UN SYSTEM AND PARTNERS CONSOLIDATED ACTION PLAN FOR ANIMAL AND HUMAN INFLUENZA

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Produced on behalf of
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INTRODUCTION

Over the past few years, much progress has been made in the efforts to prevent, prepare for, and respond to animal and pandemic influenzas. Many of these efforts started more than six years ago, when the H5N1 subtype of highly pathogenic avian influenza (HPAI) virus resurfaced in East and Southeast Asia, and eventually spread to South Asia, Middle East, Europe and Africa. Subsequent work in response to the HPAI virus has helped the world be better prepared to respond the 2009 global Pandemic due to the Influenza (H1N1) virus.

Throughout this period, UN agencies, funds, programmes and partners have supported preparedness and response efforts, in particular assisting countries with limited capacities, facilitating and enhancing regional and global synergy, and establishing norms for effective work. In 2006, the UN system's joint strategic approach was published in the *Avian and Human Pandemic Influenza: UN System Contributions and Requirements: Strategic Approach*[1], later followed by the publication of the *UN System and Partners' Consolidated Action Plan for Avian and Human Influenza (UNCAPAHI)* which identified specific outputs and activities of the UN system and partners under seven strategic objectives (first developed in July 2006[2], it was revised in Nov 2006[3] and reviewed in Nov 2007[4]).

Since the last edition of UNCAPAHI, three international ministerial conferences on animal and pandemic influenza have taken place (New Delhi in December 2007,Sharm El-Sheikh in October 2008, Hanoi in April 2010). At these conferences, participants reviewed progress with preventing and controlling HPAI. Conferences discussions also reflected transition, with participants explaining that progress on Influenza helps them address other global threats stemming from emerging infectious diseases (EID) at the animal-human-ecosystems interface. They increasingly advocated whole of society pandemic preparedness, beyond the health sector.

We are now in a period of transition, with efforts towards pandemic preparedness and response shifting to multi-sector, multi-level responses in the face of diminishing resources. Given the evolving policy direction, an update of the UNCAPAHI seems timely.

This update provides an overview of the pandemic preparedness and response work of the UN agencies, funds, programmes and partners in recent years. It highlights accomplishments made to date as well as planning for the way forward, capturing details on agency activities and outputs in the log-frame. I hope that this document will serve to strengthen and guide the way in which the UN system and partners, by working in synergy, respond to the needs of communities, nations and the world for fighting against the threats posed by animal and pandemic influenza.

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[1] http://www.undg.org/archive_docs/7988-Avian___Human_Pandemic_Influenza__UN_System_Contributions___Requirements__A_Strategic_Approach.pdf
[2] http://un-influenza.org/files/review_july_dec06.pdf
[3] http://un-influenza.org/files/review_nov06_dec07.pdf
[4] http://un-influenza.org/files/UNCAPAHIREVIEW2007NOV.pdf

Abbreviations and Acronyms

AHI	Avian (or Animal) and Human Influenza
AI	Avian (or Animal) Influenza
CAPSCA	Cooperative Arrangement for the Prevention of Spread of Communicable Disease by Air Transport
CFIA	Central Fund for Influenza Action
CMC	Crisis Management Centre
ECDC	European Centre of Disease Prevention and Control
EID	Emerging Infectious Diseases
FAO	Food and Agriculture Organization of the United Nations
GF-TADs	Global Framework for the Control of Transboundary Animal Diseases
GLEWS	Global Early Warning and Response System
GOARN	WHO Global Outbreak Alert and Response Network
HEWS	Humanitarian Early Warning Service
HPAI	Highly Pathogenic Avian Influenza
HQ	Headquarters
H5N1	Avian influenza A subtype (H5 haemagglutinin; N1 neuraminidase)
ICAO	International Civil Aviation Organization
ICT	Information and Communication Technology
IDPs	Internally Displaced Persons
IEC	Information, Education and Communication
IHR	International Health Regulations
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organization
IMF	International Monetary Fund
IOM	International Organization for Migration
MDTF	Multi-Donor Trust Fund
ND	Newcastle Disease
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
OFFLU	OIE-FAO Network of Expertise on Animal Influenza
OIE	World Organisation for Animal Health
OWOH	One World, One Health
PHI	Pandemic Human Influenza
PIC	Pandemic Influenza Contingency
PPE	Personal Protective Equipment
PVS	Performance of Veterinary Services assessment tool (OIE PVS Evaluation tool)
SME	Small and Medium-sized Enterprise
TERN	Tourism Emergency Response Network
TOR	Terms of Reference
UNCAPAHI	Consolidated Action Plan for Contributions of the UN System and Partners for Animal and Human Influenza
UNCT	UN Country Team
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIP	Urgent Needs Identification and Prioritization exercise
UNSIC	United Nations System Influenza Coordinator
UNWTO	World Tourism Organization
USAID	United States Agency for International Development

WAHIS	OIE's World Animal Health Information System
WFP	World Food Programme
WHO	World Health Organization
WTO	World Trade Organisation

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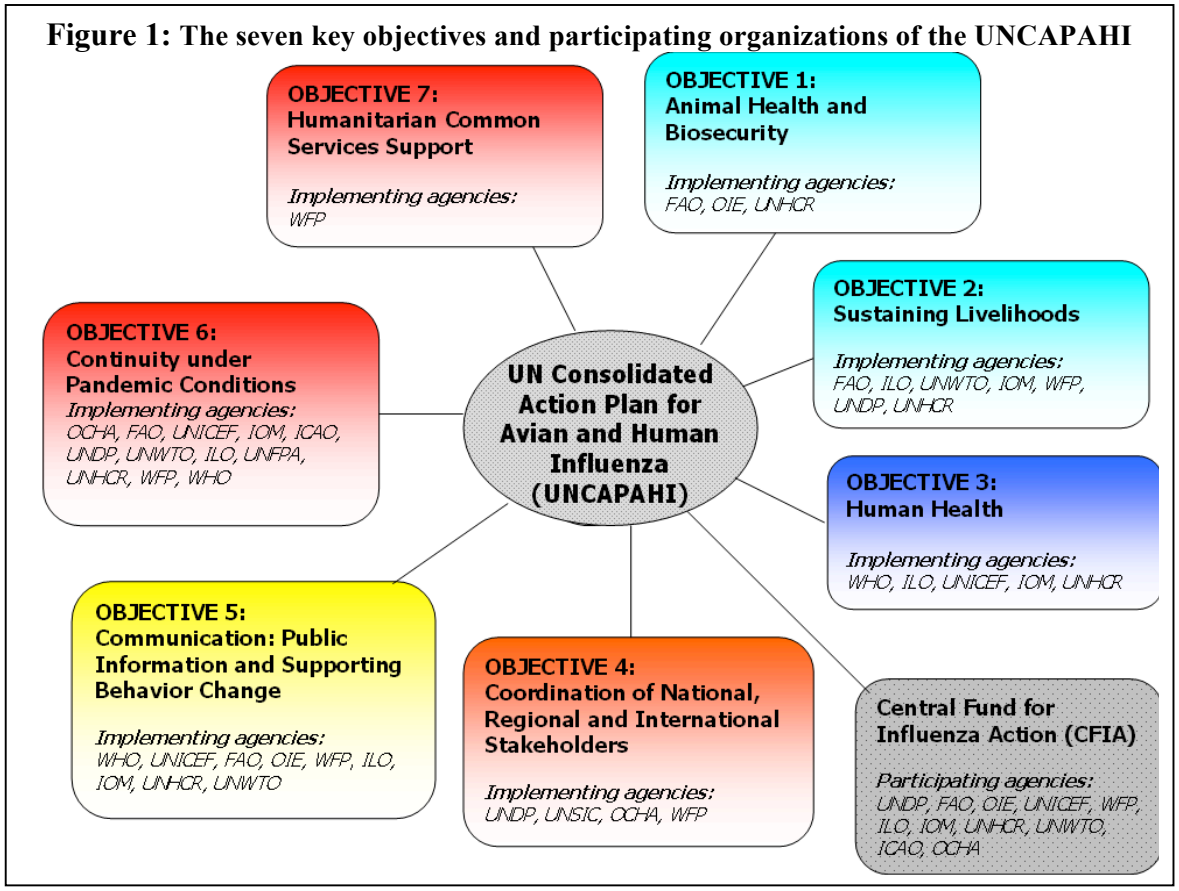
I. UN System's Animal and Human Influenza (AHI) Action: Key Objectives in a Changing Context

Figure 1: The seven key objectives and participating organizations of the UNCAPAHI



Participating agencies in the UN System and Partners Consolidated Action Plan for Animal and Human Influenza (UNCAPAHI) have implemented their activities (as described in the log-frame) with a responsibility to ensure accountability to donors who fund them. The work of these agencies is monitored through their respective governing bodies and nothing in the UNCAPAHI envisages that the normal monitoring process will be supplanted. The UN System Influenza Coordination Office (UNSIC) is reporting on the overall UN System contribution to the fulfillment of the objectives, focusing particularly on the synergy between individual agencies and activities needed to fill gaps in the response.

