries that have strong, high-level national leadership on AHI, such as Cambodia, Laos, Thailand and Viet Nam, the government response is more coherent. This in turn enables the international community to more easily and effectively provide its support. In the absence of strong political leadership and in those countries where there are complex systems and large numbers of development partners, such as Indonesia and Egypt, the result so far has

not been as effective, indicating missed opportunities. It needs to be noted that countries that have developed a strong position in the fight against AHI have been dealing with this issue for an extended period of time. Hence, the amount and duration of experience with HPAI also impacts countries' performance.

While strong and dynamic governmental leadership is critical, the AHI response must be broader, and must utilize effectively the unique skills of civil society and the private sector. Both groups typically have networks that extend to the community level and a track-record of delivering goods and services even to remote areas that are beyond the reach of government. In addition, civil society and the private sector often have expertise in specialized areas, such as marketing and communications, which can be used in preparing for AHI. In a number of countries, this has translated into one or the other group being heavily involved in the AHI response. In Turkey, for example, the private sector was pivotal in catalyzing action on AHI, while in a number of Southeast Asian countries, such as Thailand, international non-governmental organizations (NGOs) are active in developing and disseminating information, education, and communications materials.

There is currently insufficient evidence to state definitively whether the coordination of the national response is best handled by the Ministry of Agriculture, the Ministry of Health, or a higher body such as the Prime Minister's Office. However, the experience of HIV/AIDS suggests that locating the coordination function under the Office of the Prime Minister or the equivalent can be instrumental in promoting a genuinely multisectoral response that is not dominated by one sector. More important than the location of the coordination authority, though, is its ability to ensure that the full range of line ministries pertinent to pandemic preparedness and response engage effectively in the process (including the military and the government bodies responsible for internal affairs, economy/finance, energy, food and water security, transportation, and information). This power typically results from the coordination body having the formal backing of the head of state, whether in the form of chairmanship by the head of state directly, or via mechanisms such as official decrees and the ongoing support of the government's Cabinet.

In a similar vein, the specific institutional form that the coordination mechanism takes is less important than its capacity to fulfill certain key roles. It must be able to disseminate consistent information to key stakeholders, create a space in which potential overlaps in support can be recognized, and serve as a forum to identify and discuss gaps in the national response while finding solutions to challenges as they arise. Countries have adopted different institutional arrangements to carry out these functions. For example, the seniority of government officials, who are regularly involved in AHI discussions, differs considerably between countries. In Viet Nam, high-level government officials from a range of ministries meet on a regular basis to assess the country's preparedness status and to review epidemiological data. In Cambodia, there is higher-level involvement, supported by technical staff from the Ministries of Agriculture and Health (along with technical counterparts from FAO and WHO), who meet weekly to delve into the minutiae of AI prevention. As long as there is space for both the multisectoral political discussions and the detailed technical analyses to occur, the institutional arrangements are of secondary importance and should be developed based on local conditions.

The international community has an important role to play in supporting national leadership and developing multisectoral coordination mechanisms. Perhaps most importantly, international partners must respect national leadership. When this leadership is lacking, international partners should use their positions and leverage their resources to advocate for greater political engagement, while supporting efforts to build national leadership capacity. The international community cannot and should not try to fill any void created by the lack of political leadership, as experience shows that when donors or other agencies attempt to fill such a gap, the result is a lack of national ownership and ultimately poor utilization of resources. To date, support from the international community on governance has been uneven. In countries, such as Laos and Vietnam, dedicated staff from the Office of the UN Resident Coordinator, have played valuable roles in strengthening capacity. However, UN agencies with a mandate to strengthen governance need to be more involved in directly supporting AHI coordination among national authorities.

## **Principle 2**

- National coordination authorities, supported by the international community, should ensure that an appropriate balance is achieved between a developmental and an emergency response to AHI, and that AHI activities are mainstreamed into existing structures and programs to the extent possible.

### Indicators

*To be monitored at national level:*

- Availability of a national strategic framework that addresses both emergency preparedness and sustainable systems strengthening.
- Percentage of AHI trainings for village animal and human health workers that are conducted separately from general trainings for these workers.
- Inclusion of AHI messages into general training for village animal and human health workers, and into basic hygiene messages.

*To be monitored at global level:*

- Percentage of AHI-affected countries that have national strategic frameworks addressing both emergency preparedness and sustainable systems strengthening.

### Rationale

- Generally, there has been one distinct model of organizing AHI preparedness and response which focuses on an approach based on disaster management systems, which tends to focus on the emergency and humanitarian aspects of AHI response (as seen in, for example, Egypt and Ukraine).

In countries in which the initial focus was on emergency preparedness, the developmental side tended to be neglected, with inadequate attention given to ways in which the agriculture and health systems could be strengthened on a sustainable basis. What is needed is a two-track parallel and complimentary model which combines humanitarian and development systems. Thus the dual nature of the response should be addressed in the course of planning for AHI coordination: the developmental dimensions must be addressed even if a disaster management

framework is used, while emergency preparedness cannot be neglected if a developmental approach is adopted.

The national coordination authority has a key role to play in ensuring a balanced approach between a rapid emergency response and a long term sustainable approach is developed. To date, relatively few coordination structures have successfully managed to do this; too often, they end up focusing on sharing information rather than thinking holistically about all aspects of AHI preparedness and response. Coordination structures should be able to provide a forum for establishing the appropriate balance between a developmental and an emergency response. For example, Cambodia provides a good model where there is a comprehensive national plan consisting of the animal health strategy, human health strategy, and communications strategy while a newly established governmental body integrates various ministries' work on pandemic preparedness and response. This provides a framework for describing the ongoing work and activities to prevent avian influenza. Simultaneously, Cambodia is also working on a pandemic plan which will have a different approach and will focus on the preparations and the response to a pandemic influenza.

The international community has recently begun to assist national authorities to achieve this balance. For example, both FAO and WHO are beginning to look at the long term investments needed for strengthening capacity in terms of surveillance and monitoring. There is considerable expertise in humanitarian planning in the multilateral system (through the UN Office for the Coordination of Humanitarian Affairs [OCHA] and the Office of the UN High Commissioner for Refugees [UNHCR]), among inter-governmental and non-governmental organizations (such as the International Red Cross and the Red Crescent Movement, CARE International, Médecins Sans Frontières, and Oxfam), and, increasingly, in the armed forces of developed country governments (which have played a growing role in responding to natural disasters). However, at present, few of these groups have been actively engaged in AHI planning, which is a missed opportunity. Further attention should also be paid to addressing the long-term development and governance issues related to AHI.

In addition to the challenge posed by balancing between emergency and developmental responses, within the developmental approach there is a further tension that must be managed. The rapid emergence of H5N1 as a threat to humans and its high case fatality rate prompted a strong and swift reaction across the world, with systems being established to monitor its spread, plans being developed to combat it, and considerable amounts of international financing being made available to developing countries. Not surprisingly, these have combined to produce a response that has largely been vertical: stand-alone AHI trainings, information materials, and surveillance systems have been developed, but not integrated into existing programs and systems. This was perhaps inevitable and indeed necessary to ensure that key systems were put in place quickly enough to prepare for a possible pandemic outbreak. However, there is growing concern that unless key activities are mainstreamed into long term development programs, it is unlikely that the current efforts will be sustainable over the next five to ten years.

In some countries, this type of vertical response is likely still necessary, particularly if the risks of outbreaks are high and existing systems are weak. However, for countries with stronger systems and those that have passed through the initial phase of developing vertical approaches, it

is important to address how AHI activities can be mainstreamed, as there is widespread acknowledgement that vertical programs are rarely the most effective means of organizing service delivery, particularly for multisectoral challenges. For most AHI activities, this is a relatively straightforward exercise: the communications messages around basic hygiene that are important for AHI are very similar to those used for general public health campaigns; surveillance for AHI can be integrated into existing health management information systems in many countries; training programs on the basics of reporting dead animals fit well into the roles of village animal health workers, etc. Therefore, in most cases, the key issue is revising existing training and information, education, and communications materials for both animal and human health programs (e.g. the standard training provided to community health workers, the information materials distributed to farmers, etc.) and for disaster management protocols to ensure that they incorporate key AHI themes. It is very important that experience and materials prepared for the AHI response by countries with effective AHI programs be shared with other countries that are not as advanced, in order to take advantage of pre-existing knowledge and experience. A good example is Laos, where DVDs and information materials on AHI have been developed and could be shared more broadly with other countries in the region or beyond.

In this way, the increased international financing available for AHI can be put to purposes that will support broader capacity and systems strengthening and lead to sustainable interventions, including important areas that have long been neglected but that have broad benefits, such as veterinary training or developing outbreak surveillance systems at the community level. Some degree of verticality will likely continue to be necessary to address the few issues specific to AHI, but as long as this is handled within a broader mindset that is attuned to the importance of mainstreaming, this is unlikely to be a major problem.

