

Final Narrative and Financial Report

1 January 2007 – 31 December 2007

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- 2. Amount (US\$) received 2007:** 3,761,857
- 3. Period under report:** 1 January to 31 December 2007
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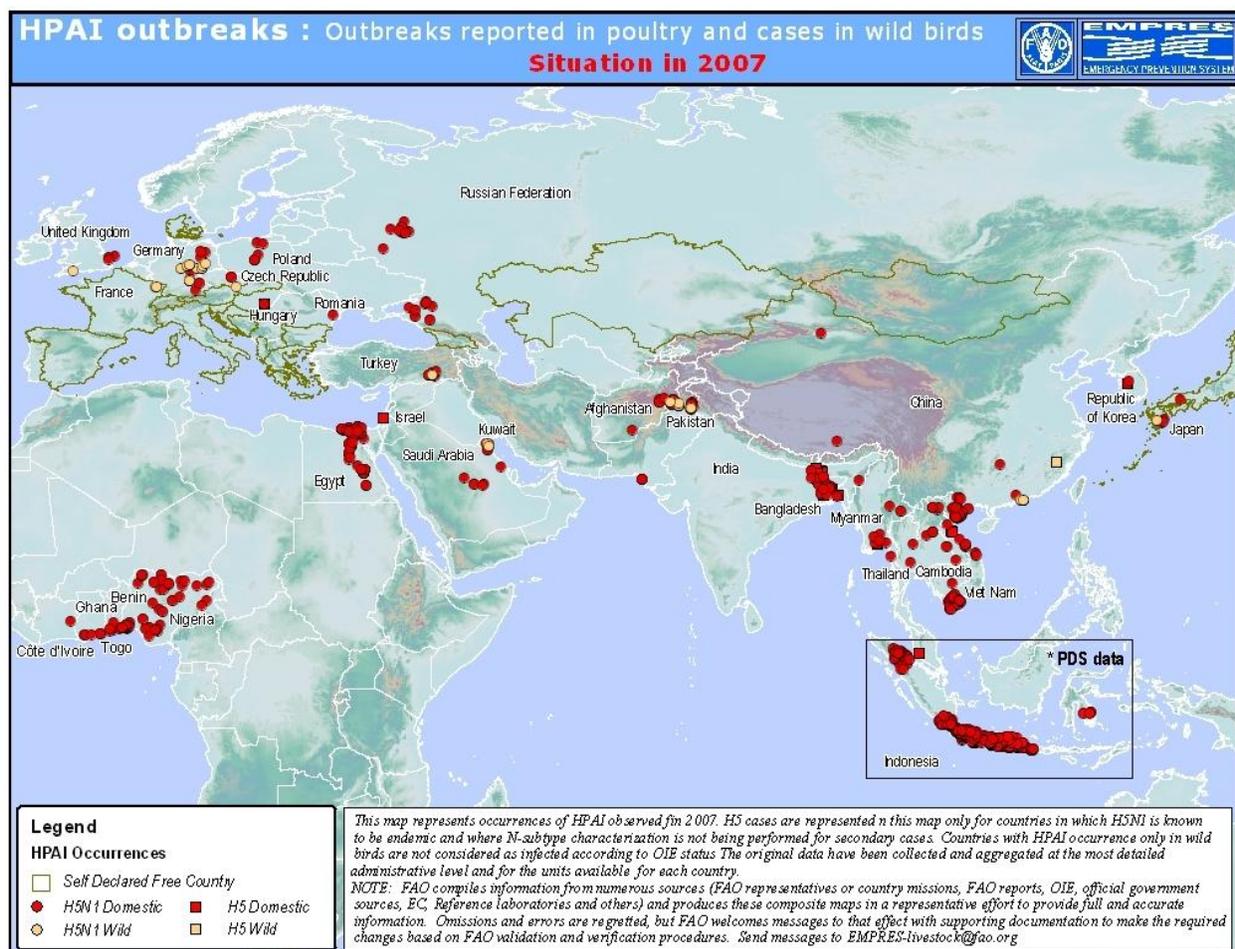
AREAS OF SUPPORT

- 1. TRACKING, ASSESSING AND ANALYZING THE IMPACT OF BOTH NATIONAL EFFORTS AND EXTERNAL ASSISTANCE**
- 2. COORDINATION OF ASSISTANCE AT COUNTRY, REGIONAL AND GLOBAL LEVELS**
- 3. GLOBAL READINESS TO MITIGATE THE SOCIETAL IMPACT OF AN INFLUENZA PANDEMIC**
- 4. SUPPORT FOR HARMONIZED COMMUNICATION**
- 5. OFFICE MANAGEMENT AND RESOURCE MOBILISATION**

During 2007, UNSIC encouraged continued coordinated efforts to control the spread of Highly Pathogenic Avian Influenza, with a particular focus on settings where the infection in poultry was becoming entrenched. The move towards longer-term prevention of HPAI and other animal-derived threats to human security gathered momentum with the theme “One World One Health”. UNSIC, together with UN agencies, funds and programmes, and non-governmental development and humanitarian partners and private entities, joined to encourage strategic and strengthened action by national, regional and global authorities to prepare for operational continuity and capacity to respond in the event an influenza pandemic, including beyond the health sector.