1. Over the past few years, the UN System has accomplished much in its efforts to prevent, prepare for and respond to animal and pandemic influenzas. The direction of this work has been a linked to overall goals of the international community, which were first discussed at the January 2006 *International Pledging Conference on Avian and Human Influenza* in Beijing, China, and have subsequently been refined over the intervening years, particularly through the subsequent international ministerial conferences on avian/animal and pandemic influenza.

2. Throughout this time, the UN System and its partners have worked together to assist countries and to secure long term positive impacts on global capacity to prepare for and respond to animal and pandemic influenza. National governments have been at the center of actions to achieve these goals. The overarching objectives through which this work has been pursued are captured in the UN System and Partners Consolidated Action Plan for Animal and Human Influenza (UNCAPAHI)(Figure 1).

3. While the objectives of UNCAPAHI have stood the test of time, the context within which the UN System is doing its work has begun to shift. For instance, goals identified at the 7th, and most recent, International Ministerial Conference (held in Hanoi, Vietnam in April 2010), reflected both a need to maintain current focus as well as to broaden approaches. The main goals identified included:

   (a) Prevention and Control H5N1 Highly Pathogenic Avian Influenza;
   (b) Ensuring that control and response systems can tackle a broad range of emerging and existing disease threats through operating a 'One Health' approach[5];
   (c) Being ready to detect, assess and respond to influenza pandemics.

4. These themes were captured in the 2010 UN System – World Bank Global Progress Report on Animal and Pandemic Influenza[6], encapsulating them in 'A Framework for Sustaining Momentum.' The Framework also identified incentives and institutional arrangements needed to sustain momentum, highlighted systems for monitoring progress, and spelled out investment priorities - particularly those needed to support institutions and systems in the least developed countries.

5. The 'Framework for Sustaining Momentum' highlighted that in order to realize these goals, longer term capacity building within existing programmes and the mainstreaming of pandemic readiness skills would be essential. It would also be critical to build upon the work that has been done in recent years, ensuring that newly developed knowledge and skills are perpetuated – and not lost – in the future.

6. As noted in the Progress Report, resources available to continue this work are becoming tight. While global support to avian/animal and pandemic influenza programmes between late 2005 and end-2009 was about $4.3 billion, donor support of late has rapidly declined as public interest in tackling avian and pandemic influenza has diminished. As a consequence, efforts toward pandemic response and preparedness are being broadened (shifting to multi-sectors, multi-level, and an expanded range of diseases) and UN agencies/International Organizations are working to mainstream this work.

7. Despite the changing context described above, the seven UNCAPAHI objectives, namely 1) animal health and biosecurity; 2) sustaining livelihoods; 3) human health; 4) coordination of national, regional and international stakeholders; 5) communication: public information and supporting behaviour change; 6) continuity under pandemic conditions; and 7) humanitarian common services support still stand intact even to envisage the widened scope of the initiative to prevent, prepare for and respond to animal and pandemic influenzas.

8. Chapter II below intends to review and summarise the achievements of UN agencies attained so far in this initiative along the seven objectives. Chapter III tries to elaborate the way forward.

[5] The 'One Health' concept refers to a more integrated or holistic approach to human, animal and ecosystem health. It represents the collaborative efforts of multiple disciplines to understand the links between human and animal health and the health of the ecosystems they inhabit.
[6] http://un-influenza.org/node/4231

II. Review of Agencies' Achievements

This section elaborates agencies' achievements in the global efforts to prepare for and respond to animal and pandemic influenza. It is worth noting that attribution of outcomes to the influence of any one national or external entity is not possible, as it is the result of joint and sustained efforts. UN agencies, funds and programmes, along with their partners, have worked to secure long term positive impacts on global capacity to control HPAI and prepare for a pandemic. They have intensified their global functions and have tailored their work to needs at country or regional level.

II. 1 Animal Health and Bio-security (Objective I)

1. **FAO** and the **OIE** have taken the lead in contributing to improved capacity of veterinary services to respond to animal health concerns and the establishment of adequate bio-security standards worldwide. They've supported countries as they respond to suspected HPAI outbreaks in poultry and waterfowl, more recently to support animal surveillance efforts associated with the Pandemic (H1N1) 2009 outbreak, established and maintained the global cohesive framework and examined links between pandemic agents and livelihoods.

2. Efforts to strengthen veterinary services and to support their compliance with the **OIE** international standards have been strengthened by the development and use of the OIE's Evaluation of Performance of Veterinary Services assessment tool (OIE PVS tool) and of the PVS Gap Analysis which assist veterinary services to establish current levels of performance, identify gaps and weaknesses and establish priorities and carry out strategic initiatives to address them, including international or national financial applications for investments. The PVS Pathway for efficient Veterinary Services is now well established and used by more than 100 countries worldwide (the 'Pathway' envelopes/encompasses the initial PVS evaluation, PVS Gap Analysis, and PVS Pathway Follow-up evaluation missions to monitor progress made).

3. In 2009, the **OIE** also published guidelines on veterinary legislation[7] to help governments update national legislation where gaps are identified in the course of a PVS evaluation. Veterinary legislation is an essential element of the national infrastructure that enables animal health services to carry out their key functions, including surveillance, early detection and rapid response for the control of animal diseases and zoonoses, animal production food safety and certification of animals and animal products for export. In the face of increasing global trade, climate change and the emergence and reemergence of diseases that can rapidly spread across international borders, the Veterinary Services must be effectively supported by legislation to meet the international criteria for performance of essential functions relevant at national, regional and global levels.

4. In addition to the existing the **OIE**'s World Animal Health Information System (WAHIS) for official notification of animal diseases, **FAO, OIE** and **WHO** continue to administer the joint Global Early Warning and Response System for Major Animal Diseases, including Zoonoses (GLEWS)[8], which combines the alert mechanism of the three bodies to assist with the prediction, prevention and control of animal disease threats, including those capable of transmission to humans. In particular, integrated risk management of pathogen transmission at the human-animal interface was the focus of GLEWS analysis activities.

[7] http://www.oie.int/eng/oie/organisation/A_Guidelines_Vet%20Leg.pdf
[8] http://www.glews.net/

5. In 2009, the joint **OIE-FAO** network of expertise on influenza (OFFLU)[9] also rapidly expanded its mission to include the H1N1 virus amongst others, with a formal name change to "the OIE/FAO network of expertise on animal influenza" and incorporation of additional swine influenza expertise. One of the priorities of OFFLU is to provide **WHO** collaborating centres with information on the circulation of new animal influenza virus strains in order to allow early preparation of human vaccines. Exchange of scientific data and biological materials (including virus strains) within the network has been improved, and capacity to both analyze such data and to share this information with the wider scientific community has been strengthened OFFLU continues to strongly advocate for purposeful, strategic and effective global surveillance of animal influenza in line with FAO, OIE and WHO mandates. OFFLU continues to strongly advocate for purposeful, strategic and effective global surveillance of animal influenza in line with FAO, OIE and WHO mandates. Additionally, experts from both animal and public health agreed to collaborate on a landmark initiative to look at ways of predicting emerging threats by examining genetic sequences of viruses collected through global animal influenza surveillance. **UNHCR** also established a surveillance mechanism of the domestic poultry and a reporting system to the local authorities in most of the camps hosting more than 5000 refugees.

6. Strengthening of laboratory capacity has been one of the outstanding successes of the global inputs to HPAI control. Investments have been made in relation to training, equipment, and in modifying some aspects of existing structures to make them safer work places. Training has not only covered technical aspects of diagnostic testing, but also laboratory biosafety and biosecurity, as well as management and proficiency testing.

7. **FAO** continued to promote bio-security in endemic countries as the main line of defense for the prevention and control of HPAI and other emerging infectious diseases in poultry production and along the marketing chain including live bird markets, collection yards, poultry transportation facilities and small-scale poultry production farms. The participation of all stakeholders in this process was particularly important for the introduction of the relatively novel concepts of bio-security, cleaning and disinfection into live bird markets. Understanding the trade patterns and the dominant poultry value chains in parts of south and Southeast Asia was vital to understanding, and therefore tackling the periodic re-emergence of HPAI. FAO, together with in-country partners, undertook a series of cross-border poultry value chain studies to identify and understand specific seasonal and geographical patterns of trade, actors involved, types of value chains in the region and the risk factors of animal disease transmission associated with the value chains.

8. **FAO** has significantly expanded its wildlife global activities building on the experiences gained from the epidemio-ecology approach of livestock-wildlife-public health interface issues and avian influenza. The work on the ecology of avian influenza continued with capacity building, wild bird surveillance and migration studies utilizing transmitters to mark birds and address the role of wild birds in the maintenance and spread of H5N1 and other pathogens.

9. The Crisis Management Centre - Animal Health (CMC-AH), operated by **FAO** in close collaboration with the **OIE and WHO**, continued to assist member countries responding to HPAI and other emerging or unknown disease threats. The Centre's experience and work on AI has strengthened overall operational and technical capacities in combating trans-boundary animal and emerging diseases in general as a holistic problem requiring coordinated solutions. The CMC-AH has matched these growing capacities with an expanded range of services, tools and staff to complement and implement rapid response assistance. In 2010 CMC-AH conducted a total of 10 field missions as well as undertaking other assignments including liaison activities with donors and partner organisations. Three missions related to HPAI were conducted.