### **Principle 3**

- The national coordination authority should lead an open and inclusive planning process, resulting in a national strategic framework and operational plans that comprehensively address all aspects of AI response and pandemic preparedness.

#### Indicators

*To be monitored at national level:*

- Availability of a national strategic framework that was developed with the participation of key stakeholders.
- Availability of costed, annual operational plans that define roles and responsibilities for key activities for government, non-governmental organizations and international agencies, based on the national strategic framework.

*To be monitored at global level:*

- Percentage of countries that have national strategic frameworks.
- Percentage of countries that have costed, annual operational plans.

#### Rationale

One of the most important functions of a national coordination structure is developing a national strategic framework to respond to AI outbreaks and prepare for a pandemic. A number of

countries have developed these national plans, although their quality varies considerably: too many are not adequately prioritized, feasible, and costed and some merely consist of a list of items needed to address an emergency situation.

Moreover, very few countries have succeeded in transforming high-level political plans into a strategic framework and detailed annual operational plans to drive implementation. These operational plans should address both preparedness (including areas such as surveillance, communications, and vaccinations) and response in the event that Phase 4, 5, or 6 is reached. In some countries, two distinct plans are being developed: one covering preparedness and a second focusing on the response. Whether this approach is taken or whether a single operational plan is developed is of less importance than ensuring that countries complement strategic frameworks with detailed plans that delineate the key activities to be undertaken, who will be responsible and in what timeframe, the associated costs, and the key performance indicators to measure progress and success. This plan should take into account activities dealing with animal health, human health and IEC.

Both the higher-level strategic plan and the detailed operational plan should be comprehensive, including all relevant sectors. To date, even those countries that have developed national plans have typically not done so in a comprehensive manner. In Viet Nam, for example, the strategic plan has played a key role in accelerating preparedness activities of the Ministries of Agriculture and Health, and has created a common platform for support by the international community. However, this plan devotes almost no space to preparedness outside of these two sectors, omitting areas that would be vital for responding to a pandemic, such as the military, energy, and food and water security.

These plans are important both to drive the action of national stakeholders and to orient the support of international partners. For example, in both Laos and Viet Nam, the government and the international community have collaborated to develop national strategic frameworks that describe key areas of AHI preparedness. These plans both serve as the basis for governmental action and play a critical role in enabling international partners to divide their labor effectively and focus their support to areas that principal stakeholders have identified as priorities. In contrast, in countries such as Indonesia and Egypt, where a single, prioritized national plan does not exist, the governmental response has been less effective and the support of the international community has been more fragmented and therefore less capable of building national capacity to respond to AHI.

One key lesson from the experience of HIV/AIDS that should be heeded in the development of AHI plans is that the process of drawing up a strategic framework and the accompanying operational plans should be carried out in an inclusive, open, and transparent manner. Involving the full set of AHI stakeholders – including non-governmental organizations, the private sector, local governance structures, and government ministries beyond agriculture and health – in the planning process should result in a more cohesive plan that all partners can unite behind and support. The international community can support this by providing technical assistance and funding meetings. While there is still much work to be done, both Turkey and Ukraine offer good examples of how the private sector could be brought into the development of a national strategy. In Ukraine in particular, the UN organized a private sector forum that provided

valuable opportunities to exchange views on how business can provide support to advance governance structures, awareness, and advocacy initiatives.

## **B. Alignment**

Alignment, in the words of the Paris Declaration, refers to the extent to which international partners “base their overall support on partner countries’ national development strategies, institutions and procedures”. Although alignment is important in areas well beyond Influenza, AHI represents a particularly fertile ground for implementing some of the commitments made in the Paris Declaration. Given that it is a new area, entrenched positions are less of an obstacle for alignment and harmonization, and so there is more freedom to try innovative (if challenging) new ways of collaboration. The international community should look at AHI as a test case for living up to the commitments made in the Paris Declaration, as well as in other ongoing efforts to improve the effectiveness of international support, such as the current UN reform process. For example, AHI provides a good opportunity for the World Bank and the UN to demonstrate that they can develop a single program, which could be funded by donors and implemented through common modalities.

### **Principle 4**

- The international community should systematically base its financial and technical support for AHI activities on nationally developed plans, and should use country systems and procedures to provide this support, avoiding the creation of parallel systems and using common national monitoring mechanisms, to the maximum extent possible.

### **Indicators**

*To be monitored at national level:*

- Percentage of international financing that supports activities included in the national strategic plan.
- Percentage of technical support from international organizations that supports activities included in the national strategic plan.
- Establishment of a single monitoring system, with indicators for avian flu preparedness activities (and when system is developed, percentage of international partners that require reports based solely on the single monitoring system).
- Number of parallel project implementation units used by international organizations.

*To be monitored at global level:*

- Percentage of AHI-affected countries in which at least 80% of international financing supports activities included in the national strategic plan.
- Percentage of AHI-affected countries in which at least 80% of technical support from international organizations supports activities included in the national strategic plan.
- Percentage of AHI-affected countries that have a single monitoring system.
- Percentage of AHI-affected countries that have parallel project implementation units.



## Rationale

Much attention has been given to alignment in recent years because of the considerable evidence indicating that donor technical and financial support that is not aligned is less effective than better aligned support. When donors choose their own priorities or utilize parallel systems, money is wasted, unsustainable structures are established, and national stakeholders end up having to devote considerable time to responding to donor requirements, time that could be better spent implementing.

In the context of AHI, the burgeoning global interest in the disease and the need to establish systems rapidly create an environment in which alignment is especially important. Fortunately, the experience to date has been mostly positive, although a number of countries (such as Cambodia, Turkey, and Viet Nam) have seen recent improvements after an initial period in which competition and uncoordinated actions posed challenges. In countries in which a national strategy has been developed, such as Cambodia, Laos, Thailand, and Viet Nam, international partners have shown commendable willingness to base their technical and financial support on these plans. As noted above, the absence of these plans in some countries has impeded alignment efforts.

There has been less progress in alignment to national systems than to national priorities, though. For example, parallel reporting systems for donors are still the norm (although the absence of strong national monitoring and evaluation systems on AHI is one factor impeding progress in this area), and the World Bank is still using project implementation units in a number of countries, which often have costly overheads and operate outside existing government structures.

## **Principle 5**

- The international community should provide its support in a way that builds sustainable national capacity and leverages global knowledge to help adapt international good practice to national context.

## Indicators

*To be monitored at national level:*

- Percentage of international financing spent on overhead, international staff, and international consultants.
- Availability of an analysis of lessons learned from the experience of coordinating other multisectoral diseases, particularly HIV/AIDS.

*To be monitored at global level:*

- Availability of research on good practices in compensation for culling and on the feasibility of establishing insurance mechanisms to pay for compensation (monitored jointly with Principle 8).

## Rationale

The international community can assist in strengthening national coordination authorities, both through direct capacity building and by sharing international good practice around multisectoral coordination. Considerable research has been conducted in recent years on ways to make

development assistance more sustainable, such as through untying aid and using national staff and consultants whenever possible, rather than international staff and consultants, who typically spend only a limited period of time in countries.

Two decades of work done in the field of HIV/AIDS provide ample experience on good practices for developing effective coordination. The international community should take advantage of this experience and apply it to AHI. For example, the development of the “Three Ones” – one national strategy, one national coordinating authority, and one monitoring and evaluation system – is a good practice that could readily be transferred to AHI, but to date has not been systematically suggested by the international community. In addition, the experience of HIV/AIDS shows that international partners can also be instrumental in helping national authorities with the challenging task of ensuring the participation of non-traditional partners, including civil society, the private sector, the military, and government bodies responsible for energy, food and water security, transportation, and information. To date, this has been one of the weakest areas of support provided by the international community.

### **C. Harmonization**

If alignment is about how international partners tailor their work to the existing priorities and systems of national governments, harmonization is about how well the international community coordinates among itself. This encompasses the extent to which common systems and procedures are used, and how labor is divided between different partners, including the extent to which international agencies delegate authority to a single “lead agency” (another international agency) to reduce transaction costs. Program-based aid modalities, in which multiple agencies share a joint work plan and monitoring system, and may pool resources, is a further step in harmonization. As with alignment, the need to harmonize is hardly unique to AHI, but this new threat presents a good opportunity to innovate in the implementation of principles central to broader aid effectiveness and UN reform.

#### **Principle 6**

- The international community should maximize the use of common arrangements at the country level for planning, funding, monitoring and evaluation, and reporting, and the UN system and the World Bank should prioritize development of joint programs over separate projects.