INTRODUCTION

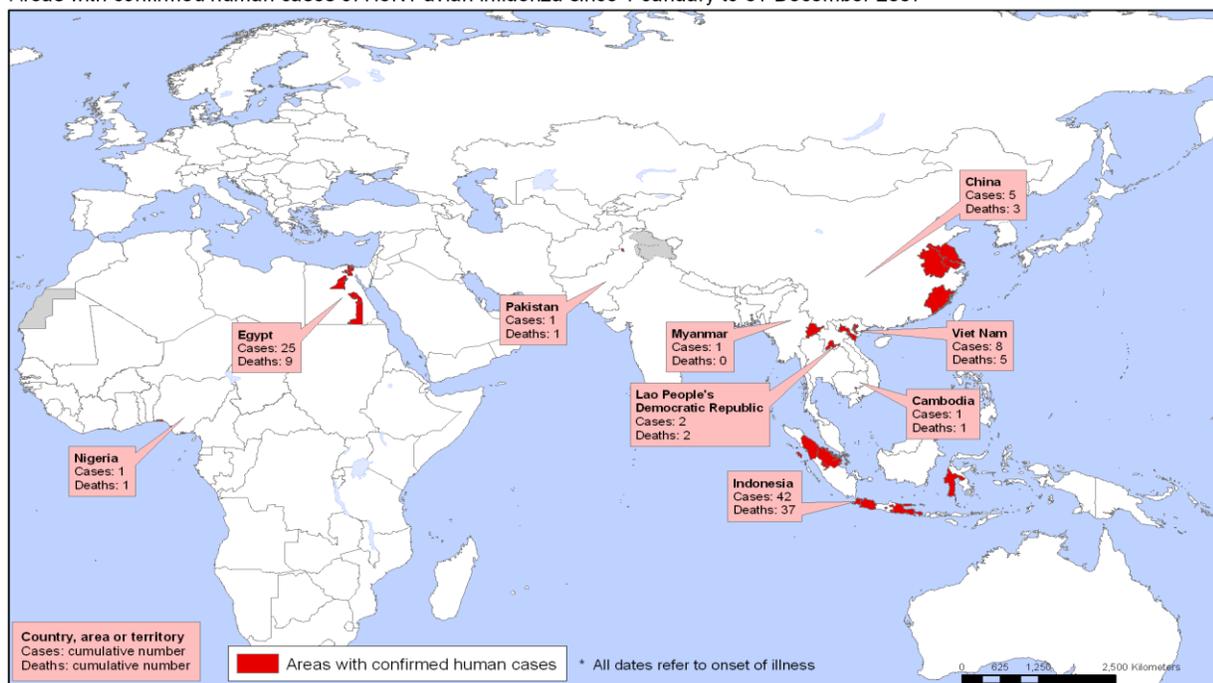
Although the spread of Highly Pathogenic Avian Influenza (HPAI) abated somewhat during 2007 as compared with 2006, poultry continued to be at risk of infection during 2007 – especially in Asia, the Middle East, Europe and parts of Africa. Sporadic human cases of infection with the H5N1 virus continued to be reported. Over the course of the year, the virus was confirmed in 28 countries, of which 5 were infected for the first time – bringing the number of countries which experienced an outbreak since 2003 to a total of 61¹ (the below map from the UN Food and Agriculture Organization reflects HPAI outbreaks in poultry and wild birds during 2007).



¹Between 2003 and the end of 2006, the H5N1 virus was reported in domestic poultry/ wildlife in 56 countries (of which 38 in domestic poultry); http://www.oie.int/eng/info_ev/en_AI_factoids_2.htm

The rising trend in HPAI outbreak incidence, and the unusual persistence and continued diversification of the virus, pose threats to people’s livelihoods and to their health. By the end of 2006, 261 people had been infected with the virus, 157 of whom died. When the year 2007 came to a close, the number of human cases had increased to a total of 348, and the number of deaths rose to 215² (representing an approximate one-third increase in both cases and fatalities). The below World Health Organization map highlights areas with confirmed human cases of H5N1 in 2007.

Areas with confirmed human cases of H5N1 avian influenza since 1 January to 31 December 2007*



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: WHO
 Map Production: Public Health Mapping at
 World Health Organization
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In 2007 there was a continued increase in the number of countries engaged in influenza pandemic preparedness. As noted in the *Third UN-World Bank Global Progress Report on Responses to Avian Influenza and State of Pandemic Readiness*, 112 of the 146 surveyed countries reported that they had made some effort in pandemic preparedness. And as an indication of how this planning is being taken seriously beyond the health sector, 83 of the countries reported that they had integrated pandemic planning into existing national disaster management structures.

² http://www.who.int/csr/disease/avian_influenza/en/index.html

The year 2007 was also marked by growing support for the ‘One World and One Health’ concept, which is highlighted in the Government of India’s Vision and Road Map released at the conclusion of the International Ministerial Conference on Avian and Pandemic Influenza in December 2007.

“The vision emerging from the New Delhi Conference is both broad and ambitious: to take forward the concept of “One World and One Health” as a contribution to pandemic preparedness and human security. Rising demands for animal products (associated with poverty reduction) and changes in ecosystems (due to population growth and climate change) are increasing human susceptibility to infection with animal diseases. Each Government should, therefore, encourage functional links between human and animal health systems, while investing in sustainable capacity for preventing and controlling high risk infectious diseases in animals (and thus contributing to better animal health), both within country and in conjunction with neighboring nations (through cross-border cooperation). Governments should also invest in public health security, implementing the capacities necessary for the full implementation of the International Health Regulations and extending their influence across national boundaries³”.

³ The Government of India’s Vision and Road Map

THE SENIOR UN SYSTEM INFLUENZA COORDINATOR

The UN System Influenza Coordinator⁴ was appointed by the UN Secretary General in September 2005 to help make the UN system work to its best effect to support national, regional and global efforts to address the threats posed by avian and human influenza. Given the ongoing significance of this work, the Coordinator's mandate was extended through September 2008 during the period of this report.