[9] http://www.offlu.net/

II. 2 Sustaining Livelihoods (Objective II)

1. A significant shift in policy based on a more judicious understanding of the role of poultry in rural life, has resulted in changes to mitigation strategies for disease outbreaks. The **UN System** with the **OIE** and the **World Bank** contributed to establish mechanisms to protect and sustain livelihoods of those affected by avian influenza impacts. They investigated and developed an improved understanding of optimal mechanisms for compensating those who lose birds and/or property through the application of control measures, and the development of alternative livelihoods in relation to the response to HPAI.

2. **FAO, WFP, UNICEF, ILO and UNWTO** have been monitoring and assessing the economic, in particular poverty, impacts of avian influenza. Subjects of such monitoring and assessment encompassed structure and function of national poultry sectors and market chains, costs of control measures, food security, impacts on children and women, workers' vulnerability and impacts on tourism.

3. **FAO** has been active in addressing the economic and poverty impact of HPAI, through developing a livelihood toolkit to help address the social and economic impacts of HPAI outbreaks and control measures at all levels. FAO has also developed guidelines to help countries who are designing a compensation strategy followed by regional workshops to particularly address this issue.

II. 3 Protecting Human Health (Objective III)

1. The UN and partners, under the aegis of **WHO**, have worked to help countries build and maintain sound systems for safeguarding the health of human populations during a pandemic. Similar to animal health and biosecurity efforts (objective I), much of this work is increasingly happening within the paradigm of One Health.

II.3.1 Reducing Human exposure to avian influenza A/H5N1

2. From late 2003 through 13 May 2011, 553 human cases of avian influenza A/H5N1 were confirmed globally, of which 323 died. Notably, while 115 human cases were confirmed in nine countries in 2006, only 48 cases were confirmed in five countries in 2010; this decrease reflects the fact that many countries have implemented effective programmes for controlling the viral circulation.

3. Multidisciplinary teams composed of experts from **WHO** and its partners in the Global Outbreak and Alert Response Network (GOARN) have been rapidly mobilized to provide support in efforts to control and contain the outbreaks. In addition, assessment missions have been conducted by WHO headquarters, regional and country offices, often including national staff from ministries of health, agriculture and environment. WHO also focused efforts on improving the capacities of national laboratories and WHO Reference Laboratories for influenza.

II.3.2 Early warning systems

4. Since the IHR (2005) entered into force in June 2007, countries have been improving their capacities to detect, assess, notify and respond to public health threats and meet these legally-

binding requirements. **WHO** is working closely with countries and partners to provide technical guidance and support to mobilize the resources needed to implement the regulations in an effective and timely manner. IHR proved to be an effective and instrumental tool to detect and monitor the Pandemic (H1N1) 2009 outbreaks, and was a basis for the Director General of **WHO** to declare the pandemic. Further, a new event-management system was introduced which functions as the official repository of all information relevant to an event that may constitute a public health emergency of international concern. It facilitates communications within WHO and globally with all key partners that have specific functions in outbreak alert and response, including the National IHR Focal Points, and increases the efficiency, timeliness and inclusiveness of the Regulation's decision-making processes by maintaining a record of operational activities and decisions. As mentioned in section II, the GLEWS initiative by **FAO, OIE and WHO** continued to strengthen its capacity in terms of disease event analysis, early warning and forecasting with focus on the integrated risk assessment of pathogen transmission at the animal–human interface.

5. Since 2007, **UNHCR** has been working on strengthening capacity for disease surveillance in refugee camps in different countries, using existing health information systems to the extent possible. Health refugee camp operations have been supported to set up effective disease early warning systems, ensuring a direct link to national early warning system. In addition, a centralized weekly outbreak reporting system has been established at global level for the monitoring of all disease outbreaks occurring in refugee camps. However, despite all these efforts, the reporting and investigation of certain outbreaks are occasionally late. More efforts are needed to overcome human resources constraints associated with high staff turn-over. In order to capture potential pandemic influenza outbreaks, influenza-like-illness case definition has been added to the list of diseases under weekly surveillance analysis.

6. In the past two years, **IOM** collaborated with national governments, **WHO** and with other partner organizations to strengthen capacity for community based surveillance, counseling and communication skills for migrants and host communities in seven countries including Indonesia, Kenya, and Thailand.

II.3.3 Rapid containment operations and responses for a newly emerging influenza virus

7. Preceding the emergence of Pandemic (H1N1) 2009, in conjunction with its new pandemic preparedness guidance, **WHO** reviewed the protocol for rapid operations to contain the initial emergence of pandemic influenza. The protocol addresses roles and responsibilities of governments and agencies and describes standard operating procedures for the administration and monitoring of antiviral interventions, additional containment measures and communications strategies. With a view to achieving effective rapid containment operations, WHO has conducted training and facilitated simulation exercises specifically for rapid containment in a number of countries. As part of this response, WHO also worked closely with regional organizations such as the Association of South East Asian Nations (ASEAN) to facilitate the distribution of regional and national stockpiles of antivirals and personal protective equipment. **WFP,** through its UN Humanitarian Response Depot (UNHRD) network, deployed antivirals to nearly 90 countries on behalf of WHO/PAHO.

8. At the emergence of Pandemic (H1N1) 2009, **WHO** dispatched a team to Mexico to work with health authorities. The team actively investigated reports of suspect cases in other Member States as they occurred, and supported field epidemiology activities, laboratory diagnosis and clinical management. When it became apparent that the containment of the Pandemic (H1N1) was impossible due to its high transmissibility, WHO and other partner agencies actively

supported governments to shift their early containment operations to measures to mitigate pubic health and other social impacts of the pandemic.

9. As mentioned in section II.1, one of the additional outputs of OFFLU[5] during 2010 include the formalization of the network partnership in the WHO process of human seasonal influenza vaccine strain selection to include animal influenza viruses of public health concern.

10. In collaboration with **WHO**, **UNHCR** has been strengthening health services assisting refugees in camps, notably by constructing isolation and triage zones. **UNHCR** also trained community health workers in both camp and urban settings to quickly mobilize the refugee community response in case of an outbreak. Latest **WHO** case management guidelines have been distributed to the relevant field health staff working in the camps and when appropriate, additional trainings were provided. **IOM** has been strengthening health services in migrant and host communities with the provision of equipments and a series of trainings, and has produced and disseminated appropriate migrant-friendly information, education and communication materials. **UNICEF** conducts targeted integrated interventions aimed at building resilience among individuals and communities to reduce the spread of the virus and to lessen its impact on children and their families, and preparing to support **WHO**'s containment efforts through communication strategies so as to ensure children and their families in quarantined zoned have access to essential services.

11. In June 2009, **WFP** conducted a technical consultation on operations continuity, the Humanitarian Pandemic Operations Consultation (HPOC). The consultation sought to establish practical logistics guidance and tools for operations based on recommendations made during the Pandemic Logistics and Learning Exercise in November 2008 in Malaysia. Participants from the Logistics Cluster, together with UNICEF, UNHCR, NGOs, IFRC, USAID and others applied experiences gained from the Malaysian exercise to further develop plans of action for operations in a pandemic environment. Thematic areas addressed include Logistics, Procurement, Health and Safety, Security and Information and Communication Technology (ICT).

12. Since 2007, **ILO** has been using the workplace as an entry point for animal and human influenza prevention, promoting personal protective habits, inducing behavioural change, and encouraging the establishment of report mechanisms at company level in order to reduce the risk of infection for workers of small and medium-sized enterprises (SMEs) in South East Asia.

13. **UNICEF**'s support for action at community level allowed a rapid and effective response to the emergence of the Pandemic (H1N1) 2009. Of the 91 countries, more than 50 countries focused their efforts in supporting health interventions such as increased and improved access to community-based preventive and curative services for major illnesses including pneumonia and diarrhea. Twenty six countries implemented safe water and sanitation interventions, such as the promotion of hand washing and improved access to safe drinking water. 10 countries bolstered school-based pandemic preparedness whereas 15 countries strengthened emergency preparedness activities including vaccine deployment and delivery, while 11 countries supported vulnerable and high risk populations, by implementing child nutrition and exclusive breastfeeding interventions.

14. At the global level, UNICEF continued support to community-based treatment of pneumonia and diarrhea (as the two leading child-killers) and advocated for policy changes, where needed, to enable community access to antibiotics. UNICEF managed logistics for some essential health commodities, contributed to strengthen Vaccine-Cold Chain and Logistics systems in 17 countries and in 2009-2010 and supported the deployment of the pandemic influenza vaccine

II.3.4 Building capacity to cope with a pandemic

15. The revised **WHO** guidance for pandemic preparedness sheds significant light on measures to be taken to cope with a pandemic. Together with several supporting documents, it addresses disease control measures, outbreak communications and social mobilization, and surge capacity in health care facilities, as well as other actions to be taken by Member States in preparation for and in times of a pandemic. WHO has provided technical assistance to countries with limited resources, for example, through conducting training courses in all regions on epidemic surveillance, alert and response, laboratory capacity and infection control as well as facilitating simulation exercises on pandemic response.