#### **Indicators**

*To be monitored at national level:*

- Establishment of a joint UN system/International Financial Institution work programming in support of the country's AHI strategy, and in coordination with other donors.
- Percentage of international financing provided through a joint program.
- Percentage of (a) field missions and/or (b) country analytic work, including diagnostic reviews that are conducted jointly.

*To be monitored at global level:*

- Percentage of AHI-affected countries that have a joint UN system/World Bank program (monitored jointly with Principle 7).
- Percentage of AHI-affected countries in which at least 80% of international financing is provided through a joint program.
- Percentage of AHI-affected countries in which at least 80% of field missions and/or (b) country analytic work, including diagnostic reviews are conducted jointly.

### Rationale

In order to support harmonization, international partners should maximize their use of common arrangements at the country level for planning, funding (e.g. joint financial arrangements), disbursement, monitoring, evaluating and reporting. Developing common systems may initially increase transaction costs for the international organizations involved, but evidence from aid effectiveness research (in areas other than AHI) suggests that these costs diminish over time and, even more importantly, that the burden imposed on developing country governments is lessened, as they do not have to incur the costs of dealing separately with a group of uncoordinated donor agencies. Although addressing AHI is an urgent priority for a number of countries, this should not be used as an excuse to avoid examining joint programming (including joint financing) between the World Bank, the UN system, and, as appropriate, bilateral donors, as developing a joint program has shown itself to be an important tool in improving the coherence of the international community's response in the few countries in which it has been used (e.g. Viet Nam). Developing a joint program should not be seen as a panacea and may not be appropriate in every context, but, given the evident benefits, the possibility of creating a joint program should be systematically explored.

The development of joint systems is particularly important in addressing one of the most common challenges of coordination: in virtually every country examined, too much of the success or failure of coordination efforts was dependent on the interpersonal relations of the staff on the ground. To some extent, the role of personality (both heads of agencies and the technical staff) will inevitably influence the ability to coordinate successfully, and in fact, is often an important component of success. While training of managers can address some of these issues, the negative effects of personality can be mitigated by strengthening the institutional structures within which these relations play out.

The experience so far is mixed. In some countries, such as Cambodia and Viet Nam, well-elaborated joint programs have been or are being developed by the UN system. However, even in Viet Nam, a country in which aid effectiveness discussions are well-advanced, there are two multi-agency structures rather than a single program, as well as a number of parallel projects with financing by bilateral donors and/or technical support by the UN system. Even local adoption of the Paris Declaration principles in Viet Nam has not translated into a common set of indicators, joint financial management structures, or systematic joint reviews, let alone the creation of a single AHI program. In Indonesia, efforts to harmonize have been minimal. This has led to confusion among the government and the donor community, and competition rather than coordination among UN agencies and between the UN and the World Bank. In Egypt, while there have been good intentions, there has not been sufficient leadership to drive a process which will lead to harmonization.

While some effort has been made to support joint fact finding missions, these tend to be “joint” in name only. Missions consisting of 25 to 30 experts from multiple organizations do not reflect true “joint missions” but rather the coming together of separate missions under one name, without the willingness of the parties involved to designate an authority to facilitate harmonization. The lack of trust and confidence among agencies has been a critical factor in the poor performance in moving forward with joint missions, where findings and recommendations should be combined under one unified report and used as the basis for developing a unified program.

### **Principle 7**

- The donor community should designate one person as coordinator of external assistance on AHI; within that framework, it would also be useful for the UN community and the International Financial Institutions to name one person as coordinator of external assistance provided by the international system. These agreements should be appropriately documented.

### **Indicators**

*To be monitored at national level:*

- Documented agreement within the international community that one person is designated as coordinator of external assistance.
- Establishment of a joint UN system/International Financial Institution work programming in support of the country's AHI strategy, and in coordination with other donors.

*To be monitored at global level:*

- Documented agreement within the international community that one person is designated as coordinator of external assistance.
- Percentage of AHI-affected countries that have a joint UN system/World Bank program (monitored jointly with Principle 6).

### **Rationale**

The fact that AHI has both animal and human health dimensions, as well as an emergency response aspect, has often resulted in confusion about which part of the UN system should assume the lead in developing coordination structures. The most success has been seen in countries such as Cambodia, Laos, Thailand, and Viet Nam, where strong UN Resident Coordinators have stepped in to fill this gap. In a number of countries, the Office of the Resident Coordinator has been strengthened by adding coordination specialists. This has been widely praised as an important step in improving information dissemination and facilitating joint activities. In those countries such as Indonesia and Egypt, with more complex systems, greater decentralization, and a larger number of international donors and partners, and thus a greater need for effective coordination, the level of effective coordination is considerably lower.

Strengthening the role of the Resident Coordinator will be particularly important in these contexts, as the Resident Coordinator is the sole part of the UN system that can ensure coherence in the face of mixed messages emanating from respective agency headquarters and concerns about fundamental issues of competing mandates between different UN bodies. It should be

noted that some donors have been critical of the use of short-term consultants by particular UN agencies, and the negative effect this has had on institutional memory. Designating the Resident Coordinator as the lead in donor coordination efforts should also clarify the role of the World Bank and improve relations between the World Bank and the UN system. This will also provide coordination to ensure joint programs, which respond to national plans, are developed.

As noted above, developing a joint program between the relevant UN system agencies and the World Bank would reduce transaction costs for national governments and improve aid effectiveness. Such a program would have the added benefit of providing a framework within which donors could provide financial support, as opposed to developing their own vertical projects to be implemented through specific UN agencies. The Resident Coordinator should assume the responsibility of leading the process of developing a joint program, a step that would require both UN agencies and the World Bank to adapt their current approaches to program design.

### **Principle 8**

- There should be greater consistency of approach among UN agencies and the World Bank at the corporate level and at the country level, and between corporate headquarters, regional, and country levels within individual agencies.

### **Indicators**

*To be monitored at global level:*

- Establishment of a single, globally-accessible calendar of trainings and meetings on AHI.
- Development and use of a qualitative survey (such as a “scorecard”) enabling countries to assess progress in coordination at the global and regional levels.
- Availability of research on good practices in efficient coordination, compensation, and on the feasibility of establishing insurance mechanisms (monitored jointly with Principle 5).
- Establishment and in place for its timely update, reducing duplication and transaction costs).

### **Rationale**

This study examined coordination at the country level, rather than at the regional or global levels. However, it is not possible to completely separate these, especially because staff in international organizations working at the country level repeatedly described their frustration at what they perceived as inadequate regional and global coordination.

In particular, there was a widespread sense that there were too many meetings and trainings occurring on AHI, with overlapping agendas and content and insufficient coordination around the scheduling of meetings. Particularly in countries with more experience, this proliferation of meetings negatively impacts the ability to implement AHI activities, as the key staff running the national response are repeatedly being called away from their priority tasks to speak at conferences and other events. Another common concern was that, although considerable information is being gathered by the UN and the World Bank from government on AHI, the national authorities are often not receiving, in turn, the benefits of this data collection, in the

form of relevant data analyses or dissemination of good practices that would be applicable to the country context. Additionally, while there are multiple international organizations and bilateral donors focusing on some of the same key issues concerning preparedness, there remain significant topics – some relating to global public goods – that are not being addressed adequately or at all.

Much attention has been given to the need to have effective coordination at the country level among UN agencies, the World Bank, national authorities and other stakeholders. However, more work is clearly needed to streamline the relations between the headquarters of the various UN agencies and the World Bank. The absence of this places much, if not all, of the responsibility on the UN and World Bank country offices. Moreover, without a clear understanding of country issues or shared responsibility between country offices and headquarters, there is a real risk that those in charge of policy at headquarters could make uninformed policy decisions.

To ensure a greater focus on effective coordination at the corporate level, UNSIC, the current mechanism for coordination, should both play an active role in facilitating communications between the various agency headquarters and work actively with each of them to build their capacity until such coordination functions are mainstreamed within the respective headquarters. The current situation suggests that UNSIC's mandate will need to be extended, with the accompanying allocation of additional resources.

### **Principle 9**

- Appropriate incentives should be designed to reward coordination efforts among international organizations.

### **Indicators**

*To be monitored at national level:*

- Inclusion of coordination metrics in performance assessments carried out by UN Resident Coordinators of the heads of UN agencies.

*To be monitored at global level:*

- Inclusion of key performance indicators on coordination in UN system and World Bank staff appraisals.
- Percentage of bilateral financing for AHI that flows to joint programs.

### **Rationale**

Coordination is not easy and takes time. Further, its success typically benefits a broad community rather than just individual organizations. It is hardly surprising then, that the staff of international organizations may prioritize their own agency's work over coordination efforts. Cognizant of this, the Paris Declaration explicitly includes the principle of "incentives for collaborative behaviour" in order to encourage coordination and cooperation.