Through the course of 2007, the Coordinator's work was principally focused on the following areas:

- **Global reporting on country-by-country progress and funding**, particularly through stewardship of the *Third UN-World Bank Global Progress Report on Responses to Avian Influenza and State of Pandemic Readiness*, which was published in December.
- **Interagency Coordination** through the interagency Technical Working Group on influenza, issue-based interagency meetings, production of the September 2007 review of the consolidated UN system (and partners') action plan on Avian and Pandemic Influenza, setting up and chairing the Management Committee of the Central Fund for Influenza Action and supporting the Deputy Secretary-General's high-level inter-agency Influenza Steering Committee.
- **Coordinated UN system support for avian and human influenza action in-country by national authorities and other stakeholders**, which included monitoring of progress in country (with intermittent country visits), a study on coordination and consequential development of coordination tools and a resource guide.
- **Assisting with the review of best technical practices**, including engagement in the preparation and conduct of the Avian and Human Influenza Strategy Practice Review Workshop convened jointly by the UN Food and Agriculture Organization (FAO) and the World Organisation for Animal Health (OIE) in Rome in June 2007.
- **Support to inter-governmental processes**, including support to international groups such as International Partnership on Avian and Pandemic Influenza (IPAPI) as well as regional organizations such as Asia-Pacific Economic Cooperation (APEC) and Association of Southeast Asian Nations (ASEAN).
- **UN System's own Contingency Planning**, including the development and approval of a Concept of Operations for UN System.
- **Initiation of the UN System Pandemic Influenza Contingency** and its transfer to OCHA, and preparing the UN system to assist with multi-sectoral pandemic preparedness within countries and regions.
- **Coordination of Communications**, through continued involvement in the UN Communication's Group Taskforce on AHI.

The Coordinator participated in several country, regional and global forums which focused on avian and human influenza and pandemic preparedness throughout 2007.

Encouraging Coordinated UN System Support for avian and human influenza action: The Coordinator undertook country visits to enable direct consultation with national authorities and

⁴ Hereafter referred to as the 'Coordinator'

UN Country Teams at their invitation. Country missions included China, Egypt, India, Indonesia, Nigeria and Thailand, and the focus was on both national issues and their regional or international implications.

Support to intergovernmental processes at Regional Level: A feature of UNSIC's work in 2007 was support to regional organizations. The Coordinator and colleagues in the UNSIC Asia-Pacific Regional Hub (APRH) maintained a close link with organizations in the Asia and Pacific region. In June the Coordinator made a scene-setting presentation at the opening of the Asia Pacific Economic Cooperation (APEC) Health Ministers' Meeting, whose theme was "sustainable and multi-sectoral approaches to prepare for an influenza pandemic and other emerging health threats" in Sydney, Australia. Other regional activities included participation in the UN system Asia-Pacific coordination meetings in Bangkok, the fourth European Region and European Union Pandemic Preparedness Review in Luxemburg, the September meeting in Washington DC of the Pan American Health Organization Task Force on Epidemic, Alert and Response, and the Asia Europe Meeting (ASEM) Workshop on Avian Influenza Control in November in Beijing, China. The Coordinator was asked to make strategic interventions at each event.

The Coordinator worked extensively with the Government of India, the World Bank and partner governments and international organizations on the agenda for and conduct of the December Ministerial Conference on Avian and Pandemic Influenza (India). The coordinator met at intervals with representatives of governments, foundations and other bodies engaged in the contribution of resources to disease control and pandemic preparedness – these included the Asian and African Development Banks, the World Bank, the Rockefeller, Wellcome, Gates, Google and UN Foundations, and the Governments of Canada, US, UK, France, Germany, Italy, Japan, Australia, New Zealand. As part of his support to inter-governmental processes, the Coordinator participated in international consultations on "One World, One Health" and pandemic preparedness set up by the US Council on Foreign Relations, the Centre for Strategic and International Studies, the Salzburg symposiums, Boston-based Bio Era, and the Royal Institute for International Affairs (Chatham House) in the UK: this element of the work was less pronounced in 2007 than in 2006.

ACHIEVEMENTS OF THE UNSIC TEAM

1. TRACKING, ASSESSING AND ANALYZING THE IMPACT OF BOTH NATIONAL EFFORTS AND EXTERNAL ASSISTANCE

UNSIK, together with the World Bank, has monitored and reported on the global response to avian influenza, as well as on progress with pandemic preparedness within individual countries. The third progress report, produced during 2007, was an advance on reports 1 and 2. It had a more comprehensive coverage (in terms of subject matter and numbers of countries covered), it was more analytical and it drew on data provided by national authorities. UNSIK developed and circulated a survey questionnaire, and succeeded in securing data from national authorities in 146 countries. These country data were combined with material from case studies, key informant interviews, analyses by experts as well as financial information collected from donor countries

by the World Bank. They were analyzed and used to develop the *Third UN-World Bank Global Progress Report on Responses to Avian Influenza and State of Pandemic Readiness*⁵, which was published draft in September 2007, reviewed by national authorities and finalized in December 2007.

The report provided an assessment of progress in the capacity of nations to respond to highly pathogenic avian influenza (HPAI) and their readiness for the next influenza pandemic, and considered the implications of progress to date. The results presented in the report indicated that substantial progress has been made in the initial phase of the global response to HPAI. The data from countries also suggested that the capacity to detect and respond to HPAI infection in poultry has improved, as has the human influenza virus diagnostic and surveillance capacity. However, capacities were found to vary significantly and were still considered insufficient in a number of countries. The report noted an increase in the number of countries reporting that they are planning for pandemic influenza. However, the report also found that most preparations needed to pay more attention to multi-sectoral planning (ie sectors other than health), operational readiness on the local level and cooperation between neighbouring countries.

The analysis in the Progress Report found that effective implementation of strategies for the prevention of and preparedness for influenza pandemic as a multi-country public health crisis requires several factors, including the continued commitment, joint working and accountability from national leaders. Public understanding of the threats to health from animals, the environment and food is also critical, as are effective partnerships between legislators, professionals and private sector stakeholders.

