

AVIAN AND HUMAN INFLUENZA (AHI)

CONSOLIDATED ACTION PLAN FOR CONTRIBUTIONS OF THE UN SYSTEM AND PARTNERS

REVISED ACTIVITIES AND FINANCIAL REQUIREMENTS UP TO DECEMBER 2007

24 November 2006

**Produced on behalf of
FAO, ICAO, ILO, IOM, OCHA, OIE, UNDP,
UNHCR, UNICEF, UNWTO, WFP and WHO**

by

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INTRODUCTION

In July 2006, the UN Secretary General prefaced the first issue of the UN Consolidated Action Plan for Avian and Human Influenza (AHI) with reference to our collective responsibility for ensuring that all countries -- rich and poor -- are adequately protected and prepared. He pledged the UN System's support to countries in their efforts to respond to the threats posed by highly pathogenic avian influenza and any future influenza pandemic. He committed the combined strength and expertise of UN System agencies, funds and programmes in support of this outcome and called on the international community to provide them with adequate backing.

The collective goal of the UN System is to help national authorities implement programmes that are characterized by high technical quality (right actions, in the right place at the right time), with strong national ownership and adequate resources. The UN System expects to do this with a high degree of inter-agency coherence and synergy, whether working at country, regional or global levels. To make this happen, the UN System has established a high level Steering Committee (chaired by the UN Deputy Secretary General), appointed a Senior Coordinator, and is engaging in joint operations with the World Bank, World Organisation for Animal Health and the Red Cross Movement. The UN System has established functional links with the International Partnership on Avian and Pandemic Influenza, with regional political organisations, and with many private sector groups, voluntary bodies and donor agencies. The UN System produced, in June 2006, a UN Consolidated Action Plan that describes the ways in which agencies, funds and programmes are working together.

The Plan builds on the AHI action plans developed and implemented by each of the concerned UN agencies, funds and programmes. It reflects the common objectives, strategic directions, and results to be attained by different parts of the UN System together with their international and regional partners. It also lists financial requirements for the different objectives to be realized.

AHI threats are changing over time. So are the needs of countries and the assistance that is requested from the UN System and its partners. The present document complements the initial UN Consolidated Action Plan by reflecting these changes. It provides an overview of overall progress achieved during the last six months against the seven common objectives the UN System has set for itself, presents the UN System contributions to AHI in a comprehensive Logical Framework and informs on revised financial requirements for 2007. I am particularly pleased that this revision of the Action Plan introduces the critical work being undertaken by the International Labour Organisation, the International Organisation for Migration, the International Civil Aviation Organisation, the World Tourism Organisation and the World Organisation for Animal Health. The Federation of Red Cross and Red Crescent Societies and major international NGOs are currently working on ways to complement the UN Action Plan.

The reports of actions undertaken within this edition of the plan, and in the parallel report being produced by the UN System and the World Bank “Responses to Avian and Human Influenza Threats: Progress, Analysis and Recommendations – July to December 2006” indicates that the world is relying on a strong, efficient and predictable UN in order to respond to the threats posed by avian and human influenza. Demands for help from the UN System have increased dramatically. The funds received during 2006 were insufficient for an adequate response to the full variety of demands made – especially in countries with restricted capacity to implement avian and human influenza strategies, and in African nations. Hence this revision of the Consolidated Action Plan is accompanied by a sincere request that the donor community maintains its support to the UN System so that it can respond properly to countries’ requests for assistance in this critical area. The UN needs considerable additional funding for the calendar year 2007.

A handwritten signature in blue ink, appearing to read 'D Nabarro', with a large loop at the beginning and a long horizontal stroke at the end.

David Nabarro
UN System Senior Coordinator for
Avian and Human Influenza

Summary of Central Features of the UN Consolidated Action Plan

S1 This version of the plan should be read as a revision of the Version released in July 2006. It has five sections.

S2 The global, regional and national response to the ongoing epizootic of highly pathogenic avian influenza and the threats posed by an influenza pandemic have evolved in the last six months. Most countries have concentrated on interlinked yet distinct areas of action, all of which require a long term commitment and each of which contributes to the better overall functioning of the health, livestock and crisis preparedness sectors.

S3 The five areas of action include:

- Healthy livestock production systems and animal health services capable of responding to highly pathogenic avian influenza,
- Functioning human public health systems (that can detect, respond to and contain serious infections, including avian and pandemic influenza),
- Social mobilisation activities that include communication for behaviour change
- Crisis preparedness efforts that include contingency planning for influenza pandemics,
- Institutional arrangements for co-coordinated financial and technical support for effective national implementation of integrated influenza programmes

S4 The UN as a whole contributes to work in these areas through support for seven objectives. The support is described in Section I of this Action Plan revision, disaggregated by the following objectives:

Short Title	Detailed Objective
1. Animal Health and Bio-Security	Ensuring, through a global, cohesive framework in response to avian influenza in poultry, that animal health is safeguarded, bio-security is brought up to standard, and capacity is there, when needed, for scaling up veterinary services to detect early and stamp out rapidly new avian infections through prompt movement restrictions and culling, and for sustaining vaccination of poultry and other interventions when they are indicated. Clarifying how the emergence of pandemic agents, food and agricultural practices, land use and ecosystem management are related.
2. Sustaining Livelihoods	Ensuring that the economic and poverty impact of avian influenza as well as related control measures are monitored and rectified; limiting any adverse repercussions on the Millennium Development Goals; seeking fair and equitable compensation for those whose livelihoods are endangered by avian influenza and control measures.
3. Human Health	Strengthening public health infrastructure, including surveillance systems, to (i) reduce human exposure to the H5N1 virus; (ii) strengthen early warning systems, including early detection and rapid response to human cases of avian influenza; (iii) intensify rapid containment operations and responses for a newly emerging human influenza virus; (iv) build capacity to cope with a pandemic, including surge capacity for a pandemic; and (v) coordinate global science and research, particularly as this pertains to the availability of a pandemic vaccine and antiviral drugs. Strengthening community based treatment of acute respiratory infections, including pre-positioning of medical supplies in peripheral areas to enhance capacity to respond as well as to enhance nutrition security and access to micronutrients to minimise the impact of infection on susceptible populations.

4. Coordination of National, Regional and International Stakeholders	Ensuring that national government ministries work together in a focused way, bringing in civil society and private sector groups, in pursuit of sound strategies for avian influenza control and pandemic preparedness.
5. Public Information and communication to support behaviour change	Strategic communication to provide clear and unambiguous risk and outbreak information to the general public and key groups of people with the highest potential for stemming the spread and impact of the disease. This will include communicating with the public, households and communities to involve and mobilise them to adopt appropriate behaviours to reduce risks and mitigate the impact of any outbreaks or pandemic.
6. Continuity under Pandemic Conditions	Ensuring the continuity of essential social, economic and governance services, and effective implementation of humanitarian relief, under pandemic conditions.
7. Humanitarian Common Services Support	Ensuring that - in the event that national capacity is overwhelmed by pandemic conditions – agreed emergency operating procedures are invoked and benefit from information technology and logistics capacity set up and made operational beforehand

The relationship between these objectives and integrated national planning is shown in the diagram on the following page.

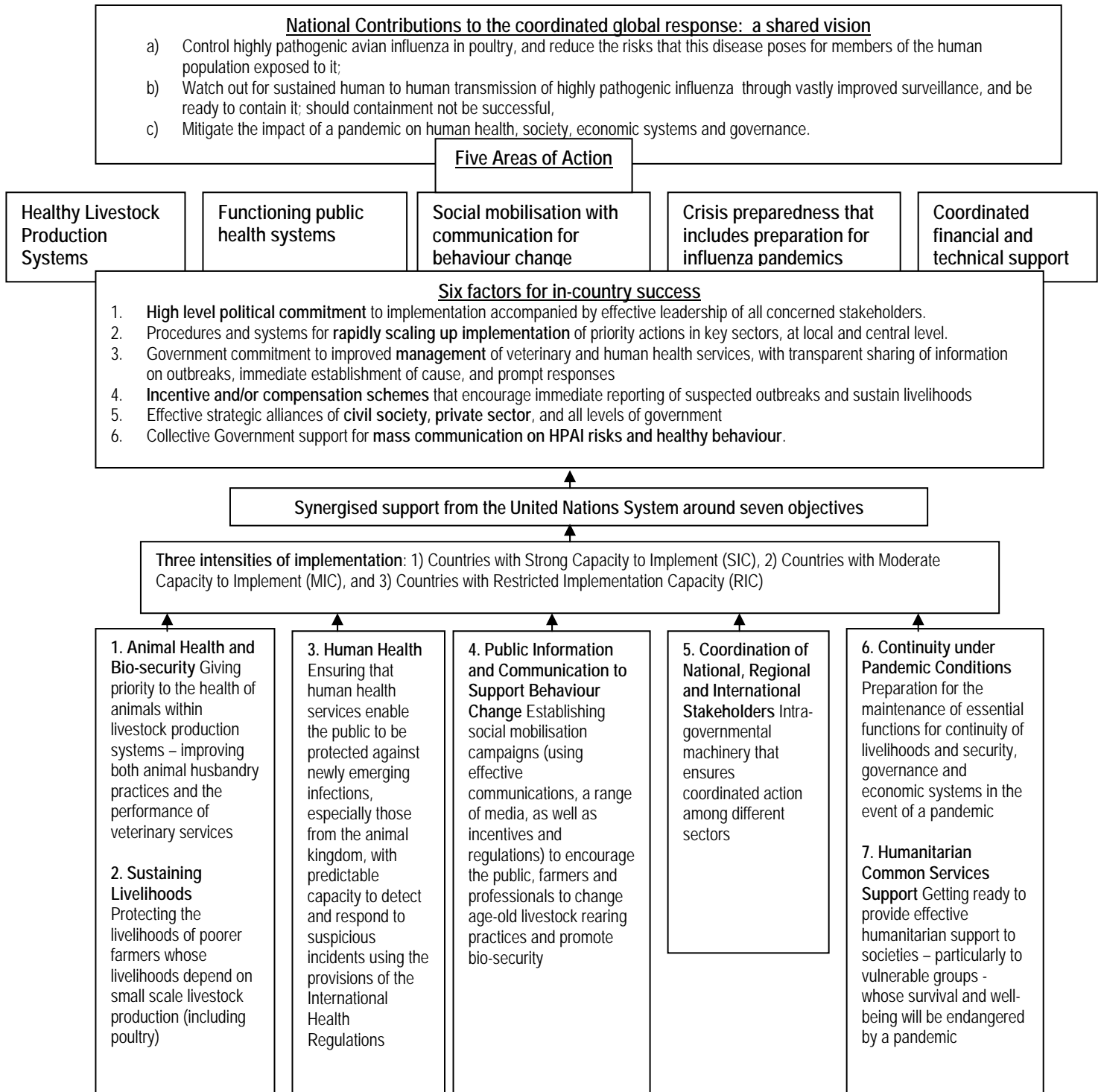
S5 There is a brief summary, under section II, of arrangements for implementing the Consolidated Action Plan which stresses that each agency is responsible for ensuring the implementation of activities for which it has taken responsibility within the context of this Action Plan, and accounting for those activities to those who provide funds. The most frequently used route for moving funds to agencies will be through bilateral agreements between donor organisations and the agencies concerned. However, in line with the present emphasis within the UN System on agencies, funds and programmes working together when addressing major global themes, and “delivering as one”, the UN System established a central financing mechanism for influenza action (CFIA) in November 2006, and this is described within paragraph 30 .