Both personal and institutional incentives can be used to promote coordination. Personal incentives can relate to hiring and promotion, training, recognition, and compensation. For

example, staff appraisals for Resident Coordinators can explicitly include metrics that relate to the success of coordination efforts and participation in professional development opportunities, and the ability to occupy certain sought-after posts can be linked to the success in meeting targets against these metrics. Institutionally, access to financial resources can be used to promote coordination. In Viet Nam, for example, the joint UN program was developed in part out of the recognition that additional resources could be mobilized by improving the coherence of the UN system response. The World Bank and bilateral donors can explicitly link their financing to improvements in the coordination of the AHI response.

## **IV. EXAMPLES OF “GOOD PRACTICE” IN THE COORDINATION OF AVIAN AND HUMAN INFLUENZA PREPAREDNESS AND RESPONSE**

Fully documenting “good practices” in the coordination of the response to AHI is beyond the scope of this study. However, a number of initiatives taken in the countries visited merit singling out for their success. The following list of good practices is thus intended to alert countries to innovative responses to common problems faced in responding to AHI, rather than to describe fully good practices.

### **Cambodia: Communications**

Ensuring that key stakeholders are aware of the basic facts of the spread of AHI is a surprisingly difficult task. In most countries, epidemiological data is not widely available. Cambodia, though, has a weekly bulletin produced by the Office of the UNRC with inputs from the Ministries of Agriculture and Health, FAO, UNICEF, and WHO. It covers the current status of the disease and is widely distributed by the UN. Even when things are quiet, the regularity of this communications has the effect of dispelling rumors, as well as reminding people of the need for continued vigilance by reporting on the fact that birds are regularly being screened for H5N1. This has been accompanied by efforts to reach out proactively to the media. The resulting trust that has been built with the press means that unsubstantiated rumors no longer appear in national media.

### **Laos: Effective Coordination Mechanism**

Coordination in the international community around AHI often reflects the broader state of cooperation between international agencies in a given country. In many countries, preexisting levels of distrust have hindered effective coordination. However, Laos has developed structural means to strengthen the relationship between the UN system and the World Bank, which has greatly eased coordination around AHI. For example, the World Bank, the Asian Development Bank, and the International Monetary Fund regularly participate in the meetings of the UN Country Team. The UN Resident Coordinator and the World Bank Country Manager have weekly discussions to further harmonize their approaches. These good relations have facilitated the UN Resident Coordinator (directly and through dedicated staff in the Office of the Resident Coordinator) in assuming an effective role in promoting coordination.

### **Viet Nam: National Plan**

A number of countries have developed national strategic plans that are intended to orient the activities of all stakeholders. Viet Nam, however, has done a particularly exemplary job of creating a national plan (the “Green Book”) that is universally referred to and used as the basis of support from the international community. As mentioned above, the plan itself has some important omissions, but it nonetheless is a clear example of how strong national leadership can provide the solid foundation for the alignment of international support. Well-worn copies of the document can be found on the desks of virtually everyone involved in the AHI response in Viet Nam, and numerous stakeholders anchored their description of their work in the substance of the plan.



## **Private Sector**

To date, almost all of the economic costs of AHI have been borne by the private sector, primarily in the form of industrial and small-scale poultry farmers. Despite this, this key constituency has been underrepresented in the AHI response in most countries. In Turkey, however, the business community has played a leading role in awareness, advocacy, and governance. In Egypt, the role of the private sector has been formalized in the AHI governance mechanism, while Ukraine's nascent response is already involving businesses.

## **Information Dissemination**

In a number of countries, the approaches to developing information, education, and communications (IEC) material have been exemplary. Typically led by UNICEF – which has expertise in communications but not in the technical aspects of AHI – multisectoral working groups have been established that enable the agencies with the specialized knowledge to come together with those that have more experience in developing media campaigns. Additionally, these working groups have generally been inclusive, involving non-governmental organizations that have considerable experience in disseminating information at the community level. This has both improved the quality of the messaging and helped reduce the risk of contradictory or inconsistent IEC materials produced. Indonesia, in particular, has developed and successfully disseminated a good communication strategy, including prevention, containment, and risk mitigation.

## **Comprehensive Planning Exercises**

As discussed above, most countries have yet to adequately grapple with the fact that responding to a pandemic requires the involvement of a diverse range of stakeholders, including those not often present in meetings on animal and human health, such as the military and the government bodies responsible for energy and transportation. One initiative that has persuasively helped demonstrate the need for a comprehensive approach is the series of table-top exercises run by the RAND Corporation in a number of countries. These exercises include the sort of scenario planning that is extremely useful in highlighting the need for a comprehensive pandemic preparedness plan.

## **Pandemic Response Planning**

Cambodia has supported an existing government coordination structure – the National Committee for Disaster Management (NCDM) – which has been responsible for floods and droughts and now also pandemic preparedness. Hence, pandemic response planning has been integrated and mainstreamed into existing national disaster management structures. Further, a pandemic planner from WHO has been placed within NCDM with the aim of building up the organization's capacity, and to assist in its coordination of all government ministries. A national pandemic planning group has been set up at the technical level, originally to improve relations between Ministry of Health and NCDM, but now also involving Cambodian Red Cross, IFRC, US-CDC, WHO, UNDP and the Office of the RC. This group is the core in the planning process and will in the future also involve other key ministries.

## V. CONCLUSION

This study suggests that adherence to the nine principles detailed above is essential to effectively deal with the challenges posed by avian and human influenza. While most, if not all, of the principles are self-evident, the study has found that few are being implemented effectively at the country, regional, or global levels. An underlying recommendation emerging from the study is that these principles should be adopted at the national and global levels, by government and international partners, and a set of indicators should be agreed upon by all parties to monitor, on a consistent basis, progress towards achieving these principles. We recognize that most governments and agencies would be in a stronger position to move forward to meet the AHI challenges if a number of coordination tools, including case studies of “good practices”, templates for national strategies, and models for involving the private sector could be developed by UNSIC and made available to stakeholders.

## ANNEX I: SURVEY QUESTIONNAIRE TEMPLATE

During the interviews with stakeholders, the study team was guided by a standardized set of questions. However, the approach was informal and stakeholders were encouraged to raise issues without any direct attribution, which facilitated having open and frank discussions of the issues most important to them. The candor with which all the interviews took place was appreciated. For the purpose of this report and for any further country evaluations which might take place in the future, the questionnaire has been structured along the lines of the Paris Declaration.

### National Ownership and Leadership

1. Did the political leadership take an active role in establishing an effective coordination mechanism?
2. What are some of the characteristics of inclusive, effective and efficient coordination within Government? How do the Ministry of Health and Ministry of Agriculture relate to each other? Are the military and other ministries such as energy, transportation, information, education, industry, engaged in the coordination mechanism?
3. Did national authorities include other stakeholders such as non-governmental organizations, private sector, and local governments in the development of a national strategy? Were operational plans developed to indicate roles and responsibilities for implementing the national strategy?
4. What steps were taken to complete an integrated national AHI action plan? Did the plan focus only on an emergency response or did it also take into account the long term development perspective to ensure sustainability? Was there support from the international community in the development of the national strategy? What partners and partnerships were engaged during the process? How was the work funded?
5. How was national capacity taken into account in the planning of the strategy? What, if any regional support, was taken into account in developing contingency plans? Has a regional response been developed?
6. To what extent has the government owned the process? Have other stakeholders been engaged, such as civil society groups, private sector, bilateral donors, multilateral banks, etc.?
7. What factors contributed to or hindered the overall process? What incentives could be introduced to make the process more effective?

8. Has the government developed an open, transparent and equitable compensation plan? How is it funded? Is it sustainable?
9. What lessons have been learned from the process?

### Alignment

10. Are partners basing their support on national plans and priorities?
11. Are partners using the process and procedures of the national authority?
12. Are partners providing a coordinated effort and speaking with one voice?

### Harmonization

13. What are some of the characteristics of inclusive, effective and efficient coordination among UN/World Bank and donor agencies?
14. What was the role of structures within the UN system at the country level? Was a working group created within United Nations Country Team? Were any other partners involved in this group? What was the role of the UN Resident Coordinator?
15. How effective has communication been between the respective UN headquarters, regional offices, and country offices? Has the communication been consistent between different organizations?
16. What has been the experience of the World Bank specifically with regard to coordination with other UN agencies?
17. Is there a unified program for all UN agencies and the World Bank? Do donors support a unified program or are separate vertical projects the main point for funding?