The report included several recommended next steps:

1. The scientific strategies developed in 2005, and reviewed in mid-2007, were found to be valid, but must continue to be implemented in all countries, particularly where H5N1 infection remains entrenched.
2. Any efforts to intensify and sustain implementation will depend on continued commitment of political leaders, inter-sectoral synergy, public, private and voluntary sector alliances, adequate capacity, incentives for institutions to act and engagement of the wider public.
3. Coordination must be sustained as a critical input to ensure synergy of contributions by multiple actors and the quality and impact of coordination must be subject to regular review.
4. Nations should expand from short-term responses to longer-term strategies, focusing on bio-safe livestock production and multisector pandemic preparedness, concentrating on combined capacities for animal health, human health, environmental health, food safety and crisis readiness.
5. Considering the emerging challenges, a three- to five-year road map is needed to build on and strengthen efforts to date and to drive inter-governmental action, both for the control of avian influenza (as well as other zoonoses) and to ensure a better readiness for future health crises.

⁵ The full report, as well as a synopsis in all six UN languages, are available at <http://www.undg.org/index.cfm?P=52>

The report was used by national authorities as they prepared for the December 2007 New Delhi Ministerial Conference on Avian and Pandemic Influenza. It served as a background document for discussion sessions in the conference: it was also used by some countries to help them plan their pledges of assistance.

2. COORDINATION OF ASSISTANCE AT COUNTRY, REGIONAL AND GLOBAL LEVELS

Throughout 2007 UNSIK team members intensified their efforts to encourage UN and partner stakeholders at national, regional and international levels (whether from the public sector, private entities or civil society) to work in synergy for pandemic preparedness. They were encouraged to pursue a common purpose, work in synergy and focus on continuity of essential services with a particular focus on the needs of the most vulnerable people.

2.1 COUNTRY-LEVEL COORDINATION

Following the release of the Study on Coordination of Avian and Human Influenza Activities⁶, which was issued by UNSIK and the World Bank with the support of the GTZ, UNSIK undertook several actions in response to the Study's recommendations and in support of the nine guiding principles emphasizing the distinct aspects of effective coordination: national ownership, alignment and harmonization.

UNSIK provided strong support to the development of national strategic frameworks, fostering both global and country level UN-World Bank partnerships necessary for effective international support.

To action the broad acceptance of the coordination study principles, and to provide tools and best practice examples for their implementation, UNSIK developed a country coordination resource guide building on the nine coordination study principles and central elements of country level AHI coordination.

As part of the development process of country coordination resource guide, UNSIK Asia-Pacific Regional Hub (APRH) organized a consultation meeting for country AHI Coordinators and Focal Points who complement and support the central role played by the UN Resident Coordinators and World Bank Country Directors in leading the international support to national strategic plan development and implementation at country level.

Throughout 2007, the UNSIK APRH firmly established itself as a trusted source of advice and support for countries in the region. Liaison and sharing of information with the AHI focal points took place on regular basis, and information was also shared in support of the policy making at the Headquarters level. Particularly strong support was sought for and provided to the high-risk countries of Cambodia, China, Indonesia, Lao PDR, Vietnam and also Bangladesh. Country-specific work included providing direct support for further development of the national strategy in Lao PDR, participation in the World Bank appraisal mission in Mongolia and re-appraisal

⁶ A copy of this study can be found at <http://www.undg.org/index.cfm?P=478>

mission in Cambodia, and provision of continuous support to high-risk countries such as China, Indonesia and Lao PDR. The APRH conducted several country visits, among others, to Cambodia, China, Indonesia, Lao PDR and Mongolia.

During the same period, regional planning in Europe and Central Asia was strengthened through a singular focal point based in Geneva. In the latter half for 2007, an accurate overview of the state of preparedness was established for the region, based upon information received at country level from UN focal points. Priority countries, particularly those that had suffered cases of H5N1 in humans, were targeted for strengthened preparedness measures, as were those which were contributing to regional preparedness. Focus countries included Serbia, which played a major part in sub-regional collaboration, Turkey and Azerbaijan, which had both suffered cases of AI in humans, and Kazakhstan, following the establishment of the Regional Disaster Response Advisors (RDRA) post. Country specific work was carried out in Serbia, Kazakhstan, Georgia, Armenia, and to a lesser extent Turkey.

UNSIK's Pandemic Influenza Contingency (PIC) team established a regional hub covering the Middle East and North Africa in April 2007. In addition to establishing relationships with AHI focal points from the region, the regional hub undertook an assessment of pandemic preparedness in the region and began providing support to individual countries. In this respect, support was provided to UN Country Teams in Egypt, Jordan, Morocco, and Tunisia to review and strengthen their contingency plans.

In Egypt, the entrenchment of H5N1 HPAI required that adequate technical and financial support be made available in order to reduce levels of infection. In order to address this, UNSIK provided support to the Government through the Office of the Resident Coordinator for the development of an Integrated National Plan on Avian and Human Influenza. The plan, which lays out a multi-sector approach to combating AHI, was presented to the international community in June 2007.

2.2 SUPPORTING COORDINATED ACTION AT REGIONAL LEVEL

At the regional level, UNSIK-APRH engaged in effective coordination with South East Asia and Pacific regional offices of UN agencies involved in AHI work, sharing information with other UN agencies to obtain knowledge on countries' status and preparedness, organizing regular meetings, and convening a sub-group on pandemic preparedness. The preparatory discussions took place for the development of a Concept of Operations in times of a pandemic among regional UN agencies and vis-à-vis UN Country Teams. In early July 2007, the APRH organized a three day regional UN System Workshop on API in Bangkok. More than 150 participants from countries in the region discussed simulations of UNCTs pandemic preparedness plans, non-health aspects of national pandemic preparedness and country level API coordination. They also reviewed the UNSIK toolkit for in-country coordination which has been developed as a follow-up to the study on country-level coordination mandated by UNSIK.

APRH throughout the year maintained close cooperation with key regional and sub-regional inter-governmental organizations such as Association of South East Asian Nations (ASEAN), Asia Pacific Economic Cooperation (APEC) and Mekong Basin Disease Surveillance (MBDS)

through its role as a regional hub for UN system that facilitated formal and informal interactions among key stakeholders.