S6 A new feature in the plan is a Logical Framework which indicates, in tabular form, how the different elements of this action plan dovetail together and help countries yield the outcome to which their governments have – individually and collectively – committed. This is presented in Section III.

S7 Section IV summarizes the requirements of the different agencies, funds, and programmes and other organisations for 2007, expressing them in relation to the Action Plan’s seven objectives.

S8 Financial requirements for the UN System with breakdowns according to individual agencies and objectives are summarized in Section V.

Relationship between National Planning Processes and the UN Consolidated Action Plan



I UN System Agencies' Actions for the Seven Objectives: **Overall Progress**

1 Highly Pathogenic Avian Influenza (HPAI) is a continuing threat to animal health, to the poultry industry, and to human health. The current epizootic caused by the H5N1 virus continues: since August 2006 outbreaks have been confirmed among poultry in China, Thailand, Laos, Russia, Egypt, Sudan and Nigeria. The virus is continuously present (enzootic) in much of Indonesia. Livelihoods of those who lose birds either as a result of disease, or due to the practice of control measures, continue to be at risk. The rate at which confirmed human cases appears is now as high as ever, with the majority of new cases also coming from Indonesia. There is still a possibility that this virus will become capable of sustained transmission between humans: this is increased each time someone is infected. Nevertheless, the WHO assessment of pandemic alert remains at phase 3.

2 Countries the world over need (and seek) substantial and sustained assistance from agencies, funds and programmes of the United Nations System and their partners. The needs of countries differ greatly. Countries currently affected by H5N1 highly pathogenic Avian Influenza have intense and urgent needs to enable them to respond effectively. Countries not yet affected seek help to build capacity in their animal and human health, and crisis preparedness, sectors. All countries need to engage in effective social mobilisation programmes supported by powerful and widespread communications campaigns. Countries with **strong implementation capacity (SIC)** expect the international community to convene stakeholders, set norms and standards, harmonise external cooperation, maintain support through regional and international technical networks, and monitor progress. Countries with a more **moderate implementation capacity (MIC)** have similar expectations but also require substantial and sustained technical and financial assistance so as to be able to realize the international norms and standards. Up to 30 countries with **restricted implementation capacity (RIC)** may need to draw on the direct assistance of the international community – to help with aspects of programme implementation until the in-country response is adequate. Special arrangements are needed to respond to the needs of refugees: 1.8 million are located within 24 African countries and a further 1.5 million within 11 countries in the rest of the world. Special arrangements are also needed for IDPs living in camp settings.

3 Within countries the UN System Resident Coordinators have a key role in bringing together UN System agencies and supporting national contingency planning efforts, working in concert with country directors of the World Bank and other Development Banks, with bilateral donor agencies and with global, regional and local-level bodies that support effective country-level actions. UN System agencies, funds and programmes route their support to countries through their representatives in countries – together they constitute the UN country team which is led by the Resident Coordinator. Working closely with the World Bank Country Directors, Resident Coordinators and UN country teams help governments build synergy within the external community, and mobilise, manage and account for external resources.

Objective 1 - Improving Animal Health and Bio-security

4 FAO and OIE continue to analyse the situation regarding HPAI, assess the capacity and impact of veterinary services, performance of national laboratories and review emergency plans. Information is published at regular intervals. The FAO/OIE Global Strategy for the Progressive Control of Highly Pathogenic Avian Influenza (HPAI) is being updated to take account of latest findings. Through its Emergency Centre for Trans-boundary Animal Diseases (ECTAD), FAO has provided ever-increasing strategic support for surveillance and disease control efforts in infected countries and assisted non-infected countries with prevention and preparedness activities. Since the beginning of 2006 FAO staff and consultants have carried out over 160 field missions to assess country needs and analyse the HPAI disease situation. Some missions have been carried out in

conjunction with partner agencies – particularly OIE, the World Health Organisation, UNICEF and the World Bank.

5 The OIE developed an official evaluation tool for veterinary services, trained experts and begun the official evaluations of developing affected and at risk countries upon their request: over 40 OIE certified PVS¹ experts have now been trained and 15 PVS Pilot Country Evaluations are ongoing. Since April 2006, FAO provided direct support to 66 countries with assessment missions and longer term technical expertise to help them prepare for, prevent, quickly detect, rapidly respond or eradicate outbreaks of HPAI. For those countries where the disease has become endemic, FAO experts have helped to manage HPAI and minimise the longer term impact of the disease. They have contributed to upgrading surveillance, laboratory capacity, veterinary infrastructure and biosecurity on farms and throughout the production chain in line with OIE international standards. In some countries, like Indonesia, the intensive support is just beginning to have an effect; in others, including Nigeria, there has been continued improvement of service provision. Challenges continue to be faced in many countries with relatively less well developed veterinary services. FAO is focusing on how HPAI disease is modulated by animal husbandry, ecology and land use and has conducted several workshops and studies to inform effective action. OIE/FAO produced a document on good governance² to build capacity for the control of epizootic diseases and limit their spread. This document informs the elaboration of strategies for the progressive control of HPAI in affected countries and its prevention in countries not yet affected.

6 FAO has developed country specific projects for interim emergency assistance to strengthen veterinary services in line with OIE standards and build human and physical resource capacity to appropriately respond to HPAI outbreaks. It has provided policy advice, strategy design, technical information and guidelines, contingency planning and technical assistance to countries in Asia, the Middle East, Africa, Europe and Latin America. In Africa, FAO and OIE work with the Inter-African Bureau for Animal Resources of the African Union (AU-IBAR) and the Initiative for African Livestock (ALIVE). In addition to focused country support, FAO has trained national staff by organising and conducting regional training workshops in contingency planning, laboratory diagnosis and epidemiology/wild bird surveillance. Numerous training activities are underway such as the Participatory Disease Surveillance (PDS) and Participatory Disease Response (PDR) which are ongoing and quickly expanding in Indonesia.

7 Through a range of training activities in several regional workshops and the deployment of technical assistance when requested, FAO and OIE have helped to establish linkages between countries and international FAO and OIE reference laboratories where samples can be sent for analysis. FAO has established a contract with World Courier for shipment of hazardous biological samples as well as guidelines for collection and manipulation of samples. This activity promotes safe and efficient diagnostic methodologies and builds on networks and joint work at regional levels. The OIE / FAO influenza network OFFLU has encouraged the sharing of virus strains and data on the animal human interface to enable analysis of the molecular epidemiology of the virus and the timely submission of strains useful for human vaccine development to the WHO Reference Laboratory. Establishment of more reference laboratories in developing countries is being promoted by laboratory twinning with OIE and FAO reference laboratories.

8 The Crisis Management Center (CMC), recently launched by FAO in collaboration with OIE, links with ECTAD and the Emergency Prevention System for Transboundary Animal and Plant Pests and Diseases (EMPRES). It is a global frontline facility that has the capability to respond immediately to affected and at-risk countries, the moment they request assistance and working in close cooperation

¹ PVS: Performance, Vision and Strategy: a tool for the Evaluation of Veterinary Services

² “Ensuring good governance to address emerging and re-emerging disease threats – Supporting the veterinary services of developing countries to meet OIE international standards on quality”, endorsed by the International Conferences of Geneva and Beijing and published by the OIE, last updated in August 2006 (http://www.oie.int/downld/Good_Governance/A_good_gouvernance.pdf)

with appropriate ministries of these countries, to send out rapid assessment teams or rapid response teams of experts to the countries. From May through September 2006, 15 rapid assessment and rapid response teams were deployed to 15 countries to collect and analyse information in realtime in order to assess the situation on the ground and deliver rapid solutions. The establishment of the CMC to full operational capacity is an ongoing process.

9 FAO is providing supplies and equipment to countries through ECTAD in a way that responds to the level of urgency and the countries' response capacities. Supplies have included emergency kits and basic emergency laboratory equipment and supplies to support the veterinary services in more than 97 countries in order to assist in disease surveillance and outbreak containment.

Objective 2 – Sustaining livelihoods

10 FAO has examined the socio-economic impact of HPAI on the animal health sectors and on the social and economic status of people whose animals affected by both illness and the impact of movement restrictions, culling and other control measures. In the last six months there has been major work on incentive systems and compensation practice, culminating in the production of a compendium of best practices (with the World Bank).

11 FAO is part of a working group with other UN agencies, NGOs, private sector entities, national counterparts and donor agencies to address the socio-economic and policy issues that are related to HPAI. This working group assesses the human dimensions of HPAI on markets, households, livelihoods (with particular attention on the small poultry producer), food security, and the related institutional challenges of delivering sustainable and cost-effective disease control with the poultry production and marketing systems that are evolving, and in some cases, systematically being restructured. WFP is incorporating Avian Influenza specific indicators within its own Vulnerability and Analysis Mapping (VAM) methodology. In August 2006 a UN knowledge network on HPAI socio-economics was established with the object to improve the effectiveness of collaboration within the UN System by sharing of knowledge on activities, methods and outputs, to benefit the countries and development partners. The network has recently been launched as a restricted email list.

12 FAO has provided advice on compensation plans to several countries and made available guidelines for designing a compensation strategy. It has been addressing the social and economic impacts of HPAI outbreaks and control measures at all levels through reports on livelihoods and equity impacts, particularly for small scale producers and those dependent on the poultry sector, analysis of food security and nutrition impacts, advice on approaches to rehabilitation and analysis of impacts of possible changes in the structure of the poultry sector.

13 Needs assessments and gap analysis are being conducted, with UNDP, at local government and community levels, and provide the basis for advice on economic recovery as well as capacity building to manage socio-economic impacts of HPAI. UNDP is supporting the design and implementation of compensation funds for affected farmers in specific countries. It emphasises the link between Avian Influenza and poverty and as such supports the design of alternative livelihoods strategies for those who could be potentially affected, especially small producers, linking short-term relief and risk coping operations to long-term development and risk mitigation strategies.

Objective 3 – Human Health

14 WHO continues to support countries as they make the necessary investments so that they will be in a position to enact the International Health Regulations. WHO assists in the investigation of suspected human cases of avian influenza with support for laboratory confirmation, field investigation and reporting. WHO has introduced new protocols for the sharing of biological specimens from suspected cases and samples of viral material so as to better meet the needs of the international community. WHO, FAO and OIE are reinforcing their linkages on combined approaches to animal and human health.