## **ANNEX II: COUNTRY PROFILES**

### **CAMBODIA**

A review of the status of coordination efforts to ensure an effective response to AHI was carried out in Phnom Penh from 3 – 8 October 2006. Interviewees represented all key stakeholders in the AHI response, including the Cambodian government, non-governmental organizations, the UN system organizations, the World Bank, and bilateral agencies.

#### **I. Overview**

Cambodia has experienced a total of six human cases of AHI, all of which resulted in deaths. While it has not been as affected as its neighbor Viet Nam, this high case-fatality rate has drawn attention to the threat posed by the disease. Moreover, although Cambodia is not a major poultry producer, it is nested between two (Thailand and Viet Nam, both of which are major trading partners), and so is cognizant of the possibility of a major H5N1 outbreak occurring in the region. The country was one of the first to work on containment strategies against AI and preparing for a pandemic, but progress has been uneven.

#### **II. Coordination**

The AHI response has been driven largely by the Ministry of Agriculture, Forestry and Fisheries (MAFF) and the Ministry of Health (MOH), with support from the Food and Agriculture Organization (FAO) and the World Health Organization (WHO), respectively. This is reflected in the fact that separate animal and human health plans are combined into an interministerial cooperation strategy, and the national strategy on AI communications into a single comprehensive national plan. The operational national pandemic plan is in preparation.

The government decided that instead of selecting one of these two ministries or creating a new body to coordinate a multisectoral response, it would instead strengthen an existing multisectoral coordination structure, the National Committee for Disaster Management (NCDM), which is under the Prime Minister. The NCDM Secretariat is in the process of restructuring and building its capacity, so its ability to fulfill this responsibility has been limited to date. While NCDM develops, coordination (particularly on technical issues) will continue to occur through a longstanding practice of weekly meetings between MAFF, MOH, FAO, and WHO. The regular bulletin produced from this meeting is widely viewed as a key means to disseminate information on AHI, both within the government and the UN system, and by other stakeholders.

The UN system's response to threats posed by AI generally gets high marks for being well-coordinated. In addition to the regular technical meetings involving FAO and WHO, an interagency working group brings together a broader set of organizations to coordinate activities on AHI, drawing in, for example, UNICEF's expertise on communications and UNDP's on management. The Resident Coordinator plays an important role, both directly and through an AHI coordination specialist based in the Office of the Resident Coordinator. UN system coordination is also currently being strengthened in response to the fact that the World Bank has decided to route its AHI financing through the UN system.

The World Bank resources will come from the multi-donor AHI Facility, in particular with EU and Japan contributing. The decision to provide money via the UN system will ensure coherence in the multilateral system's response, although it has not been without controversy, especially as it relates to management costs.

The government and the international community coordinate primarily through a Partnership Meeting that is open to all stakeholders and that provides a valuable space for information exchange. As noted above, this is complemented at the technical level by regular meetings of MAFF, MOH, FAO, and WHO.

### **III. Challenges**

Although the general perception is that coordination is working well in Cambodia, some key challenges remain.

The lack of a single entity with an overarching overview of national AHI response has been creating some challenges. The capacity strengthening at NCDM should eventually enable it to have a holistic overview of the response, but for the moment this perspective is missing. As a result, some groups that would play a key role in responding to a pandemic have not systematically been involved in preparedness planning. The military and the government bodies responsible for areas such as energy and transportation have participated only minimally, if at all, in the planning process. This weakness is compounded by the fact that institutions such as the military have undergone radical changes in recent years (as a result of the country's history of civil strife), meaning that they often do not have much continuity of experience in addressing earlier natural disasters. Further, no international partner has actively engaged with these non-traditional stakeholders (part of which is due to the fact that OCHA is not present in the country and other UN agencies have focused on working with their traditional partners rather than filling the void).

The lack of a single body that has a holistic overview has also limited the country's ability to ensure that the resources newly available for AHI are used to strengthen systems and build capacity so that Cambodia is better able to respond to any emerging pandemic threat. To date, the two key line ministries (MAFF and MOH) have been relatively savvy about thinking this through, but the lack of an overarching framework that explicitly focuses on mainstreaming AHI activities limits the ability to use the new financing for long-term development.

Finally, compensation has emerged as a very thorny issue, with the government being opposed (based largely on bad experience with an earlier gun compensation scheme) and the international community largely in favor. Unfortunately, the topic is now largely addressed in a politic realm, rather than as a technical issue that is simply part of the development of the national strategy. Progress has also been hampered by lack of convincing evidence globally on the effects of introducing a compensation scheme: the main argument in favor of compensation is based on the theory that it will provide an incentive for reporting bird deaths, but there is comparatively little data to support this. This lack of evidence makes it harder to address the government's concerns, which are rooted in the country's experience.

## EGYPT

A review of the status of coordination efforts to ensure an effective response to AHI was carried out in Cairo between Oct 17 and 20, 2006. Meetings were held with Egyptian authorities and the international community present in Egypt, including UN agencies, the World Bank, and the donor community.

Because of the importance and urgency of addressing a number of challenges that were identified by the review, it was decided that a short summary of the mission's findings should be recorded and distributed to the Government and donor agencies prior to publication of the report. The points highlighted in this summary were presented to key stakeholders during a wrap-up meeting in the UN Resident Coordinator's Office on October 19, 2006. The status of avian influenza preparedness, coordination and the challenges facing Egypt, as presented in this summary, are a reflection of those discussions.

### **I. Overview**

Egypt, like Indonesia, faces many challenges when it comes to effective coordination. It has a large population, with high density in the cities and rural areas along the Nile River Valley. While senior government leaders recognize the need for effective planning to address a pandemic, institutional capacity within government needs to be strengthened significantly. Efforts to date have not resulted in a well-defined National Strategy and the necessary operational plans to ensure successful outcomes. As a result, there is a greater need for strong leadership and effective coordination on the part of development partners. Similar to the government's efforts, the development agencies have invested considerable time in identifying activities that need to be carried out, but to date the effort has not resulted in tangible outcomes. This is particularly true as there is growing acknowledgment that the response to AI needs to be addressed at both the emergency response level and more importantly as part of long term sustainable development measures.

### **II. Coordination**

AHI has become an important development concern for Egypt, due to a number of factors, including the migratory patterns of birds, the widespread backyard poultry production, and high population density, and for the foreseeable future, Egypt is considered to be at high risk. While Government response to AHI has been initiated, efforts to date have fallen short of what is required. The Ministries of Health and Agriculture, in particular, have been preparing plans and have undertaken some activities, with support from the UN System (FAO, WHO, UNICEF, WFP, UNDP), but these activities have not been comprehensive, and the plans that do exist are not integrated. There is no National Strategy in place, which could serve as an integrative basis for the development of operational plans. In addition, strong central leadership is not evident, and there is little effective participation from other ministries (e.g., Communications, Defense) or the private sector.

Donor support to date has been mainly for equipment and supplies, as a result of the AHI crisis in early 2006 when the context required an emergency response. Although this support has been useful, it has not been provided on the basis of a coordinated donor effort, but in an ad hoc manner, with indications that some of the assistance may not be drawing on the comparative

advantages of particular international donors. There is considerable tension between the Government and the international community, with the Government reproaching donors for favoring Asia over the Middle East/North Africa, and within the region, for providing huge sums of money to tiny Djibouti. On the donors' part, there is considerable frustration over the persistent demands of the Government for support, backed by scanty documentation, sometimes only available in Arabic.

### **III. Challenges**

Due to lack of effective coordination among UN agencies, and a lack of clarity on roles, responsibilities, and expectations, tensions exist between the Government and the development partners. Senior government officials are frustrated with the lack of resources provided to Egypt by the international donor community, and development partners are frustrated with the seeming lack of commitment and action on the part of Government to develop a sound National Strategy. This tension is raising serious concerns about how well Egypt can plan and execute a credible response.

To address these challenges and reduce the tensions, we recommend that five immediate steps be taken, namely:

- The recently completed report on compensation needs to be fully discussed with Government and stakeholders to ensure that there is full support for the recommendations, especially on the issue of how compensation will be provided to subsistence farmers. Without clear support from stakeholders, any policy will be difficult to implement and will only result in increasing the tensions between government and development partners.
- The Government needs to urgently develop acceptable planning tools, including a National Strategy and operational plans for implementation of the strategy. In doing so, there needs to be clarity on what would constitute an acceptable National Strategy that could be translated into a “Bankable” program. The National Strategy should be developed through a consultation process, which could include a high-level workshop and support from national and international technical assistance. The strategy should be completed by January 31, 2007.
- For the Government, we recommend that the responsibility for preparing a National Strategy should be under a High Level National Coordination Committee, which would be chaired by the Minister of International Cooperation.
- Egypt will need to take steps to shift from an emergency response mode to a long term development mode. To support this approach, we strongly recommend that the coordination responsibility for the development partners be managed under the leadership of the UN Resident Coordinator. This would mean a shift from the Disaster Management Team, currently led by WFP to the UN RC office. In making this recommendation, we acknowledge the leadership role WFP has played and recognize their efforts to coordinate partners for an emergency response and contingency planning. We also recognize that WFP would continue to play a key role in guiding the contingency plans, just as FAO and WHO would continue to provide technical support in their respective areas.
- Because of the challenges that need to be addressed, including the importance of having a system of effective coordination in place, we also recommend that the UN RC office be adequately resourced to carry out the coordination function. In particular, we recommend that one additional staff be recruited for a two year period.