UNSIK-APRH engaged in coordination with regional donor and other stakeholders by organizing donor meetings and sharing information on regular basis, collaborating closely with the Asian Development Bank and the World Bank.

The APRH also provided support to the regional inter-agency coordination meeting on avian influenza, hosted by the International Federation of Red Cross (IFRC), and assisted in the promotion of pandemic preparedness in the business community by conducting a survey on pandemic preparedness in the business sector together with the APEC Business Advisory Council (ABAC). The outcome of this survey, which gave a rough snapshot on the status of pandemic preparedness in business sector and challenges the sector is facing, was presented at the ABAC meeting in Sydney in September as well as at the APEC Small and Medium Enterprises working group meeting in Indonesia in late August.

Within the Europe and Central Asia region, the focus has been on developing mechanisms for information sharing, particularly through the European Union. To facilitate this effort, contacts have been established through the European Centre for Disease Control in Stockholm and through the Health Protection Agency in the UK. In September, members of PIC and UNSIK, led by the Coordinator, attended and presented at the EU Health Ministers 4th Pandemic Conference held in Luxembourg.

Through the RDRA post in Kazakhstan, links were established to the Central Asia Regional Economic Cooperation. The pandemic part of this assistance is currently being led by the Asian Development Bank with input from both PIC and the RDRA. A key outcome of this working relationship has been the establishment of better information sharing and collaboration between agencies. The main task of PIC in this system is to encourage information sharing and the dissemination of best practices.

In the Middle East and North Africa region, the regional PIC hub established initial contacts with regional actors, such the League of Arab States. UN agencies' regional offices were also consulted in order to strengthen coordination of pandemic preparedness efforts in the region.

2.3 COORDINATION AMONG UN SYSTEM AGENCIES, FUNDS AND PROGRAMMES, AND THEIR PARTNERS

In an ongoing effort to ensure complementary AHI strategies and synergy within the UN system and other partners, in 2007 UNSIK continued to facilitate and chair the inter-agency Technical Working Group (TWG), composed of UN Agencies, Funds and Programmes, Departments of the UN Secretariat, the International Organization for Migration, OIE, the IFRC, IMF and the World Bank. During 2007, the TWG further established itself as a fruitful forum for information sharing and policy discussions: TWG members were engaged in all major aspects of coordinating the international response to avian influenza and pandemic preparedness, including the review of the UN Consolidated Action Plan, the UN-WB Global Progress Report, UN System contingency planning and preparations for technical and intergovernmental meetings. The TWG met five

times in 2007, including a special session in November, in preparation for the December New Delhi Ministerial Conference⁷.

The TWG's work also laid the ground for the decisions of the Deputy Secretary-General's Steering Committee on Influenza, chaired by the UN Deputy Secretary General and composed of the heads of UN agencies, funds and programmes, the UN Secretariat, the OIE, the World Bank and the UN System Influenza Coordinator. During 2007, the Steering Committee continued to provide high-level policy guidance and advocacy for concerted action of the UN system and its partners. It also achieved agreement on how the different elements of the UN System will continue to work with each other and with member states when perturbed by a major external crisis, in this case a human influenza pandemic. After the identification of 10 General Principles, the Steering Committee endorsed the Concept of Operations (CONOPS) for UN System Operation in the event of a Human Influenza Pandemic (CONOPS is discussed at greater length in section 3.1).

As suggested at the 2006 Inter-governmental Meeting on AHI in Bamako, a Technical Meeting on Avian and Human Influenza took place in Rome on 27- 29 June 2007 to review strategies and best practices prior to the December inter-governmental meeting in New Delhi. Organized by FAO, OIE and WHO, with support from UNICEF and UNSIK, this meeting was attended by technical specialists from the main implementing UN and non-UN agencies, regional organizations and funding agencies, as well as independent technical experts. Strategies for controlling highly pathogenic avian influenza, preventing and managing human infection with the H5N1 virus and preparing for containment and mitigation of the next influenza pandemic were examined within the context of different settings. Outcomes and issues identified as needing continued attention included:

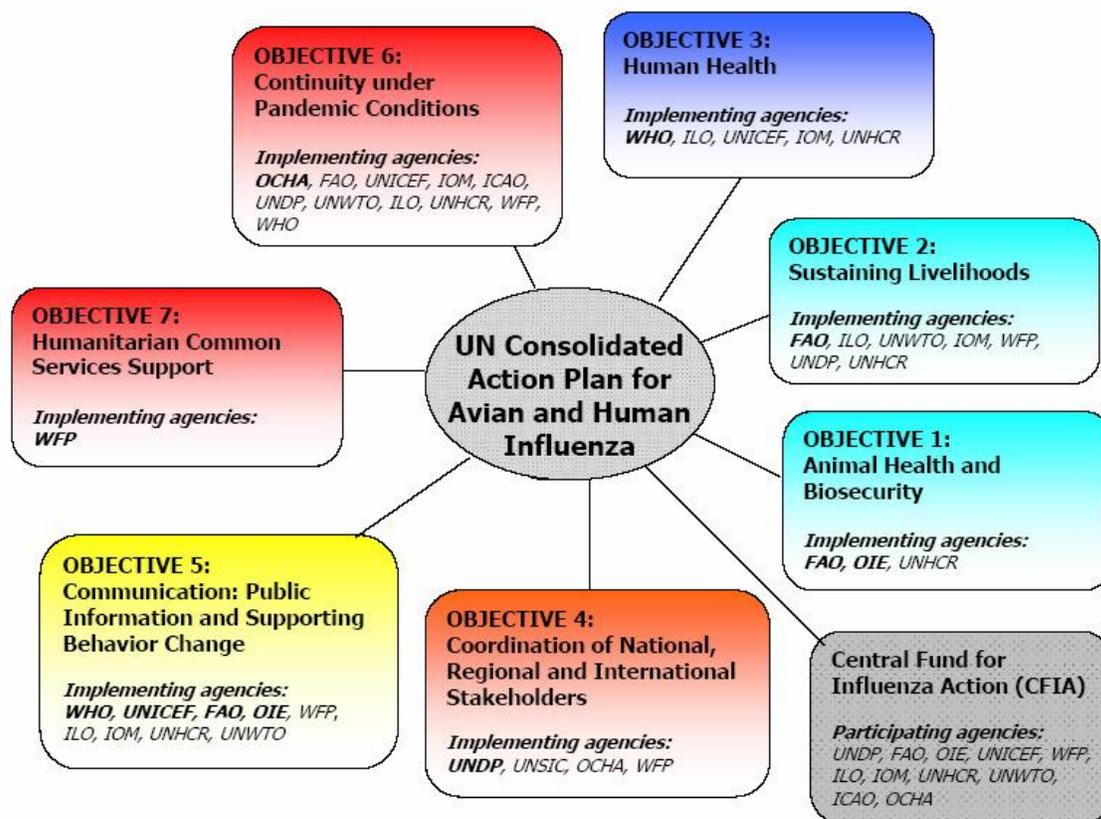
1. Integration of pandemic preparedness planning into overall disaster preparedness efforts;
2. Importance of taking a sustainable long-term approach to controlling zoonotic diseases;
3. Development of communications strategies for HPAI and pandemic preparedness;
4. Further discussion on appropriate culling strategies for poultry affected by HPAI, balancing the need to secure livelihoods and the need rapidly to control spread of the virus.