15 WHO convened the Pandemic Influenza Task Force which will be charged with providing technical advice on pandemic alert levels, containment and response in the event that sustained human to human transmission of a pandemic virus is suspected. WHO is leading the planning for rapid response efforts for pandemic containment including the development of rapid response protocols, the management of stockpiles of antiviral medicines and the development of procedures for risk communication. Countries are also being helped, through WHO and other UN System agencies, to build the capacity they need to cope with a pandemic – formulating and testing pandemic response plans and helping to build core capacities that are found to be lacking when the plans are put to the test. In October 2006, WHO and UNHCR have been testing WHO training modules for Pandemic Influenza preparedness and mitigation in refugee and displaced populations in Kenya.

16 By convening high level meetings of researchers and private entities, WHO is coordinating global scientific research and development, putting particular emphasis on protocols for the use of antiviral medicines, especially for prophylaxis, for increasing accessibility of vaccines in the event of pandemic influenza and for improving the accessibility of laboratory services within the context of the Global Outbreak Alert and Response Network.

Objective 4 – Coordination of National, Regional and International Stakeholders

17 Successful implementation of strategic actions in relation to upgrading the livestock sector, improving the functioning of human public health systems, mobilising societies to take action that will improve their health and well-being, and improving capacity for crisis preparedness in ways that take account of influenza pandemics is only possible if these outcomes are given high priority within the collective processes of local and national government. This prioritisation calls for the following success factors:

- A strong commitment to ensuring their implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders.
- Clear procedures and systems for managing the rapid implementation of priority actions in each of the sectors concerned, at local and central level.
- A commitment by all sectors of government to the improved functioning of veterinary and human health services at all levels, with collective support for a transparent approach to the sharing and dissemination of information about suspected disease outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that could cause the dissemination of outbreaks)
- Incentive and/or compensation schemes that encourage the immediate reporting of suspected disease outbreaks to responsible authorities and that limit the potential for control measures to result in serious social and economic disadvantage
- Effective mobilisation of civil society and the private sector as well as all levels of government to work together on transforming the livestock sector, supporting human public health services, promoting social mobilisation, communication of key information to the public, and preparedness for pandemic influenza as a potential disaster
- Collective support by all of Government for national, regional – and global - mass communication campaigns that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses.

18 Within the United Nations System UNDP focuses most on support to effective governance around development issues, including actions linked to crisis preparedness and response. OCHA has a critical role in supporting strategies for disaster reduction. Both UNDP and OCHA have provided sustained and effective support at the national level to encourage the emergence of the six success factors described above. They have conducted assessments of the strengths, weaknesses, opportunities and constraints of the agencies and institutions responsible for managing the National and State response in Avian Influenza. As indicated in paragraph 2 above, coordinated external support is also key, especially in countries with restricted implementation capacity that can easily be overwhelmed by the demands placed on them by different donor and international agencies. Resident Coordinators, together with the UN country teams, and representatives of the World Bank, other Development Banks and donor agencies have sought to coordinate external assistance, working within the institutional arrangements for support to implementation agreed in Beijing in January 2006 (the “Flexible Financing Framework”). The office of the UN System Influenza Coordinator (UNSIC) has been linking with national governments, UN and non UN agencies, private sector groups and voluntary organisations at regional and sub-regional levels in ways that promote synergy of actions and use resources effectively to achieve outcomes. It has also ensured, with the collaboration of Resident Coordinators, that the UN System is preparing itself to keep its staff safe and to maintain operational continuity in the event of an influenza pandemic. The UN System’s contribution to the coordination of implementation support is currently the subject of an independent study which will be reporting by the end of November 2006.

Objective 5 – Public Information and Communication to Support Behaviour Change

19 The UN System has recognized, during 2006, that community actions are at the heart of responses to highly pathogenic avian influenza, and preparedness for a human pandemic. For responses to be effective, people’s actions should reduce the risk that animals are affected, that humans become infected, that infected humans die, or that human infection evolves into a pandemic. Such risk-reducing actions often require changes in people’s habitual behaviour – changes that will only come about if they are understood and seen to be worth the effort. This aspect of the strategic response to the threats posed by Avian and Human Influenza (AHI) started to receive attention at the FAO, WHO, OIE and World Bank strategy development meeting in Geneva, November 2005. Since then countries affected by Avian Influenza have appreciated that successful communication - whether it be with members of the public, or with groups who might be at particular risk (including health professionals and persons working in livestock markets) - is a priority for avian and pandemic influenza programming.

20 As highly pathogenic avian influenza spread across the world during the early months of 2006, countries initiated communications programmes both to inform their public about the nature of the outbreak and the risks they faced, and to encourage appropriate changes in behaviour. FAO, WHO and UNICEF responded rapidly to requests for a short set of universal messages that would guide the key risk reducing behaviours for all communities at risk of AHI. FAO and WHO are developing communication plans to address outbreak communication for animal and human health issues, and then the messages for behaviour change communication that take account of deep-rooted livelihood practices and the longer-term socio-economic implications of change. Information packages for the media, frontline extension workers, the scientific community and health, agriculture and livestock ministries have been developed. The work is being implemented at country level in close cooperation with the relevant ministries. Responding to emerging requests from Ministries of Agriculture of various countries, FAO has recently started collaborating with WHO in the adaptation and development of an Outbreak Communications Training Module specifically orientated for Ministries of Agriculture. Inter-agency toolkits, guides and materials are being prepared and communication research/evaluation methodologies and community based surveys of knowledge, attitude and practice and Participatory Action Research studies on HPAI are underway

21 UNICEF has been key in developing sensitisation campaigns adapted to the need of specific countries, particularly in Asia, in order to trigger social mobilisation and behaviour change. It works in partnerships with FAO, WHO, the World Bank, NGOs, specialised communication agencies, poultry producers and farmer associations, and communications teams from agriculture ministries in various countries. WFP, together with UNICEF, has piloted programmes within the Asia region, and is now initiating a similar approach with other regions. UNWTO has set up a special communications programme for travel industry stakeholders and, through them, for tourists.

22 UNICEF has taken the lead in helping national and local officials devise and implement strategies for social mobilisation for changes in behaviour so as to reduce risks to health. UNICEF has established an ongoing system for systematic support for behaviour change communication in South and East Asia, the Middle East, Eastern Europe and Africa, using some common elements (when these were appropriate) but always adapting strategies to local and national circumstances.

23 The UN Systems agencies and their partners, including the World Bank, have learnt the lessons of past communications campaigns, and sought to apply similar action learning techniques as country after country invested in campaigns of its own. Agencies have appreciated the need for research into existing practices and their determinants, the knowledge that underlies them, and the emotions and incentives that might encourage desired changes. Within the context of its Government of Japan-supported programme, UNICEF staff has emphasised the importance of on-going action research to support communication strategies. This has resulted in (a) a series of baseline behaviour studies, (b) regular review of individual strategies, and (c) frequent “best practice” analyses, including one recently conducted jointly by the UN and World Bank within the Bank’s Global Distance Learning Network, in October 2006. The assembly of collected best practice will be available to all interested parties through a UNICEF-hosted web-based resource centre to be launched in December 2006.

Objective 6 - Continuity under Pandemic Conditions

24 National governments are increasingly adopting a “One Government Response” to the threat posed by a human influenza pandemic. The response is characterized by synergy across different government ministries; between local, state and national government; and between government and civil society, private sector and media partners. The response is expected to include procedures for ensuring continuity of access to basic services, of rule of law, of financial services and of societies under the crisis conditions that pertain during an influenza pandemic. The reserve capacity of humanitarian agencies – both within and outside government – to provide large-scale Relief should also be scaled up. In this regard, WFP has conducted over 60 Logistic Capacity Assessments which address the logistics systems for priority countries.

25 An increasing number of national pandemic contingency plans is being subject to tests – desk-top exercises, simulations and drills – so as to see whether or not they are, in practice, able to be implemented. In recent months, national authorities in the Middle East and North Africa, Europe, Asia, and the Americas have been particularly likely to subject their plans to these tests. FAO has planned future desktop simulation workshops as a crucial tool for improving countries' contingency and operational plans for HPAI. UN agencies and the World Bank are working together on the issue of contingency plans and has assisted countries in their national response capacity and emergency preparedness and response. The engagement of the UN System is being solicited and the collective efforts of UNDP, WFP, UNICEF and OCHA are supporting FAO and WHO to ensure a multisectoral approach to preparedness.

26 This is vital as previous public health crises such as HIV and SARS indicate that even where public health response is strong, a weak contribution from other sectors leads to more people being vulnerable, greater suffering, and increased social, economic and humanitarian consequences. The

early results of pandemic preparedness exercises show that these lessons still need to be learnt and applied in many countries. The UN System will help ensure that the lessons of experience are available to national officials and institutions, to civil society, to civil-military liaison groups and to voluntary organisations – and are incorporated within the repertoire of national disaster preparedness actions.

27 To this end, a multi-agency Pandemic Influenza Contingency Support (PICS) Team was established, supported by OCHA and UNDP, with a mandate of assisting countries as they minimise the social, economic governance and humanitarian consequences of the next pandemic. The teams focus on non-medical factors, and do this in advance of the pandemic in order to ensure robust multi-sectoral engagement from the start – with technical leadership from the public health profession and engagement of high-level political and managerial authority. The PICS Team will ensure that UN System staff are well equipped to help national authorities assess their pandemic contingency from a disaster preparedness perspective, to design, implement and test robust and high quality preparedness plans which reflect international best practice, and scale up their preparations. The team will help to ensure the UN System is able to respond adequately to the challenges of a pandemic by improving existing regional mechanisms, and setting them up where they currently do not exist. The inter-agency PICS Team will be comprised of a small core group in Geneva with regional focal persons in Bangkok, Dakar, Nairobi and Johannesburg, and later, in Central Asia, the Middle East, and Latin America and will work closely with NGO, private sector and other relevant actors.

Objective 7 - Humanitarian Common Services Support

28 The next pandemic will “test notions of global solidarity”. Wherever possible, countries will need to work in harmony to address and rectify gaps in pandemic preparedness plans and to ensure that they have the necessary common humanitarian services to support emergency responses and enable all populations, particularly the most vulnerable, to have access to basic needs. UNCTs have been at the forefront of addressing ‘common service support’, through the development of their country specific plans for both continuity of operations and support to national authorities WFP has developed analytical maps on AHI through collaboration with FAO, WHO and other key partners. It has also developed a Logistics Concept of Operations (LOGS CONOPS) and has been engaged with WHO in discussion for the provision of logistics and other operational support. WFP along with UNICEF and OCHA, continues to provide in many locations ICT common service support, and with the potential limitation of surge capacity, the need for pooling resources is a key feature in many of the country based plans. The Rockefeller Foundation, working with different UN System agencies (most particularly WHO) has established the ethical and human rights concerns that must be taken into account in responding to avian influenza and the threat of a human pandemic.