16. Through its programmes on influenza prevention and pandemic preparedness, **ILO** and its network of partners have conducted a series of capacity-building trainings for ILO's constituents (governments, employers and workers) to help them improve resilience, mitigate risk and lay the foundations for fast recovery.

17. As part of **WFP**'s Health and Safety strategy, a series of media tools have been developed since 2008. A staff health and safety video, Protective Health Measures, endorsed by the UN Medical Director was produced and widely disseminated in 2009. The video addresses a number of steps that public health experts recommend for limiting the spread and transmission of infection during a pandemic and gives specific instructions on how to use personal protective equipment (PPE) kits. WFP has made the video available on www.wfp.org, and has shared the tool with partners such as the World Bank and the Humanitarian Pandemic Preparedness (H2P) partnership network for internal training purposes.

18. A second instructional video for surface transports as part of the media training and advocacy tools series was produced by WFP in 2010, providing instructions on disinfecting trucks and cargo in case of a pandemic outbreak. The tool is available for partner organizations and other stakeholders of the logistic supply chain.

II.3.5 Coordination for availability of pandemic vaccines and antiviral drugs

19. Since the Global Pandemic Influenza Action Plan to Increase Vaccine Supply was launched in September 2006[10], six countries have received funding support through **WHO** to develop new plants and promote further research and development into more potent and effective vaccines. Furthermore, the December 2008 Intergovernmental Meeting on Pandemic Influenza Preparedness agreed to request WHO to establish and maintain a stockpile of equipment and vaccines for H5N1 and other influenza viruses with human pandemic potential.

20. In response to Pandemic (H1N1) 2009, **WHO** deployed a global stockpile of approximately 5 million adult treatment courses of oseltamivir to 72 countries. Further, the Director General of WHO called for international solidarity to ensure fair and equitable access by all countries to response measures, and initiated discussions with the vaccine manufacturing industry in order to make vaccines available and more affordable for developing countries.

II.4 Coordination of National, Regional and International Stakeholders (Objective 4)

1. Since 2003, when H5N1 HPAI spread across Southeast Asia and then to the rest of Asia, Europe and Africa, the threat has mobilized an unprecedented coming together of the animal health, human health, disaster preparedness and communication sectors to work in a cross discipline, cross sector and cross boundary way. **UNSIC** and **OCHA-PIC** primarily led the UN system

[10] This identifies and prioritizes practical solutions for reducing the potential shortfall in pandemic influenza vaccine supply and improving the existing manufacturing output efficiency and timeliness by increasing the demand for seasonal influenza vaccines.

coordination, and also supported the coordination among national governments through a series of Inter-Ministerial Conference on Animal and Human Influenza (IMCAPI).

2. **UNDP** has been ensuring high level national leadership in the response to AHI. During the course, the Programme strengthened the capacity of the offices of the Resident Coordinator in countries for coordination of bilateral and multilateral external assistances in line with the integrated national influenza plans. It has been forming strategic alliances across all levels of governments to tackle the AHI threat with full engagement of the private and voluntary sectors, and provided a dependable package of assistances for national authorities.

3. **ILO** has been implementing activities to harmonise the actions undertaken by different government agencies and to promote engagement of employers' and workers' organizations as part of the private sector involvement in the response to AHI.

4. In response to the Pandemic (H1N1) 2009, in October 2009, **UNSIC, WHO, OCHA-PIC**, and related UN agencies issued a report assessing the priorities for assistance to rapid responses to the Pandemic for 77 least developed and/or countries eligible for support from Global Alliance for Vaccine and Immunization (principally the countries whose per capita GDP is below US $1,000). Whilst there has been a significant response to the appeal for vaccines, substantial unmet needs remain in the appeal for strengthening country readiness.

5. In April 2010, before the International Ministerial Conference for Animal and Pandemic Influenza (IMCAPI) in Viet Nam, a tripartite concept note was jointly issued: **The FAO-OIE-WHO Collaboration** - *Sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystems interfaces.* This document sets a strategic direction for the three agencies to take together and proposes a long term basis for international collaboration aimed at coordinating global activities to address health risks at the human-animal-ecosystems interfaces. A complementary agenda and new synergies between FAO, OIE and WHO would include normative work, public communication, pathogen detection, risk assessment and management, technical capacity building and research development. Tripartite teleconference has been maintained regularly since then.

II.5 Communication: Public Information and Supporting Behavior Change (Objective 5)

1. **UNICEF** has led UN organizations and other partners to support national governments in the development of capacities to implement communication interventions aimed at building resilience among individuals and communities[11]. These interventions sought to reduce the spread of the virus and to lessen its impact on children and their families by adopting behaviours and practices to protect themselves from illness and death caused by animal and human influenza. Following the outbreak of avian influenza in poultry, UNICEF worked with governments to mobilize local, national, and international media to inform, alert and build confidence in the abilities of authorities and governments to manage the outbreak. In the long-term, through the use of various community mobilization efforts coupled with intensive public and outreach communication efforts, families have been engaged to ensure preventive and protective behaviours are practiced to avert future infections among poultry and between poultry and humans.

2. In 2006, **UNICEF**, in conjunction with **WHO** and **FAO** defined four key behavioural actions that can substantially prevent H5N1 transmission among birds and from birds to humans: 1)

[7] In the UN System and Partners Consolidated Action Plan for Animal and Human Influenza (UNCAPAHI), UNICEF received the mandate to lead UN organizations in a sub-category of objective 5: communication for behaviour and social change. UNICEF also contributes to objectives 3 and 6: human health and continuity under pandemic conditions.

Wash. Hand-washing at critical times especially after handling birds and before and after preparing poultry products; 2) *Cook*. Cook thoroughly poultry products; 3) *Separate*. Separate new flocks for two weeks and separating chickens from other species and from living quarters, burn and/or bury dead birds safely; 4) *Report*. Report unusual sickness/death among poultry, wild birds and other animals immediately to the authorities, report and seek treatment immediately if fever appears after contact with sick birds (8). Based on the available evidence at the time about audience knowledge, attitudes and behaviours pertaining to avian and pandemic influenza, UNICEF developed a range of behaviour change and social mobilization materials (print, audio and TV) and guidance tools that were adapted to the national and cultural contexts of at least 40 countries[12].

3. Evaluations at that time, showed mixed evidence over the impact of these interventions. They have helped to create awareness around the threat posed by the HPAI H5N1 virus, but awareness not always translated in permanent behaviour changes, as people continue to practice high-risk behaviours when handling poultry as their perception of risk remained quite low. To strengthen the evaluation component of communication interventions, in early 2008, following extensive testing in several countries, UNICEF completed the "Essentials for Excellence" guidance on how to rapidly research, monitor and evaluate (RM&E) avian influenza/pandemic influenza (API) strategic communication interventions to assess the effectiveness to achieve highest sustainable impacts on desired behavioural outcomes[13].

4. Following the emergence of the Pandemic (H1N1) 2009, **WHO and UNICEF** further developed existing suggested behaviors for pandemic preparedness (Flu-WISE) and pandemic recovery (Flu-CARE) by jointly identifying key behavioural interventions for reducing the transmission and impact of the virus. Its focus is to help individuals to protect themselves and reduce transmission, morbidity and mortality related to Pandemic (H1N1) 2009 virus at the family and community levels. Further, UNICEF, through Global Hand-washing Day and other Water Sanitation and Hygiene (WASH) section initiatives, is promoting hand-washing with soap as an effective behavioral intervention to protect against pandemic transmission.

5. At the emergence of the Pandemic (H1N1) 2009, **UNICEF** provided financial support and worked closely with governments of 91 countries, UN organizations and other partners to implement communication interventions and develop resources and materials aimed at building resilience among individuals and communities to reduce the spread of the virus and to lessen its impact on children and their families by adopting behaviours and practices to protect themselves from illness and death caused by the pandemic. By 2011, 77 countries had developed a national communication plan to respond to avian and pandemic influenza outbreaks[14].

6. The UN Avian and Pandemic Influenza Communication resources website and the Communication Resources Essentials and Tools for Emergencies (CREATE!)[15], an online site offering a core set of tools to tools to prepare, plan, implement and monitor behaviour and social change communication initiatives supporting health, hygiene and child protection efforts in emergencies, were continuously updated to include appropriate messages, materials and resources for responding to the Pandemic (H1N1) 2009.