2.3.1 THE UN SYSTEM CONSOLIDATED ACTION PLAN FOR AVIAN AND HUMAN INFLUENZA

In July 2006, the first *UN System Consolidated Action Plan for Avian and Human Influenza* was published; this Action Plan described how the UN agencies, funds and programmes work together and support national planning and preparedness efforts. In November 2007, UNSIK produced a *Review of the UN System Consolidated Action Plan for Avian and Human Influenza*⁸. This review provided an update on the changing context of pandemic preparedness and noted progress made by participating agencies against the Action Plan's seven objectives. The Review pinpointed gaps in the agencies' responses and indicated changes (including increasing/decreasing requirements) that agencies were proposing to fill these gaps. For example, the review noted that increasing attention is being given to pandemic preparedness by humanitarian agencies, and in sectors other than health.

⁷ Additional information about the New Delhi Ministerial Conference can be found in section 2.5.

⁸ <http://un-influenza.org/files/UNCAPAHIREVIEW2007.pdf>



Assessments by UNSIC during 2007 confirmed that more must be done, by countries, to ensure a strategic and coordinated approach to prepare for a pandemic – both globally and country-by-country. They stressed the need to expand pandemic preparedness beyond the health sector: this work features in the UN system action plan but it requires greater emphasis, and financial support, than had been available in 2006. This is particularly the case for efforts to ensure continuity of essential services and operations under pandemic conditions and to ensure the adequacy of humanitarian Common Support Services (see diagram above). In light of this, increased support for objectives 6 and 7 is being provided by UN agencies, funds and programmes and their partners (a shift captured in the Review). The review of the Action Plan provided an opportunity for the different elements of the UN system and partners to revise, scale up and further diversify their activities to be more responsive and readily able to continue working under pandemic conditions. They committed to assisting countries to prepare and plan for responding to the pandemic and its impact, including humanitarian interventions when necessary.

The Review also provided an overview of the financial situation and a revised requirement of USD 339 million which would be needed through the end of 2008. Additionally, the document included a review of the first months of the Central Fund for Influenza Action.

2.3.2 THE UN CENTRAL FUND FOR INFLUENZA ACTION (CFIA)

The UN Central Fund for Influenza Action (CFIA) was established in November 2006 to help enable donors to pool their resources and support urgent unfunded and under-funded priority actions within the strategic framework of the Consolidated Action Plan.

The CFIA is governed by an inter-agency Management Committee composed of high level Avian Flu focal points for each participating agency and the World Bank as a permanent observer, and is chaired by the UNSIK Coordinator. The Management Committee is tasked with reviewing and approving project submissions by participating UN agencies. The Management Committee for the CFIA met for the first time in February 2007 and over the course of the year had four additional meetings.

By the end of 2007, more than USD 4 million had been contributed to the CFIA. Approximately half of these funds were provided during the first half of the year, and in July 2007 the Management Committee approved USD 2 million in project proposals from UNDP, WFP, UNWTO, ICAO, ILO and IOM. The remaining USD 2 million was confirmed to the CFIA at the end of 2007, and the CFIA Management Committee considered project proposals for these funds in early 2008.

In 2007, successful negotiations with the US Government resulted in a commitment to provide USD 35 million over three years via the CFIA. These funds are dedicated to preparing for and responding to a global influenza pandemic (objectives 6 and 7 of the UNCAPAHI), and allocations through the CFIA will commence in early 2008.

UNDP's Multi-Donor Trust Fund Office launched a website which provides updated information on the CFIA⁹. In addition to information on governance, decision making and donor contributions, it includes information on CFIA approved projects as well as periodic reports on the progress of implementation.

2.4 MAINTAINING EFFECTIVE LINKS WITH NON-GOVERNMENTAL AND NON-UN STAKEHOLDERS

After many months of joint planning, the UNSIK/PIC Team, OCHA and the IFRC co-convened a high-level meeting on 29th October 2007. This included NGO, Red Cross and UN humanitarian agencies in Geneva, and took place at the IFRC's Headquarters. A total of 21 NGOs, UN agencies and other International Organisations signed a declaration committing to work together to get ready to respond to the humanitarian consequences on vulnerable populations of an influenza pandemic. An inter-agency technical group co-chaired by IFRC and PIC/UNSIK was established to ensure progress on the commitments made at the meeting.

2.5 SUPPORTING INTER-GOVERNMENTAL ACTION

⁹ <http://www.undp.org/mdtf>

Since October 2005, high-level inter-governmental meetings involving the International Partnership on Avian and Pandemic Influenza (IPAPI) have been providing political backing for integrated national influenza programmes and support for regional and international agencies. The Coordinator has been closely involved in the organization of these meetings and is consistently consulted to help shape their agenda and bring in the technical expertise of the UN.