## INDONESIA

A review of the status of coordination efforts to support the prevention and containment of Avian Influenza was carried out from Sept 26-30, 2006. The review was facilitated and supported by the UN Resident Coordinator and his office in Jakarta. The team met with a wide array of stakeholders, including the Government, UN agencies, the World Bank, and representatives of civil society. The team also participated in a private sector forum on AI organized by UNDP.

### **I. Overview**

Indonesia is a complex country in terms of its population, geographic size and configuration, economic structure, and governance structure with a new and emerging focus on decentralization. Given the relatively high level of human deaths and the number of known cases of AHI, Indonesia is often referred to as the epicenter of the pandemic. Thus, there is a greater need for effective coordination within the government structures and among the international community. Unfortunately, during the past two years there has been little coordination at either the national level or among the UN agencies, though this has been improving over the last few months.

### **II. Coordination**

While the study team has major concerns about the lack of effective coordination and the ad hoc response by both the Government and the international community, we are pleased to note that within the last few months there has been some positive effort on the part of the Government to better organize and coordinate its response. The establishment of KOMNAS (National Commission for Avian Influenza Response) in March 2006 and the recent appointment of its Chairman and staffing of the office is a positive step and should help develop a more coordinated effort. KOMNAS has in fact taken the lead in coordination, convenes and chairs technical and donor coordination meetings, in which the UN, WB and donors participate. The recent secondment of UN staff to support KOMNAS is also a positive intervention. However, there are still enormous challenges that KOMNAS faces and a concerted effort by the political leadership of Indonesia and the international community will be required to ensure success. This will require close monitoring and inputs by the UN technical agencies and the donor community.

### **III. Challenges**

To help facilitate and support KOMNAS, the UN system will need to be more effective in coordinating its own operational and business plans and in ensuring there are adequate resources to support the programs. As a first step, the UN system needs to clearly define the roles and responsibilities of its individual agencies to provide unified support to the Government. Currently, there is too much emphasis placed on individual agencies seeking external funding for their own mandates and programs, rather than seeking funding to support a national strategy. Some donors have objected to the piecemeal approach to the funding needs of individual agencies, while at the same time taking comfort in having a safe place to commit funds. While funding from bilaterals has had some success, this can result in the establishment of vertical funding programs which may or may not have country ownership and thus may not be sustainable in the long run.

Effective coordination in Indonesia is important and essential. Immediate efforts need to be made to ensure that the recent steps taken to provide collaboration and coordination are maintained and developed. Given the importance of the issues, it is imperative that leadership and senior management of the respective UN agencies become fully engaged in issues affecting Indonesia. Because Indonesia is considered as a possible epicenter of a potential pandemic, it is necessary that greater attention, focus, and resources be provided to the technical inputs needed to support the Government's initiative, including a focus on the provincial and district levels. It needs to be recognized that UN agencies have been working hard to contain AI in Indonesia, as can be seen in FAO's support in establishing local disease surveillance offices, and WHO working with district offices on human health surveillance. It is also important to note that while much work is still needed, since the establishment of KOMNAS in March 2006, that body has taken the lead in coordination with support from the UN, World Bank, and other donors.

## **LAO PEOPLE’S DEMOCRATIC REPUBLIC (“LAOS”)**

The findings below result from the mission to the Lao PDR, from 13-18 October 2006, and are drawn from interviews with more than thirty individuals involved in the response to avian and human influenza in the country. Interviewees represented key stakeholders in the AHI response, including the Lao government, non-governmental organizations, the UN system organizations, the World Bank, and bilateral agencies.

### **I. Overview**

To date, the Lao PDR has only experienced cases of H5N1 among poultry. Nevertheless, Laos has taken the threat of pandemic influenza seriously and has made considerable progress in preparedness. The government has developed a national strategic plan, which sets a comprehensive framework to strengthen the capacity of the agriculture and human health sectors in responding to AI. Planning for an emergency response in the event of a pandemic has not yet made as much progress.

### **II. Coordination**

Overall, coordination of AHI activities in Laos is widely perceived as in good shape. The national plan is an appropriate framework that orients the action of all key stakeholders, and a recently-constituted multisectoral government body – the National Avian and Human Influenza Coordinating Office (NAHICO) – is positioned to play a key role in organizing the national response. NAHICO is physically located in the Ministry of Health, but reports to a committee chaired by the Prime Minister, and has members from four key government ministries (health, agriculture, foreign affairs, and information and culture). Further, other key coordination mechanisms such as the inter-agency Cross-sectoral Influenza Working Group (WHO, FAO, UNICEF, UNDP, WFP, ADB, WB), Partners' Group (GoL and all donors supporting AHI activities in Laos), IEC Working Group (all partners supporting IEC AHI activities in Laos) and IEC Task Force (IEC WG + GoL ministries and mass organizations) contribute greatly to stronger AHI coordination in Laos.

The international community’s response is also considered well coordinated, with the UN system and the World Bank, in particular, benefiting from a history of close coordination facilitated by shared participation in an enlarged UN Country Team and regular meetings between the Office of the UN Resident Coordinator and the World Bank Country Manager. The small size of the international community helps to ensure that other international partners, even those not regularly participating in AHI-specific discussions, are kept abreast of developments in the area. Having a unit dedicated to AHI within the Office of the UN Resident Coordinator has also led to improved coordination.

### **III. Challenges**

Despite the considerable progress made, some challenges remain, particularly around the role of NAHICO, pandemic preparedness, and growth of interest in AHI.

The creation of NAHICO has clearly been a step forward in the response to AHI in Laos. It provides a one-stop-shop for any stakeholder interested in the issue and demonstrates government’s leadership in this area. While this unit was created as a coordinating entity, there

are concerns that it might build its own technical capabilities, hence developing into an institution that interposes itself between the line ministries and other stakeholders while creating a funnel through which all AHI activities have to flow.

More attention needs to be paid to pandemic preparedness and a response plan. Sectors that would be essential in the event of a pandemic, such as the military (e.g. for quarantine, border security, maintaining public order) and government bodies responsible for areas such as energy (e.g. for distribution of limited fuel supplies, functioning of the electricity grid), food and water (e.g. for rationing of limited supplies, functioning of the water system), and transport (e.g. for impositions of restrictions on travel) need to be more involved in the AHI response. Operational planning seems to have occurred in ministries of agriculture and health, but more engagement of other ministries is desired. In addition, NAHICO needs to benefit from the existing disaster management structures in the Lao PDR. There is widespread agreement – including by the government itself – that capacity of the government to mobilize a large-scale response to a pandemic is severely limited, with both human and material resources being inadequate to respond to more than one small, localized outbreak simultaneously. In such a context, it is all the more important to plan strategically on utilizing existing structures, such as the provincial and district disaster management networks, in the event of an outbreak. Of course, the international community needs to play a more active role in broadening the scope of planning beyond agriculture and health, developing the sort of holistic overview of pandemic preparedness that is needed to ensure a comprehensively multisectoral response.

As the Lao PDR continues the process of opening up to the outside world and easing restrictions on the work of international non-governmental organizations, it is likely that more stakeholders will engage in AHI activities, at least assuming that a pandemic remains a distinct possibility. To manage this growth, some of the existing coordination structures may need to be modified. In particular, the “partners meeting”, with its quarterly meeting schedule and named-member list of participants, may need to evolve to become open to all stakeholders, to meet more frequently, and/or to be supplemented by some kind of a bulletin between meetings. Materials currently under development, such as a matrix of AHI activities, will also become increasingly important. The partners meeting may also be useful in more clearly defining the role of international non-governmental organizations (such as AED, CARE, and AVSF, which is about to initiate activities in the country) and civil society (mass) organizations in the AHI response.

A second aspect of managing the growth of interest in AHI is ensuring that the investments made for AHI are multifunctional to the extent possible. For example, building surveillance capacity at the community level can be done in such a way that it benefits not just preparedness for AHI but also for other potential pandemics. Similarly, basic hygiene messages can have spillover benefits for public health beyond just AHI. To date, the international community seems attuned to the importance of this, but it is an area that will require continued attention, particularly as large-scale investments via the World Bank project start.