7. The UN maintains a web-based Avian and Pandemic Influenza Communication Resource Centre[16]. It aims to provide users with communication strategies, products, information, and

[12] http://www.influenzaresources.org/files/framework_20090626_en.pdf
[9] http://www.influenzaresources.org/influenzaresources/files/Essentials_for_excellence_2008.pdf
[14] http://www.influenzaresources.org/influenzaresources/files/Pan_flu_comm_guidance_FINAL_web_10_15_09.pdf
[15] http://www.createforchildren.org
[16] www.influenzaresources.org

tools developed around the globe to respond to the current Pandemic (H1N1) 2009 , the H5N1 HPAI, and to prepare for future influenza pandemics. The resource centre is managed under the aegis of **UNICEF as a joint initiative of FAO, UNDP, UNICEF, WFP and WHO.** Additionally, **UNSIC** continues to administer the UN system web portal on avian and human pandemic influenza[17]. This website provides a single entry point for AHI information for the whole UN system, and links to existing information on websites of the various UN agencies, funds and programmes as well as their partners.

8. Since 2007, **ILO** has continued communication efforts and advocacy activities at enterprise level with the aim to raise awareness of the importance of collecting information on the risks of influenza, protecting the workforce through promotion of good hygiene practices and reduction of contact, and supporting the most affected through dedicated policies and compensation schemes. ILO has as well put great emphasis on the need to prepare a contingency plan to sustain businesses.

9. **FAO** collaborates with key partners **WHO and OIE** and includes risk/outbreak communication and social mobilisation in tripartite projects. FAO has continued to contribute to developing risk communication competencies and leadership among Ministries of Agriculture through participation in, and partnering with, WHO's Working Group on the International Health Regulations (Risk Communication Component) and Global Health Security Communication Network to finalize indicators and benchmarks of core risk communication capacities. At the regional level, FAO supports the development of coordinated and collaborative regional and national advocacy and communication strategies, responses and activities.

10. **UNHCR** has been informing and encouraged refugees and other populations of concern to the organisation to adopt healthy AHI and pandemic influenza-related behaviours. Regular ongoing prevention and health education are reinforced through targeted campaigns in case of outbreaks. Acquired awareness and behaviour change are sustained. **IOM** assisted governments to formulate behaviour change strategies for migrants and mobile populations.

11. Engaging in coordinated efforts with WHO, ICAO, UNDPI, ILO and UNSIC, **UNWTO** closely monitored the impact of the pandemic (H1N1) 2009 and the uncertainty that it has created in relation to travel and tourism since the outbreak of the virus. Through these regular situation updates, UNWTO used its Tourism Emergency Response Network (TERN), a network which consists of 30 global travel and tourism network associations from both the public and private sectors of the industry, as an effective multiplier of core messages. Two-way, targeted communications with TERN as well as the Influenza Focal Points of UNWTO's Member States was chosen as the most suitable and effective means to minimize negative impacts of the pandemic and avoid unnecessary repercussions on the travel and tourism sector. The networks were mobilized on 25 April 2009 immediately after the outbreak of the virus and maintained active ever since.

12. **UNWTO** provided consistent and up-to-date information to its Member States, industry and travellers, and at the same time, provided guidelines and best practices, encouraged responsible travel behaviour, ensured consistency and reduced uncertainty in information sharing by providing a balance of information to avoid complacency and overreaction. Informing and consulting the Influenza Focal Points of UNWTO and the TERN network allowed for the two-way, targeted communications, which in turn improved the relevance of the messages and actions by all the other actors, including UNWTO, WHO and ICAO.

[17] http://www.un-influenza.org/

II.6 Continuity under Pandemic Conditions (Objective 6)

1. Business Continuity Planning (BCP) is at the heart of the multi-sectorial whole-of-society approach to pandemic preparedness. It is also important that essential sectors are prepared for critical functioning during potential severe disruptions of inter-dependent services. Such sectors include; health, energy, transportation, food, water and sanitation, law and order, defence, financial services and telecommunications.

2. To date, 140 UN country teams (UNCTs) have developed contingency plans, covering staff health and safety, continuity of essential operations and support to national governments in pandemic, all of which were activated in response to H5N1 Avian Influenza and the 2009 Pandemic (H1N1). **OCHA**'s **PIC** team has supported the efforts of UNCTs through providing guidelines and planning and facilitating simulation exercises. **OCHA**, **WHO,** and other partners are also working together to support governments to develop and conduct simulations to test national pandemic plans (between 2008 and 2010, **OCHA** conducted 119 pandemic simulations for UNCTs, Governments, regional organizations, inter-agency groups and NGOs). **OCHA** also worked with the International Federation of Red Cross and Red Crescent Societies (IFRC) to stimulate complementary actions between the UN system, civil society and the humanitarian community. OCHA has also maintained a website to monitor progress of UNCTs and Governments in pandemic readiness and to make available useful guidance. OCHA has also established a small fund to support seed projects by UNCTs to stimulate Government multi-sectorial pandemic planning processes. In anticipation of the closure of PIC at the end of 2010, OCHA has been working closely with a number of agencies and structures to ensure the continuation of key aspects of PIC's work. This has included the integration of pandemic preparedness in terms of contingency planning guidance and simulations into the work plan of the IASC sub-working group on preparedness.

3. To meet the rapidly evolving challenges for enhancing pandemic readiness and integrating best practices effectively, **WFP** tasked its offices world-wide with the drafting of Operational Action Plan (OAP) to raise the level of pandemic preparedness and response planning at the country level. The OAP framework has been based upon best practices from the first series of pandemic preparedness planning efforts undertaken by WFP since 2006 and WFP's involvement in the worldwide review of UNCT pandemic plans in 2006 and 2007 . The technical foundation of the OAPs included input received from a series of Pandemic Preparedness Planning Meetings in 5 regions, with the participation of multiple stakeholders, identifying measures necessary to achieve operational readiness.

4. WFP developed a 'sharable' template for the OAPs and seeking to harmonize pandemic response at the country level between humanitarian actors and national governments. The country-specific OAPs have been developed in collaboration and consultation with operational partners and the commercial sector at field level. Participants included UN agencies, NGOs, IFRC and governments. Systematic reviews and provision of feedback together with specialised missions from HQ and virtual trainings assist completion of this process which is intended to harmonise influenza response among – together with the UNCT plan – humanitarian actors and national governments. While some of the OAP elements are pandemic-specific, the basic concept of the initiative is also geared toward addressing second and third order effects of most large scale disasters, e.g. staff absenteeism, disruption of essential services, civil unrest, market disruption, etc. The OAP also contains components that are complementary to WFP's corporate operations and business continuity strategy. To date, Country Offices have drafted 77 OAPs in close consultation with subject matter experts, preparing WFP better to support national and international actors in the event of a pandemic or health related emergency.

5. Amongst pilot initiatives and as part of multi-stakeholder preparedness and capacity building activities, series of simulation exercises were designed and implemented by WFP. These exercises support the continuing process of WFP's work in the area of international, national and regional capacity enhancement, with a focus on logistics networks, whole of society response and civilian/military coordination and harmonization of response. Following a field-simulation in Malaysia and a national simulation and capacity enhancement exercise in Zambia, the Pandemic Readiness and Response Exercise (P2RX), a first of its kind, simulating the onset and escalation of an international public health emergency and were designed to strengthen the coordination of logistics networks across the east Africa region in response to a large-scale disaster. The P2RX took place in December 2010 with the participation of ninety eight people and involved a broad range of government ministries, representatives from the National Disaster Management Organizations (NDMO), the military, the National Red Cross and the WFP country offices of the five members of the East Africa Community (EAC), namely: Burundi, Kenya, Rwanda, Tanzania, and Uganda. AFRICOM, USAID, WHO, UNSIC, OCHA, MSB and AusAID.

6. Building upon its GIS mapping and early warning capacity, WFP implemented a Geospatial (GIS) tool development initiative. A major output of this initiative is an online mapping tool generating pandemic scenarios using controlled variables. As part of a tool kit for decision makers from UN agencies, governments and research groups, the software also shows basic logistics network information, including real-time mapping of sea vessels. The online simulation module enables the dissemination of critical pandemic response data to UN agencies, governments and research groups.

7. WFP has taken an active role in leading discussions on issues related to operational continuity relevant to humanitarian actors. In June 2009 and May 2010, WFP conducted the first and second technical consultations on operations continuity, the Humanitarian Pandemic Operations Consultations (HPOC), respectively. The consultations sought to establish practical logistics guidance and tools for operations based on recommendations made during the Pandemic Logistics and Learning Exercise in November 2008 in Malaysia. Thematic areas addressed include logistics, procurement, health and safety, security and information and communication technology (ICT). A series of recommendations resulted from the consultations, highlighting amongst other things, the importance of innovation, partnerships and capacity building initiatives.

8. **UNDP** has been spearheading the building of national capacity for disaster preparedness and strengthening its business continuity capacity, working closely with **UNICEF** and **WFP** on the development and roll out of a business continuity training strategy.