The fifth International **Ministerial Conference on Avian and Pandemic Influenza** took place in New Delhi, India, from 4 – 6 December 2007. Organized and hosted by the Government of India, the Conference brought together 500 participants, representing 111 countries and 26 international agencies under the vision “One World, One Health.”

UNSIK provided much support in advance of this Ministerial Conference, including the drafting and publication of the *Third UN-World Bank Global Progress Report on Responses to Avian Influenza and State of Pandemic Readiness*, done jointly with the World Bank. This document provided important background and analysis for the Conference, helping to enable discussions on the progress that had been made as well as the main issues that need attention in the future. UNSIK also worked closely with other partners to prepare for the Ministerial Conference, including the organization of a special meeting of the Inter-Agency Technical Working Group on Influenza.

Participants in the New Delhi Ministerial Conference reiterated the need to sustain intensive efforts to control HPAI in countries where the virus is entrenched and to remain vigilant now, and they also put significant emphasis on the expansion from an emergency response approach to medium-term strategies for improved animal and human health, as well as to the broadening of pandemic preparedness planning into a truly multi-sectoral effort. While the conference was not specifically designed for donor contributions, a session was allocated for those wishing to announce financial assistance and pledges totaling US\$ 401 million were made (in addition to the \$2.3 billion pledged in previous Ministerial Conferences of Beijing and Bamako).

The Coordinator also supported the Government of India in the process of developing and refining its conclusions and recommendations from the New Delhi conference, which was used to develop India’s Vision and Road Map for 2008.’ The Road Map was designed to assist governments in their planning for avian influenza control and pandemic preparedness, and it offered benchmarks for monitoring progress. The ‘Road Map’ presented by the Delhi conference to UNSIK and the World Bank, which were invited to share it with countries. The document was subsequently distributed to all UN Resident Coordinators and World Bank Country Directors, who were invited to share it with their government counterparts and to encourage them to consider its relevance to their work on avian influenza and pandemic preparedness planning.

Delegates at the New Delhi meeting also requested a review of the framework for financing actions related to AHI, and to also consider how it could be made more effective in the light of emerging experience and likely future developments. Given the focus on medium and long term approaches to improving animal health services, increasing bio-security in livestock production and marketing, and reducing disease threats at the animal and human interface, delegates from

some countries requested the specialized International Organizations, the World Bank and UNSIC to articulate a strategy for taking this work forward on a global scale, and outline options for implementing the strategy in a way which builds on progress made through efforts to control HPAI and prepare for a human pandemic. The UN system and World Bank were asked to ensure that this work be completed before the next high level International Conference on Avian and Pandemic Influenza, which is due to be hosted by the Government of Egypt in October 2008.

3. GLOBAL READINESS TO MITIGATE THE SOCIETAL IMPACT OF AN INFLUENZA PANDEMIC

In 2007, UNSIC and the UN Pandemic Influenza Contingency (PIC) Team consolidated their programme of support for both UN and national authority efforts to plan for continuity of essential functions during a pandemic.

3.1 ENSURING OPERATIONAL CONTINUITY WITHIN THE UN SYSTEM IN THE EVENT OF A PANDEMIC

As mentioned in section 2.3, in 2007 the high-level inter-agency Influenza Steering Committee requested and endorsed the General Principles on UN System Operation in the event of a Human Influenza Pandemic. As requested by the Steering Committee, a Concept of Operations (CONOPS) was also developed to serve as an overarching framework into which the pandemic preparedness plans of different UN agencies, country teams and missions should fit. It is designed to be a living document, outlining response and reporting structures during a pandemic, laying out the likely working relationship between the UN Secretariat and WHO, and describing global, regional, and country level procedures in the context of these institutional relationships.

UNSIK facilitated the external validation of pandemic contingency plans prepared by UN Headquarter locations and Regional Commissions, which was completed in early July 2007. Based on the recommendations of the validation team, contingency planning funds made available by the Secretary General in 2007 were released and the budgetary requests for the 2008-9 biennium modified. For reasons linked with the UN budgeting processes, the General Assembly did not approve the 2008-9 budget, but extraordinary funds from the Secretary-General's Discretionary Funds were made available.

The UN Secretariat's newly established Business Continuity Management Unit (BCMU) is now reaching out to Departments and Offices within the UN Secretariat, as well as UN Offices outside of New York, to facilitate the development of business continuity plans. The BCMU is currently developing a specific business continuity planning template in close cooperation with the UN funds and programmes.

3.2 SUPPORT TO COUNTRIES' PANDEMIC CONTINGENCY PLANNING AND SIMULATIONS

In 2007, UNSIC and PIC organized three regional UN Country Team (UNCT) workshops on preparedness, which trained a total of 150 representatives from the UN, Government and National Red Cross and Red Crescent Societies from 19 countries. The workshops established a network of key humanitarian response actors and sensitized AHI Focal Points on conducting multi-stakeholder table-top simulation exercises. The integration of pandemic scenarios in

national disaster management planning was initiated and a shortlist of countries selected to pilot this mainstreaming initiative.

In an effort to support the UN country-level contingency planning in the Asia region, UNSIK APRH led the process of developing a comprehensive new functional UNCT simulation exercise package, which was piloted in December with the Thailand UNCT and observers from 10 country teams in the region. This detailed instruction and simulation package will provide considerable support to testing of contingency plans globally, and particularly in the Asia-Pacific region. To further support the country level contingency planning, UNSIK APRH also conducted a mapping of status of the contingency planning in the region, established a regional inter-agency roster of facilitation support to simulation exercises, and coordinated regional contingency planning and simulation support.