## THAILAND

A review of the status of coordination of Avian Influenza activities was carried out from 20 to 26 September 2006. The review was supported and facilitated by the UN Resident Coordinator's Office in Bangkok. The review team met with the main stakeholders, including representatives of Government, UN agencies, the World Bank and the private sector.

### **I. Overview**

With the outbreak of AHI in 2004, the Prime Minister took steps to establish a National Committee chaired by the Deputy Prime Minister. The National Committee quickly established a National Strategy which led to the establishment of operational plans at the Ministerial level. These were further developed into Provincial Action Plans. Implementation of the action plans at the provincial level has been good, and sound surveillance systems for both human and animal have been developed.

### **II. Coordination**

The Thai Government has responded well to the threat of Avian Influenza and has put in place sound mechanisms for preparedness and response to a potential pandemic. The key factor underlying the Thai response has been strong political and technical leadership from the government and a strong sense of ownership of the national strategy. Given the institutional capacity and resources of Thailand, achieving this level of success has been relatively straightforward. For example, the line ministries such as the Ministry of Health and the Ministry of Agriculture have existing structures in place and staff with appropriate skills to integrate the government's strategic framework and action plans into a sustainable response. Thailand has also been successful in developing its response through inclusion of the private sector and community level stakeholders in the process.

Thailand has also ensured that there is effective coordination between the central government and the local governance structures. This, in part, has been successful due to the fact that Thailand has had a long experience in delegation of authority to the provincial governors. A good communication strategy, including prevention, containment, and risk mitigation, has also been developed and disseminated. As part of the government's public awareness program for AI, the "Table Top Exercise", a document that provides clear instructions for implementing plans based on different scenarios, has recently been developed and tested in 60 of the country's 76 provinces.

With regard to the role of the UN agencies in Thailand, they stand ready to respond as and when requested by the Thai authorities. Because the Thai government has the capacity to develop and manage its National Strategy, there is less of a demand and need for the UN agencies to play an extensive and proactive role in coordinating activities for or on behalf of the government. This is an appropriate role and the UN leadership recognizes this. In terms of coordination, the UN activities have been guided by the National Strategy, and the UN agencies are developing their own operational plans to support the national plan.

Given that the UN system, including FAO, UNICEF, OCHA, UNDP, and WHO, has positioned itself to be responsive to government requests for assistance, it has spent much of its time coordinating the internal business plans for the UN System in Thailand. This has resulted in the establishment of a well-planned program and mutual understanding by all UN staff and agencies of their respective roles and responsibilities. The approach taken by the UN Resident Coordinator to develop this level of coordination should be considered a “best practice.”

It is also important to highlight that Thailand is the seat of a number of regional UN offices as well as the Office of the Regional Coordinator for AI. There appear to be effective communications between the respective UN agencies and more importantly between the regional and country offices. This has especially brought value added to the technical aspects of the AI program, and the UN Resident Coordinator’s Office has consequently become a knowledge hub for country offices, bringing together global technical information that can be applied to the country context. The World Bank-funded distance learning programs have also been used to provide current updates and information on best practices to the government and other stakeholders.

### **III. Challenges**

While Thailand has been successful in its response, both from an emergency and a long term development perspective, there is at least one challenge remaining. Namely, because AHI does not respect national borders, the challenge for Thailand is to find a mechanism whereby it can take a lead role in organizing a regional response for prevention and containment. Thailand is well positioned to do this since it has achieved many “good practices” and because it is also the headquarters for many regional UN offices. This combination should encourage the Thai authorities to organize, participate, and lead regional responses.

## TURKEY

A review of the status of coordination efforts to support the prevention and containment of Avian Influenza was carried out from November 6-9, 2006. The review was supported and facilitated by the UN Resident Coordinator's Office. The review team met with the main stakeholders, including representatives of Government, UN agencies, the World Bank and the private sector.

### **I. Overview**

The Turkish Government, with support from UN organizations and a number of bi-laterals, responded well to the outbreaks of avian influenza in late 2005 and early 2006. The emergency response, which was coordinated by the central Ministries of Agriculture and Health and implemented at the provincial levels, was effective and received good marks from key stakeholders. The Government also was effective in keeping the public and the international community informed through the establishment of crisis management centers at the Ministries of Health and Agriculture. Compensation to farmers was also carried in an open and transparent way, and there is no evidence to suggest that there was any mismanagement of funds in the process. Governors at the provincial level took decisions in a timely manner which provided support and confidence to the public at large. It is also worth noting that the private sector played a significant role in supporting the Government's efforts to take appropriate action, including the subsequent decision to use a World Bank loan to further strengthen the infrastructure to contain and prevent a widespread outbreak.

While the overall response has been good, a few issues have emerged that need to be addressed in order to move towards a more comprehensive and sustainable program. These are discussed below.

### **II. Coordination**

Although the emergency response has been effective, there is some concern that the current National Strategy, with its focus on emergency planning and on human health, could in the long term lead to a fragmented response and result in missing opportunities to develop a more sustainable effort to contain AHI. By developing a National Strategy, which would integrate the different contingency plans already developed by the Ministries of Health and Agriculture, strategic policies to ensure the necessary investments to finance capacity building, infrastructure, and equipment for prevention, containment, and treatment for both the human and animal aspects of AHI, could be established and implemented. The National Strategy should include an open, transparent, equitable, and sustainable compensation plan. This could involve the introduction of an insurance scheme for large-scale poultry producers as well as backyard farmers. In this regard, the Government should work closely with the private sector to develop a sound public/private response.

UN coordination has received relatively good marks for its performance. Agencies have worked well together and in general there has been good communication between the UN, EU, and other bilaterals, such as the US and the Netherlands. For example, the World Bank, the EU, and the US are funding a joint program (however, to date very little if any funds have yet to be utilized). There is also more potential to strengthen the coordination and communication between the

World Bank and the UN to ensure effective coordination. This was discussed with the new UN Resident Coordinator and will be part of the agenda when the new World Bank Country Director is appointed.

While coordination has been effective, initially there was some confusion in the messages given to the Government from WHO and FAO. Apparently, an earlier WHO mission supported a policy to move away from backyard production, while at the same time, a FAO mission was advising that this was not necessary to contain AHI. This lack of clarity on such major policy issues needs to be addressed by WHO and FAO and, while debate is important, a consistent message is essential. In future, it is important that the Resident Coordinator ensure a consistent message from UN agencies.

The work of FAO and its experts has been much appreciated. However, donors and the Government have expressed the need for a longer-term, more sustainable presence of experts on the ground. The infrequent missions and subsequent turnover of experts have caused concern about the lack of continuity in the program. The recent assignment of one staff for a six-month period is a move in the right direction, but would be even more effective as, at the least, a one year assignment.

The work being carried out by UNICEF on the communications strategy is also much appreciated by stakeholders. UNICEF is well-positioned to carry out this work and is ensuring that the work is coordinated with other communication programs which are being funded by other donors.

There is also some concern about the overlapping of missions by different donors and agencies. This has led to duplication and unnecessary transaction costs, both in terms of funding and staff time. Closer coordination can best be achieved if one unified program were to be developed for all donors/partners. In this regard, it is strongly recommended that the UN Resident Coordinator take on this responsibility. This would first necessitate that the Government further develop its National Plan to include mainstreaming activities into a long term and sustainable program, including strengthening institutional capacity within the public sector. Based on this plan, the UN RC can, in consultation with stakeholders, develop one program which would include all activities that need to be funded, regardless of sector. By having one program, the UN and partners will be able to operate more effectively and reduce duplication and high transaction costs.

### **III. Challenges**

Five challenges still need to be addressed, namely:

First, while the Government has developed a sound Pandemic Influenza National Action Plan with its primary focus on the emergency aspects of response, it also needs to develop plans for a long-term and sustainable development with an objective towards mainstreaming activities into existing systems. The plan needs to be developed in full consultation with a wide range of stakeholders, including the private sector.



Second, to ensure more effective coordination, there is a need for the UN and other partners, such as the World Bank and bilaterals to develop one program. This is particularly important for UN agencies to avoid any unnecessary duplication. The UN Resident Coordinator should take the lead to ensure that this program is developed in alignment with the National Plan.

Third, a sustainable Compensation Plan needs to be developed and codified by Government. This plan could include the introduction of a private/public insurance scheme.

Fourth, the private sector needs to continue to be fully engaged in the governance, awareness, and advocacy aspects of AHI prevention and containment. To date, their participation has been positive and lessons learned from this experience should be shared at the regional and global level.