II Arrangements for Implementing the Consolidated Action Plan

29 **UN Agency Action and Reporting:** The Consolidated UN Action Plan sets out the objectives for responses to Avian and Human Pandemic Influenza to which various UN Systems agencies, funds and programmes and other organisations contribute. At the same time, it presents (a) the work of different UN agencies, funds and programmes as well as other organisations as they establish unified action, (b) their financial requirements to respond to country needs through global and regional action, and (c) their support to essential actions within countries. The work of these different entities is monitored through their Executive Boards and nothing in this Consolidated Action Plan envisages that the normal monitoring process will be supplanted. As such, the individual UN agencies, programmes and funds will have primary responsibility for monitoring progress on their strategic contributions and desired results, and reporting on these. However, the emphasis within the consolidated approach is on the synergy of the contributions made by individual entities. The UN System Influenza Coordination Office (UNSIC) will continue to report on the overall UN System contribution to the fulfilment of the objectives and their respective impact, focusing particularly on

the synergy between individual agencies and on any programme changes that are necessary to fill gaps in the response as the AHI situation changes over time.

30 **Funding:** The prevailing mechanism for routing cash to agencies is the direct transfer from individual donors to the respective UN System agency, programme and fund and partners. One additional means for donor support to this Consolidated Action Plan is the newly established Central Financing for Influenza Action (CFIA). The CFIA is designed as a financing mechanism that i) enhances inter-agency coordination, ii) respects the key UN agency responsibilities iii) promotes the *coherence, effectiveness, and predictability* of the overall UN System response and iv) simplifies, through one pooled account, their capacity to support the range of UN agencies engaged in specific responses. It will assist focused joint planning and implementation. To ensure that the CFIA constitutes a strategic instrument that brings added value to the international response to AHI, the focus and allocations of this financing mechanism will be designed as gap filling interventions, within the strategic framework of the UN Consolidated Action Plan, to be used when critical activities in the Plan cannot be adequately funded, or in a satisfactory manner, through other channels, including internal agency allocations, bilateral funding or when new needs arise, including the need to move cash rapidly to countries and partners on the ground, for which other funding mechanisms are inadequate (in terms of timing, volume, scope, coverage). As such, funds contributed to the CFIA would not be in place of funds that might be channeled to any existing individual agency for AHI or emergency funds more generally.

31 **Implementation:** Different UN Systems agencies, funds, programmes and partners will be responsible for implementing actions outlined in this plan and modifying the actions in the light of changing realities and contexts. However, the principle of a synergised approach to supporting national and regional authorities with the achievement of their expected results will be the defining characteristic of the UN System's overall implementation arrangements. The plan remains a living document capable of change in the light of evolving circumstances.

III Logical Framework

Objective 1. Animal Health and Biosecurity

Ensuring, through a global, cohesive framework in response to avian influenza in poultry, that animal health is safeguarded, bio-security is brought up to standard, and capacity is there, when needed, for scaling up veterinary services to detect early and stamp out rapidly new avian infections through prompt movement restrictions and culling, and for sustaining vaccination of poultry and other interventions when they are indicated. Clarifying how the emergence of pandemic agents, food and agricultural practices, land use and ecosystem management are related

Expected Impact: improved veterinary capacity to respond to animal health concerns with special emphasis on Avian Influenza and reach adequate biosecurity standards worldwide

Purposes	Outputs	Activities
<p>1.1 Provide a cohesive response to avian influenza in poultry related to international (OIE) standards</p>	<p>1.1.1 FAO in collaboration with OIE Analysis of, and response to, the H5N1 situation in poultry and wild birds through the provision of a global framework for a cohesive response related to international (OIE) standards</p> <p>1.1.2 FAO in collaboration with OIE National authorities able to receive prompt and valuable support through a rapid response service</p> <p>1.1.3 OIE and FAO More reference laboratories in developing countries (laboratory twinning)</p> <p>1.1.4 UNHCR Surveillance and detection in refugee setting</p>	<p>I. Assessment of the country situation concerning risks of HPAI and its mitigation. II. Assessment of surveillance systems and national laboratories III. Review of emergency plans and field exercises IV. Coordinate country support so as to contribute to concerted international efforts V. Assess governance capacity and impact of Veterinary Services (OIE)</p> <p>I. Rapid incident response in relation to new avian influenza infections II. Assist in the implementation of responses through strategic alliances and partnerships with field NGOs and private entities III. Crisis Management Centre (CMC) to assemble, analyse and communicate relevant disease data and early warning messages; deploy rapidly specialised teams to infected areas</p> <p>I. Identify laboratories and experts involved II. Collect information related to the activity and existing capacity of the applicant laboratory for AI (and other emerging or re-emerging diseases) for which capacity building is required III. Prepare detailed work plan and timescales to enable the applicant laboratory to fulfill in the future the requirements of an OIE/FAO Reference Laboratory</p> <p>I. Setting up reporting systems, coordination and surveillance mechanisms at camp, national and global levels</p>

<p>1.2 Bring biosecurity up to standard and create capacity for scaling up veterinary services</p>	<p>1.2.1 FAO Countries affected by and at risk of HPAI receive necessary technical assistance to achieve international standards for animal health and biosecurity</p> <p>1.2.2 FAO Veterinarians and other personnel are competent to implement laboratory services, undertake field investigations, recognize disease, use protective equipment, and be operationally prepared for contingencies</p> <p>1.2.3 OIE in collaboration with FAO Gap analysis related to international (OIE) standards on Veterinary Services</p> <p>1.2.4 UNHCR Laboratory and veterinary services in refugee setting</p>	<p>I. Advice to governments on national strategies for control of highly pathogenic avian influenza</p> <p>II. In countries where HPAI has become endemic, provide advice to governments in developing long term strategic plans for control and strategic vaccination schemes</p> <p>I. Direct technical support through training of local veterinarians and other animal health workers to enable them to face the HPAI spread</p> <p>II. Provide equipment for and assistance with laboratories based on needs assessments.</p> <p>I. Assess governance capacity and impact of Veterinary Services</p> <p>II. Follow-up on findings</p> <p>I. Ensure that protocols and pathways for laboratory and veterinary services are in place</p>
<p>1.3 Bring together relevant international expertise with regard to the evolution of the new emerging HPAI H5N1 virus</p>	<p>1.3.1 FAO Clarification of the link between the emergence of pathogens and food and agriculture practices</p> <p>1.3.2 OIE and FAO Worldwide network of laboratories and expertise specialised in avian influenza (OFFLU).</p>	<p>I. Carry out disease epidemiological assessment of zoonotic and pandemic risk – enhancing food and agriculture practices</p> <p>II. Carry out disease ecological assessment of zoonotic and pandemic risk – enhancing farming landscapes, land use and eco systems use and management</p> <p>III. Review options for safer and healthier natural resource management, land use, agriculture and livestock sub sectors, and minimizing zoonotic risk and likelihood of pandemic agent emergence</p> <p>I. Transfer of influenza strains between laboratories</p> <p>II. Sequencing of virus strains</p> <p>III. Database on sequencing of virus strains</p> <p>IV. Training in the OFFLU laboratories</p>

Objective 2. Sustaining livelihoods

Ensuring that the economic and poverty impact of avian influenza as well as related control measures are monitored and rectified; limiting any adverse repercussions on the Millennium Development Goals; seeking fair and equitable compensation for those whose livelihoods are endangered by avian influenza and control measures

Expected Impact: mechanisms in place to protect and sustain livelihoods of those affected by avian influenza impacts

Purposes	Outputs	Activities
<p>2.1 Monitor and assess economic and poverty impact of avian influenza</p>	<p>2.1.1 FAO The HPAI impact on livelihoods and its control measures are well understood and influence the design of control policies and strategies</p>	<p>I. Analyse the structure and functioning of national poultry sectors and market chains in order to better target avian influenza control II. Advise governments on compensation strategies and related livelihoods support for longer term to mitigate negative impacts of culling III. Advise on costs for control, funding mechanisms and trade-offs of different combinations of control measures under different scenarios of disease situation and poultry sector structure IV. Review social, economic and biodiversity impacts of HPAI and control activities at micro/meso level in order to advocate for those that will achieve control with the lowest externalities V. Analyse trade and market shocks and consult with policymakers and major private sector players in order to suggest measures to mitigate these shocks VI. Advise on the livelihoods, social and environmental implications of long term structure changes in the poultry sector VII. Provide technical guidelines for safe and economically viable poultry production targeted to the needs of sectors 3 and 4 producers</p>
	<p>2.1.2 WFP Assessment and analysis impact of avian influenza (and control measures) on vulnerable populations, particularly focusing on the epizootic on livelihood and food security</p> <p>2.1.3 UNICEF Impact of avian influenza on the nutritional status and well being of children and women is adequately addressed when assessing HPAI impact</p>	<p>I. Strengthen capacity for livelihood/food security analysis and monitoring</p> <p>I. Advocate for inclusion of impacts on children and women in any HPAI impact assessments and provide technical inputs</p>

	<p>2.1.4 ILO Development of methodology to assess labour market implications and to examine measures adopted to mitigate health and livelihood-related hazards (in poultry and other sectors such as travel and tourism)</p> <p>2.1.5 UNWTO Awareness on the multiplier effect of tourism on the economy in general, the potential avian flu scenario impacts and the benefits of solid preparedness and response</p>	<p>I. Conduct a baseline study to assess the impacts of the hazards of AI on workers. II. Collaborate with governments and regional organisations in analyzing national and regional specific labour market conditions III. Develop a sector specific model to address the impact on the poultry sector IV. Refine the employment elasticity model to react to GDP loss estimates prepared by World Bank's Development Prospect Group (DECPG) V. Analyse sector and economy loss estimates and prepare recommendations and impact assessments</p> <p>I. Show tourism's impacts on regional economies in terms of GDP and employment, using Tourism Satellite Accounting approach II. Correlate with other agency assessments III. Develop a scenario based model to address the impacts on the tourism sector IV. Assess sector driven loss estimates across economies</p>
<p>2.2 Study compensation schemes / best practices</p>	<p>2.2.1 FAO Knowledge of compensation schemes and best practices (with the World Bank and OIE)</p>	<p>I. Review of benefits and risks posed by different compensation mechanisms II. Advise on best practices</p>
<p>2.3 Assist in the design and implementation of mechanisms for compensation and the development of alternative livelihoods</p>	<p>2.3.1 UNDP Assistance to governments as they design and implement mechanisms for sustaining the livelihoods of persons made vulnerable by AI control measures and possible consequences of a pandemic</p> <p>2.3.2 WFP Programme support to vulnerable populations whose food security is impacted by avian influenza and containment efforts</p> <p>2.3.3 UNHCR Equivalent compensation for refugees to the one received by members of host country population in similar economic condition</p>	<p>I. Carry out analytical work on the potential socio-economic consequences of an AI pandemic II. Review of benefits and risks posed by different compensation mechanisms. III. Support community action to identify alternative options for livelihood security and develop linkages between avian influenza and poverty</p> <p>I. Assess the adequacy of food aid as response to loss of livelihood and develop programmes accordingly</p> <p>I. In coordination with WFP and national authorities implement compensation schemes in refugee settings</p>