9. **UNHCR** country offices, in coordination with governments and UNCTs, have been involved in developing pandemic contingency plans and advocating for the inclusion of the refugee communities in pandemic preparedness plans of countries hosting these communities. Between 2007 and 2009, UNHCR established preparedness and response plans including stockpiles, coordination mechanism and mobilisation of a response task force, in camps hosting more than 5000 refugees and in countries having large numbers of Internally Displaced Persons (IDPs). In 2009 **UNHCR** and **WFP** initiated joint field assessment missions to review and update operational action plans for the delivery of essential assistance under pandemic conditions and ensure food security.WFP has also established a clear communication mechanism with UNHCR for developing specific guidance for the continued provision of food and non-food items to IDPs and refugees in a severe pandemic. Collaboration has been extended to the field level, with missions in Kenya, Algeria, Zambia and Chad completed, and further joint missions scheduled over the next year

10. **UNICEF, UNDP and WFP** joint regional and country offices Business Continuity Management Trainings were rolled out in 2008 - 2009 (other agencies, such as ILO, have also participated). 97% of **UNICEF** Country Offices have a business continuity plan, and all of these offices have the ability to remote access for critical staff and satellite telephones for key management, as a mitigation strategy for pandemic social distancing. Over 70 UNICEF Country Offices have developed pandemic risk assessments since the start of the Pandemic (H1N1) 2009. Many of these have reported various actions taken in relation to pandemic preparedness. These range from updating pandemic contingency plans, to testing their Business continuity plans to supporting Communications for Development specific to pandemic.

11. On the humanitarian front, **UNICEF** is taking the opportunity of the high alert and preparedness efforts at country level, to push for integration of emergency risk management activities into regular planning mechanisms, which furthers UNICEF's national capacity development agenda. As part of UN country teams, UNICEF has been working to support national planning to identify critical, life-saving programmes that must be continued under pandemic conditions. It is also working to strengthen links with existing community-based communication networks to inform, protect, and mobilize. UNICEF will continue to act around three primary foci: 1) identifying key behavior change messages for pandemic response in collaboration with other agencies, and 2) identifying and implementing preparedness actions in sectors critical to the well-being of children and their families during a pandemic.

12. **IOM** is strengthening its capacities to respond to the needs of migrants and mobile populations during a pandemic and to ensure that they are duly taken into account in national pandemic contingency plans.

13. **ILO** is addressing the concerns of governments, employers and workers with regards to the threats posed by the pandemic. ILO's tripartite structure puts it in a favourable position to promote social dialogue in the design of specific policies and actions at country level. ILO's initiatives and learning materials are meant to assist SMEs in their efforts to develop contingency plans in a participatory way. The ultimate aim is to protect workers' health and rights through targeted measures in line with international labour standards, and to protect businesses from the consequences of the pandemic by devising strategies to reduce its impact and preparing for recovery.

14. Since 2006, **ICAO** has been working to improve preparedness planning in the aviation sector. A series of four grants from the Central Fund for Influenza Action has supported the ICAO *Cooperative Arrangement for the Prevention of Spread of Communicable Disease by Air Transport* (CAPSCA) project which commenced in the Asia Pacific Region and was later developed in Africa and the Americas. Extension into the Middle East and Europe is planned for 2011. The project aims to reduce the risk of air travelers spreading influenza of pandemic potential, and other communicable diseases and to minimize financial losses as a result of adverse effects of such disease on air transport. The fundamental principle is the engagement of all stakeholders. A medium term goal is to harmonise the ICAO assistance visits to international airports with the WHO requirement, under the International Health Regulations (2005), to offer assessments of compliance with relevant parts of the IHR (2005).

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15. Over the last few years, several relevant Standards and Recommended Practices (SARPs) have been incorporated into the **ICAO** Annexes. ICAO conducts regular audits of States' safety oversight capabilities to assess compliance with ICAO SARPs and questions on preparedness for public health emergencies of international concern have been incorporated into audit protocol questions. They will be trialed during 2011 and 2012, with full implementation intended in 2013 – this should assist in raising the profile of the CAPSCA project and improving harmonization.

16. In response to Pandemic (H1N1) 2009, **ICAO** provided guidance to directors general of civil aviation and information to travelers concerning the outbreak, by means of notifications to civil aviation authorities and general news releases. ICAO has assisted WHO to enable an early release of advisory documentation concerning management of communicable disease in the aviation sector. On 20 May 2009, ICAO adopted a Declaration that urged governments to lift any travel restrictions that were not implemented in accordance with the International Health Regulations (2005)[18]. Guidance material on managing communicable disease in the aviation sector is available on the websites of ICAO, Airports Council International[19] and International Air Transport Association[20].

17. Since 2007, **UNWTO** has carried out AHI simulation exercises at regional levels to strengthen the importance of verification and training of plans and procedures to mitigate the impact of an AHI pandemic, especially for the tourism sector. As a result of these simulation exercises, UNWTO identified the need for specific regional and national exercises to uncover shortcomings of the tourism integration into national plans and improve capacity building and preparedness of the travel and tourism sector for a possible pandemic.

18. After the pandemic of 2009 and the post pandemic declared by WHO in the middle of 2010, **UNWTO** strengthened the focus of the simulation exercises on review and preparedness exercises to improve the relevance and to ensure good support by the stakeholders. UNWTO conducted three International Review and Preparation Exercises at different geographic locations to identify real needs of the sector under pandemic situations, especially to anticipate and better prepare for it. Special focus was given to regions and countries most vulnerable, with significant flows of travellers and where tourism is an important economic activity, thus allowing to address the challenges and opportunities the event had brought so far onto the tourism industry. The analysis of the pandemic (H1N1) 2009 situation is also used to better prepare for other crises situations whether of global or regional importance. UNWTO convened a workshop on Travel, Tourism and the Pandemic: Lessons Learned for Building a Safer World in December of 2010. With this, UNWTO, and a wide spectrum of the travel, tourism and aviation sectors, collected, discussed, and reviewed the experiences made during the Pandemic (H1N1) 2009 with the aim to improve regional and global efforts of general disaster preparedness.

19. **WHO** has been securing field presence and HQ and regional back up in order to sustain operations during a pandemic. It has trained field staff and provided technical support to national authorities as they include pandemic preparedness in crisis management country plans. In 2008, it validated its procedures, protocols and communications methods for managing public health events that threaten internationalal health security pursuant to IHR (2005) by linking HQ, Regional offices, country offices and national governments through the Public Health Security Exercise (PHSX). The PHSX proved to be a useful learning event that has shown where IHR alert and response work well, and where improvements need to be made.

20. **UNFPA** is working towards making sure that its essential operations will continue under pandemic conditions particularly those in support of critical reproductive and maternal health service. UNFPA has promoted pandemic preparedness to be embedded into the capacity-building workshops on emergency preparedness and humanitarian response at field, regional and global levels and is mainstreaming continuity of operations in existing training modules. UNFPA is in the process of designing e-learning tools, for strengthened field offices

[18] http://www.icao.int/icao/en/nr/2009/pio200906_e.pdf
[19] http://www.airports.org/
[20] http://www.icao.int/icao/en/med/guidelines.htm

preparedness and response to emergencies, including pandemic conditions. It is also working on integrating pandemic scenario in the strategy for reproductive health commodity security.

21. During 2006, the **IMF** contributed to the campaign carried out by numerous international organizations advocating preparatory measures within the financial sector to overcome disruptions that may arise from an H5N1 pandemic. The IMF collected information on business continuity schemes from the most advanced private and official financial institutions and promoted worldwide discussions that included brief description of the health aspects of the pandemic. A series of 8 regional workshops were organized for representatives of central banks, financial sector supervisors, and capital markets regulators. More than 70 officials participated in the meetings held at Washington DC, Pretoria, Vienna, Basel, Abu Dhabi, Mumbai, Hong Kong and Miami. The IMF's participation in the UNCAPAHI provided invaluable information necessary to take on this initiative.

22. Following these workshops, the IMF established a broad network of financial sector institutions that received updates on the evolution of the avian influenza pandemic and exchanged information on progress made in their plans to ensure the regular flow of operations. Communication was based on conference calls and a collaboration web site coordinated by the IMF. The focus of activities by network members has been widening to embrace other areas of their business continuity.

II.7 Humanitarian Common Service Support (Objective 7)

1. In support of humanitarian logistic operations, **WFP** undertook Pandemic Logistics Corridor Capacity Assessments (PLCCA) for the East and Southern Africa logistics corridors and the Asian North-South [Economic] corridor as well as the Indonesian Transport Network along key transport corridors in Africa and Asia. These assessments include key data in selected geographical areas has been collated in support of pandemic humanitarian response operations, focusing on logistics transport networks and the delivery of food assistance. The preparation process of the PLCCAs included extensive multi-stakeholder awareness raising activities, support to capacity building as well as hazard and risk analysis training towards business continuity in the area of logistics and supply chain management was undertaken for operational partners including national authorities. The detailed assessments are made available through the Logistics Cluster website (www.logscluster.org).

2. WFP, through its Pandemic Logistics Corridor Capacity Assessments (PLCCAs), has helped develop detailed understanding of current logistics capacities of road, rail, river and ocean transport, and of trade flows at the country level, with additional analyses on problem areas. These detailed assessments are made available through the Logistics Cluster website (www.logscluster.org). WFP has also shared logistics knowledge and expertise with partner agencies, including UN, NGO and national governments, and assisted developing logistics plans through simulation exercises and country training workshops.