Fifth, although development partners have been quick to respond by providing financial resources from organizations such as the EU, USAID, and the World Bank, very little funding has been utilized. It is essential that some type of a “program” launch be carried out as soon as possible to clearly identify who does what, when, where, and how. The private sector, as well as agencies such as UNDP can play a key role in developing such a launch.

## UKRAINE

A review of the coordination efforts to support the prevention and containment of Avian Influenza was carried out from October 24-28, 2006. During the course of the review, the team was fully supported by the UN Focal Point for AI. The team was able to meet with a wide range of stakeholders, including UN agencies, the World Bank, government officials, and representatives of civil society. The team also participated in a private sector forum organized by UNDP. In this regard, the team would like to highlight the fact that in its view, the forum for the private sector should be considered a best practice and would encourage other UN country management teams to hold such forums.

### **I. Overview**

The Government tends to regard AI as an emergency only and has responded accordingly. The emergency response to AI has been managed effectively by the Ministry of Emergency and the government should be congratulated for its timely interventions, including appropriate compensations for the culling of poultry. However, there is little evidence that the political leadership and the responsible line ministries are prepared to invest or develop long term sustainable plans to prevent or contain AI. The focus is and remains on contingency plans for an emergency situation. Due to the absence of any long term commitment, there has been little progress made towards developing a National Strategic Plan which would include other planning tools such as overall assessments of capacity, systems, infrastructure, and resources required to prevent and contain AI and the eventual care for those who may be affected.

### **II. Coordination**

The Government's coordination reflects its view that there should only be an emergency response. While it is widely acknowledged that the Government did a commendable job of addressing the first outbreaks, the coordination mechanisms in place appear to be burdensome, lack clarity of roles and responsibilities, and could, in the event of a national outbreak, create confusion and a slow response. The structures, of which there are at least three - two commissions reporting to the Prime Minister through the Cabinet, and one council reporting directly to the President - are not well-coordinated and do not have a clear mandate. It is also not clear where the linkage between government and other stakeholders such as development partners, civil society, and the private sector lies. In this respect, it is strongly recommended that under the leadership of the UN Resident Coordinator, a high level meeting take place with the President and the Prime Minister, with the objective of streamlining coordination through the National Council for Coordination and of developing clear roles and responsibilities, including determining the membership for this body. Once this is achieved, the National Council for Coordination should, with inputs from partners and through a consultation process, develop a Comprehensive National Strategy. In developing more effective coordination it must be noted that the current political crisis that has affected the country has had a strong influence on implementation and cooperation on AHI issues. Current officials in charge cannot take decisions that would commit their institutions. For example, while the Minister for Emergencies is authorized by the President and Cabinet of Ministers to play a key role in AI preparedness and response in the country, the position has not been filled in the past 4 months. Political leadership, at this point in time is essential.

Coordination within the UN system, and between the UN and the World Bank, generally has been good. A Joint Agreement on coordination has been signed between UNDP, UNICEF, and WHO. There is also effective support from regional offices to the respective country managers.

In the absence of a National Strategy, it has been difficult for the UN, the Bank, and other key bilateral partners to put together a unified work program. As a result, there is a tendency to develop priorities based more on the comparative advantage of an agency than on any strategic planning. For example, UNICEF and USAID are providing useful support to the Government in the area of communications. A recently completed survey carried out by an NGO and funded by UNDP and UNICEF provides an effective linkage directly with activities funded by USAID. Nevertheless, in the absence of a National Strategy, it is not apparent that this work, which should lead to sound policy recommendations, would be consistent with government policy.

Another concern is the absence of clear policies from OCHA to the country management team on how best to support a national effort under emergency conditions. There is also a lack of input from FAO. FAO has no presence in Ukraine, and there appears to be little priority given to Ukraine from either the regional or headquarters office in Rome. This absence is of concern to many partners and may lead to a missed opportunity, especially at a time when critical thinking and technical inputs will be required to support the development of a Comprehensive National Strategy which focuses on mainstreaming the investments needed to build capacity and mobilize resources. The absence of OIE, which should be proactive in providing technical support, is also noticeable.

While there is strong recognition that UN country management teams need to have the decision-making authority to carry out their work programs, there is also a growing concern that the respective headquarters are not providing the necessary policy guidelines on how best to coordinate a common approach. Country teams are seeking clear guidance on how programs should be developed and funded. It is clear to the study team that the only way to ensure effective coordination is to move towards one program, one plan, and one pool of resources. It should then be the responsibility of the Resident Coordinator to ensure that the program is carried out.

### **III. Challenges**

Based on the findings of the country visit, the study team would like to highlight six challenges for the Government which can only be achieved if there is effective coordination:

- Develop a National Strategy, in consultation with a wide range of stakeholders. The National Plan should, in addition to ensuring coordination on an emergency plan, develop a way to mainstream activities into sustainable work programs;
- Develop a transparent, fair, and equitable compensation plan which has low transaction costs and speedy delivery, including possibly a private sector insurance scheme;
- Educate and train professional staff at the community level;
- Develop a comprehensive communication strategy, based on the good work being carried out by UNICEF and USAID, which will focus on behavior change, awareness, and risk mitigation at the community level.
- Develop a regional approach to ensure consistent policies and to achieve certain economies of scale.

## VIET NAM

The mission to Viet Nam took place from October 9–13, 2006, and included interviews with more than twenty individuals involved in the response to avian and human influenza (AHI) in the country. Interviewees represented a range of key stakeholders in the AHI response, including the Vietnamese Government, non-governmental organizations, the UN system organizations, the World Bank, and bilateral agencies.

### **I. Overview**

Viet Nam has been one of the countries worst-affected by AHI. Ninety-three human cases have been reported, resulting in forty-two deaths. More than 50 million birds have been culled, and a further 250 million have been vaccinated. The country was also one of the first to have confirmed human cases, starting in December 2003, and so it has a comparatively lengthy experience with H5N1. Considerable efforts have gone into AHI preparedness and response, and a large number of stakeholders are undertaking AHI activities. To date, activities have primarily focused on controlling the virus in poultry, preventing and responding to actual human cases, and preparing for the medical consequences of a pandemic.

### **II. Coordination**

Overall, coordination of AHI activities in Viet Nam is widely perceived as in good shape. A national plan (the “Green Book”) orients the action of all key stakeholders, and a multisectoral government body –the National Steering Committee on Avian Influenza –provides leadership at the highest levels of government. This body is normally chaired by the Minister of Agriculture and Rural Development and brings together more than a dozen different ministries and other related groups (such as the Viet Nam Red Cross and two mass organizations) on a very regular basis to assess the AHI situation. The Prime Minister and Deputy Prime Minister have each chaired committee meetings, further evidence of the high level of political engagement with AHI.

The response of the multilateral system to AHI is organized under two multi-stakeholder mechanisms, both of which contribute to supporting the national response as outlined in the Green Book. Four UN agencies, supported by a number of bilateral donors, have formed a Government-UN joint program that combines the technical expertise of FAO and WHO with the communications skills of UNICEF and the coordination capacity of UNDP in support of national counterparts. The creation of the joint program is supporting an effective UN system response to AHI, and is now, justifiably, being looked to as an example of how the UN system can better coordinate on a range of issues. Viet Nam is further a good example of how UN agencies can take leadership. FAO and WHO played an active and widely-praised role in initiating the joint program, which is now being coordinated through the good offices of the Resident Coordinator. Now a coordination specialist who works with the RC and different agencies represented in the UN country team has a central role in gathering and disseminating information and organizing the UN response. The second part of the multilateral response is from the World Bank, which is in the process of finalizing the second phase of an AHI project that combines loan and grant elements, including through the multidonor AHI Facility, marshalling support from the EU and Japan.

The multilateral system and bilateral donors have supported the development of the national plan, including through a joint appraisal mission, and are now supporting its implementation. Continuing this joint approach will be important to ensure a coherent multilateral response, for example around communications, review and planning missions, and monitoring.

Coordination between the Government and international partners has been supported through Government-Donor-NGO meetings and the Donor Coordination Specialist is supporting the Government to maintain a matrix of ODA support to AHI. This coordination is set to be further enhanced with the launch of the Partnership on Avian and Human Influenza (PAHI). This partnership will create a space for information exchange on the plans of all major stakeholders in the AHI response, including civil society and the private sector, and should reduce the risk of overlaps in financing and technical support.

### **III. Challenges**

To build on the considerable progress made to date, more attention could be given to non-health aspects of pandemic preparedness, including the important roles that would need to be played by the military (e.g., quarantine, border security, maintaining public order) and government bodies responsible for areas such as energy (e.g., distribution of limited fuel supplies, functioning of the electricity grid), food and water (e.g., rationing of limited supplies, functioning of the water system), and transport (e.g., impositions of restrictions on travel).