	<p>2.3.4 ILO Technical assistance for possible compensation and livelihood support</p> <p>2.3.5 IOM Government compensation strategies that include the needs of migrants</p>	<p>I. Mapping of scope for income support and/or compensation mechanisms through social protection mechanisms</p> <p>II. Mobilise support through ILO's tripartite constituency</p> <p>III. Outline design of benefit schemes</p> <p>IV. Compile and disseminate information to stakeholders including ILO constituents.</p> <p>V. Support monitoring systems</p> <p>I. Assess and analyse impact of avian influenza on livelihood and food security in migrant populations</p> <p>II. Identify alternatives to livelihood security in migrant populations</p> <p>III. Identify and implement compensation mechanisms for migrants</p>
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Objective 3. Human Health
Strengthening public health infrastructure, including surveillance systems, to (i) reduce human exposure to the H5N1 virus; (ii) strengthen early warning systems, including early detection and rapid response to human cases of avian influenza; (iii) intensify rapid containment operations and responses for a newly emerging human influenza virus; (iv) build capacity to cope with a pandemic, including surge capacity for a pandemic; and (v) coordinate global science and research, particularly as this pertains to the availability of a pandemic vaccine and antiviral drugs. Strengthening community based treatment of acute respiratory infections, including pre-positioning of medical supplies in peripheral areas to enhance capacity to respond as well as to enhance nutritional security and access to micronutrients to minimise the impact of infection on susceptible populations

Expected Impact: sound systems in place for safeguarding the health of human populations during a pandemic

Purposes	Outputs	Activities by
<p>3.1 Reduce human exposure to the virus</p>	<p>3.1.1 WHO Reduced opportunities for human infection and reduced opportunities for a pandemic virus to emerge</p> <p>3.1.2 ILO Improved working conditions and protection of workers against AHI</p>	<p>I. Improve understanding of risk factors for human infection.</p> <p>II. Ensure that proper isolation and infection control procedures are followed in hospital caring for suspected or confirmed cases</p> <p>I. Promote ILO standards, principles and approaches on occupational safety and health</p> <p>II. Assist in enhancing national infrastructures and systems for the protection of frontline workers in agriculture and poultry production, farmers, health workers and labour and food inspectors</p> <p>III. Strengthen capacity of countries to improve working conditions and safety and health at work in high risk occupations and workplaces</p>

<p>3.2 Strengthen early warning systems</p>	<p>3.2.1 WHO a) Strengthened capacity of national and international surveillance systems, using existing infrastructures, in ways that ensure rapid detection of suspected human cases, rapid and reliable laboratory confirmation, rapid field investigation, and rapid and complete reporting to WHO</p> <p>b) Affected countries, WHO, and the international community have all data and clinical specimens needed for an accurate risk assessment</p> <p>3.2.2 UNHCR Strengthened capacity for surveillance, linked to national and international surveillance systems among refugees and other populations of concern to UNHCR</p> <p>3.2.3 IOM Strengthened capacity for surveillance in migrant populations.</p>	<p>I. Conduct surveillances for human cases in countries experiencing poultry outbreaks. II. Detect imported or exported cases III. Confirm diagnosis IV. Undertake field investigations of cases and interpret the findings, trace and monitor contacts of each human case V. Identify populations at heightened risk of infection and introduce protective measures VI. Strengthen mechanism for formal collaboration between the human health and agricultural sectors</p> <p>I. Ensure that clinical specimens and viruses are shared with the WHO network of reference laboratories specialised in diagnostic work and analyses of influenza viruses</p> <p>I. Setting up reporting systems, coordination and surveillance mechanisms at camp, national and global level</p> <p>I. Assist in setting up surveillance, investigation and response to suspected cases of human influenza in migrant setting II. Ensure access to antivirals and vaccines for migrant populations</p>
<p>3.3. Intensify rapid containment operations and responses for a newly emerging human influenza virus</p>	<p>3.3.1 WHO Risk communications on potential outbreaks, while providing substance and technical input on human health issues, including prevention and treatment, for social mobilisation activities being implemented.</p>	<p>I. Detect the earliest epidemiological signals that the virus may be increasing its transmissibility among humans II. Quickly assess situations that potentially signal the start of efficient and sustained human-to-human transmission of the virus III. Should assessment indicate that human-to-human transmission is occurring, intervene immediately, using rapid-response field teams and global and regional stockpiles of antiviral drugs and other supplies IV. Develop an operational protocol, supported by standard operating procedures, to support this intervention V. Develop a communication protocol to support this intervention, encourage compliance, and minimise the stress experienced by the affected population</p>

<p>3.4 Build Capacity to cope with a pandemic</p>	<p>3.4.1 WHO Countries have formulated and tested pandemic response plans to enable global response to a pandemic</p> <p>3.4.2 UNHCR Working closely with WHO in refugee settings, surveillance and investigation of, and response to, suspected human cases of avian influenza and instances of efficient human-to-human transmission of highly pathogenic influenza, including targeted supply of antiviral and vaccines</p> <p>3.4.3 UNICEF Health needs of children and women during a pandemic are adequately addressed</p> <p>3.4.4 IOM Access to health needs for migrant populations at risk of avian influenza or of any potential future pandemic</p>	<p>I. Provide generic guidance on the content and structure of a response plan.</p> <p>II. Assist individual countries, particularly those with limited resources, in the development of plans</p> <p>III. Test plans in individual countries, regions, and internationally in order to identify gaps in core capacities</p> <p>IV. Enable WHO and its regional and country offices to carry out greatly expanded functions, around the clock, in leading and coordinating the global response to a pandemic</p> <p>I. Provision of PPE to Staff and training in risk and risk avoidance, case management, and management of waste</p> <p>II. Security of staff, medications, isolations and triage zone</p> <p>III. Strengthening of health services to include surveillance, detection, infection control and clinical management (including stockpiling of antibiotics, paracetamol, and essential drugs for other diseases)</p> <p>I. Strengthen on-going community-based care for acute respiratory infections and diarrheal infections</p> <p>II. Strengthen nutrition security and micronutrient initiatives to ensure that children and women have optimal nutritional health</p> <p>III. Contribute to development of national pandemic preparedness plans for health services</p> <p>IV. Support logistic systems to ensure availability of the appropriate essential drugs, especially for children and women</p> <p>I. Strengthen community based and home based care for acute respiratory infection in migrant populations</p> <p>II. Strengthen nutritional security in migrant populations</p> <p>III. Support governments to include the health needs of migrants in national pandemic preparedness plans</p> <p>IV. Advocate for availability of essential drugs to migrants</p>
<p>3.5 Coordinate global science and research for availability of a pandemic vaccine and antiviral drugs</p>	<p>3.5.1 WHO Facilitation of availability of pandemic vaccines and antiviral drugs</p>	<p>I. Identify priority research areas and encourage public and private sector funding</p> <p>II. Obtain more data on the use of both classes of antiviral drugs, on virus susceptibility to these drugs, and on optimum doses and duration of administration for both treatment and prophylaxis in children and adults</p> <p>III. Establish partnerships with governments, regulatory authorities, academic institutes, and industry to find ways, facilitated by WHO, to increase vaccine manufacturing capacity quickly and in ways to ensure equitable access</p>

		<p>IV. Assist developing countries embarking on the development, regulatory approval, and production of pandemic vaccines</p> <p>V. Accelerate research and development for new vaccines conferring long-lasting protection against multiple influenza virus strains</p> <p>VI. Use institutions within the WHO Global Outbreak Alert and Response Network (GOARN) and laboratories within the WHO influenza surveillance network to ensure that scientific knowledge about an evolving pandemic is generated and communicated in real time</p>
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Objective 4. Coordination of National, Regional and International Stakeholders

Ensuring that national government ministries work together in a focused way, bringing in civil society and private sector groups, in pursuit of sound strategies for avian influenza control and pandemic preparedness.

Expected Impact: synergy (i.e. better than the sum of the parts) among actions taken by national-, regional- and international-level stakeholders to tackle AHI threats

Purposes	Outputs	Activities
<p>4.1 Ensure high level national leadership in the response to AHI</p>	<p>4.1.1 UNDP National leadership for the national response to AHI (in conjunction with the World Bank, regional banks, other international stakeholders and the UN country team composed of respective UN agencies)</p>	<p>I. Advocate with national leaders to encourage their fullest commitment to the response while openly facing challenges</p> <p>II. Support cross-government engagement</p> <p>III. Facilitate the joint analysis of challenges and synergised approaches to AHI responses in high level regional and global meetings</p>
<p>4.2 Assist national governments in their coordinated response to AHI.</p>	<p>4.2.1 UNDP Formation of strategic alliances to tackle the AHI threat across all levels of governments, with full engagement of the private and voluntary sectors</p> <p>4.2.2 UNDP A dependable package of assistance for national authorities</p>	<p>I. Involve the private sector and civil society, at national and local levels, in discussions regarding the formulation and implementation of AHI strategies</p> <p>II. Facilitate access to information on private sector preparedness and the role of civil society organisations</p> <p>I. Develop the integrated national AHI programme management systems that are based on the global strategic vision for AHI responses</p> <p>II. Engage different ministries and non-governmental partners within an agreed framework for national accountability</p> <p>III. Adopt results-based management methods</p>