3. WFP continues to support the development of its emergency telecommunications tools and strategy to ensure rapid and effective humanitarian response to a severe pandemic or other disasters. Following extensive analysis and stakeholder consultations, WFP began the roll out of the 'Emergency Information and Communications Technology (ICT) pilot project' implemented in the Asia region. Emergency Management Kits (EMKs) were designed and developed within the framework of the pilot project to furnish first responders with the equipment needed during an emergency.

4. WFP, remains a forerunner in engaging the commercial and private sector in its planning and preparedness initiatives and continues to engage nontraditional partners such as the civil-military

actors in its pandemic preparedness and response efforts aiming at optimizing preparedness and response during a health related emergency and beyond.

III. Planning for the Way Forward

In spite of the excellent progress that has been made over the past few years, there is still much that needs to be done in order to sustain and take this effort forward. Given the changing context and overall decline in resources, this work will need to build on the successes and lessons learnt over the past five years, while at the same time focusing on integration into existing institutional set-ups to ensure sustainability.

The integration of aspects of this work into new and growing paradigms, such as the "One Health" approach, provides another opportunity for sustaining this work forward. Not only will this enable shared surveillance to improve the capability to detect emergence of a disease event, it also allows for the preparation of joint strategies for prevention and control, clearly defining roles, responsibilities and accountability. This approach also facilitates joint preparation and testing of emergency preparedness plans.

Initiatives such as the "Towards a Safer World" (TASW) will also be vital to help take stock of what has been achieved over the past five years through coordinated, multi-sectorial, ''whole-of-society'' approaches used in pandemic preparedness planning. To this end, the TASW will look to identify which approaches have proven effective, and develop a strategic communications and advocacy campaign to help ensure the continuation of this work and to also ensure that the successes from pandemic preparedness can be actively replicated in related disaster preparedness programs.

In addition to the traditional partners that have been working on pandemic preparedness in the past, the need to integrate this work into existing mandates in order to ensure continuity will also require the development of new partnerships. This will include a greater emphasis on traditional disaster preparedness agencies such as International Strategy for Disaster Reduction (ISDR) and Inter-Agency structures like the Inter-Agency Standing Committee (IASC) sub-working group on preparedness.

Beyond such new initiatives, paradigms and partnerships, the continued efforts of the UN System and its partners will be critical for the sustainability of this important work. To that end, the following details the efforts and plans of agencies and organizations to continue in this important work.

1. As was witnessed during the first waves of the Pandemic (H1N1) 2009**, health systems** can be put under considerable strain for long periods of time in responding to a pandemic. Areas identified where the UN System can help strengthen health care delivery include support to review and adapt national plans and guidelines for immediate response to pandemic influenza, support for health care worker training to strengthen case management and infection control, and support to increased supply of essential pandemic influenza commodities to support case management and infection control. While laboratory services are critical for supporting situation assessment as well as providing information on issues, biosafety equipment and procedures, as well as training, is needed.

2. While the PVS Pathway for efficient Veterinary Services is now well established and used by more than 100 countries worldwide, efforts to **strengthen veterinary services** and to support their compliance with **OIE** international standards have also to be pursued. The OIE guidelines on veterinary legislation can be used to update country legislation where gaps are identified in

the course of a PVS evaluation. Veterinary legislation is an essential element of the national infrastructure that enables animal health services to carry out their key functions,

3. Strong and effective **communication strategies** must be put in place. Local governments immediately need to be equipped with capacities to conduct risk assessment, make sound and scientific judgments themselves, and manage effective health care response systems, which include a clear organizational and coordination structure, encompassing home-based care, heath centers and tertiary care.

4. Progress in **pandemic planning for essential services** beyond the health sector has been very limited in most countries, and needs continued attention. Agencies are enhancing their support in their own areas of specialty; **FAO/OIE/WFP** for food security and livelihoods, **ICAO** for the aviation sector, **UNWTO** for the travel and tourism sector, **UNICEF** for water and sanitation, **WHO** for health care, and **WFP** for logistics, ICT and food security. **ILO** also intends to continue efforts to reinforce the capacity of formal and informal economy entrepreneurs and workers for business continuity, providing policy and technical advice for institutions and constituents.

5. Transparent and collaborative **cross-border response** is needed to achieve inter-operability. In response to Pandemic (H1N1) 2009, different border control measures have been taken by different countries, and as a result, wider reaching socio-economic impacts could have been generated. **WHO** has been increasing its focus in these areas in conjunction with support to IHR (2005) implementation, in collaboration with relevant partner agencies such as **ICAO** and **UNWTO.** However, much stronger engagement from national authorities, extending to other sectors (such as immigration) is needed, and UN system and partners are ready to be a catalyst for the process.

6. Within the context of UNCAPAHI, the UN system and its partners are focusing on and prioritizing their support for countries with limited capacities. Most of these countries are of humanitarian concern that can be hit hard by a pandemic. Therefore strengthening local capacity to cope is of paramount importance and the UN and its partners must endeavor to do so in collaboration with civil society and local actors.

III. 1 Animal Health and Bio-security (Objective I)

1. **FAO** is committed to continuing the battle against HPAI in endemic countries and countries at risk. Overcoming the constraints to HPAI control will be a lengthy process and governments and donors must understand that there are no 'quick fixes' to the various institutional and structural problems which contributed to the disease becoming endemic. The approach to meeting goals will be based around progressive control, which has formed the foundations of the FAO response until recently. One key issue will be cross-border and regional strategies in East Asia, the Greater Mekong Sub-Region and the Indo-Gangetic Plain. Associated with these strategies will be well-designed integrated studies for improved understanding of farming systems, the socio-economic background, production and market chains and the epidemiology of the disease. It is necessary to develop more holistic health services for smallholder poultry owners, covering entire communities and going beyond avian influenza

2. **FAO** is also committed to pursuing the One Health agenda and to supporting its partners in their endeavours to develop a constructive operational framework to deliver the outcomes required to make progress. In this regard, FAO has prepared a Strategic Action to extend the Organization's six-year response to the H5N1 Highly Pathogenic Avian Influenza to other animal and animal-

related human health threats, which is outlined in a prioritized and sequenced medium-term (2011-2015) plan of work. The Action Plan emphasizes FAO's comparative advantage in taking a broad, multidisciplinary approach and building on investments and lessons learned by the HPAI programme in cooperation with national governments, sub-regional, regional and global organizations, and with donor agencies. The main goal of the Plan is to establish a robust global animal health system that effectively manages major animal health risks, paying particular attention to the animal-human-ecosystem interface, and placing disease dynamics into the broader context of agriculture and socio-economic development and environmental sustainability. The Plan stresses the importance of the broad, multi-disciplinary and multi-sectoral collaborative approach (One Health) in addressing the health risks at the animal-human-ecosystems interfaces as agreed in the **FAO/OIE/WHO** tripartite agenda.

3. As established in its 5th Strategic Plan, the **OIE** will pursue capacity building activities in order to meet a number of the organisation's objectives by providing expertise and encouraging international solidarity to control animal diseases and to improve the legal framework and resources of national veterinary services. The OIE's capacity building activities aim to support veterinary services in their efforts to implement OIE international standards. The OIE's general capacity building activities include the organization and implementation of conferences and workshops at regional, global and sometimes at national level.

4. Among activities included within the work program of the **OIE** Regional and Sub-Regional representations, capacity building of the OIE Delegates and their nominated Focal Points encompassing the areas of veterinary services, wildlife, veterinary products, animal production food safety, animal welfare and aquatic animals are key elements for OIE Members to accomplish their obligations as well as to proactively participate in the OIE standard-setting process and implement guidelines and standards developed by the OIE. In 2011, the Delegate to the OIE will be invited to appoint an additional Focal Point for veterinary services communication.

5. OIE will continue to strengthen capacity for animal influenza surveillance world-wide and to build global laboratory networks through the OIE Laboratory Twinning programme. There are currently 10 OIE twinnings linking OIE Reference Laboratories for avian and equine influenza with selected national laboratories in priority regions.

6. UNHCR will continue to promote animal surveillance in the camps with active participation of refugee communities. Sensitisation process will continue on an ongoing basis. Efforts will continue to include refugee camps in national programmes in collaboration with ministries of livestock, ministries of health, OIE and WHO.

III. 2 Sustaining Livelihoods (Objective II)

1. As part of WFP's expanded mandate as co-lead of the food security cluster, it will continue to build upon its preliminary work on food distribution methodologies during a pandemic and other health related emergencies.

2. UNHCR will maintain active cooperation with WFP and other national departments in order to sustain livelihood and maintain essential services during pandemic. Efforts will be maintained to bring refugees under same compensation package applied for nationals.

III. 3 Protecting Human Health (Objective III)

1. UNHCR will maintain ongoing advocacy with relevant ministries and stakeholders to include refugee camps in national programmes. All camp-based surveillance system will include ILI with early warning element. A web-based HIS will allow monitoring from different levels. Preparedness activities will gradually be mainstreamed with regular programming. Periodic new and refresher trainings will continue for camp-based health and community staffs. Surge capacity that has been created will be maintained. Resource mobilisation effort towards better water and sanitation provision in the camps will remain as mainstream activity.