Throughout the year, PIC also assisted with the development of several country-level contingency plans (including Morocco, Guatemala, Nicaragua, Panama, Papua New Guinea and Vietnam) and facilitated several simulation exercises, which aimed to raise awareness of roles and responsibilities of stakeholders in responding to avian and human influenza outbreaks and preparing for a pandemic (including Kenya, Tunisia and Fiji).

Within the Europe and Central Asia (ECA) region, contingency plans in Serbia, Albania, Azerbaijan, Georgia, Armenia and Turkey were strengthened, through either direct, targeted simulation testing of individual plans (Serbia) or through awareness raising programmes (other countries). This was supported by information sharing at a government level directly (Institute of Public Health in Belgrade) or indirectly (Luxembourg Conference).

In December a joint PIC/UNSIK, IFRC and USAID team visited Egypt to commence a process whereby the Egyptian Red Crescent Society, key NGOs and UN humanitarian agencies will work with the Government of Egypt to prepare a joint humanitarian plan setting out in detail respective roles and responsibilities for meeting humanitarian needs during a pandemic. It is planned to replicate this joint planning process in 25 countries over the next three years.

In 2007 PIC also introduced its online guidance and assessment tool, the Pandemic Readiness Tracking System, to UN System Resident Coordinators. This online system contains information from 142 countries, and replaces the inter-agency review process of pandemic contingency plans in assessing the status of UN system pandemic readiness.

4. SUPPORT FOR HARMONIZED COMMUNICATION

UNSIK continues to facilitate communications work on the wider UN response to Avian and Human Influenza. Given the importance of efficient and consistent risk communications during AI outbreaks (as well as in the preparations for a pandemic influenza), the UN Communication's Group Taskforce on AHI, consisting of WHO, FAO, UNICEF, UNDP, UNSIK and led by the UN Department of Public Information, continued to be an effective platform for sharing communications activities and experiences.

To be able to rapidly exchange agency-approved messages between agency focal points during the course of an influenza pandemic or other global emergencies, in 2007 the Communications Group's Task Force agreed to utilize the Emergency Notification Service (ENS) alert system. Agencies also agreed to set up a SharePoint website for posting documents and exchanging supplementary information during such an event.

The UN system web portal on avian and human pandemic influenza, which is managed by UNSIK, was operational throughout 2007. 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. During 2007, the portal was migrated to a more powerful and scalable publishing system, which has enabled the decentralization of a variety of tasks directly to countries. The site is actively used as a clearinghouse for all UN system information regarding bird flu from outbreaks and news items to events to photo galleries.

5. OFFICE MANAGEMENT AND RESOURCE MOBILISATION

In 2007, the UNSIK team was composed of a small team of 11 people based in New York and of a regional support team based in Asia (Bangkok), that reported directly to the Coordinator. The Coordinator also had oversight on the activities of the PIC team, based in Geneva, with several regional officers posted throughout the world.

The UNSIK New York team included 4 international staff on Assignments of Limited Duration, staff on secondment from the Governments of the Netherlands, the UK, the US and Switzerland as well as from UN Agencies (FAO and WHO). The Governments of Japan and the UK also seconded staff to the Asia and Geneva offices, as did UNDP. In Asia-Pacific, the regional inter-agency team led by UNSIK also included staff supported by OCHA and the Asia Development Bank.

The Coordinator continued to report to the UN Deputy Secretary General and UNSIK was administered by UNOPS and UNDP. The Coordinator and the UNSIK team are funded exclusively through voluntary contributions, and donor support continued to be strong in 2007. Donors who supported UNSIK and PIC included Canada (CIDA), Denmark, Japan, Norway, the United Kingdom and the United States (USAID). A complete overview of donor support can be found in Annex 1.

6. FINANCIAL REPORT

Report on Expenditure (January – December 2007)

Total budget US\$ 5,030,995i

Descriptive	<u>Expenditure in 2007</u>	Planned Expenditure in 2008	Total
1. Coordination	539,433	626,878	1,166,311
2. Contingency Planning	580,674	374,930	955,604
3. Monitoring and Assessment of Impact	609,749	390,488	1,000,237
4. Harmonized Communications	112,456	124,626	237,082
5. UNSIK Office Management	662,833	636,412	1,299,245
UNOPS Programme Management Support (F&A)	200,411	172,105	372,516
Total	2,705,556	2,325,439	5,030,995

¹Total UNOPS Budget for 2007 - 2008

ANNEX 1

CASH CONTRIBUTIONS AGAINST PROGRAMME in 2006 & 2007
(Contributions Received in USD, Gross)

Donor	2006 Contributions	2007 Contributions
USAID through WHO	800,000	990,100
Canada (CIDA)	888,800	1,724,138
United Kingdom (DFID)	380,952	
Norway	1,380,000	1,047,619
Germany (GTZ)	82,329	
Switzerland	40,000	
TOTAL	3,572,081	3,761,857

SECONDMENTS AND LOANS IN 2007

DONOR	CONTRIBUTION	TIME FRAME
WHO	Secondment of UN Senior Coordinator	Non Reimbursable Loan Agreement
UNDP	Secondment of Head of Bangkok Regional Hub	Non Reimbursable Loan Agreement
UN Foundation	Secondment of 1 Policy Adviser for private sector	Non Reimbursable Loan Agreement
Japan	Secondment of 1 Policy Adviser for Bangkok Regional Hub	Non Reimbursable Loan Agreement
Netherlands	Secondment of 1 Officer for Partnerships	Non Reimbursable Loan Agreement
United Kingdom	Secondment of 2 Policy Advisers	Non Reimbursable Loan Agreement
Switzerland	Secondment of 1 Senior Policy Adviser for Partnerships	Non Reimbursable Loan Agreement
Asia Development Bank	Secondment of 1 Donor Coordination Consultant for Bangkok Regional Hub	Non Reimbursable Loan Agreement
US Government (Center for Disease Control, CDC)	Secondment of 1 Senior Policy Adviser for Public Health Services	Non Reimbursable Loan Agreement