	<p>4.2.3 UNDP Capacity in the office of the Resident Coordinator for coordination of bilateral and multilateral external assistance (in conjunction with the development banks) in line with the integrated national influenza plans</p> <p>4.2.4 OCHA Regional Interagency Platforms established or strengthened to provide support to country-level pandemic contingency planning</p> <p>4.2.5 WFP Food security aspects integrated in national plans by the National structures in charge of coordinating avian influenza and pandemic preparedness</p>	<p>IV. Carry out regular implementation reviews and adjust AHI strategy as necessary to reflect national and/or international circumstances</p> <p>I. Ensure complementarities of externally provided technical assistance.</p> <p>II. Encourage financial assistance</p> <p>I. Assist national authorities in testing preparedness plans – providing support in particular to countries with restricted implementation capacity</p> <p>II. Develop plans for continuity of critical operations and support to national and local authorities in the event of a pandemic</p> <p>III. Perform quality assurance of preparedness plans</p> <p>IV. Develop virtual regional platform including information management products (who does what-where, contact directory, on-line discussion forum, calendar of events, document database, mapping service, etc) for regional information exchange</p> <p>I. Advocate for integration of food security elements in national plans for avian influenza and pandemic preparedness</p> <p>II. Advise on building up national resilience, particularly related to food availability (pipeline management and creation of use of national food stocks)</p>
<p>4.3 Improve national, regional and international coordination</p>	<p>4.3.1 UNSIC Synergistic action at national, regional and international level</p>	<p>I. Harmonise and align external assistance at country level, working through Resident Coordinators and World Bank country directors</p> <p>II. Encourage synergy of strategies pursued and actions undertaken by UN System agencies, funds and programmes and other development and humanitarian partners around the 7 objectives in the Action Plan</p> <p>III. Support and link with inter-governmental partnerships on Avian and Human Influenza (e.g. IPAPI)</p> <p>IV. Track, assess, analyse and report on the impact of the global AHI effort and identify critical issues for review in high level meetings organised by partners</p> <p>V. Work towards consistency (and, ideally, unison) of messages issued by different UN System agencies to media, to interested parties, to the respective line ministries, in relation to AHI</p> <p>VI. Ensure that the UN System is prepared to keep its staff safe and to maintain operational continuity in the event of a pandemic</p>

Objective 5. Public Information and Communication to Support Behaviour Change
 Strategic communication to provide clear and unambiguous risk and outbreak information to the general public and key groups of people with the highest potential for stemming the spread and impact of the disease. This will include communicating with the public, households and communities to involve and mobilise them to adopt appropriate behaviours to reduce risks and mitigate the impact of any outbreaks or pandemic

Expected Impact: Changed behaviour supported by accurate messaging and effective social mobilisation

Purposes	Outputs	Activities
<p>5.1 Strategic communication for awareness and behaviour change (messaging)</p>	<p>5.1.1 FAO, OIE and WHO Content development for effective public awareness and social mobilisation campaigns for behaviour change</p> <p>5.1.2 ILO Public awareness and behaviour change related to the workplace</p> <p>5.1.3 FAO in collaboration with OIE Strengthened capacities for outbreak and risk communications among Ministries of Agriculture.</p>	<p>I. Develop guidelines on approaches to communication on compensation. II. Provide materials that convey core messages on AHI prevention as well as pandemic containment III. Ensure that each country affected by outbreaks in poultry has a strategy for informing the general public of the associated risks to human health and related mitigation measures, and has a policy that facilitates these protective behaviours IV. Ensure that this strategy is based on best practices for bringing about behaviour change, is adapted to national social and cultural context, reaches populations at greatest risk (including children), and is tested for effectiveness and modified as needed</p> <p>I. Facilitate access to up-to-date information on risk and control measures at the workplace II. Support national communication strategies and information campaigns that provide technical information for the prevention of AHI at the workplace together with governments employers and workers III. Together with employers and workers advise on, prepare and disseminate technical information for the prevention of AHI at the workplace</p> <p>I. Develop guidelines and training modules based on best practices for strengthening capacities of Ministries of Agriculture in outbreak and risk communication focusing on animal health and socio-economic / livelihood issues II. Conduct regional workshops on outbreak and risk communication for Ministries of Agriculture</p>

<p>5.1.4 FAO and OIE (GF-TADs) Establishment of regional/national Stop AI Partnerships which includes Ministries of Agriculture, media, NGOs and Private Poultry Sector</p>	<p>I. Develop strategies, processes and advocacy materials for establishing multi-sectoral, regional/national AI partnerships for supporting communication outreach and implementation, consensus-building, and mitigating poultry market shocks</p>
<p>5.1.5 FAO in collaboration with OIE Establishment of multi-disciplinary global and regional Technical Advisory Groups on mid to longer-term strategic communication issues, focusing on animal health, livelihoods and socio-economics</p>	<p>I. Conduct a global, and six regional Expert Consultations on strategic communication for the prevention and control of HP AI, focusing on animal health, livelihoods and socio-economics II. Establish a global and regional Technical Advisory Groups and at the FAO-OIE Regional Animal Health Centers to provide on-going guidance and technical assistance in strategic communication to Ministries of Agriculture</p>
<p>5.1.6 FAO Establishment and hosting of UN Knowledge Network on Socio-economics of Avian Influenza</p>	<p>I. Facilitate network building and creation of web-spaces, procedures, activities, discussion forums, products and tools for the establishment of the UN Knowledge Network on Socio-economics of Avian Influenza</p>
<p>5.1.7 UNWTO Targeted communications for travellers, the travel industry and tourist destinations</p>	<p>I. Develop a campaign to alert travelers to the Tourism Emergency Response Network (TERN) and its Avian Flu information II. Create and distribute broadcast and internet based information vignettes</p>
<p>5.1.8 UNWTO Dedicated networks to inform, share and communicate the most up-to-date and available relevant information, ideas and ultimately messages to travellers</p>	<p>I. Designate senior level national coordinators on all matters related to Avian & Human Pandemic Influenza II. Convene and manage the Tourism Emergency Response Network (TERN), its core cross sectoral constituency, its progressive expansion at global regional and international levels and its role as a mechanism for information exchange and consistent messaging</p>
<p>5.1.9 UNWTO Basic information, guidelines and common messaging for use by the different sectors of the travel industry and its supply systems and through this to the traveller</p>	<p>I. Establish an avian flu website and real time emergency response portal in partnership with Microsoft, as a one stop shop for avian flu information to travelers and the tourism sector</p>
<p>5.2 Social mobilisation for awareness and behaviour change.</p>	<p>I. Build resilience among communities by supporting national communication strategies that provide clear and empowering information to the general public and key groups of people, with a focus on communities and households II. Advocate among the key national decision makers for the appropriate actions to stem the spread and impact of a pandemic III. Strengthen on-going hygiene promotion programmes</p>

	<p>5.2.2 UNHCR Refugees and other populations of concern to UNHCR are properly informed and encouraged to adopt healthy AHI-related behaviours</p> <p>5.2.3 WFP AHI awareness components integrated into existing or new food-assisted programmes where appropriate</p> <p>5.2.4 ILO Preparedness measures and behaviour change on occupational safety and health issues</p> <p>5.2.5. IOM Government behaviour change strategies for migrants</p>	<p>I. Translate public awareness messages into appropriate languages and format to inform and encourage refugees to reduce risks</p> <p>II. Raise awareness of refugees and people working in camps about avian flu and the risk of transmission, and support possible actions to keep poultry away from habitations</p> <p>III. Raise awareness of refugees and people working in camps about human flu transmission and protection</p> <p>I. Introduce awareness materials in schools where WFP provides school feeding</p> <p>II. Use of food distribution sites for awareness campaigns</p> <p>III. Link with UNICEF, FAO and government to disseminate awareness materials during monitoring visits</p> <p>IV. Support partner and government community training programmes through food for training if appropriate</p> <p>I. Collect, organise and disseminate up-to-date technical information on occupational health and safety preventive measures with a focus on using appropriate protection, taking precautions and educating workers</p> <p>II. Prepare and disseminate technical information for the prevention of AHI at the workplace together with workers in particular</p> <p>III. Assist countries in their efforts to inform, educate and train workers on occupational safety and health and AHI issues together with governments, employers and workers</p> <p>I. Advocate for appropriate health promotion programmes for migrants.</p> <p>II. Strengthen national and international communication strategies for migrant communities and households</p>
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Objective 6. Continuity under Pandemic Conditions

Ensuring the continuity of essential social, economic and governance services, and effective implementation of humanitarian relief, under pandemic conditions

Expected Impact: Plans for “business continuity” during a pandemic in place and rehearsed

Purposes	Outputs	Activities
<p>6.1 Contingency planning for operational continuity during a pandemic</p>	<p>6.1.1 OCHA Pandemic influenza plans and strategies built upon existing mechanisms for disaster preparedness, mitigation and response, as well as established best practice, and – as far as possible – fully integrated into existing structures for disasters and crisis management</p> <p>6.1.2 OCHA Management systems for pandemic preparedness and response engaging all stakeholders and encouraging synergy</p> <p>6.1.3 UNDP Support to national pandemic preparedness planning (with OCHA)</p> <p>6.1.4 UNHCR Country-level pandemic influenza contingency plans, enabling staff to respond to refugees’ needs</p> <p>6.1.5 UNICEF Identification of essential as well as additionally required activities that should continue in a pandemic (in collaboration with the UN country team and government)</p>	<p>I. Provide support to UN country teams in developing and testing pandemic preparedness plans, including operational continuity components</p> <p>II. Undertake risk assessments, ensure that pandemic plans are based upon alternative pandemic scenarios, adjust planning scenarios as required given the local context and the evolution of pandemic risks</p> <p>III. Design and review comprehensive multi-sectoral preparedness and response plans, involving all levels of government, for pandemic-related contingencies</p> <p>IV. Test plans through simulations, review quality and effectiveness, and recommend revisions as appropriate</p> <p>I. Establish regional frameworks for pandemic preparedness, mitigation and response</p> <p>II. Analyse progress, review results, and shift programme emphasis when necessary</p> <p>III. Share best practices and lessons across regions to improve coordination and planning</p> <p>I. Support the efforts of the UN resident coordinator and country team to ensure that the UN country team develops and tests its own pandemic preparedness plan</p> <p>II. Encourage national officials to integrate pandemic preparedness planning into national crisis preparedness and response exercises</p> <p>I. Operationalise contingency plan in collaboration with the host country and other implementing partners including the UN</p> <p>I. Assist in operationalisation of the national pandemic containment and response plan</p> <p>II. Assist to meet the needs of the marginalized, including women, children and orphans in a pandemic</p> <p>III. Assist in the development of a strategy with the Ministry of Education to minimise the negative impact (on children and women) of class-suspension and/or other interruption of the education of children as a result of a pandemic</p>