III.4 Coordination of National, Regional and International Stakeholders (Objective 4)

1. UNSIC will close its regional hubs in Asia-Pacific (Bangkok, Thailand) and Middle East (Cairo, Egypt) by the end of June 2011. However, the UN Influenza Coordinator will continue his core functions such as chairing of the UN Avian and Human Influenza Technical Working Group tele-conferencing.

2. FAO-OIE-WHO tripartite collaboration is expected, as stated in the Joint Statement, to take further the coordinated approach on a long term basis coordinating global activities to address health risks at the human-animal-ecosystems interfaces towards realization of the concept of One Health.

3. UNDP as well as the UN Resident Coordinator's Offices in countries is expected to continue its interface with the high level national leadership in the response to AHI and lead the AHI initiatives of the UNCTs. ILO is expected to continue its coordinating function in the world of work.

III.5 Communication: Public Information and Supporting Behavior Change (Objective 5)

1. **UNICEF**'s approach to avian and pandemic influenza preparedness and response has been in line with the Hyogo Framework for Action. UNICEF will continue to include pandemic risk considerations into sustainable development policies, while reinforcing systemic and community resilience to a variety of hazards, with a special focus on pandemic-specific vulnerabilities, while ensuring increased engagement of national governments on communication work with communities. During any post-peak pandemic period, the commitment by governments, institutions and NGOs to engage in on-going communication work with communities often fades amongst many competing priorities and insufficient resources. Therefore, it is necessary to build from the global response to H1N1 pandemic by shifting from an emergency communication mode to a mid- to long-term integrated communication approach. This will reduce the risks that children and their families face from disease outbreaks resulting from the increasingly complex interface amongst animals and humans and the ecosystems in which they live.

2. **WFP** calls on its commitment to capacity building in a systematic approach and in line with its mandate continues to undertake multi-stakeholder capacity building initiatives through trainings and simulations with partners including NGOs, national authorities and other humanitarian actors. These capacity building activities also provide a platform to create or enhance pandemic planning for partners through the provision of technical guidance, and offer WFP an opportunity to influence preparedness planning so that considerations are made for humanitarian response in the event of a global public health threat or other disaster. Capacity building initiatives are planned in the form of multi stakeholder simulation exercise, emphasizing the whole of government/ whole of society approach to disaster management. Furthermore, WFP, building on its extensive in country presence down to deep field level, is currently working on enhancing capacities and capabilities in areas most vulnerable to disasters. The initiatives are expected to be carried out

together with partners at the national and international level, including national authorities, regional bodies, international organizations, NGO's and civil-military entities.

3. **UNHCR** will continue IEC activities with emphasis on elements with multiplier benefits (handwashing, cough ettiquette etc.) during periods between pandemics. Wider mobilisation of communities towards better sanitation and healthy environment will remain as mainstay of UNHCR behavioral change strategy. Full scale targeted intervention will be put in place every time there is a threat of an outbreak.

4. The completion of **OIE**'s seminars on communication in all regions (started in 2006) clearly underlined the need and the willingness of Veterinary Services to integrate communication into their structures. OIE is now engaging in a new round of seminars for its Members – one per year and per region - aimed at training national focal points on communication. The first of these seminars will be held in Europe in September 2011. Within the framework of its standard setting work, in 2011, the OIE has set the scene for a complete new approach to communication for national animal systems; a chapter on communication has been adopted by OIE Members and been introduced in the OIE Terrestrial Animal Health Code which will be the effective mechanism for creating the necessary incentive for countries and ministries to incorporate communication strategies within animal health policies and to make them sustainable.

5. Timely, targeted and coordinated communications continue to be a crucial instrument to maintain travellers' confidence in destinations, encourage responsible travel and support WHO's and the national health and tourism authorities' efforts. Therefore, **UNWTO** will continue to collect, share and communicate the most up-to-date information, concerns and views from Member State level and Industry level. Good inter-ministerial and cross-sectorial coordination has been proven to be very beneficial since the beginning of the activities. Continued tow-way communications with the Industry, Member States and travellers will remain the highest priority to support the sector to reduce risk and mitigate the impact of the pandemic or other multi-hazard events.

III.6 Continuity under Pandemic Conditions (Objective 6)

1. The changing nature of the pandemic required constant modification of the approach to stimulate interest of the Member States and to produce the desired impact. Despite the mild health impact of the Pandemic (H1N1) 2009, the aim of **UNWTO**'s activities is to continue to ensure that the achievements regarding Pandemic planning, organization and coordination are sustained and the public-private sector continue cooperating. UNWTO complemented the work by adjusting its own programme of work and focusing on the integration of travel and tourism into the national emergency structures and procedures.
2. Holding preparedness exercises as part of the continued efforts of UNWTO to help its Member States and the global travel and tourism community to adjust assumptions and improve crisis response procedures, still remain a `priority. These are particularly relevant and important to support the lessons learned from the Pandemic, to promote the findings to the travel and tourism sector and to ensure that these lessons learned will lead to a multi-hazard and whole nation approach.
3. With facilitation of **UNHCR**, pandemic preparedness plans illustrating continuity under pandeminc are being renewed in all camps. Active collaboration will be maintained with WFP for uninterrupted food supply during pandemics. Other essential services will be adapted according to extent of the pandemic as per preagreed plans with partners.

4. Aiming at sustainability of its pandemic preparedness planning efforts and harmonization of preparedness and response planning, **WFP** will continue to integrate the Operational Action Plans (OAPs) into its wider contingency planning.

5. Since 2006, as part its pandemic preparedness and response strategy, WFP has increasingly partnered with National Disaster Management Organizations (NDMOs) in order to coordinate and address disaster risk management concerns. It will continue to implement its strategy to strengthen partnerships with the aim of establishing enhanced preparedness and response mechanisms at national level through supporting capacity building initiatives. Ongoing initiatives include the provision of specialized technical support, establishment of technical networks, provision of regional fora for collaboration and training, and where funding permits, specialised technical assistances.

III.7 Humanitarian Common Service Support (Objective 7)

1. Enhancing resilience and reinforcing technical capacity in planning for pandemic preparedness and other large scale disasters is a key for an effective response in the event of a disaster. In its capacity of Global Cluster Lead for the Logistics Cluster and the Emergency Telecommunications Cluster, **WFP** will continue to implement initiatives enhancing system wide preparedness and technical capacity with a particular focus on the provision of essential services. Work for enhancing WFP's humanitarian preparedness and response in large scale disasters, including building the capacity to provide support towards a large scale urban emergency response operations is ongoing.

2. WFP has adapted its programmatic strategy to address emerging needs, also building on the experiences gained through the H1N1 pandemic and beyond. These lessons learnt have resulted in the outlining of activities aimed at giving special emphasis to operational capacity building and harmonization of coordination mechanisms for operational partners at the national, international and global level within this project and produced a series of tools. At the request of humanitarian stakeholders, WFP is leading the process of capturing the lessons learnt and the impact of major initiatives since 2005. A series of papers on such lessons learnt and impacts will be published, which is expected to be presented during a global conference hosted by WFP in mid 2011. The technical areas where this initiative is focused on include: civil-military coordination; communications; community level preparedness; health; humanitarian assistance; logistics; private sector preparedness; travel, tourism and aviation; and whole of government planning.

IV. Activities under the Central Fund for Influenza Action (CFIA)

1. The UN Central Fund for Influenza Action (CFIA) was established in November 2006 to enable rapid funding of urgent unfunded and under-funded priority actions of the Consolidated Action Plan for Animal and Pandemic Influenza (UNCAPAHI). The Multi-Donor Trust Fund Office (MDTF Office) of the United Nations Development Programme (**UNDP**) was designated as the Administrative Agent (AA) of the CFIA, and concluded a Memorandum of Understanding (MOU) with a total of eleven UN and two Non-UN Organizations participating in the UNCAPAHI.

2. From 2007 through April 2011, the CFIA has received USD 46 million in commitment from four donors (USD 30 million from the United States of America, USD 5 million from Norway, USD 9.8 million from United Kingdom and USD 0.6 million from Spain) out of which USD 40.1 million has been deposited (**Table 1**). To date, the CFIA has supported 40 projects implemented by nine Participating Organizations with approved funding of approximately USD 45.2 million. (**Table 2**).

3. Updated and more detailed information on the financial status of the CFIA, summary pages of funded projects, and quarterly progress updates are available at:
http://mdtf.undp.org/factsheet/fund/CFI00

Table 1 CFIA Donor Commitments & Deposits

Year	2007	2008	2009	2010	TOTAL
Donor					
USAID	-	21,000,000	6,000,000	3,000,000	30,000,000*
DFID	-	-	725,032	9,093,528	9,818,560
Norway	4,018,886	1,013,577	-	-	5,032,463
Spain		558,040	-	580,280	1,138,320
Total:	**4,018,886**	**22,571,617**	**6,725,032**	**11,673,808**	**45,989,343**

Note: As of 31 December 2010, a total of US$24.1 million was drawn down.