	<p>6.1.6 ILO Capacity development of Labour Ministries and health departments for a response to a possible pandemic (with involvement of private sector)</p> <p>6.1.7 IOM Influenza pandemic preparedness plans include the needs of migrants and migrant populations.</p> <p>6.1.8 FAO and OIE Provide a continued cohesive response to HPAI related to international standards and provide service to governments, the animal health sector and its associated systems during a pandemic situation</p> <p>6.1.9 ICAO Assistance to States in their pandemic preparedness planning</p> <p>6.1.10 ICAO Evaluation of major international airports in Asia for adequate preparedness planning</p> <p>6.1.11 ICAO Provision of ongoing advice to the aviation sector and local stakeholders in the Asia/Pacific region</p> <p>6.1.12 ICAO Development programme of preparedness planning for Africa</p>	<p>I. Strengthen the role of social dialogue in developing sustainable response to a possible pandemic</p> <p>II. Capacity building in social dialogue as a mechanism to develop a sustainable response to a possible pandemic</p> <p>III. Tripartite development of sector specific guidelines on responses to AHI with involvement of labour and health stakeholders</p> <p>I. Collaborate with OCHA , other agencies and governments to provide technical and logistics support in operationalisation of national pandemic containment and response plans</p> <p>II. Assist in the development of a strategy with Ministries of Labour and social welfare to minimise the negative impact on vulnerable migrants and mobile population</p> <p>I. Assist governments for an enhanced, rapid and targeted response and control activities for HPAI animal sector</p> <p>II. Provide technical assistance to deal with the side effects of a pandemic in the animal health sector and its associated infrastructure and systems</p> <p>I. Bring together expertise in order to develop guidelines.</p> <p>II. Revise guidelines in light of improved knowledge/experience</p> <p>I. Evaluate preparedness plans against ICAO guidelines at major international airports in Asia and undertake on-site training</p> <p>I. Establish a regional network of experts in Asia/Pacific region (CAPSCA - Asia project)</p> <p>II. Carry out a tripartite review for CAPSCA – Asia</p> <p>I. Organise an initial seminar/workshop for Africa region (CAPSCA - Africa project)</p>
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	<p>6.1.13 UNWTO Resilience of the tourism sector – particularly in the poorest countries</p> <p>6.1.14 UNWTO Capacity building and technical assistance in risk and preparedness assessments and crises management planning, including recovery strategies and special marketing support activities</p>	<p>I. Encourage governments & financing institutions to include tourism as an essential sector in economic survival plans in developing countries</p> <p>II. Provide a basic UNWTO support system and a framework for crisis management & recovery</p> <p>I. Develop guidelines and toolkits for the tourism sector to help stakeholders actively participate in national and regional Avian Flu preparedness plans, so that the needs of tourists and the tourism industry are fully accounted for</p> <p>II. Develop regional and national crisis simulation exercises to rehearse and assess preparedness plans and uncover shortcomings</p> <p>III. Field advisory and technical assistance missions upon request</p>
<p>6.2 Prepare for humanitarian actions during a pandemic</p>	<p>6.2.1 OCHA Standard operating procedures surge capacity in place to support containment and mitigation during a pandemic</p> <p>6.2.2 WFP Strengthened capacity for business continuity planning and implementation</p> <p>6.2.3 WFP Support to governments in countries with large vulnerable and food insecure populations</p> <p>6.2.4 IOM Humanitarian support to governments in countries with large migrant populations</p>	<p>I. Plan responses to potential humanitarian consequences of a pandemic, including strategic alliances that engage the private and voluntary sector and involve communities</p> <p>II. In collaboration with international military and civil defense actors, define appropriate roles and effective mechanisms for coordination and planning</p> <p>I. Implement preparedness measures to reinforce WFP capacity to adjust its business model in a pandemic environment</p> <p>II. Conduct stockpile mapping and update logistics capacity assessments</p> <p>III. Integrate existing base-line data on food insecurity with AHI maps</p> <p>I. Upstream advice on building up national resilience and planning for relief food interventions in a pandemic situation</p> <p>II. Negotiate access to national food stocks for pandemic response, plan pipeline and support for food aid intervention</p> <p>I. Ensure that in responses to the humanitarian consequences of a pandemic the needs of migrants are met</p>

Objective 7. Humanitarian Common Services Support
 Ensuring that - in the event that national capacity is overwhelmed by pandemic conditions – agreed emergency operating procedures are invoked and benefit from information technology and logistics capacity set up and made operational beforehand

Expected Impact: Availability of functioning and effective common services to buttress national capacity in the event of a pandemic

Purposes	Outputs	Activities
<p>7.1 provide technology and logistic capacity in the event of a pandemic through common services</p>	<p>7.1.1 WFP information management related to avian influenza</p> <p>7.1.2 WFP Logistic expertise, contingency planning experience, and joint operations approach to inter-agency process</p> <p>7.1.3 WFP Humanitarian support through the delivery of food assistance, and logistics support where possible, under pandemic conditions</p> <p>7.1.4 UN agencies and partners Necessary common humanitarian services to support emergency responses</p>	<p>I. Provision of GIS capacity. II. Content management of HEWS web related to avian influenza</p> <p>I. Share logistics knowledge and expertise with technical agencies II. Develop logistics plans in support to UNCT pandemic plans considering limited surge capacity during pandemic</p> <p>I. Develop a WFP pandemic Concept of Operations (<i>planning will take into account the likely impaired implementing capacity of WFP, other UN agencies, governments, NGO partners and suppliers in a pandemic environment</i>)</p> <p>I. Enable all populations, particularly the most vulnerable, to have access to basic needs</p>

IV Overview of individual agencies' contributions and financial requirements

(By alphabetical order)

I. FOOD AND AGRICULTURE ORGANISATION (FAO)

No	Objectives	Funds requested till end 2007 (in USD)	Partners
1	Animal Health and Bio-Security	109,500,000	OIE, WHO, UNICEF, national and regional entities/organisations and NGOs
2	Sustaining Livelihoods	7,300,000	
5	Public Information and Communication to Support Behaviour Change	2,500,000	
6	Continuity under Pandemic Conditions	2,500,000	OCHA, WFP, WHO, IFRC, NGOs
TOTAL		121,800,000*	

** Projected FAO financial requirements for 2008 are USD 83,500,000 for 2008. It is anticipated that affected countries will request FAO's technical assistance for the implementation of up to a quarter of their total estimated needs and up to half of the total estimated global needs for countries at risk of infection.*

Overview of FAO's Contribution

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

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

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

II. INTERNATIONAL CIVIL AVIATION ORGANISATION (ICAO)

No	Objectives	Funds requested till end 2007 (in USD)	Partners
6	Continuity under Pandemic Condition	400,000	WHO, International Air Transport Association (IATA), Airports Council International (ACI), member states
	TOTAL	400,000	

Overview of ICAO's Contribution

In the event of an influenza outbreak with pandemic potential, the aviation community will need to take action in order to prevent or at least minimise its spread. In such event, the aviation sector will be detrimentally affected as passengers will avoid flying to areas where there is a perceived increased risk of disease. In this regard, ICAO is coordinating an international effort to bring together expertise to develop guidelines to help States in their preparedness planning. Initial efforts are targeted towards the Asia Pacific region and a project entitled CAPSCA – Asia (Co-operative Arrangement for Preventing the Spread of Communicable Diseases through Air Travel - Asia) is in place. This project involves the evaluation, based on the ICAO guidelines, of major international airports in the region, training of local medical officers and officials, and the development of a regional network of experts that can provide ongoing advice on pandemic planning to the aviation sector. The CAPSCA - Asia model will be adapted and used as a template for other regions of the world, starting with Africa in 2007 and later on in Europe/Middle East and the Americas to facilitate global harmonisation.

III. INTERNATIONAL LABOUR ORGANISATION (ILO)

No	Objectives	Funds requested till end 2007 (in USD)	Partners
2	Sustaining Livelihoods	250,000	FAO, WHO, ILO's constituents (governments, workers and employers organisations), private sector
3	Human Health	1,300,000	
5	Public Information and Communication to Support Behaviour Change	800,000	
6	Continuity under Pandemic Condition	100,000	
	TOTAL	2,450,000	

Overview of ILO's Contribution

ILO's tripartite structure places it in an extremely favorable position to address the concerns of governments, employers and employees with regards to AHI threats.

Since 2003 the poultry sector has suffered tremendous losses valuing up to \$ 10 billion, due to the killing of infected livestock worldwide. Furthermore many countries have also experienced a sharp decline in local demand for poultry, which has further battered vulnerable livelihoods. In addition to these losses, the threat of a pandemic further weakens already delicate structures of trade and livelihoods of backyard poultry farmers.

With regard to preventive action, issues of workers rights and occupational safety and health are particularly relevant to the ILO's field of operations. There is a need for capacity building and ensuring that efficient mechanisms and infrastructures are in place at the workplace in times of a possible pandemic. The ILO has established regulatory frameworks and has gained valuable experience in tackling diseases such as HIV/AIDS at the workplace. Such experiences will prove useful in developing practices for effective prevention and control of AHI.

Information campaigns will be a key tool in succeeding against the adverse impacts of AHI. With time, an increasing number of countries are adopting transparency regarding information on AHI and carrying out public awareness campaigns. In this regard, the workplace is an important instrument to inform the employers, workers and the general public of precautionary measures and best practices.

IV. INTERNATIONAL ORGANISATION FOR MIGRATION (IOM)

No	Objectives	Funds requested till end 2007 (in USD)	Partners
2	Sustaining Livelihoods	1,000,000	FAO, WHO, UNDP, OCHA, UNICEF, UNHCR
3	Human Health	2,000,000	
5	Public Information and Communication to Support Behaviour Change	1,000,000	
6	Continuity under Pandemic Condition	1,000,000	
	TOTAL	5,000,000	

Overview of IOM's Contribution

In the event of a pandemic, migrant populations might very well be at risk if plans for their protection have not been put in place during the preparatory and prevention stages. There are close to 200 million international migrants today. IOM is a highly decentralized organisation with offices worldwide and is using this structure to access migrant populations in order to inform them on AHI threats and ensure that their health and livelihood wellbeing is looked after. IOM is also linking with national governments and key stakeholders that manage migration to ensure inclusion of migrant populations in national preparedness plans.

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

No	Objectives	Funds requested till end 2007 (in USD)	Partners
4	Coordination of National Stakeholders	400,000	UNDP, FAO, OIE, WHO, World Bank, UNESCO, IRIN radio, UNICEF,
6	Continuity under Pandemic Conditions	3,1000,000	IOM, WFP, OXFAM, IFRC, IGAD, CEEAC, SADEC, ECOWAS
	TOTAL	3,500,000	

Overview of OCHA's Contribution

Experience with pandemics such as HIV/AIDS and SARS demonstrated that robust multi-sector support is needed to reduce vulnerability and humanitarian consequences. Typical coordination challenges to ensure gaps are filled and to avoid duplication need to be addressed. To support pandemic preparedness, standard OCHA activities such as bringing together key partners, acting as secretariat for task forces, managing information products, tracking who is doing what where, and reporting will need to be implemented at all levels.

In 2007, OCHA, with UNDP, will support the creation of the Pandemic Influenza Contingency Support (PICS) Team, comprising Regional Planning Officers (in Bangkok, Nairobi, Dakar, and Johannesburg, with more to follow in the Middle East, Eastern Europe, and the Americas) and an inter-agency team based in Geneva. Substantial requests for technical assistance have already been made of the UN system: the PICS Team will ensure that such requests are met quickly and efficiently. In addition, OCHA has the lead responsibility for continuity under pandemic conditions, ensuring that pandemic plans and strategies are built upon existing mechanisms for disaster management, and ensuring that contingency plans are tested, reviewed, and revised periodically.

VI. ORGANISATION MONDIALE DE LA SANTE ANIMALE (OIE) / WORLD ORGANISATION FOR ANIMAL HEALTH

No	Objectives	Funds requested till end 2007 (in USD)	Partners
1	Animal Health and Bio-Security	23,600,000	FAO, WHO, UNICEF, national and regional entities/organisations and NGOs
5	Public Information and Communication to Support Behaviour Change	1,900,000	
	TOTAL	25,500,000*	

* OIE's original requirements were 38,400,000. The OIE has already received USD 12,900,000 through the OIE World Animal Health and Welfare Fund.

Overview of OIE's Contribution

OIE, together with the Food and Agriculture Organisation (FAO), is supporting countries to strengthen good governance and veterinary services in preventing and controlling emerging and re-emerging animal diseases, including H5N1 highly pathogenic avian influenza. As the relevant standard setting international organisation, the OIE leans its action plan against the Terrestrial Animal Health Code (referred to as the OIE Code) and its standards and guidelines on the Evaluation of Veterinary Services. The OIE certified PVS experts and the PVS instrument are used for these evaluations.

An OIE/FAO document³ (published by the OIE, last updated in August 2006) on “*Ensuring Good Governance to Address Emerging and Re-emerging Disease Threats – Supporting the Veterinary Services of Developing Countries to Meet OIE international Standards on Quality*”, endorsed by the International Conferences of Geneva and Beijing, to limit the spread and build capacity for epizootic disease control forms the main background for the elaboration of strategies for the progressive control of HPAI in affected countries and prevention of incursions of disease to unaffected countries.

³ http://www.oie.int/downld/Good_Governance/A_good_gouvernance.pdf

VII. UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)

No	Objectives	Funds requested till end 2007 (in USD)	Partners
2	Sustaining Livelihoods	13,500,000	OCHA and other UN System agencies, Governments, World Bank, regional development banks, donors and civil society organisations
4	Coordination of National Stakeholders	12,500,000	
6	Continuity under Pandemic Condition	4,000,000	
	TOTAL	30,000,000	

Overview of UNDP's Contribution

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

In addition, UNDP, in close collaboration with OCHA, supports the coordination of UN System activities at country level, geared at capacity building for AHI, ensuring country ownership as well as the involvement of all stakeholders.

VIII. UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)

No	Objectives	Funds requested till end 2007 (in USD)	Partners
1	Animal Health and Bio-security	1,000,000	The government of the host countries in collaboration with UNDP, FAO, WHO, WFP and UNICEF
2	Sustaining Livelihoods	500,000	
3	Human Health	6,000,000	
5	Public Information and Communication to Support Behaviour Change	500,000	
6	Continuity under Pandemic Condition	2,000,000	
	TOTAL	10,000,000	

Overview of UNHCR's Contribution

In the event of a pandemic, the already limited resources for infection control and disease management are unlikely to be directed towards refugees. UNHCR will be responsible for protection and assistance activities for refugees and other population of its concern, should the influenza pandemic occurs. It will ensure that these people are not being excluded from national and regional preparedness planning and are properly informed. It will also be the convening agency in refugee settings during the pandemic and ensure timely and efficient management of the situation according to stages.

UNHCR is particularly concerned about refugees confined in camps of more than 5,000 persons and other populations of concern:

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

UN country teams should clarify roles and responsibilities in such a situation in order to support this vulnerable population.

IX. UNITED NATIONS CHILDREN'S FUND (UNICEF)

No	Objectives	Funds requested till end 2007 (in USD)	Partners
3	Human Health	13,500,000	Line-ministries, NGOs and civil society organisations, local science institutions and professional bodies, WHO, FAO, WFP, UNHCR and OCHA
5	Public Information and Communication to Support Behaviour Change	25,000,000	
6	Continuity under Pandemic Condition	11,500,000	
	TOTAL	50,000,000	

Overview of UNICEF's Contribution

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

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

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

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

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

X. UNITED NATIONS WORLD TOURISM ORGANISATION (UNWTO)

No	Objectives	Funds requested till end 2007 (in USD)	Partners
2	Sustaining Livelihoods	100,000	
5	Public Information and Communication to Support Behaviour Change	1,000,000	WHO
6	Continuity under Pandemic Condition	500,000	
	TOTAL	1,600,000	

Overview of UNWTO's contribution

In case of a pandemic, the tourism industry will be tremendously affected, jeopardizing the income of governments, private sector and civil society. The sector represents more than 5% of GDP and jobs on a global basis and more than 40% of service exports: it is a principal export for poor countries. Tourism demand is a driver of related sectors. It is therefore of vital importance to ensure that preparedness and response plans are in place. UNWTO will do this working closely with the UN System Influenza Coordinator, the World Health Organisation (WHO) and the Food and Agriculture Organisation (FAO).

As the UN Organisation responsible for tourism, UNWTO is engaging tourism private and public actors by disseminating information, building capacity and coordinating preparedness activities. It supports tourism stakeholders in their efforts to develop strategies and tools to withstand the impact of a pandemic.

These will include mechanisms to prevent spreading of unnecessary panic among consumers while sharing accurate information.

UNWTO will use its networks of states, private sector members, NGOs and its Regional Commissions to track, and respond to, evolving avian influenza developments with messages and support. A central component will be a portal for travel organisations and for tourists with real time information on avian flu developments linking to UN and public crisis channels and supported by a global university based reporting structure.

XI. WORLD FOOD PROGRAMME (WFP)

No	Objectives	Funds requested till end 2007 (in USD)	Partners
2	Sustaining Livelihoods	500,000*	UNICEF, WHO, FAO, OCHA, UNDP, IFAD and other international and regional partners, NGOs
4	Coordination of National Stakeholders	500,000	
5	Public Information and Communication to Support Behaviour Change	1,000,000	
6	Continuity under Pandemic Condition	1,500,000**	
7	Common Services	2,000,000**	
	TOTAL	5,500,000	

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

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

Overview of WFP's Contribution

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

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

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

XII. WORLD HEALTH ORGANISATION (WHO)

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

Overview of WHO's Contribution

WHO Member States have agreed on a series of protocols for reducing the risks of catastrophic ill health as a result of communicable disease. In May 2006, the World Health Assembly adopted a resolution (WHA59.2) that calls upon Member States to immediately comply, on a voluntary basis, with the provisions of the International Health Regulations⁴ (2005) that are considered relevant to the risk posed by avian influenza and pandemic influenza. The International Health Regulations form the basic framework that guides countries to establish epidemiological surveillance and reporting systems WHO has been mandated to monitor the implementation of the Regulations and to provide technical assistance to those countries, where implementation is not at the required level.

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

⁴ The International Health Regulations (2005) officially enter into force in June 2007, two years after their adoption by the World Health Assembly.

XIII. UNITED NATIONS SYSTEM INFLUENZA COORDINATOR OFFICE, PART OF THE UNITED NATION DEVELOPMENT GROUP (UNDG)

No	Objectives	Funds requested till end 2007 (in USD)	Partners
4	Coordination of National, Regional and International Stakeholders	2,200,000	UN Systems agencies, funds and programmes, other organisations, NGOs, private sector entities, governments
	TOTAL	2,200,000	

Overview of UNSIC's Contribution

The UNSIC office, which works from inside the UN Development Group, exists solely to facilitate and promote coordination of the work of different UN System agencies, funds and programmes (and their outside-UN partners) as they support national, regional and international responses to avian and human influenza; the office supports efforts to identify programme and funding gaps, and may catalyse efforts to close them. UNSIC seeks an inclusive yet focused approach to coordination, encouraging the taking of decisions by consensus, seeking to avoid highly formal processes, and being prepared, at all times, to move rapidly to closure in situations that warrant rapid action. It ensures that the UN System works to its best effect, through the formation of alliances and links, through some formal agreements and many informal arrangements, and – where appropriate – to establish effective collaboration with like minded groups from the public, voluntary, private and media sectors.

V Summary of Revised UN System Financial Requirements until end of 2007

Table 1: FUNDS REQUESTED AND RECEIVED FOR 2006 (In million USD)

	FAO	OCHA	UNDP	UNHCR	UNICEF	WFP	WHO	UNSC	TOTAL
Requests 2006	131.0	4.3	30.0	10.0	50.0	7.0	99.4+ 38.6 ³	2.4	334.1
Total funds received plus firm and soft pledges against 2006 requests	100.0 ¹	0.5	0	0	49.0 ²	1.5	66.9 ⁴	3.2 ⁵	221.1

¹This figure includes funds received against 2007 but not 2008

²Earmarked grant for communication and supplies at country level, outside UNICEF USD 50 million requirement for 2006

³Budget period is 2006 – 2007: USD 99.4 million for WHO's response to AHI and USD 38.6 million for antiviral stockpiles

⁴These amounts have been received or pledged against the USD 99.4 million for WHO's response to AHI

⁵This figure includes funds pledged against 2007

Table 2: REVISED REQUESTED FUNDS NEEDED UNTIL END OF 2007 (In million USD)

	FAO	ICAO	ILO	IOM	OCHA	OIE	UNDP	UNHCR	UNICEF	UNWTO	WFP	WHO	UNSC	CFIA ⁵	OTHER ⁶	TOTAL
1. Animal Health and Bio-Security	109.5					23.6		1.0								134.1
2. Sustaining Livelihoods	7.3		0.25	1.0			13.5	0.5		0.1	0.5					23.15
3. Human Health			1.3	2.0				6.0	13.5			32.5 ⁴				55.3
4. Coordination of National, Regional and International Stakeholders					0.4		12.5				0.5		2.2			15.6
5. Public Information and communication to support behaviour change	2.5		0.8	1.0		1.9		0.5	25.0	1.0	1.0					33.7
6. Continuity under Pandemic Conditions	2.5	0.4	0.1	1.0	3.1 ²		4.0	2.0	11.5	0.5	1.5					26.6
7. Humanitarian Common Services Support											2.0					2.0
8. Unallocated														30.0	6.5	36.5
TOTAL	121.8¹	0.4	2.45	5.0	3.5²	25.5³	30.0	10.0	50.0	1.6	5.5	32.5⁴	2.2	30.0	6.5	326.95

¹This amount is needed for FAO in 2007. Another USD 83,500,000 is required to cover year 2008.

²OCHA has revised its financial requirements downwards

³OIE's original requirements were 38,400,000. The OIE has already received USD 12,900,000 through the OIE World Animal Health and Welfare Fund.

⁴WHO is still looking for funds for an additional USD 38.6 million for antiviral stockpiles but as a second priority

⁵Central Financing for Influenza Actions: USD 30 million is the minimum requirement

⁶Estimated funding required by other UN System agencies, funds and programmes and partners during 2007

Notices:

Notices:

