

The Central Fund for Influenza Action:

Lessons Learned Exercise

April 2012

Consultants

Bile, Dr. Khalif Mohamud

Dunn, Mr Claude

Table of Contents

LIST OF ACRONYMS.....	IV
I. Executive summary	1
1. Introduction: the Central Fund for Influenza Action Lessons Learned Exercise	1
2. Methodology	1
3. Findings and Lessons Learned.....	2
4. Conclusions and recommendations	5
II. Introduction	7
1. Background.....	7
2. The Coordination Imperative	8
3. Commissioning the Lessons Learned exercise	10
4. Avian and human influenza events chronology	11
III. Key specific objectives of the lessons learned exercise	12
IV. LLE methodology	12
1. The Methodological design.....	12
2. Limitations of the study	13
V. Findings	14
1. The relevance of design, legal arrangement and governance mechanism for the CFIA	14
1.1 Context	14
1.2 Design, governance and structure.....	14
1.3 The CFIA Management: structural and functional coordination	16
1.4 Financial information	16
1.5 Stakeholders.....	17
1.6 Earmarking.....	19
1.7 Monitoring and reporting.....	20
1.8 Effective planning.....	20
1.9 UNDP MPTF Office 1 – Administrative Agent (AA) & Transaction costs.....	20
1.10 UNDP MPTF Office 2 - Secretariat	21
1.11 The Peer review helped to build coherence.....	21
1.12 Comparison to alternative funds.....	22
1.13 Web-based survey results on working with the CFIA	23
2. Contribution to Pandemic Preparedness and assessment of the effectiveness of the CFIA supported programmes and projects	25
2.1 The UN action plan on AHI pandemic preparedness has consolidated the nexus between the CFIA and the Objectives Set for UNCAPAHI:	25
2.2 The CFIA has corroborated the advantage of sustaining the legitimate distinct lead roles and responsibilities for each partner organization	26
2.3 Public-private partnerships have brought added value to the AHI preparedness action.....	26
2.4 Capacity building is required to sustain AHI pandemic preparedness.....	27
2.5 Social communication is imperative for the effective implementation of AHI preparedness activities at the grassroots	28
2.6 Mainstreaming the acquired AHI Preparedness capacities into the participating organizations' core functions widened their strategic capabilities.....	29
2.7 The CFIA Small MPTF Grants have boosted the One UN vision framework.....	29
2.8 Introducing simulation exercises has built confidence for the pandemic preparedness plans	30
2.9 Commitment to the AHI pandemic preparedness action has rendered the UN system stronger to support national interventions	31
2.10 Web-based survey results on programmatic issues	31
3. Effectiveness of the CFIA Processes in supporting the key Paris Declaration principle and the UN reform process	33
3.1 Ownership: CFIA central and small MPTF grants reinforced the national ownership pathway	33
3.2 Alignment: Directing interventions on UNCAPAHI has facilitated alignment with national AHI preparedness priorities	34
3.3 Harmonization: maintained focus on the fund's selected operational niche and introduced mechanisms that synchronize actions	34
3.4 Strengthening accountability	35
3.5 Managing for results	35
3.6 Web-based survey results on aid effectiveness	35
4. UN Internal Coordination	37

4.1	CFIA pioneered coordination strategies	37
4.2	Advancing inclusiveness to improve coordination.....	37
5.	Recommendations to guide donors and POs in establishing similar effective coordination and operational mechanisms in support of aid and development effectiveness.....	38
5.1	Build coordination on widely recognized needs.....	38
5.2	Sharing commitment through devised joint action plans.....	38
5.3	Coordination to be founded on a participatory platform that reaches out to relevant partners.....	38
5.4	Translating the CFIA lessons into action: Keeping the aid effectiveness principles alive	38
5.5	Linking and coordinating global and national efforts directed towards common performance goals.....	39
5.6	Promoting Inter-agency technical coordination	39
5.7	Linking the AHI pandemic preparedness coordination mechanism with other coordination structures to expand influence and gain acceptance	39
6.	Recommendations to identify mechanisms that can be used beyond the CFIA	40
6.1	The One Health principles	40
6.2	Whole-of-Society pandemic preparedness approach.....	40
6.3	The multi-hazard preparedness approach	40
6.4	Rectifying the disaster preparedness developmental gap	40
6.5	The negotiation power of the common UN approach	40
6.6	Mainstreaming emergency and AHI pandemic preparedness	41
7.	Conclusions and recommendations	42
	Recommendations.....	44
VI.	Annexure	47
Annex 1.	Egypt Case Study	47
Annex 2.	Senegal Case Study.....	52
Annex 3.	Indonesia Case Study	56
Annex 4.	WFP efforts to build capacities for effective simulation exercises	59
Annex 5.	The ILO supported intervention on pandemic preparedness at the workplace in Indonesia	62
Annex 6.	The ICAO supported intervention on Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel (CAPSCA).....	65
Annex 7.	Terms of Reference - Central Fund for Influenza Action - Lessons learned exercise.....	69
Annex 8.	List of people met and interviewed	73
Annex 9.	List of documents consulted.....	74
Annex 10.	Calendar of events.....	77
Annex 11.	Timeline of international meetings: avian and human pandemic influenza contribution to One Health ..	79
Annex 12.	Project distribution by UNCAPAHI objectives	80
Annex 13.	Agencies accomplishments	83

Tables:

Table 1: Contribution of partners, commitments and deposits	16
Table 2: Total Expenditure against approved budget	17
Table 3: Recorded attendance of the various organizations at MC meetings	18
Table 4: Number of projects and the duration of their extensions	20
Table 5: Donors Commitment and Disbursements' Summary Apr-10 (in million US\$)	23
Table6: Working with the CFIA: Survey results	23
Table7: Summary outline of the interviewees' responses to key queries raised in the survey	23
Table 8: Number and amount of small grants transferred through organizations via the RC small MPTF grant	33
Table 9: At your level, can you assess the effectiveness of the CFIA interventions in the following areas?	35
Table10: The division of roles and responsibilities as per stakeholders' comparative advantages	55

Figures:

Figure 1: The seven objectives set by the UN consolidated action plan for avian and human influenza	9
Figure 2: Cumulative number of confirmed cases for avian influenza H5N1 reported to WHO 2003-2011	11
Figure 3: UN System Influenza Coordination and Funding	15
Figure 4: Funds transferred by PO	17
Figure5: The Peer Review Process	21
Figure 6: Overall CFIA Performance and Importance of CFIA Contributions for the Preparedness of Participating organizations:	31
Figure 7: Were the objectives of the project(s) attained?	32
Fig8: The Multi-sectoral Preparedness to AHI Pandemic Threat and the Prime Minister's Role in Decision Making: A Lesson from Egypt	47
Figure 9: Coordination: The expanded UN partnerships contributing to national preparedness and response	48
Figure 10: The High Level Coordination of the AHI Risk Assessment Processes Encompassing the Dimensions of Human and Animal Health: the Egyptian Adopted Scenario	49
Figure11: Structure of the national committee for emergency preparedness and response	53
Figure 12: The pursued multi-sectoral holistic approach	54
Figure 13: The National, Provincial and District Coordination Structures for Avian Influenza Control and Pandemic Influenza Preparedness in Indonesia	57
Figure 14: The UN Interfaced Coordination Structure of the National Committee for Avian Influenza Control and Pandemic Influenza Preparedness	58
Figure 15: Business Continuity Plan Project in the Time of Pandemic	64
Figure 16: ICAO CAPSCA Global Organization	66
Figure 17: CFIA Fund Allocation per UNCAPHI Objectives	82

LIST OF ACRONYMS

<i>AA</i>	Administrative Agent	<i>NDMO</i>	National Disaster Management Organisation
<i>AFRICOM</i>	United State Africa Command	<i>NGO</i>	Non-Governmental Organisation
<i>AHI</i>	Avian and Human Influenza	<i>NIPPRP</i>	National Influenza Pandemic Preparedness and Response Plan
<i>APINDO</i>	Employers' Organisation (Indonesia)	<i>NSC</i>	Avian and Human National Supreme Council (Egypt)
<i>APL</i>	Adjustable Programme Loan	<i>OCHA</i>	Office for Coordination of Humanitarian Affairs
<i>ATC</i>	Air Traffic Controller	<i>OIE</i>	World Organisation for Animal Health
<i>BC (P)</i>	Business Continuity (Plan)	<i>ORSEC</i>	Organisation des Secours (Senegal)
<i>C4D</i>	Communication for Development	<i>P2RX</i>	Pandemic Readiness and Response Exercise
<i>CAPSCA</i>	Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel	<i>PIC</i>	Pandemic Influenza Contingency Planning Team (OCHA)
<i>CFIA</i>	Central Fund for Influenza Action	<i>PLF</i>	Passenger Location Form
<i>CMT</i>	Crisis Management Team	<i>PO</i>	Participating Organisation
<i>CSO</i>	Civil Society Organization	<i>PPE</i>	Personal Protection Equipment
<i>DFID</i>	United Kingdom's Department for International Development	<i>RAMPHT</i>	Regional Aviation Medicine and Public Health Teams
<i>DSG</i>	United Nations Deputy Secretary-General	<i>SARP</i>	Standards and Recommended Practices
<i>ECOWAS</i>	Economic Commission for West African States	<i>SC</i>	Steering Committee on AHI (chaired by the Deputy SG)
<i>FAO</i>	Food and Agriculture Organisation	<i>SME</i>	Small and Medium Enterprises
<i>H2P</i>	Humanitarian Pandemic Preparedness	<i>TORs</i>	Terms of references
<i>HAN</i>	Health Alert Notices	<i>TWG</i>	Technical Working Group
<i>HCT</i>	Humanitarian Country Team	<i>UN</i>	United Nations
<i>HDF</i>	Health Declaration Form	<i>UN SG</i>	United Nations Secretary-General
<i>HPAI</i>	Highly Pathogenic Avian Influenza	<i>UNCAPAHI</i>	UN System Consolidated Action Plan for Avian and Human Influenza
<i>IATA</i>	International Air Transport Association	<i>UNCT</i>	United Nations Country Team
<i>ICAO</i>	International Civil Aviation Organization	<i>UNDAF</i>	United Nations Development Framework
<i>IDSC</i>	Information Decision Support Center (Egypt)	<i>UNDG</i>	United nations Development Group
<i>IHR</i>	International Health Regulations (WHO)	<i>UNDP</i>	United Nations Development Programme
<i>ILO</i>	International Labour Organisation	<i>UNFPA</i>	United Nations Population Fund
<i>IOM</i>	International Organization for Migration	<i>UNHCR</i>	United Nations High Commissioner for Refugees
<i>KOMNAS</i>	National Committee for Avian Influenza Control and Pandemic Influenza Preparedness (Indonesia)	<i>UNICEF</i>	United National Children's Fund
<i>LLE</i>	Lessons Learned Exercise	<i>UN-RC</i>	United Nations Resident Coordinator
<i>MC</i>	Management Committee	<i>UNSC</i>	United Nations System Influenza Coordinator
<i>MoA</i>	Ministry of Agriculture	<i>UNWRA</i>	United Nations Relief Works Agency
<i>MOALR</i>	Ministry of Agriculture and Land Reclamation (Egypt)	<i>UNWTO</i>	United Nations World Tourism Organization
<i>MoH</i>	Ministry of Health	<i>USA</i>	United States of America
<i>MoHPPH</i>	Ministry Of Health Public Hygiene and Prevention (Senegal)	<i>USAID</i>	United States Agency for International Development
<i>Mol</i>	Ministry of Interior	<i>USD</i>	United States Dollar
<i>MOU</i>	Memorandum of Understanding	<i>WASH</i>	Water Sanitation and Hygiene
<i>MPTF</i>	Multi-Partner Trust Fund (formerly Multi-Donor Trust Fund)	<i>WB</i>	World Bank
<i>MPTF-Office</i>	Multi-Partner Trust Fund Office (UNDP)	<i>WFP</i>	World Food Programme
<i>MSB</i>	Sweden Civil Protection	<i>WHO</i>	World health Organisation

I. Executive summary

1. Introduction: the Central Fund for Influenza Action Lessons Learned Exercise

The Central Fund for Influenza Action (CFIA) is a multi-donor trust fund established in November 2006 to finance the urgent unfunded and under-funded priority actions of the United Nations System Consolidated Action Plan for Avian and Human Influenza (UNCAPAHI) strategic framework. The latter was developed around a set of broad-based objectives that allow the building of a multi-sectoral partnership between the member States, the United Nations (UN) and the larger humanitarian community and development partners, to jointly combat the threat of the highly pathogenic avian influenza (HPAI) pandemic and enhance global, regional and country level preparedness and coordination.

The participating organizations (POs) within the CFIA were required to enhance their preparedness capacities by engaging in well-coordinated collaborative interventions with national governments, Non-Government Organizations (NGOs) and Civil Society Organizations (CSOs) to advance the preparedness actions in their mandated domains. The POs were also required to forge a country level coordination mechanism through the UN Resident Coordinator (RC) system.

As part of its original Terms of References (TORs), the Management Committee (MC) of the CFIA commissioned a lessons learned exercise (LLE) in the autumn of 2011 to assess the fund mechanism's effectiveness and the contributions made during the implementation of this project in terms of the achievements gained and constraints encountered. The CFIA contributions to the UNCAPAHI's unfunded and underfunded priorities were reviewed in addition to the processes and procedures pursued during implementation. The LLE also examined the contribution of CFIA supported interventions to the UN reform process, including the CFIA domains of national ownership, harmonization, alignment, accountability and managing for results, all of which constitute the fundamental principles of the aid effectiveness agenda aiming to increase the AHI pandemic preparedness within assisted countries.

Following an introduction, objectives, methodology and coordination perspectives section, report findings are presented in seven sections covering the following subject areas: 1) The relevance of design, legal arrangement and governance mechanism for the CFIA; 2) Contribution to Pandemic Preparedness and effectiveness of the CFIA supported programmes and projects achievements; 3) Effectiveness of the CFIA Processes in supporting the key Paris Declaration principles and the UN reform process; 4) UN internal coordination; 5) Establishing similar effective coordination and operational mechanisms in support of aid and development effectiveness 6) Exploring mechanisms that can be used beyond the CFIA and 7) Conclusion and recommendations. The report ends with a series of annexes led by country level case studies.

2. Methodology

While carrying out a thorough desk review of the available documents and reports, the LLE implementation design considered a range of contacts with the CFIA MC, the UN System Influenza Coordination and senior officials from the CFIA participating organizations in the Geneva and New York headquarters. Field visits were undertaken to three countries where the risk of H5N1 and pandemic influenza is high and/or extensive pandemic preparedness coordination activities were being carried out utilizing different, but mutually complementary tools that also allowed triangulation. During the LLE, a qualitative face-to-face survey was carried out targeting senior interviewees from the participating organizations and those engaged in AHI coordination mechanisms. A rapid on-line survey complemented the interviews to ensure broader outreach.

Through the LLE, several case studies were conducted to provide explicit examples from the field for the inputs, processes, contexts and the achievements and challenges faced in the development and implementation of the AHI pandemic preparedness plans; the coordination mechanisms pursued and establishment of multi-sectoral collaboration. The case studies relate to the three visited countries, namely Egypt, Indonesia and Senegal and several salient projects providing examples of the commitments made and

the interventions carried out by the member States and CFIA participating organizations, as well as their innovative displays of best practices and the lessons learned for emulation on a larger scale.

3. Findings and Lessons Learned

The feedback from the interviews and the on-line survey demonstrated overt support for the rapid and timely transfer of allocated resources, the flexibility provided for programme adaptation to country level operational needs and contextual realities, and the supportive guidance by the CFIA's MC. The latter's transparent managerial and administrative guidance, as well as its work aggregating the reports from participating organizations into a widely shared comprehensive report, has enhanced the programme visibility and illustrated the value of collective UN assistance and its cumulative efficiency in the implementation process.

It is apparent that the development of UNCAPAHI by the UN system not only facilitated resource mobilization, but also created a shared focus based on a platform of seven common objectives to be attained by different sectors of the UN system. By filling a perceived gap and need, the creation of CFIA has undoubtedly produced an enabling funding mechanism competent to reach out to the urgent unfunded and underfunded elements of the pandemic preparedness plans. This mechanism also complements other existing channels, supporting the transfer of donor resources to the UNCAPAHI, including bilateral funding to individual organizations.

Between 2007 and 2011, the CFIA received US\$ 43.821 million, of which US\$ 41.659 million were transferred primarily to participating organizations, though through the small MPTF grants, modest amounts were retained in the UNRC system to further strengthen the pandemic preparedness capacity and coordination of the UNCT and its supporting efforts to national institutions and systems. The major donors contributing to the CFIA included the governments of Norway, Spain and the United Kingdom, which offered the first funding window. The United States donation was part of the second window grant that was earmarked for a number of agencies specifically to objectives 6 (Continuity under Pandemic Conditions) and 7 (Common Humanitarian Services Support) of the UNCAPAHI. To ensure a timely and dependable fund transfer to the different implementing agencies and the flow of feedback monitoring information, a single reporting system was introduced, where in addition to the formal annual report, the agencies were required to provide informal quarterly brief accounts about performance and progress.

The pooling of CFIA resources has not only harmonized the management and operational oversight of implementation, but also allowed funds to be distributed to where they were most needed. The participating organizations have appreciated the access given by the MC, alongside its openness for consultation. They have also recognized the enhanced coordination and the added value of the peer review process mechanism introduced by the fund. However, the surveyed officials outlined that; a) although a tangible proportion of CFIA resources were earmarked, POs were able to use their grants effectively on various AHI pandemic related interventions; b) the set quarterly reporting was too narrow; and c) the closing of the CFIA fund and termination of UNSIC support would restrict the outstanding availed coordination and progress for the AHI pandemic preparedness efforts, unless the envisaged and needed multi-hazard disaster reduction operations at global, regional and country levels were launched in a timely manner.

The CFIA supported the AHI pandemic preparedness efforts with the involvement of a large number of participating UN and non-UN organizations. The latter has broadened the role of the UN beyond the few organizations traditionally mandated on animal and human health, such as the World Health Organisation (WHO), the Food and Agriculture Organisation (FAO) and the World Organisation for Animal Health (OIE). It has also enlarged the stakeholder platform at the national level, where a number of public and private sector institutions became actively engaged in setting and implementing national preparedness contingency plans, giving rise to the following concrete lessons learned:

a) CFIA Projects

- **The UN action plan on AHI pandemic preparedness has consolidated the nexus between the CFIA and the objectives set for UNCAPAHI:** The CFIA strictly linked the funding of the submitted projects to

the seven objectives stipulated by the UNCAPAHI to contribute to its set operational outcomes by specifically targeting urgent unfunded and underfunded components of this plan, which provided the CFIA a privileged niche in AHI preparedness action and support.

- **CFIA interventions contributed in reducing the risk of the AHI pandemic:** The CFIA supported programmatic interventions tangibly contributed to creating a large network of partnerships at regional and country levels, where the UN system worked in unison and the national governments to develop multi-sectoral implementation plans that contributed towards reducing the risk of AHI pandemic and increased the collaborative preparedness and response capacities of the member States and the CFIA participating organizations.
- **The fight against AHI pandemic substantiated the need for United Nations System-wide support:** The UNCAPAHI framework of action has corroborated that the best efforts and capacities of health systems to address the human and animal dimensions are not adequate enough to mount an effective response to all the consequences of an AHI pandemic. The Framework corroborates why the support of the UN as a whole is necessary to achieve the desired level of collective support and action made possible by CFIA.
- **Public-private partnerships provided added value to the AHI preparedness action:** Organizations such as ILO, ICAO, UNWTO and IOM, WFP and others, whose mandates and operational and technical niches interface with the private sector were able to develop innovative public-private collaborative strategies within their operational scopes. This integral part of the CFIA design, significantly improved the preparedness results within the UNCAPAHI action framework.
- **Community participation proved imperative for the effective implementation of AHI preparedness activities at the grassroots:** Community involvement was a central strategy used to promote the AHI preparedness agenda. Social communication was recognized as a major priority area for sustained action. In this regard, effective outcomes were linked to a stepwise approach, where initial contact was made with local leaders and then followed by a range of community based interactions that led to community-wide behavioral change and actions such as hygiene promotion and use of safe practices for handling poultry, which reduced the risk of disease transmission.
- **Introducing simulation exercises generated confidence on the pandemic preparedness plans:** The simulation exercises carried out in all three visited countries helped validate the effectiveness of the stipulated components of each preparedness plan in relation to command and control, communications and applied technical interventions, while providing confidence and direct experience to national institutions and professionals who would be engaged in a response when required.
- **The CFIA Small MPTF Grants boosted the One UN vision framework:** The CFIA small MPTF grants through which funding was channeled to the RC System, offered a powerful mechanism to the UNCT enabling it to interact with the relevant national authorities and assist them in the design and implementation of jointly prioritized interventions that would further scale-up national AHI preparedness plans. This mechanism strengthened coordination through the multi-sectoral platform at the national level and significantly improved the synchronized vision and action of the UN initiative.
- **Institutional capacity building has scaled up and sustained the AHI pandemic preparedness:** A major outcome of the AHI preparedness actions was the technical and organizational capacities gained by the national governments and their participating national institutions through the development of the AHI pandemic preparedness plans; the design of effective risk communication skills; improved coordination; catalytically enhanced disease surveillance and laboratory capacities and outbreak investigation; the introduction of simulation exercises that supported preparedness planning and the development of guidelines and standard operating procedures relevant to business continuity actions.

b) CFIA Structure and Management

- **The inclusiveness and flexible approach of the CFIA contributed to the achievement of UN Consolidated Action Plan on AHI (UNCAPAHI) and improved the scope of CFIA coordination:** The UN system has clearly recognized that the AHI pandemic preparedness drive involves operational fields that go beyond the specific domains of human and animal health. Accordingly, the CFIA has since its inception, made consistent efforts to include new partners such as UNWTO and ICAO, and open the

MPTF to IOM and OIE. The involvement of donors and the World Bank in the governance structure also enhanced coherence and coordination, enabling the participating agencies to attain the seven objectives of the UNCAPAHI.

- **CFIA arrangements and governance mechanisms promoted transparency, simplification and UN internal coordination:** A fair peer review process provided a sound methodology for enhancing coordination between the agencies, coherence of the planned activities and transparency. Simple oversight arrangements and the single reporting format also facilitated the management of the fund and enhanced its effectiveness.
- **Unified management platform and standard reporting structure:** The CFIA mechanisms for coordination and management, flexibly accommodated non-restrictive earmarking, strictly pursued common standard operating procedures and a reporting system all enabled the mobilization of additional resources for the programme as well as their effective and timely transfer to the participating organizations.
- **AHI preparedness capacities mainstreamed into the participating organizations' core functions widened their strategic capabilities:** The capacities harnessed were effectively put into action to advance the AHI preparedness effort. Examples of such include the enhanced disease surveillance and early warning systems; promotion of occupational health and safety at work; forged strategic public and private partnerships; logistic capacity assessment techniques; multi-sectoral pandemic simulation exercises; and the designed cooperative arrangement for the prevention of the spread of communicable diseases through Air Travel (CAPSCA). These preparedness strategies were mainstreamed into the participating organizations' core functions, enabling these newly acquired resources to be readily transitioned into a multi-hazard and Whole-of-Society Approach.

c) CFIA Support to Aid Effectiveness and UN Reform

- **Commitment to the AHI pandemic preparedness action has rendered the UN system stronger and more able to support national interventions:** The CFIA support enabled the participating organizations to enhance the health and safety of their staff, an outcome resulting from their ability to continue and sustain the planned specific pandemic preparedness and response capabilities. Each organization reviewed its technical and operational mandates in reducing the pandemic risk, coordinating with the UNCAPAHI objectives to identify and consolidated the specially carved out niches that respective organizations needed to lead in order to enhance the effectiveness and harmony of the UN system and its reform process.
- **The CFIA has corroborated the advantage of sustaining the legitimate distinct lead roles and responsibilities for each partner organization:** By anchoring its action into the UNCAPAHI, the CFIA successfully encouraged the participating organizations to engage their unique technical and operational comparative advantages in support of the AHI preparedness interventions and promote the necessary coherence and synergy at all operational levels for better coordination and complementarity. The inclusion of non-UN organizations among the CFIA supported partners has corroborated this reality.
- **Consideration of the *Paris Declaration* principles on Aid Effectiveness was of great relevance and strengthened the coordination of AHI interventions at the country level:** The aid effectiveness principles contributed to the success of the pandemic preparedness actions and generated a set of well-coordinated multilateral collaborative efforts resulting in strong national ownership and leadership, alignment with the main priorities of national government, better harmonization, productive results and mutual accountability.
- **The UNSIC model as the coordination hub for UN Action has advanced the UN partnership building potential:** The successful contribution of the UN coordination system to the AHI pandemic preparedness and response action has effectively demonstrated how a small team of dynamic UN professionals mandated by the UN Secretary-General (SG) can, through the CFIA support, galvanize the entire UN system and the global community through a framework of coordination and partnerships. In close liaison with UNSIC, the established Pandemic Influenza Contingency (PIC) unit greatly contributed to the coordination process at regional and country levels, assisting the

development of contingency plans, building awareness and preparedness capacities and promoting coordination and collaboration among partners.

4. Conclusions and recommendations

CFIA coordination mechanisms and operating procedures can guide donors and participating organizations in establishing similar effective grants in support of aid and development effectiveness. The LLE has corroborated the global momentum created by the AHI pandemic preparedness and response. The tangible and significant contribution offered by the CFIA initiative, which is operationally applicable beyond the current CFIA scope of project implementation, uses a multi-hazard and whole society pandemic preparedness approach. To profile public health emergencies in a paradigm where the impact goes beyond the health sector, the 'One World, One Health' principles need to be advocated and solidly embedded into the UNDAF country programmes. The LLE has reiterated the validity of these key operational strategies for which a holistic approach is appropriate as a measure to reduce the risk of a potential pandemic or prevent and mitigate other disasters in the future, for which the following recommendations are presented for consideration:

- Build a network that can sustain strategic coordination, promote social communication and awareness, generate resilience and enhance government accountability at all levels of its decentralized structures, while pursuing an integrated planning approach founded on inter-sectoral action.
- Create country-focused strategic action to build reliable and sustained preparedness capacities for which efforts can be made by the UN system to invest medium- and long-term support, thereby enabling governments to strengthen their regulatory measures and ensure the functionality of other essential services during a time of disaster.
- Pursue a multi-hazard preparedness vision and implementation approach and assign the coordination role to policymakers and professionals that are rendered explicitly accountable for defined organizational and operational outcomes and for liaising with the competent and empowered national institutions and authorities for greater efficiency and outcome.
- Address the structural challenges and resource limitations by mainstreaming the emergency preparedness domain into national development plans, and aligning it with similar UNDAF supportive cooperative initiatives.
- Coordinate the UN technical, managerial and operational inputs to emergency and disaster preparedness contributions and create the necessary mutual complementarities and synergies, and enhance efficiency in capacity building.
- Create opportunities for inter-country exchange of lessons learned in building institutional capacities and resolving challenges at the operational level, while creating linkages for cooperation in the event of a disaster.
- Improve the coherence of emergency and disaster preparedness coordination and operational roles at the regional and national levels and build a unified UN platform to liaise with national partners under the RC system to eliminate all duplication or overlap.
- Encourage the national institutions engaged in the AHI pandemic preparedness or multi-hazard preparedness based approach to validate the effectiveness of their plans by undertaking simulation exercises, a step that will also enhance the confidence of stakeholders and provide better insight into the contextual aspects related to its application.
- Improve the collective response of the UN system through the establishment of managerial and technical contributions similar to the CFIA mechanisms to effectively address future AHI pandemic threats and the potential challenges posed by other emerging diseases.
- Consolidate the lessons learned through the UNCAPAHI and CFIA MPTF grants by designating to each UN agency, distinct and concrete technical areas of action to enhance the UN scope of collaboration, coherence and accountability during disasters in general and epidemics in particular.
- Sustain the role of UNSIC for its effective coordination of the UN system pandemic preparedness mechanism and its ability to rally cooperation among the UN agencies and other partner organizations, in addition to its facilitation of high level policy and technical dialogues that promote consensus and action in the wider stakeholder forum.

-
- Promote multi-stakeholder participation, approving the CFIA operational processes and experience as well as the involvement of the regional and UN RC systems, to promote aid effectiveness and the UN reform agenda.
 - Pursue the CFIA supported strategic approach by creating high level attention to epidemic threats and by promoting the upstream engagement of national leadership to raise the profile of epidemic and disaster preparedness as well as the response and consideration at the country level.
 - Streamline the CFIA programmatic and governance experience into the evolving multi-hazard approach of 'Towards a Safer World' initiative that calls for Inclusive and Whole-of-Society Approach to Disaster Management and the 'One World, One Health' strategic framework to be used beyond the CFIA.
 - Consolidate the public-private partnership lessons gained through the CFIA to assure that partners benefit from their comparative advantages, added value and their ability to generate innovative partnerships that have become integral parts of the CFIA structure, management design and the UN action framework.
 - Disseminate the application of the CFIA management and programmatic inclusiveness, because the involvement of donors, the World Bank, other new partners in the governance structure and the enlargement of the MPTF eligibility criteria for participation have enhanced coherence, effectiveness and coordination.
 - Recognize that no single approach can appropriately be applied to enhance the capacity needed for resource mobilization and flexibly allow non-restrictive earmarking in an environment where as per the CFIA, common standard operating procedures and reporting systems are being strictly pursued to mobilize additional resources for priority programmatic interventions.
 - Promote UN internal coordination governance approaches such as the introduction of the CFIA model of the peer review process, which allows the organizations' diverse opinions to be shared, raises the proposals' quality standards, facilitates the decision process on project proposals and the rapid allocation of funds, averts duplication, enhances the trust of the participating organization in the legitimacy and transparency of the process and ensures that resources are invested in essential and operationally viable project interventions.
 - Pursue the CFIA inventive management model of sustaining the partner organizations' division of labour that comply with their mandated, legitimate and distinct lead roles and responsibilities, with the intent of reducing the risk of duplication and overlap, improving the quality and effectiveness of targeted interventions and generating coherence and complementarity in their close collaboration with national partners with opportunities for joint programming and coordination.

II. Introduction

1. Background

The CFIA is a multi-partner trust fund (MPTF) established in November 2006 to finance the urgent unfunded and under-funded priority actions outlined in the United Nations System Consolidated Action Plan for Avian and Human Influenza (UNCAPAHI) strategic framework. The creation of the CFIA has galvanized donor partners to mobilize and pool resources to enable the rapid financing of UN supported implementation for the urgent unfunded and under-funded avian and human influenza (AHI) preparedness priority actions. Following the threat of a highly pathogenic avian influenza (HPAI) pandemic in 2006, the UNCAPAHI was developed around seven principal objectives aimed at reducing the pandemic risk, increasing the global, regional and country level preparedness and enhancing coordination. As pointed out by the UNCAPAHI, the CFIA has recognized that the scope of pandemic preparedness is extending beyond the animal and human health domains and covering a wider range of essential interventions, especially business continuity in the event of a pandemic.

The CFIA aims to enhance coordination among the stakeholders engaged; especially the POs that are also co-signatories of the fund and through their diverse technical mandates, assume multifaceted roles that contribute to the AHI preparedness actions at the global, regional and country levels. The overall coordination of this established system was provided by the UN System Senior Coordinator for Avian and Human Influenza.

To ensure the successful implementation of the CFIA supported interventions and to carry out effective inter-agency coordination, the fund endorsed several key principles that include the upholding of the specific mandated roles and responsibilities for key participating organizations; enhancing inter-agency coordination; promoting a coherent, effective and predictable UN system collaborative response at all operational levels; and extending effective and timely support to the different agencies engaged in CFIA funded interventions. The fund has also envisaged a managerial process that has set standards and transparent procedures for project appraisal, resource allocation and performance oversight. In view of its limited financial scope, the fund complemented gap bridging interventions within the UNCAPAHI framework and national allocations for the AHI preparedness actions and the other transfers that the donor partners provide to the UNCAPAHI.

As a funding source of last resort, the CFIA was designed to assist countries with restricted implementation capacity but high pandemic risk, offering them partnerships with international organizations and assistance carrying out the nationally set AHI pandemic preparedness priority interventions. Eligibility to the fund is also offered to countries confronted by unforeseen urgencies that require the key required preparedness interventions be undertaken and sustained. At this juncture, the UN, public and private national counterparts, NGOs and civil society organizations need to mobilize the necessary actions to enable effective preparedness as well as appropriate and timely response. The CFIA is administered by the Multi-Partner Trust Fund Office (MPTF Office) of the United Nations Development Programme (UNDP), which serves as the Administrative Agent.

The CFIA has concluded a Memorandum of Understanding (MOU) with eleven UN agencies and two non-UN organizations, while the World Bank and WHO maintain observer status. These POs were required to enhance their preparedness capacities to engage in well-coordinated collaborative interventions and advance the preparedness actions in their mandated domains. They were also required to forge country level coordination through the UNRC system.

Ever since its inception, the fund has supported the POs to build the AHI pandemic preparedness capacities at the agency level, create inter-agency collaborative networks and promote regional hubs to assist the preparedness efforts at country level. During its first three years, CFIA focused on the H5N1 pandemic threat and supported efforts aimed at averting or mitigating the risk of a larger scale pandemic. In 2009, the World Health Organization (WHO) announced the emergence and rapid spread of influenza A (H1N1). Recognizing the gravity of the global spread of this virus, the CFIA allowed the engagement of some CFIA-funding to react

to the imminent risk of a pandemic. From this perspective, the participating agencies intensified their work with the national governments, encouraging them to mobilize public and private sector resources toward this end.

2. The Coordination Imperative

2.1 The creation of UNSIC as the hub for global coordination: promoting leadership, ownership and commitment

In June 2005, five United Nations Resident Coordinators in Asian countries wrote to the UN Secretary-General (UNSG) requesting him to take serious cognizance of the threat of avian influenza. The Secretary-General then appointed the WHO's Dr. David Nabarro as the UN System Influenza Senior Coordinator (UNSIC), and the UNSIC office was created to help make the UN system work effectively in supporting the national, regional and global efforts addressing the threats posed by avian and human influenza. The Coordinator's work enhanced the implementation of the technical strategies for influenza action spearheaded by FAO, WHO and OIE. The core of the Coordinator's function comprised of tracking and analyzing coordination mechanisms in different settings, assessing their effectiveness and impact, encouraging increased synergy of UN system action in priority areas (such as Pandemic Preparedness Planning guidelines for the UN system) and establishing partnerships and alliances between the UN system and other stakeholders to enhance the overall impact of global efforts. UNSIC strategically operates outside specific agency or programme frameworks and is based within the UN Development Group (an inter-agency coordination body). Assisted by a small team, the coordinator works under the authority of the Deputy Secretary-General (DSG) and the UN system Influenza Steering Committee that the DSG chairs.

The capacity of UNSIC to mobilize extra-financial support for the high level inter-ministerial meetings was a demonstration of the globally shared commitment to pandemic preparedness and a realization of the collective obligation that the world community has to combat this risk, saving humanity from the blight of an AHI pandemic accompanied by its grim health and socio-economic consequences. Through these high level consultations and the international conferences organized, the national leaders were significantly empowered and their partnerships with the UN scaled up through preparedness interventions at the global, regional and national levels. Through the CFIA-UNSIC support, the key elements of an efficient coordination process were successfully pursued by addressing the global challenge of AHI pandemic risk; creating synergistic partnerships that bridge the existing operational gaps of the UNCAPAHI; scaling up support for implementation by working in unison for the same final outcomes; building capacities at the country level to support the fight against the AHI pandemic threat and aligning with national plans and priorities while motivating national, UN and donor partners on accountability and action. The successful contribution to the UN coordination system of the AHI pandemic preparedness has shown how a small team of UN professionals with diverse expertise, spearheaded by a dynamic leadership and mandated by UNSG for coordination and support, can galvanize the entire UN system and the global community through an effective coordination mechanism.

2.2 The establishment of the Pandemic Influenza Contingency (PIC) unit

At the outset of the crisis, PIC filled valuable space by briefing the partners on the Global Avian Influenza situation. It enhanced countries' awareness about their needs; outlined the opportunities and challenges in the area of preparedness and identified avenues for future collaboration; conducted simulation exercises and propagated contingency plan methodologies for Avian and Human Influenza. These efforts were further substantiated by the PIC team's successful efforts in organizing briefings at national and regional levels on the global AHI situation and on the necessary preparedness interventions. Representing a major paradigm shift, the AHI pandemic preparedness contingency plan was anchored at the country level to existing national disaster preparedness and response coordination mechanisms in order to generate a high level of attention and commitment to averting the AHI pandemic and its anticipated consequences. This consideration resulted in the mobilization of a national inter-sectoral mechanism where the public and private sector roles were jointly envisaged. Through this effort, the national mechanisms for disaster preparedness were strengthened and their linkages to the policy making and administrative structures of the government formalized with roles

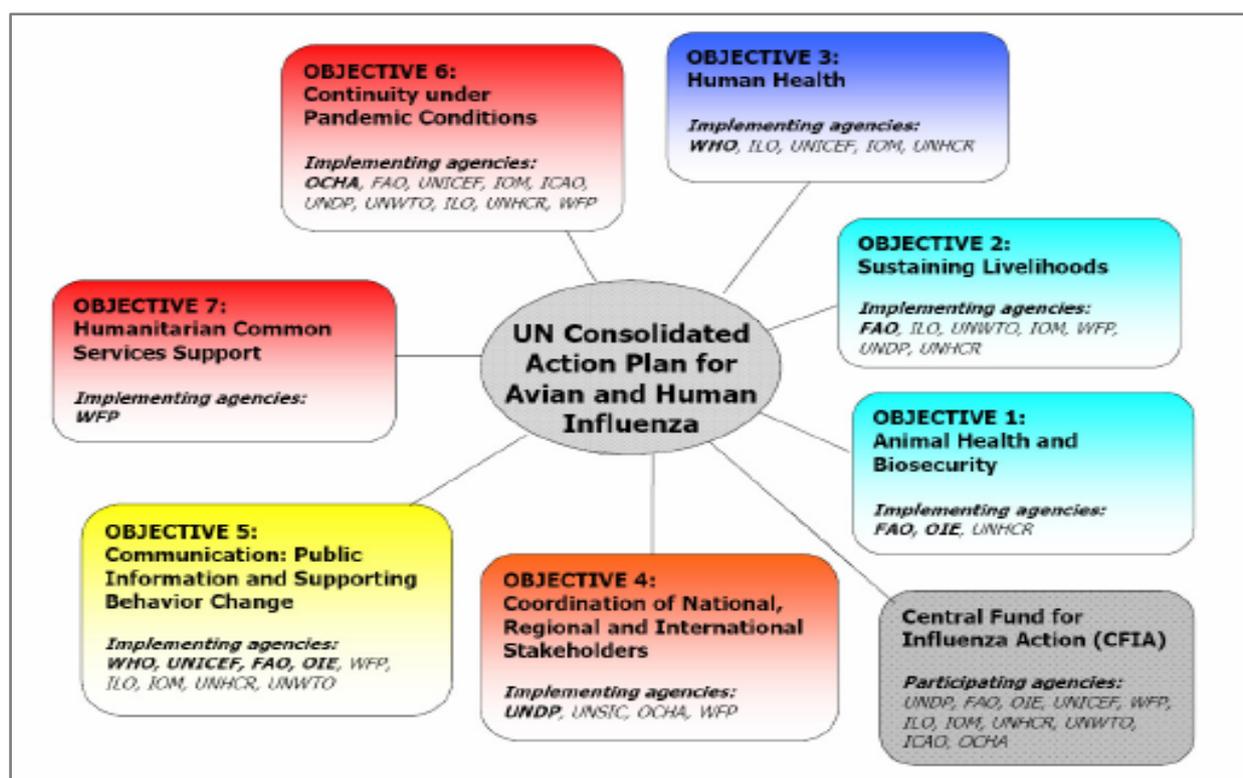
and accountabilities better defined. The CFIA supported interventions have provided the required stimulus and mobilized a shared commitment at national levels.

The effectiveness and value of the regional strategy promoted by the PIC team was recognized by different UN agencies and national counterparts, as it has maintained a high level of advocacy and coordination that has assisted the UN and the national governments in scaling up their AHI preparedness efforts. The support provided by the six PIC regional hubs has enabled the sharing of operational guidelines and the systematic utilization of available data for measuring progress. The PIC team has also organized training workshops; promoted risk communication; developed and disseminated relevant advocacy materials that enhanced public awareness; and assisted the UNCTs in establishing coordination mechanisms between the UN agencies and government institutions to prepare for the AHI pandemic. Likewise, PIC has facilitated the activities of the Inter-agency Standing Committee by undertaking need and capacity assessment exercises that feed into the development of the AHI preparedness contingency plans by appraising national and regional logistic support systems and diagnosing the necessary complementary support at the national level. The PIC regional strategy has therefore been a rewarding experience and a valuable lesson learned in developing and implementing the AHI pandemic preparedness plans.

2.3 Building a common platform for action: the UN System Consolidated Action Plan for Avian and Human Influenza (UNCAPAHI)

The *UN System Contribution and Requirements: A Strategic Approach for pandemic AHI* was presented as background material for discussion at the International Pledging Conference in Beijing in January 2006, and presented as an accompaniment to the material developed by the World Bank. Previous international gatherings on AHI Pandemic identified and cited as a major issue the significant resource gap within countries and the main technical agencies supporting national efforts. The Government of China and the World Bank co-sponsored the Beijing meeting, in close cooperation with UN agencies, to rapidly access resources and make them available in an appropriate manner to the countries and institutions most requiring them.

Figure 1: The seven objectives set by the UN consolidated action plan for avian and human influenza



The UN System Strategic Approach presented an initial framework with a two-track approach that was then adjusted to become the Consolidated Action Plan for Contributions of the UN System and Partners (UNCAPAHI) in mid-2006. By then, an increasing number of countries were seeking urgent technical and financial assistance from agencies, funds and programmes of the UN system, which were themselves not in the best position to help due to resource constraints.

The UNCAPAHI was developed by bringing together the various AHI actions developed by the UN agencies under seven common objectives that highlight the strategic direction and results to be attained by the different parts of the UN system. It also provided indication on financial requirements for the different objectives, and those of the different UN funds, agencies and programmes along with the expertise and services they were committed to provide.

The purpose of the UNCAPAHI was to ensure predictable and effective cross-sectoral response and control of avian influenza at the country level, in addition to addressing the threat posed by a human pandemic, particularly in low-income developing countries. The possibility of setting up a thematic pool fund was already proposed in the UNCHAPI, but had not yet materialized.

2.4 The creation of the Central Fund for Influenza Action

To further enhance coordination, resource mobilization, and foster effective participation, the CFIA was established in November 2006 by the Deputy Secretary-General Steering Groups for AHI in pursuance of the Terms of Reference agreed to by the Technical Working Group. The CFIA was designed to enable donors to pool resources and provide agencies with rapid access to the funding provided to support UNCAPAHI unfunded and under-funded key activities. The CFIA aimed to focus on gap filling interventions for: i) countries with restricted implementation; ii) unforeseen urgencies, emerging areas; and ii) joint programming and implementation. The CFIA is administered by the Multi-Partner Trust Fund Office (MPTF Office) of the United Nations Development Programme (UNDP), which acts as the administrative agent (AA).

3. Commissioning the Lessons Learned exercise

To generate the relevant lessons from this experience, the CFIA MC commissioned the lessons learned exercise (LLE) to assess the contributions made during the implementation of this project in terms of the achievements made and constraints encountered. The CFIA contribution to the UNCAPAHI's unfunded and underfunded priorities was reviewed along with the processes and procedures pursued during the implementation. The LLE studied the contribution of the CFIA supported interventions to the UN reform process in relation to its mandated domains of coordination, fostering country ownership, harmonization, alignment, accountability and managing for results in line with the fundamental principles of aid effectiveness that aim to increase the AHI pandemic preparedness of the assisted countries. The LLE was carried out between the months of September and November 2011.

The LLE examined the development and operational effectiveness of the CFIA, assessed under the six broad themes of fund design and structure, alignment and harmonization with UNCAPAHI, management of development results, capacity development, national ownership and accountability. In addition to the evidence of its contribution, the LLE also looked at the processes and mechanisms pursued and documented the applied best practices that enhanced the attainment of the planned development results. The LLE also assessed the strengths and weaknesses of the CFIA support to the implementation process of the unfunded and under-funded UNCAPAHI's priorities, the programmatic contributions of the participating organizations and the preparedness made towards reducing the risk of AHI human influenza epidemic through preparedness, as well as the coordination among stakeholders directly involved in the AHI pandemic preparedness actions.

4. Avian and human influenza events chronology

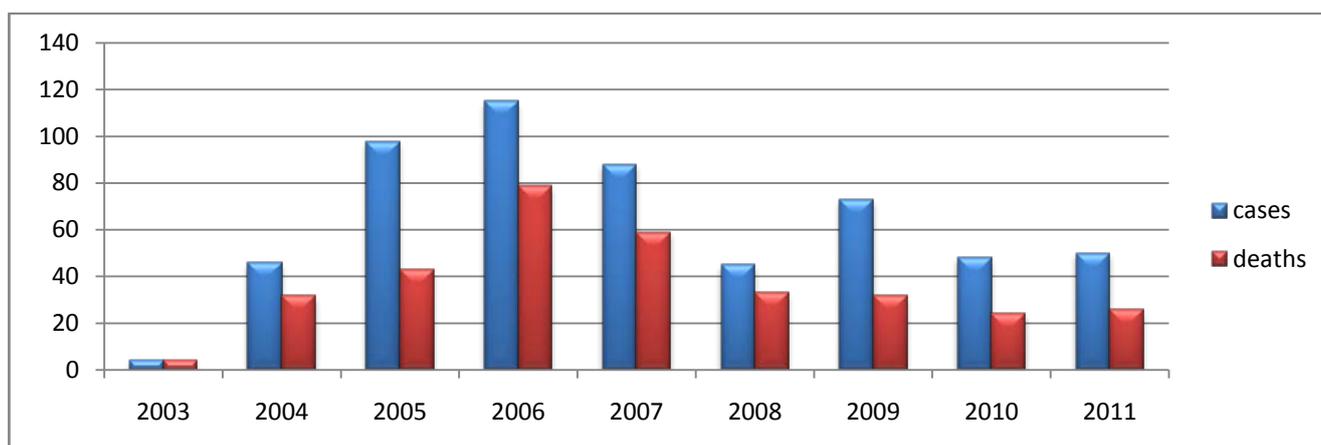
During 2003-2005, fifteen countries, mainly in South East and Central Asia, reported the presence of the highly pathogenic avian influenza (HPAI) virus H5N1. However, between January and May 2006, the virus spread to over 45 countries and was no longer confined to wild fowl, but also identified in domestic and commercial poultry populations notably in Africa, the Middle East, Europe and the Indian Sub-Continent¹. To address the repercussions for animal populations and their cultivation, the FAO and the OIE responded by producing a first version of their Global Strategy for the Progressive Control of Highly Pathogenic Avian Influenza (HPAI) in November 2005, based on the FAO's September 2004 Recommendations on the Prevention, Control and Eradication of Highly Pathogenic Avian Influenza (HPAI) in Asia.

On the human front, the H5N1 virus that had first surfaced in Hong Kong in 1997 remained largely a bird disease, but between the end of 2003 and June 2006, there was a resurgence of human cases of H5N1 influenza, with WHO reporting over 228 human cases and 130 fatalities worldwide. WHO had raised the pandemic alert level to Phase 3 at the time, as there were concerns that the genetic material in the avian virus could mutate or re-assort in a way that would make the virus capable of sustaining transmission between humans. Although difficult to clearly define, there was a growing recognition that the risk of a worldwide influenza pandemic during mid-2005 was real, and that such a pandemic could cause millions of deaths along with severe social, economic and humanitarian consequences. At the same time, a unique opportunity to prepare and possibly mitigate potential impacts was made available.

The international community stepped up its campaign against HPAI, and most countries developed national plans to counter the threat posed by avian and human pandemic influenza. Based on a consensus of the importance of international cooperation, a shared vision of coordinated global tracking and response evolved following the Avian and Pandemic Influenza Senior Officials Meeting in Washington in October 2005, the Global Meeting on Avian Influenza and Human Pandemic Influenza in Geneva in November 2005, the International Pledging Conference in Beijing in January 2006, the Senior Officials Meeting on Avian and Human Pandemic Influenza in Vienna convened in June 2006, and subsequent inter-ministerial conferences on the matter.

The 2009-2010 influenza A/H1N1 pandemic virus that originated in pigs prior to infecting humans caused an outbreak that reached a pandemic status. To effectively respond to this rapidly spreading virus, the World Health Organization (WHO) declared the pandemic on the 11th June 2009. Although on the 10th August 2010, WHO announced an end to the same, the threat of avian and human influenza H5N1 and H1N1 circulating in animals continued to pose serious threats to human health. The need for sustained wider collaboration and for the forging of effective coordination through the implementation of multi-sectoral pandemic preparedness plans continued. Annex 10 illustrates the AHI related calendar of events.

Figure 2: Cumulative number of confirmed cases for avian influenza H5N1 reported to WHO 2003-2011



¹ First UNSIC World Bank Report: Response to AHI Threats: Progress, analysis and recommendation, January-June 2006

III. Key specific objectives of the lessons learned exercise

The key specific objectives of the LLE are summarized below:

- To assess the effectiveness of the programmes and projects administered under the CFIA and demonstrate the contributions and results of CFIA towards reducing the risk of a human influenza epidemic and increasing the preparedness of countries to address the pandemic.
- To assess the effectiveness of the CFIA processes in supporting the key Paris Declaration principles and the UN reform process.
- To understand the relevance of design, legal arrangements and governance mechanisms for the CFIA as well as the UN internal coordination arrangements, highlighting their contribution to UNCAPAHI; how this mechanism compares to alternatives (separate sources of funding); and how earmarking may have affected the CFIA's functioning.
- To guide donors and participating organizations in establishing similar effective coordination and operational mechanisms in support of aid and development effectiveness.
- To identify the mechanisms that can be employed beyond the CFIA, even those with different funding facilities/modalities.

IV. LLE methodology

1. The Methodological design

The LLE methodological design envisaged the collection of data on the lessons learned through the CFIA implementation and documenting case studies reflecting the identified best practices. In this regard, the LLE assessed the specific CFIA roles assumed by the different UN agencies, programmes and funds. During the LLE exercise, the following ranges of assessment tools were used in an effort to generate the maximum quantitative and qualitative data relevant to the planning, implementation and management of the CFIA projects:

- i. **Desk review:** As part of the LLE exercise, the existing documents and reports that are directly or indirectly related to the CFIA initiative at the headquarters, regional and country levels were collected, closely studied and their findings analyzed.
- ii. **Stakeholder Interviews:** The three major stakeholders i.e. the government, participating organizations and the engaged development partners were approached and their contributions documented. The information collected through the Stakeholders' Interviews was then compared with the material generated through the desk review and other assessment tools utilizing the triangulation method to improve the consistency and validity of the findings. Stakeholders were interviewed in two headquarters (Geneva and New York) and three field country locations pre-selected by the CFIA's MC namely, Cairo, Egypt; Jakarta, Indonesia and Dakar, Senegal.
- iii. **Conducting teleconferences and individual telephone interviews:** When face-to-face meetings were not possible, the consultants conducted teleconferences and individual telephone interviews with key officials who played a critical role in the CFIA programme implementation. The interviews covered different aspects addressing the CFIA managerial structure, planning, resource mobilization, implementation and management of CFIA project implementation.
- iv. **Review meetings:** Review meetings were also convened through the RC's support at the outset of each country visit. The LLE consultants met with the head of participating agencies at the country level and had briefing and twice debriefing meetings with the RC of each of the covered three countries. A brief outline of the scope and objectives of the LLE were presented, followed by a discussion in which these senior country officers and their technical programme managers deliberated upon the progress made, and the challenges encountered both in fund management and in the CFIA projects' implementation. The roles of participating organizations, government counterparts and CSOs were assessed and the perceived lessons learnt and generated best practices extracted.

- v. Use of template checklists and tables:** Template checklists and tables were developed as part of the tools to be applied during this exercise for the purpose of summarizing the generated data, especially those related to financial allocations, disbursements and programmatic implementation.
- vi. Field Observations:** The consultants made direct contacts with relevant government authorities and institutions to gain firsthand information about the AHI preparedness planning and the collaborative coordination mobilized and identified the lessons learned and pursued best practices.
- vii. Case studies:** Analysis was carried out to document real-life examples on the experiences gained in the implementation of the CFIA assisted activities, on the coordination mechanisms established, the formulated inter-sectoral collaboration and the performed joint actions and validated their relevance to the AHI pandemic preparedness action.
- viii. Web-based survey:** The consultants developed a web-based survey questionnaire (using SurveyMonkey), to complement the above mentioned tools. The survey questionnaire was forwarded only to a limited number of individuals who could contribute to the exercise but who could not be reached otherwise.

It is important to note that the above outlined tools were not designed to be prescriptive. Instead, they provided the methodological framework and comprehensively reflected all the key elements that this LLE aims to assess, while allowing the consideration and adaptation to the local specific operational contexts of each country or project. In brief, the LLE methodological framework has made an effort to determine the extent to which the CFIA was an effective complementary funding mechanism to further reduce the risk of a pandemic and to enhance preparedness within the overall UNCAPAHI framework.

2. Limitations of the study

Assessing the effectiveness of risk reduction, increased preparedness and enhancement in coordination efforts are often difficult to quantify. The LLE partly relied on the perceptions of the interviewees as a proxy to measure these attributes complemented by the field observations, attempted validation efforts and in-depth reviews of the managerial and technical planning and operational documentations made in the course of programme implementation. Although the TORs for the CFIA's LLE are specific, there may be some overlap as the list of reference documents and interviewees will be closely related to the recent UNSIC's review of its coordination efforts (<http://un-influenza.org/files/UNSIKFinalReview.pdf>) and its effective coordination lessons learned exercise.

It was difficult for some agencies and interviewees to distinguish between various sources of funding for the pandemic preparedness and response related programmes and activities, and therefore could not positively attribute specific achievements to a specific funding source. This is particularly true as the funds were predominantly passed through Agencies' Headquarters, except the funding through the small MPTF grants, which passed through the RC for their direct implementation by the selected agencies in close partnership with the national counterpart institutions, where the specific knowledge concerning the funding was more readily available. Moreover, the quality of the recorded data related to CFIA may influence the results of the study, with the risk of underestimating some of the functions executed during the CFIA projects' implementation and the contributions made by the stakeholders. However, the possibility of gathering first-hand information on the implementation is aimed to compensate such disparities. Finally, although the LLE is looking at the sponsored projects' effectiveness, the LLE is not an evaluation specifically examining the effective results vs. the expected objectives (reducing the risk of human influenza pandemic and increasing the preparedness level of countries to address this imminent threat).

V. Findings

1. The relevance of design, legal arrangement and governance mechanism for the CFIA

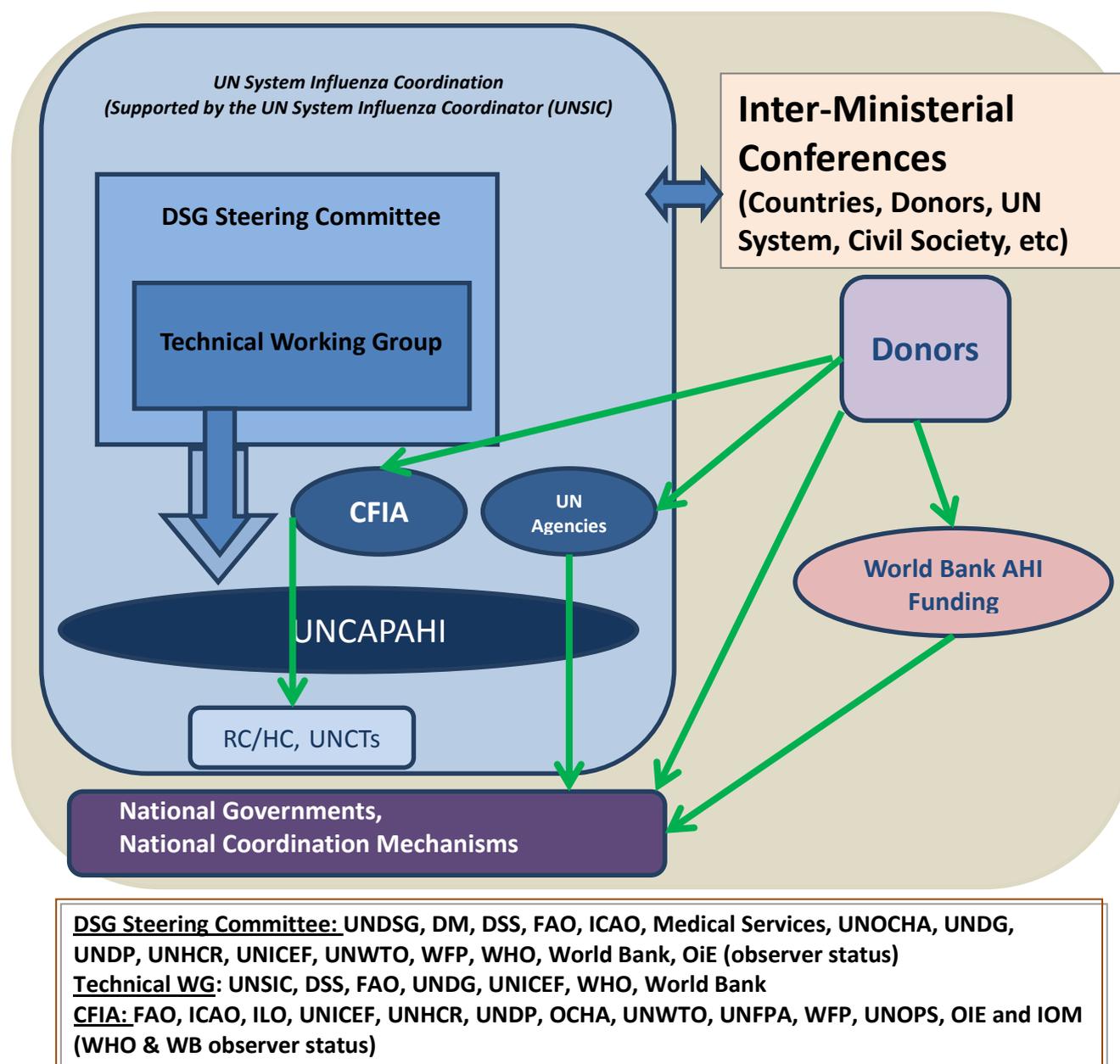
1.1 Context

The UN System Consolidated Action Plan for Avian and Human Influenza (UNCAPAHI), developed under the guidance of UNSIC provided a tool for a coordinated UN system response to AHI. The Central Fund for Influenza Action (CFIA) was designed to *complement* other channels for the transfer of donor resources to the UNCAPAHI, including bilateral funding to individual agencies. Indeed, some USD \$1.9 billion had been pledged at the Beijing Conference in January 2006. Allocations were already being channelled through direct funding to countries, the World Bank AHI funding facility, bilateral funding to international and regional organizations, and other means (e.g. H2P funded USAID to reduce the risk of excess mortality from an influenza pandemic in over 25 countries with a focus on humanitarian coordination and community-level preparedness). However, the demand for funds far outstripped their availability as reported by UNSIC and the World Bank at the Bamako conference in December 2006, notwithstanding their extreme disparities.

1.2 Design, governance and structure

The UN System Inter-Agency Technical Working Group on Influenza (TWG) agreed in October 2006 on the Terms of Reference for a pooled fund labelled as the Central Fund for Influenza Action (CFIA). The TWG supports the Deputy Secretary-General (DSG) Steering Committee (SC) on AHI, the highest level of coordination within the UN system. The SC is the strategic policy level decision-making body, while the TWG is the operational forum. The SC decided to proceed with the work on the CFIA in advance of the Inter-Ministerial Bamako Conference in December 2006. The chart below outlines the linkages between the various coordination levels and funding channels.

Figure 3: UN System Influenza Coordination and Funding



The CFIA used a standard memorandum of understanding (MOU) between the participating organizations (POs) and UNDP which administered the fund, to set up the CFIA, and according to the MPTF Office, the CFIA TOR and MC TOR and rules of procedure were drafted based on best practices. They were approved at the first MC meeting with some minor adjustments. The CFIA is governed by the inter-agency MC, chaired by the Senior UN System Influenza Coordinator (UNSIIC) and composed of representatives from each participating organization to the CFIA that has signed the MOU with the MPTF Office, along with membership from the World Bank and donor partners. As the chairmanship of the CFIA is held by UNSIC, which also participates in both the DSG Steering Committee and Chairs the TWG meetings, coherence was built into the structure and CFIA has always maintained its complementary role to the other funding channels and resource contributions (see Figure 3 above).

MPTFs are often governed by Steering Committees, but since the DSG was already chairing the SC on AHI, the CFIA opted to name its governing body as a MC. There is no technical “independent representative” in the MC, but all POs are members. The MC provides strategic guidance and oversight and takes decisions on funding allocation. Similar to other MPTFs, the governing arrangements of the CFIA are simple as they did not entail a multi-layered board, groups and committees and operates by consensus. The MPTF Office serves as an ex-

officio member and the MC is supported by a small secretariat, whose functions have also been entrusted to the UNDP MPTF Office by the MC.

The management profile of the Fund aims to overcome the criticism sometimes directed at the UN of being less transparent, less accountable and more delayed in reporting on the operation results of its implemented programmes. The first MC meeting endorsed the membership of IOM and OIE, acknowledging their earlier association with UNCAPAHI and their similar governing structure to UN organization. Upon signing the MOUs with UNDP, acting as the Administrative Agent of the Fund, the participating organizations gained access to the funds. The IOM liaison office in New York, USA appreciated these efforts, and noted that the CFIA MOU was a ground-breaking agreement that set up a benchmark for IOM participation in other MPTFs.

1.3 The CFIA Management: structural and functional coordination

The CFIA MC created a structure that brings together the key stakeholders directly accountable for one or more aspects of the executive roles determining the successful attainment of the intended objectives. The MC allowed the donor partners and signatory UN organizations to actively participate in the decision making process in which the CFIA fund will engage. The committee welcomed the presence of the World Bank (WB) and the WHO as observers in view of their extensive engagement in the AHI pandemic preparedness action and support.

This structural forum has cultivated transparency, a mutual dialogue, coordination and shared accountability for the decisions and deliberations made in managing the fund. This structural platform was complemented by a number of functions that further strengthened the coordination of the strategic and operational role and responsibilities that a large number of UN organizations were to assume, potentiating the convergence and mutual synergies of the CFIA supported intervention at the strategic headquarter and regional levels and their coordinated implementation at the country level.

Liaising with the WB initiative of establishing the Adjustable Programme Loan (APL) has unfolded substantial opportunities for coordination and cooperation on the preparedness efforts aimed at averting the threat of pandemic influenza. Similarly, the co-opting of the CFIA supporting donor partners in the MC and their substantive contribution in reviewing the submitted proposals and the shared access to the CFIA reports has built a spirit of partnership, trust and commitment for achieving the UNCAPAHI set objectives. Furthermore, the observer participation of the CFIA non-signatory UN agencies has prompted their motivation to forge strategic and technical partnerships with the participating UN agencies, encouraging the former to engage in the implementation of the RC small grants at the country level, and play lead roles through the “all UN coordinated deeds” with national authorities and other partners. This coordination has met the aspirations of the UN reform process of 'Delivering as One' at the operational level, substantively facilitating the attainment of the AHI pandemic stipulated preparedness outcomes.

1.4 Financial information

Between 2007 and 2011, the CFIA received some USD \$43.821 million, of which USD \$41.659 million were transferred to the participating organizations. The CFIA is expected to close by the end of 2012, in the absence of any new commitment since 2010, and the latest deposits are the reimbursements that some agencies have advanced against the USAID line of credit. While not entirely closing the door, the two major donors contacted during the LLE and the CFIA MC did not foresee the need for any new targeted contributions in favour of the CFIA, considering the current low level of pandemic risk.

Table 1: Contribution of partners, commitments and deposits

Contributor/Partner	Commitments	Deposits	Deposit rate
SPAIN - AG. ESPANOLA DE COOPERACION INT.	580,280.00	580,280.00	100%
UK - DEPARTMENT FOR INT'L DEVELOPMENT (DFID)	9,818,560.00	9,818,560.00	100%
NORWAY, Government of	5,032,462.46	5,032,462.46	100%

SPAIN, Government of	558,040.00	558,040.00	100%
USA – USAID	30,000,000.00	27,831,877.00	92.8%
Total	45,989,342.46	43,821,219.46	95.3%

The overall committed contributions totalled USD \$45.989 million, and some USD \$45,819 million were approved to support POs' projects. The USAID contribution is a line of credit and so far, not all the funds committed have been deposited against the CFIA account. Considering the expenditures of the POs at the end of 2010, the latest available figures were estimated at USD \$28.908 million. Contributions, approvals and transferred figures are now immediately made available in real-time on the UNDP MPTF Office GATEWAY, while real expenditures are only reported once a year, after agencies have closed their annual accounts.

Table 2: Total Expenditure against approved budget

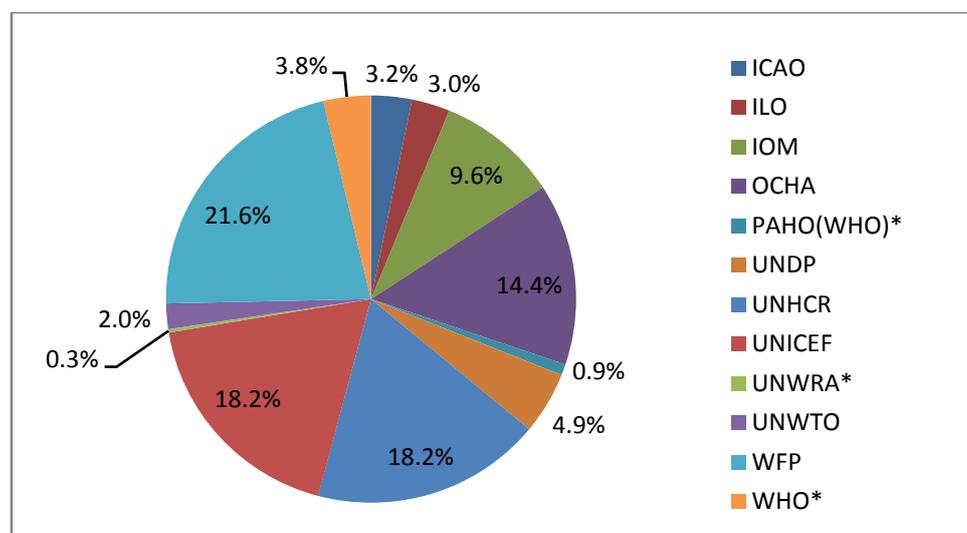
	Funds Approved	Net Funded Amount	Expenditures				Total	Delivery
			2007	2008	2009	2010		
Window A	16,120,241.96	15,815,291.95	301,140.00	1,087,887.00	2,309,739.00	2,270,790.00	5,969,556.00	37.75%
Window B	29,698,500.00	25,843,921.00	-	7,367,688.00	9,686,422.00	5,883,935.00	22,938,045.00	88.76%
Total	45,818,741.96	41,659,212.95	301,140.00	8,455,575.00	11,996,161.00	8,154,725.00	28,907,601.00	69.39%

1.5 Stakeholders

Participating organizations (POs)

The CFIA funds were meant to be available to participating agencies that had signed an MOU with the MPTF Office to assist countries with restricted pandemic implementation capacity (see figure 4 below). Of the eleven UN participating agencies eight received funds, while of the two non-UN participating agencies, one received funds and two other UN organizations had observer status. Three non-participating organizations had also received funds through the RC small MPTF grant project facility that was managed by the OCHA Pandemic Influenza Contingency Planning Team (PIC), until its closure on December 2010. The management of the RC small grant facility was subsequently coordinated by UNSIC.

Figure 4: Funds transferred by PO



* Received fund through the RC small MPTF grant project

A key quality factor of the CFIA initiative was the participation of agencies and organizations that did not usually get involved in humanitarian work, but were able to add a significant value to the AHI preparedness efforts. Moreover, three agencies had very little previous MPTF exposure, and ICAO and UNRWA have only benefited from the MDG-F, while for UNWTO and IOM, this has been their first MPTF participation. This

inclusiveness and value-added has been widely acknowledged by the POs themselves and also by the UNSIC performed review. Moreover, the World Bank has been also participating in the MC as an observer, availing the opportunity to contribute to the broader coherence of the pandemic preparedness action. Although, the 2011 Final Review of the UNSIC Report delineated that “the technical agencies- WHO, OIE and FAO- did not see the value of developing the UNCAPAHI and the CFIA”, FAO soon became a member of the CFIA, while WHO assumed the observer role, with both agencies actively contributing to the coordination of the pandemic preparedness activities, especially at the country level.

Donors

The CFIA is being recommended as donorship’s best practice by the MPTF Office. The CFIA is also one of the first funds to include donors in its oversight committee, the MC. Following the amendment of the CFIA TOR in July 2007 to permit the participation of donors as members of the MC, DFID, Norway, Spain and USAID joined the MC as full members. During the LLE, the views of the interviewed CFIA Donors were exceedingly positive. A particular donor expressed that the CFIA has reinforced their belief that the UN agencies were in the best position to recognize and align with the needs of the national authorities, asking for more coordination with OIE, FAO and WHO; while another interviewed donor outlined that as per their assessment, the CFIA has been an excellent resource pooling mechanism and a good experience to be recommended to other similar endeavours, “A useful mechanism with the ability to track money“. The flexibility in accommodating earmarking while pursuing the accepted reporting standards was appreciated, as it enabled getting “money out to agencies quickly“. The donors’ membership in the MC has allowed a genuine dialogue, engaging them in proposal review and financing activities.

Governments

Three fourths (36 out of 48) of the MPTFs are country-specific where it is regarded essential for the member States to participate in the governing bodies, principally represented by their Ministries of Foreign Affairs or Planning, and often co-chairing the steering committee along with the UN Resident Coordinator. For global multi-country thematic funds, integration of recipient countries’ viewpoints is seen as directly related to the aid effectiveness principles. However, the procedures pursued for the CFIA were consistent with global MPTF, where the large number of participating agencies and donor partners raise the merits and demerits of decision making, but ensured its functionality, especially in the midst of a global AHI threat. Nonetheless, the CFIA responded to the needs from the field through the PIC, UNSIC and participating organizations through its direct interface with member States both at regional and country levels. The RC small MPTF grant was another milestone through which the RC system, which encompasses the UN country team dealing with development and humanitarian activities at the country level, has engaged and supported the government to jointly drive this initiative, in which the national ownership and leadership were assured.

MC Participation

The recorded attendance of the various organizations at MC meetings showed a very active participation by the majority of the agencies. OIE is the only CFIA member with a low participation record. Noteworthy are the donors’ participation and World Bank attendance record as a duly interested observer. Moreover, UNFPA also joined the fund in 2010.

Table 3: Recorded attendance of the various organizations at MC meetings

MC Meetings	1	2	3	4	5	6	7	8	9	Ratio
	Feb-07	May-07	Jul-07	Dec-07	Feb-08	Nov-08	Dec-09	Jul-10	Oct-10	
Chair: UNSIC	✓	✓	✓	✓	✓	✓	✓	✓	✓	9/9
Ex-officio: MPTF O	✓	✓	✓	✓	✓	✓	✓	✓	✓	9/9
Members										
FAO	✓	✓	✓	x	✓	✓	✓	✓	x	7/9
WFP	✓	✓	✓	✓	✓	✓	✓	✓	✓	9/9
OCHA	✓	✓	✓	✓	✓	✓	✓	✓	✓	9/9
UNICEF	✓	✓	✓	✓	✓	✓	✓	✓	✓	9/9

MC Meetings	1	2	3	4	5	6	7	8	9	Ratio
	Feb-07	May-07	Jul-07	Dec-07	Feb-08	Nov-08	Dec-09	Jul-10	Oct-10	
UNHCR	✓	x	x	x	✓	✓	✓	✓	✓	6/9
ILO	✓	✓	✓	✓	✓	✓	✓	x	✓	9/9
UNWTO	✓	x	x	x	✓	✓	✓	✓	✓	6/9
ICAO	✓	✓	✓	✓	✓	✓	✓	✓	✓	9/9
IOM	✓	✓	✓	✓	✓	✓	✓	✓	x	8/9
OIE	X	✓	x	x	x	x	x	✓	x	2/9
UNFPA								x	✓	1/2
USAID					✓	✓	✓	✓	x	4/5
DFID							✓	✓	✓	3/3
Norway					✓	✓	x	x	x	2/5
Spain					x	x	x	x	x	0/5
Observers										
World Bank	✓	✓	✓	✓	✓	x	x	x	✓	6/9
WHO							✓	x	x	1/3

✓ Present *Absent – UNDP and UNOPS attendance not recorded

Lesson learned: A common platform involving UN and non-UN Agencies, governments, donors and the World Bank in the governance structure ensures inclusiveness and enhances coherence and coordination.

1.6 Earmarking

In 2007, USAID communicated to UNSIC their decision to provide US\$ 35 million to the AHI pandemic preparedness interventions over a period of three years to support the objectives 6 and 7 of the UNCAPAHI. USAID wished to earmark the funds to agencies and join the CFIA mechanism of oversight. Through this contribution, a second window of CFIA funding was opened (window B). The MPTF Office commended the CFIA as one of the first Trust Funds to include donors in its oversight committee. The transfer of the earmarked funds was not easy due to legal constraints related to reporting and interest refunding. However, a solution was envisaged where the organizations whose financial rules and regulations didn't allow reporting on interest such as UNICEF, OCHA and WFP agreed on an exceptional basis to pre-finance the activities and request for reimbursements on quarterly basis.

Many of the interviewees of the LLE argued against earmarking in order to provide the MC with more decision-making authority and a wider flexibility to allocate funding as per the agreed allocation criteria and emerging priorities. In the MPTF Effectiveness Study of July 2011 by Charles Downs, it is stated that currently the MPTFs seem to have less earmarking, relative to the voluntary contributions received by many agencies under their non-core programmes. The CFIA is reportedly one of the few funds that have accepted earmarking to the agency level, which dates back to 2007, though this option is not currently being pursued.

In the case of the CFIA, the relative loss of flexibility caused by earmarking was definitely counterbalanced by the attained financial predictability, where the tangible USA allocation (66% of the CFIA) significantly improved its scope and potential contribution to the AHI preparedness actions in the world. On this account, over 30% of the allocated funds were not earmarked, allowing a fair share of the grants to be effectively distributed to the remaining priority projects. Had these funds been allocated bilaterally to the agencies, outside the CFIA forum, a deficit in coordination and implementation discrepancies would have resulted and may have denied some POs of receiving any funding at all.

Lessons learned: Although discouraged, some earmarking contributions in MPTF could be accepted with the provision that, similar to the CFIA case, the respective donor partner will value and endorse the overall fund requirements as stipulated by its Steering Committee/Management Committee: the fund provider shares the vision of exclusively focusing on the predetermined programmatic unfunded and underfunded objectives, complies with the fund reporting requirements and procedures and tangibly contributes to its scale and predictability.

1.7 Monitoring and reporting

To ensure a timely and dependable fund transfer to the different implementing agencies, a reporting system was introduced, where in addition to the formal annual report, the agencies were required to provide quarterly reports that would strengthen the funding accountability and transparency and keep the MC abreast of the preparedness efforts and the performance level attained in implementation. Consequently, the process of additional financial release or project submission was made conditional to the benchmark of 40% expenditure of projects under implementation. This close oversight has improved the monitoring of these projects and enabled the preparation of timely consolidated reporting. This important feature of the CFIA monitoring and reporting requirement (the quarterly reports) has received mixed appreciation. For many agency staff, these reports despite being brief and close to each other, were engaging. For others, the quarterly reports allowed close monitoring of the funds allocated and forced improvement in the design of the work plans and their implementation.

What has been more difficult to document during the LLE were the POs' expected responses and comments from the CFIA secretariat or UNSIC on their performance reporting, as some of the interviewed staff indicated the absence of such a feedback. However, the periodically generated reports and compiled information about agencies' field site operations have allowed closer oversight and have showed sufficient evidence of the progress of their CFIA supported interventions. Moreover, in the comments surrounding the project proposals review process, as well as in the MC prepared notes for the record, there is plenty of evidence regarding the efforts made to establish result-based programming with well-defined indicators. In addition, the annual and final reports for which the agencies' focal points were consulted and to which they contributed to their preparation, have been openly displayed on the MPTF Office GATEWAY for dissemination. This provides a fair overview of the achievements, challenges and progresses made by each agency in their project implementation and against the various UNCAPAHI objectives.

The debate on the frequency of reporting resulted in unanimous support for the single reporting format. The reporting mechanism allowed for close monitoring of the funds allocated, updated work plans and enhanced results-based implementation. It was also important to display these reports on an open platform to ensure transparency and accountability.

1.8 Effective planning

The projects that have requested extensions are shown in table 4, with the average extension of 6 months over an initial duration of 12 months. The latter is true when UNWTO and ICAO projects are excluded because of justified exceptional extensions provided due to a change in their implementation processes, mainly because of delays attributable to operational challenges at the field level.

Table 4: Number of projects and the duration of their extensions

Number of projects with extended duration and average duration		Average initial duration	Average final duration	Average extension	Average extension excluding ICAO & UNWTO
No. of projects on time	12 (30%)	12.5	24.4	11.9	6.4
No. of projects with extension	28 (70%)				
Total	40	(in months)			

1.9 UNDP MPTF Office 1 – Administrative Agent (AA) & Transaction costs

The UNDP MPTF Office is the AA for the overwhelming majority of the UN MPTFs. As such, the MPTF Office undertook the following roles: a) receive, administer and manage donor contributions, b) disburse these funds to Participating Organizations in accordance with the decisions of the MC and c) prepare and submit annual consolidated financial reports. Through the LLE, an overwhelming majority expressed satisfaction over the AA's performance, regarding the promptness of MOU signing, fund transfers and timely reporting, as outlined in the survey results recorded in section 1.12 of this report.

The MPTF Office fee to act as the CFIA AA is standardized at 1%. The POs had different indirect cost levels as indicated in the CFIA annual report of 2010, with an average of 7.7% of the programme costs. Despite the difficulty of setting an across-the-board standard, indirect costs ceiling was recognized at an MC meeting and the range has been established at 5-13% level, encouraging the agencies to keep these as low as possible. However, the two donors contacted during the LLE were highly satisfied with the pursued mechanism. In 2008, a standard PO 7% indirect support cost for operations under MPTFs was agreed to by all the UNDG organizations.

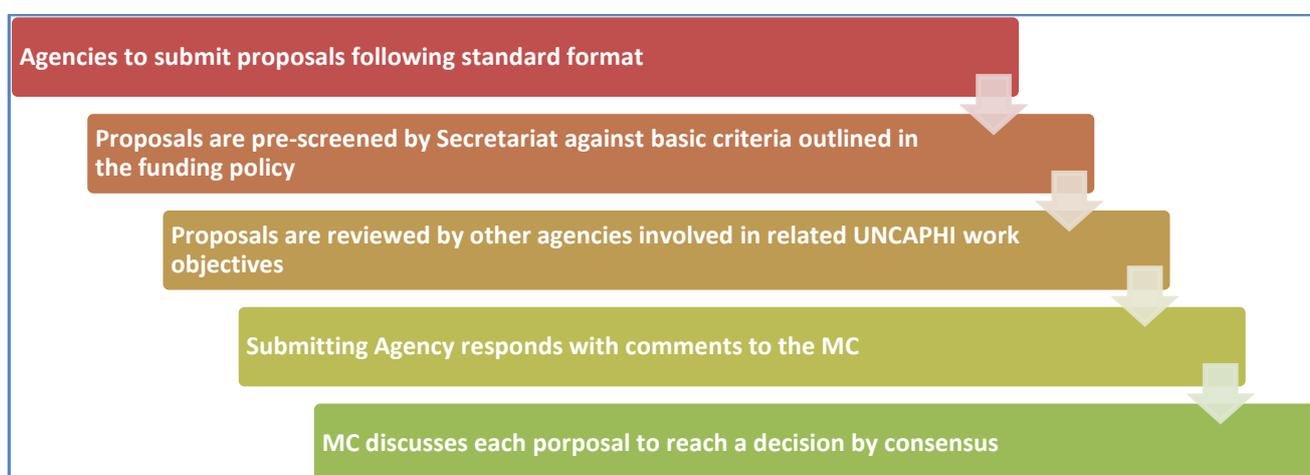
1.10 UNDP MPTF Office 2 - Secretariat

The MC is supported by a small secretariat within the UNDP MPTF Office, contrary to the country specific MPTFs where this support is usually hosted within the RC Office, and where the RC also co-chairs the SC meetings with the Government. Although the MPTF Office role as the Secretariat for a TF seemed unusual, the Secretariat functions were managed *with a* minimum budget (less than ½ person-time for the initial few years) and without any perceived conflict of interest. The Secretariat functions, among others, included supporting the MC for arranging meetings and documenting its decisions; organizing the Call for Proposals and receiving applications; conducting proposals' administrative reviews; coordinating the technical peer review process and collecting the quarterly reports and posting them on the MPTF Office GATEWAY. These secretariat functions differed from other MPTFs, where this support is usually hosted within the RC Office, at the country level, or hosted by one of the POs, in the case of the global MPTFs. All interviewees and survey respondents were strongly positive when asked about the outcome of their interactions with the MC secretariat.

1.11 The Peer review helped to build coherence

The vast majority of participating agencies' interviewees at the Headquarters level commended the project proposals' peer review process. According to the MC's Terms of References (TOR) and Rules of Procedures, the MC took decisions by consensus deliberating a project proposal as: a) Approved; b) Approved with conditions; c) Deferred with comments to improve for further consideration; or e) Rejected. The decisions of the MC were duly recorded and reflected in the adopted implementation procedures.

Figure5: The Peer Review Process



The peer review process² was perceived as a good methodology enhancing coordination and coherence between the agencies and maximizing transparency, while upholding the quality of planned interventions. The

² **Peer review** is a process of self-regulation by a profession or a process of evaluation involving qualified individuals within the relevant field. Peer review methods are employed to maintain standards, improve performance and provide credibility. In research peer review is often used to determine an academic paper's suitability for publication. Ref. Wikipedia.

latter has also encouraged bilateral discussions between the reviewing and proposing agencies followed by the final discussions of the MC. The MC Notes for the Record (NFR) often outlined the need for further *link with partners working on humanitarian operations* or called for *additional round of discussions with WHO, FAO, UNICEF and other partners to substantiate the viability and relevance of the proposed project implementation process*, as a condition for approval. At the Headquarter level, the POs welcomed the CFIA peer review process, affirming that “peer review was *easy to work through; it has allowed knowing who was doing what; it was an open process that forged a unity of purpose and strengthened coherence; it gave everyone the opportunity to re-evaluate and revisit the progress being made*”.

The MC Notes for the Record corroborated that approved projects were always ensured the prompt availability of the allocated resources in a manner consistent with the funding cap of USD \$400,000 set for non-earmarked projects. The latter was facilitated by the existing open communication between the secretariat and the POs, in matching proposal designs with the level of funding made available. A similar approach was also pursued with the earmarked funds (window B). When the funds were scarce, the MC decided to proportionally allocate the available funds amongst the proposals submitted, favouring fairness between the agencies and following a critical review process of the funding efficiency of each submitted proposal.

Advantages of the peer review	Limitations
<ul style="list-style-type: none"> - Enhanced coordination between the agencies in-line with the UNCAPAHI - Promoted further coherence among the agency activities - Fostered fairness (review against an agreed set of criteria) and transparency - Ensured standardization to improve the quality of submitted proposals 	<ul style="list-style-type: none"> - The perceived bias related to the agencies’ sharing of each others’ submitted projects for the review process was averted through the collective debate shared by the entire MC on the different proposals with some being deferred or rejected - As the largest amount of CFIA funding was earmarked it was not difficult to target other critical proposals beyond the set scope for window B funding

Lesson learned: *A peer review process is a good methodological approach that ensures the relevance and quality of submitted intervention plans, while enhancing coordination, transparency and coherence between agencies and donor partners.*

1.12 Comparison to alternative funds

Similar to other MPTFs, the CFIA accepted contributions from any donor or donors through the laid procedures to fund projects related to AHI, where the mobilized resources were effectively channelled to the participating organization to enhance the global, regional and country level preparedness and response capacities. The initiative pursued an accelerated mode of implementation consistent with the aid effectiveness and UN reform principles, while the participation of donor partners in the CFIA MC was a positive contribution and a lesson learned through this initiative. In terms of concept, the CFIA was similar to the World Bank AHI Facility (AHIF) that was created in 2006 to help developing countries reduce the risk and socio-economic impact of the AHI that was targeting countries rather than UN agencies. As of mid-2010, the World Bank AHI Facility committed USD \$127 million and USD \$109 million (85.8%) disbursed according the Joint UNSIC – World Bank Progress Report (2010), although, on its web-site, the Bank reports only USD \$44 million as disbursed. At the end of 2010, the CFIA had approved some USD \$ 42.8 million of which USD \$39.5 million (92.2%) had been transferred to the agencies, a slightly higher rate than the AHIF and all International Organizations (IO) together (see table 5 below).

In general, the UN seems to be the best disbursement channel (viewed here as the disbursement vs. the commitments made) for donors. Direct bilateral commitments to countries are proven to be more challenging to disburse, often owing to weak government systems that do not have the required financial criteria, accountability systems and expected AHI structures in place to receive direct funding from donors.

Table 5: Donors Commitment and Disbursements' Summary Apr-10 (in million US\$)

Commitments	Disbursements	Uncommitted	All conferences	Hanoi	Grand total
3899.83	2727.04	424.83	4311.59	92.24	4403.83

Commitments and disbursements by allocation channels

Country		World Bank AHI Facility		Regional		International Organizations		Other	
Comt.	Disbs.	Comt.	Disbs.	Comt.	Disbs.	Comt.	Disbs.	Comt.	Disbs.
1560.15	756.02	127.07	108.98	394.83	331.65	1144.61	1005.43	673.17	524.96
Disbursement %	48.5%		85.8%		84.0%		87.8%		78.0%

Source: Fifth Global Progress Report, UNSIC – World Bank, July 2010

The CFIA fund accounts for 1.5% of the total disbursements and less than 4% of those allocated to international organizations. Of the latter portion, WHO and FAO have availed a substantive share amounting to about 2/3 of its disbursement. However, because of its wider coverage and focus, CFIA has emerged as an effective disbursement channel.

1.13 Web-based survey results on working with the CFIA

To complement the face-to-face interviews conducted during the visit to headquarters and countries, an on-line questionnaire was circulated to other key people who have been involved with the CFIA, and whose inputs were expected to contribute to the lessons learned exercise. Of the 30 individuals contacted, 28 responded to the questionnaire, with 20 of them completely filling the survey. All the answers were accounted for and the salient results summarized in tables 6 and 7. The findings illustrate the easy and smooth course that agencies had in working with the CFIA on all the major issues such as requesting for funds and getting them transferred. The peer review process and the interaction with the MC got the highest rating, while the signing of the MOU and the financial reporting received relatively lesser scores. The tables below encapsulate the main responses to the three key questions raised by the survey.

Table6: Working with the CFIA: Survey results

From your perspective, how easy was it to work with the CFIA with regard to:				
Answer Options	Very Easy	Easy	Difficult	Very difficult
Signing the MOU and other legal issues	9.1%	72.7%	18.2%	0.0%
Requesting funds (filling proposal template)	7.1%	78.6%	14.3%	0.0%
Meeting the allocation requirements – criteria	15.4%	76.9%	7.7%	0.0%
Review process	20.0%	80.0%	0.0%	0.0%
Getting the funds transferred	7.1%	85.7%	7.1%	0.0%
Reporting on achievements	20.0%	73.3%	6.7%	0.0%
Financial reporting	16.7%	58.3%	25.0%	0.0%
Interaction with the Management Committee - Governance	18.2%	81.8%	0.0%	0.0%
Interaction with the Administrative Agent UNDP MPTFO	23.1%	69.2%	7.7%	0.0%

Table7: Summary outline of the interviewees' responses to key queries raised in the survey

What was done well in the Management of the CFIA?	What could have been done better?
<ul style="list-style-type: none"> - Timely availability of funds and the flexibility given to implementers - Even though some of the funds were earmarked, the targeted agencies had the possibility to use funds in various AHI pandemic related interventions, i.e. health, sanitation, hygiene, awareness and procurement and epidemic related areas - The good and skilful management of the CFIA was a major contributor to the efficient and join coordination of the UN organizations involved - The CFIA in the context of API is extremely valuable - There were not many administrative layers and obstacles 	<ul style="list-style-type: none"> - Obtaining additional resources for non-health and non-conventional AHI preparedness interventions - Leveraging stronger support from the higher levels to assist advocacy efforts at the national level - Allowing for flexible extension of project period for the utilisation of allocated funds

<ul style="list-style-type: none">- <i>The simple reporting system could be considered as a best practice</i>- <i>The CFIA was well-managed, as per witnessed experience</i>- <i>The pooling of CFIA financial resources was a good concept, allowing for the funds to be distributed where they were most needed</i>- <i>The regularity and frequency of reporting has contributed to the overall improvement of the implementation process</i>- <i>The CFIA management team was approachable and always listened to views of all participating agencies</i>- <i>The CFIA enhanced coordination</i>- <i>Early peer review of all project proposals helped to ensure complementarity between agencies in accordance with the pre-defined objectives of the UNCAPHA</i>	<ul style="list-style-type: none">- <i>Ensuring some resource flow during the third phase, after the pandemic ended, for timely mainstreaming of AHI in the multi-hazard prevention</i>- <i>Obtaining greater amounts of non-earmarked funds</i>- <i>Greater country level engagement by all the participating organizations to generate the capacity that countries need to strengthen their lead role and to assist them with the difficult task of determining programmatic needs in collaboration with national governments</i>
--	---

2. Contribution to Pandemic Preparedness and assessment of the effectiveness of the CFIA supported programmes and projects

The programmes and projects supported by the CFIA have provided a valuable mechanism for implementing a multi-sectoral approach to the avian and human influenza (AHI) pandemic preparedness. It has also given much needed support to a large number of UN agencies that would not have engaged in this endeavour in the absence of these resource inputs. Moreover, CFIA supported projects have substantively catalyzed resource mobilization efforts toward global preparedness against the pandemic. The fund has significantly enhanced the capacities and capabilities of participating UN agencies to effectively assist the member States whose levels of vulnerability and preparedness to the pandemic were weak, and who would have faced serious pandemic risks in the absence of this initiative.

The CFIA supported preparedness and response interventions were aimed at contributing to reduction in the risk of a human influenza pandemic and to an increase the preparedness level of countries to address this imminent threat. Given the urgency of this global threat, the CFIA has delineated several principal areas of proven utility in enhancing the effectiveness of the approved priority interventions and strengthening the salient roles assumed by the participating UN organizations in the planning and implementation processes. The following is an outline of the availed principal opportunities contributing to the effectiveness measures as well as the lessons learned derived from them.

2.1 The UN action plan on AHI pandemic preparedness has consolidated the nexus between the CFIA and the Objectives Set for UNCAPAHI:

The UN Consolidated Action Plan for Animal and Human Influenza (UNCAPAHI) instituted a universal pandemic preparedness framework founded on an inter-sectoral and inter-agency approach. As mentioned in the CFIA background section, the plan put forth seven strategic objectives ranging from 1) animal health, 2) sustainable livelihoods, 3) human health, 4) coordination of the complementary roles of the global, regional and national stakeholders, 5) public information and behaviour change communication, 6) business continuity under the pandemic conditions, and 7) the humanitarian common service support. The CFIA pandemic preparedness sponsored actions helped unfold the effective and valuable engagement of a broader number of UN agencies, along with national counterparts in a range of essential interventions that significantly impacted the mitigation of a pandemic threat. On the basis of this outcome, the CFIA strategy focused on the urgent unfunded and underfunded interventions within the scope of the AHI pandemic preparedness framework, thereby creating a culture that recognizes inter-sectoral action as the only way forward in sustaining this national development approach.

Through CFIA support, the participating agencies mandated their offices to actively participate in the AHI preparedness drive, acknowledging their legitimate roles in integrating the AHI concerns in their regular operations by promoting staff safety and related medical contingency plans and mobilizing their capacities to assist the AHI preparedness efforts at regional and country levels. To expedite implementation, the CFIA devised a financing mechanism that enhances inter-agency coordination; recognized the comparative advantages of participating agencies and introduced transparent methods for equal access to programme support; and developed appropriate project selection procedures and resource distribution, while ensuring a unified managerial oversight of these programmatic operations in accordance with the programme's set general objectives. Through this initiative, the inter-sectoral and inter-agency approaches have gained acceptance at all levels and enabled a large number of stakeholders to plan and act together at strategic and operational platforms and build substantive institutional capacities at regional and national levels.

The Nexus between the CFIA and the Objectives Set for UNCAPAHI

The CFIA had strictly linked the funding of the submitted projects to the seven objectives stipulated by the UNCAPAHI. This approach has enabled the fund not only to strengthen the UNCAPAHI implementation process and the attainment of its set operational outcomes, but also to specifically target the urgent unfunded and underfunded components of this plan, providing to the CFIA a privileged niche of AHI preparedness action and

support. The following attributes were necessary for CFIA Supported AHI Preparedness Interventions to become eligible for funding:

- The project proposals were explicitly based on UNCAPAHI
- The implementation process was committed to build the UN internal pandemic preparedness capacity and assist the countries to develop their national strategic action plans and strengthen the resilience of their preparedness assets at the organizational and operational level
- The preparedness inputs were effective, coherent with other UN planned interventions, context sensitive and cost-efficient
- The intervention outcomes contributed to the mitigation of pandemic threat
- Complementarities and synergies were ensured by eschewing duplication and overlap with the activities supported by national and other stakeholders
- Programme entry points selected were responding to immediate need and improving the longer-term preparedness effort
- The interventions were built on existing capacities, strengths and experiences, as a function of enhanced leadership, ownership and competences to sustain gains
- Consultations, participation and partnership building networks were promoted and supported at all levels

2.2 The CFIA has corroborated the advantage of sustaining the legitimate distinct lead roles and responsibilities for each partner organization

The UNCAPAHI defined framework of action pursued by the CFIA focus on urgent but inadequately funded interventions has encouraged the participating agencies to engage their unique technical and operational comparative advantages in support of the AHI preparedness interventions and to promote the necessary coherence and synergy at all operational levels. Focusing the scope of the CFIA on the UNCAPAHI strategic objectives was particularly useful to the work of the MC, as the Pos could use these set targets to review and comment on each others' proposed interventions.

The pursued division of labour and complementary joint actions have generated a critical mass of AHI preparedness results (see summary of accomplishments in Annex 13). The participating organizations were instrumental in mobilizing a large number of national stakeholders, an experience that would not have materialized without the support of the CFIA funded interventions and the UNSIC robust coordination. At the country level, the synergy and complementarities in the implementation of this shared vision have proven to be effective in improving the technical communication and coordinated action between the participating agencies on the one hand and their national stakeholders on the other. This substantiates the need for a wide coalition against the AHI pandemic threat. The CFIA initiative has made the UN system more dependable as a result of the meaningfully offered joint support in developing a national AHI preparedness plan and in building the necessary institutional and human resource capacities. The UN humanitarian attributes of neutrality and impartiality and the privileged affiliation with governments have enhanced coherence and improved cooperation.

2.3 Public-private partnerships have brought added value to the AHI preparedness action

The CFIA has engaged several UN agencies whose comparative advantages and mandates enabled them to generate public-private partnerships with key private sector entities that were active in the production and sale of goods and services, in communication, logistics, travel, tourism and aviation, and to reach out to migrant populations through NGOs and civil society organizations. Most of these sectors had direct critical impact on the business continuity during an AHI pandemic. This partnership was promoted by the CFIA initiative of engaging organizations such as ILO, ICAO, UNWTO, IOM and WFP in the AHI preparedness action.

The WFP P2RX exercise in Senegal helped reinforce awareness of the need to continue using the Whole of Society Approach. It also highlighted the crucial role of the private sector in assuring the continuity of essential services as well as food supply logistics. To ensure that essential items and services are available, key public-private partnerships need to be reviewed and necessary preparedness established before a crisis unfolds. (see the WFP Simulation Case study)

The technical and operational mandates of these organizations interfaced with private sector domains that are vitally relevant to pandemic preparedness planning. These organizations were able to develop innovative public-private collaborative strategies that significantly improved preparedness results and allowed the expansion of the action framework.

In Indonesia, ILO found that the active promotion of public-private partnerships in business continuity plans (BCP) reinforced the interdependence between these sectors in AHI emergency preparedness and responses, as well as between work, health and wellbeing.

Many of these interventions were translated into sustainable activities that have become essential components of the core assistance that these organizations undertake. This has provided a valid lesson on the relevance of the CFIA plan and its inherent creativity.

2.4 Capacity building is required to sustain AHI pandemic preparedness

The major outcomes of the AHI preparedness actions, achieved jointly by UN participating agencies and the national stakeholder counterparts, included the larger capacities attained by national institutions, managers and professionals from the relevant participating sectors, across all operational and community levels. The key outputs of these endeavours include:

- Assisting the development of national AHI pandemic preparedness plans (all POs);
- Designing effective risk communication skills (UNICEF, UNHCR, IOM, ILO, ICAO) ;
- Improving coordination (UNDP, PIC, RCs);
- Enhancing disease surveillance and laboratory capacities and outbreak investigation (WHO and FAO);
- Introducing simulation exercises to support preparedness planning and developing guidelines (PIC, WFP);
- Developing standard operating procedures and business continuity related capacities (PIC, WFP, UNHCR, ILO and other POs, as relevant).

At the country level, different government sectors and relevant private institutions made serious attempts in mainstreaming these attained capacities as integral components of the national AHI pandemic preparedness action. The latter was subsequently envisaged to evolve into a national multi-hazard preparedness approach consolidating institutional capacities for effective preparedness and response actions. The simulation exercises helped in identifying the strengths and weaknesses of the preparedness plan and offered guidance to improve its productivity. The gap analysis of the plan in all the three visited countries reflected the preparedness capacities and access to information variances between the central, regional and local level institutions. Relevant solutions were considered to address these disparities by improving the organizational and technical capacities of underprivileged localities through training, risk communication and improved coordination.

The perceived reduction of the H5N1 human to human transmission risk and the move to a post H1N1 pandemic phase also favoured a shift in the interventions from AHI emergency preparedness to an imminent threat to more multi-hazard disaster risk reduction medium-term strategies and activities. The shift entails further focus on institutional capacity building; getting a good understanding of the situation and about the actors involved; performing joint assessments; joint planning, and pursuing the aid effectiveness principles (see next section). This shift has been reflected in ICAO CAPSCA project extensions, in the soon to be transformed WFP Pandemic Preparedness Team to a Capacity Building one, and the efforts from the RC office in Indonesia to develop a multi-sectoral whole society preparedness capacity at decentralized levels.

2.5 Social communication is imperative for the effective implementation of AHI preparedness activities at the grassroots

The CFIA contribution to the community component of the AHI preparedness effort substantiated the validity of a conceptual framework that recognizes a key range of operations beyond the specific animal and human health technical aspects of a pandemic and is indispensable to averting and mitigating the impacts of such a pandemic. In the AHI pandemic preparedness effort, the relevance of social communication and putting the community at the center were recognized as major priorities for sustained action. Many of the participating organizations contributed to this outcome, including UNICEF in the wider community context, UNHCR with refugees, the ILO with worker unions, employers' organizations and private sector businesses, and IOM with migrants in urban settings, such as in Cairo or at the borders of Senegal.

Since knowledge alone was not believed to bring about the changes desired, effective communications to alter behaviour were designed and implemented in all three visited countries. The implemented strategy relied on a stepwise approach, where locally elected officials and traditional and important opinion leaders were contacted first in order to build the necessary access to and trust with the community. This was followed by a range of community-based interactions and a dialogue to build a rapport that would support a wide-scale community-based behavioural communication to include hand washing, hygiene promotion and the pursuit of safe practices with regard to poultry and poultry farming, and the promotion of community-based health initiatives and safe working places.

The intervention also included the identification of local champions, who through their active association would expand the community acceptance network at the grassroots level. Behavioural change interventions were also targeted at school children whose receptive uptake of knowledge and skills and good retention capacities contributed to the desired social change and offered the best organized network for establishing direct contact with households and communities. Another lesson learned in this regard was that communications needed to be carefully formulated in order to avoid causing unnecessary panic and to assure that they are delivered using the greatest possible efficiency.

UNICEF Lessons Learned in Social Communication

UNICEF has introduced its effective communication for development (C4D) experience to the AHI preparedness effort. Through the CFIA support, UNICEF pursued its work in this key UNCAPAHI objective in five regions and 21 countries (in 2010-2012), using an allocation of more than USD \$6 million. In advancing the preparedness communication efforts, UNICEF has applied those strategies that have proven effective in their implementation. These include the undertaking of high level advocacy with government officials; training journalists at national and sub-national levels; providing guidance to frontline workers, volunteers, rapid response teams, poultry farmers, school teachers and community influencers as well as the mounting of TV and radio campaigns. These communication interventions have generated knowledge and created awareness in the public health domain and helped reduce the case fatality rate among those infected. The experience has also shown the need for longer-term investment; inter-sectoral actions between health, education and WASH to promote the adoption of healthy behaviors that are critical to sustaining the attained preparedness capacities.

The mechanisms set for the AHI preparedness and response actions could be used to address other health problems such as dengue fever and cholera and to keep government and partners committed to working together on this joint endeavor. Some of the challenges faced include the lower risk perception relative to other diseases, the slow adoption of protective behaviors; the weak human resource capacity at national level; the limited access of some high risk groups to the health care services and inadequate focus on the community. To build sustained capacity, a shift is needed from emergency communication mode to a long-term integrated communication approach, harmonizing mass media interventions and community-based initiatives.

2.6 Mainstreaming the acquired AHI Preparedness capacities into the participating organizations' core functions widened their strategic capabilities

The direct engagement of a large number of UN agencies in the AHI preparedness processes and interventions generated a wealth of capacities that were harnessed and effectively put into action to advance the AHI preparedness effort. These capacities included enhanced and scaled-up disease surveillance and early warning systems (WHO, FAO & UNHCR); the promotion of occupational health and safety at work through the training network initiative (ILO in Indonesia); the improved coordination and access to national public and private partners (ILO, ICAO, UNWTO and IOM and WFP); the refinement of the logistic corridor capacity assessment techniques (WFP); multi-sectoral pandemic simulation exercises (OCHA-PIC, UNICEF, WFP); the designed cooperative arrangement for the prevention of spread of communicable diseases through Air Travel (CAPSCA); the established closer working relationships between different UN agencies and the powerful inter-sectoral influence of the pandemic preparedness plan, logically transitioned into a multi-hazard and whole-society approach (OCHA-PIC, UNDP and the RC Grants – see below). These valuable technical capacities generated enormous keenness among respective UN agencies to mainstream these into their core functions and sustain them as best practices (OCHA, UNICEF, WFP, UNHCR, and IOM).

Global implication of CFIA funding to UNHCR operations

The CFIA was critical for UNHCR to bridge the existing UNHCR programmatic gaps in the area of AHI pandemic preparedness actions. The prioritized interventions included disease surveillance, infection prevention and control, WASH and surge capacity for outbreaks. Pandemic Influenza threat has been a major driver for surveillance reinforcement, not only for influenza but also for other outbreak-prone diseases in refugee populations.

A range of activities were conducted to improve surveillance and reporting. Identification of surveillance focal points for camps, clarifying reporting pathways, surveillance-related trainings for camp based staff and coordination with local/national authorities have all contributed to the correctness and timeliness of reporting. Establishment and clarification of links with referral labs for sample collection and testing has improved confirmation of outbreaks including, but not limited to AHI.

Outbreak investigation and management training has been conducted in all major camps, thereby improving the detection and response to outbreaks and the development of general guidelines for epidemic preparedness action.

Need assessments in WASH sector and related perceived gaps have created more in-house awareness about the need for better WASH services in refugee settings. This has led to more funding allocations for the WASH sector and as a result, the CFIA supported experience has been prospectively mainstreamed in the UNHCR programme.

WFP Emergency Preparedness Framework

WFP has developed and road-tested a new Emergency Preparedness and Response Package (EPRP). The EPRP provides to the Country Offices the tools to carry out a solid and wide-reaching Risk Assessment as the foundation for building up minimum levels of emergency preparedness. The tool was developed based on the contingency plans initially designed by the Pandemic Preparedness Unit, as well as the Operational Action Plans developed to enhance WFP's readiness to mitigate the risks posed by a severe pandemic.

2.7 The CFIA Small MPTF Grants have boosted the One UN vision framework

The CFIA small Grants to the RC System afforded an important opportunity for getting funding to priority pandemic preparedness interventions in countries that lacked the required adequate resources and capacities. These grants were managed by the OCHA-PIC Team and channelled through the RC System, whereby the UNCT has created mechanisms to interact with the relevant national authorities to jointly prioritize interventions that would contribute to the design and implementation of the national AHI preparedness plan.

These projects were designed to strengthen the national pandemic preparedness capacities and enable the RC system to engage actively in a collective manner to provide the necessary strategic, technical and managerial support to this endeavour. These grants were not limited to the CFIA signatory organizations, as in many instances the RC has channelled these resources to WHO. A major lesson derived from this initiative was its ability to strengthen the AHI coordination process and the multi-sectoral platform at the national level. Although the financial outlay of these grants was relatively modest, its role in improving coordination was significant.

The grant also substantiated the significance of the UNCAPAHI, where the imperative to address all the objectives outlined in the UN consolidated action plan was made possible. This undertaking introduced a new momentum to the UN collaborative action by directly involving the UNCT and consolidating its mandated role to act jointly in the spirit of a UN synchronized vision and action.

The RC Grant in Senegal

The One UN working together through the RC Grant was highlighted in Senegal to develop and test a National Influenza Pandemic Preparedness and Response Plan (NIPPRP). According to all the participants (WHO, FAO, WFP, UNICEF, UNDP, and IOM), the planning process contributed to bringing the various partners together in a process that was led by the government. Through the planning process, they convened, discussed and exchanged views, came to know each other and fostered cohesion. A multi- sectoral holistic approach and clearer articulation between the NIPPR and the United Nations emergency clusters framework was hence pursued (see more details in the Senegal Case study).

The RC role in the AHI preparedness effort was further consolidated by the UNSIC strategic contribution of assigning a full-time focal point to those countries where the pandemic risk and its harmful impacts were high, for instance in Egypt and Indonesia. This facilitation was duly recognized by the national authorities and the UN system for its positive contribution to the AHI pandemic preparedness, coordination and support.

2.8 Introducing simulation exercises has built confidence for the pandemic preparedness plans

The CFIA supported national pandemic preparedness plans have enabled governments to mobilize partnerships and resources for strengthening this initiative. Simulation exercises carried out in all three visited countries, Egypt, Indonesia and Senegal, were led by the respective governments and supported by the UN and other partner organizations. These simulations aimed to verify the effectiveness of the stipulated components of each plan with regard to command and control, communications and applied technical interventions and to provide direct experience to national institutions and professionals who would be involved in response interventions.

These exercises were also aimed to raise awareness and provide assurance to the national institutions and authorities on their robustness in the event of a pandemic. These simulation exercises have generated wider confidence for the AHI preparedness plans, as well as for the potential of mainstreaming these acquired capacities into the multi-hazard preparedness approach, while assigning greater prominence to the national institutions engaged.

Learning from simulations

Simulation capacities were promoted as an integral component of the CFIA supported AHI preparedness intervention. In all of the countries where these exercises were completed, operational bridges were emphasized and strengthened between the center and peripheral regional and district areas. In most cases, the stakeholders were performing these actions for the first time and jointly testing the stipulated plan. It became clear that simulations were only successful if participants were committed to learning from them and if the identified deficiencies were improved. It was also evident that the practice needed to be sustained.

2.9 Commitment to the AHI pandemic preparedness action has rendered the UN system stronger to support national interventions

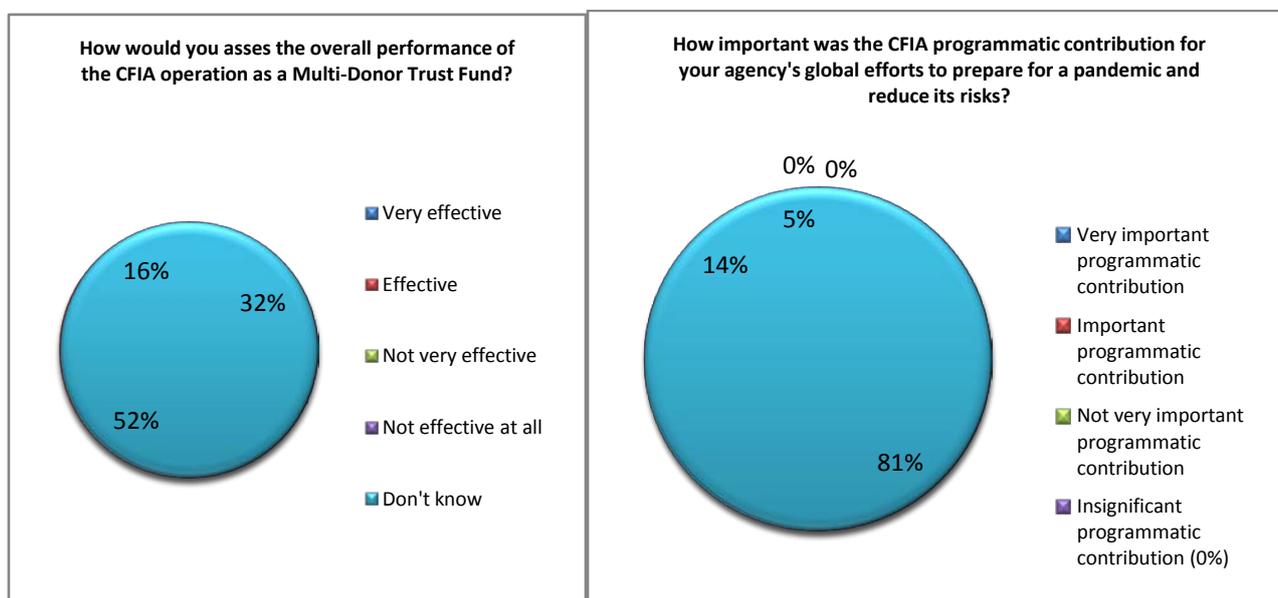
Under the guidance of the UN Secretary-General, one of the main roles of the UN system during the AHI pandemic threat was to enhance the health and safety of the staff by minimizing the risk of possible AHI infectivity, encouraging them and their dependants to use appropriate cost-effective control interventions. The safety of the UN staff was considered to be a function of its ability to continue and sustain the critical contribution to the pandemic preparedness action at global, regional and national levels, and liaise with national institutions and authorities on the subject.

During its tenure, the PIC Team was able to provide substantive support to UNCT's and HCT's enabling them to prepare plans to ensure the safety of staff, the continuity of essential operations and assist the national governments in planning for future pandemics. This included the design and delivery of more than 150 simulations, the maintenance of an on-line tracker to assess the levels of preparedness in UNCT's and countries, which would enable the UN to maintain its technical and operational strength in the event of a pandemic. Similarly, as part of WFP's extensive Staff Health and Safety programme, WFP rolled out its 'training-of-trainers' initiative in early 2009 to train WFP staff and partners on the use of PPE and other best practices for working in pandemic environments. Training activities on pandemic preparedness and response were carried out by the UNCTs and joint contingency plans developed. Simulation exercises were also introduced to validate this vital capacity building process. Planned Training programmes were accomplished in Bangkok, Dakar, Johannesburg and Nairobi, with a video training for the Panama Regional Bureau.

The CFIA support enabled the POs to build their specific epidemic preparedness and response capabilities to effectively engage in regional and country level collaborative activities. Each PO has critically reviewed its technical and operational mandates with regard to AHI pandemic preparedness and response, and strengthened its interventions for the production of higher value outcomes. The latter has enhanced the synergy and complementarities between the UN agencies and streamlined their contributions with national stakeholders and institutions. The imperative to align the AHI preparedness intervention with the seven UNCAPAHI objectives has also provided another useful guide in creating special niches for each organization to lead, thus averting duplication in humanitarian and development action. This outcome is a valuable input to the UN reform process, given its inherent capacity to enhance the effectiveness and harmony of the UN system.

2.10 Web-based survey results on programmatic issues

Figure 6: Overall CFIA Performance and Importance of CFIA Contributions for the Preparedness of Participating organizations:



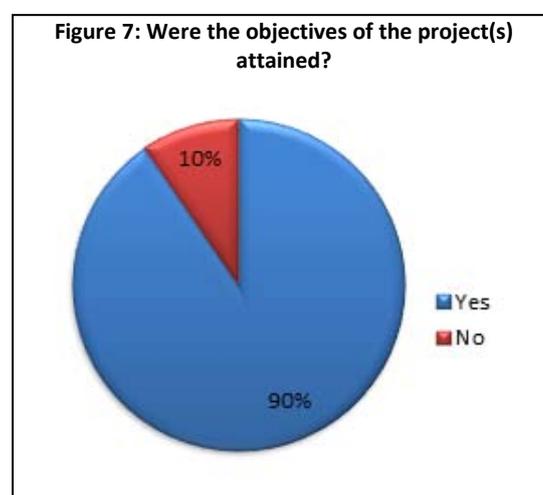
When enquired about the immediate effects and outcomes of this initiative, more than 84 percent of the respondents ranked the CFIA overall performance as either effective (52.5%) or very effective (31.6%). The latter constitutes a very positive result, confirming the feedback collected during the interviews in Headquarters and through the three field visits. In addition, the CFIA had a very important programmatic contribution to the preparedness efforts of the POs in reducing the pandemic risk in their respective operational domains. Some reflections obtained through the survey on “why the CFIA was important for your organization” are outlined below:

- Better recognition of refugees, migrants and mobile populations’ vulnerability.
- Becoming engaged on the pandemic preparedness, while taking their beneficiary population needs into account.
- The opportunity of contributing by accessing the only source of funding for AHI preparedness on the non-health issues at the time.
- The increased public awareness on the pandemic catalyzing many other relevant topics such as hygiene (WASH).
- Enhanced coordination among partners.
- The initiative significantly contributed to the preparedness and response of our organization and to the wider global preparedness.
- Getting an opportunity to participate in a multi-sectoral action, working towards a common set of shared objectives.
- Without this funding, it would not have been possible to establish the PIC section within OCHA that gave a lot of support to country teams.

Achievement of the objectives

The survey results as shown in figure 7 illustrate a high level of consensus among the Pos corroborating the achievements gained, of which the most salient are reflected below:

- The CFIA initiative has produced vibrant levels of coordination and collaboration across organizational boundaries, involving a range of national stakeholders from the public and private sectors and across the UN system at global, regional and country levels.
- The AHI pandemic threat has been instrumental in attaining high level national ownership and commitment that effectively brought together top policymakers and senior managerial and professional groups at a shared action agenda platform, accelerating both the decision making process and implementation.
- The wide scope of programme operations created through the numerous engaged POs and sectors at national level have mobilized tangible institutional resources and capacities that strengthen the programme and orient towards achieving the AHI planned results.
- The regular and systematic release of funds against the CFIA earmarked grants has contributed to the effective and timely implementation of the programme, raising its relevance and credibility.
- The organization of public-private partnerships has generated synergies and alleviated operational bottlenecks in the AHI preparedness efforts at the national level and created a national shared commitment and accountability geared to avert this pandemic threat.
- Attaining a high degree of community participation and mobilization that is of critical importance for achieving the desirable thresholds of AHI preparedness action.
- The generated wider consensus at the national level to streamline the pandemic and epidemic preparedness and response intervention in the multi-hazard approach perspective, thus ensuring the continuity of the gains accomplished.



3. Effectiveness of the CFIA Processes in supporting the key Paris Declaration principle and the UN reform process

The UN reform initiative of 2005 has reiterated the indispensable force spearheading UN action in the fields of development, humanitarian action and protection of the environment. The reform has highlighted the coordination role in delivering these functions, pursuing the principles of the Paris Declaration on Aid Effectiveness and moving with greater coherence towards the vision of “Delivering as One”. The AHI pandemic preparedness action has brought together various UN organizations, national government institutions, development partners, NGOs and CSOs and engaged the community to achieve well defined objectives and operational targets. Accordingly it was necessary to reflect on how this legitimate mandate was addressed, and recognize the lessons learned relative to the principles of ownership, harmonization, alignment, managing for results and mutual accountability.

3.1 Ownership: CFIA central and small MPTF grants reinforced the national ownership pathway

The ownership of the AHI pandemic preparedness and response contingency plans reflecting national priorities have encouraged governments to build the required technical and operational capacities, rally inter-sectoral action, exert political leadership and coordination and achieve the desired outcomes.

The governments and UN partners have acknowledged the necessity of national ownership in the development and implementation of the AHI pandemic preparedness plans. These contingency plans were implemented in all the administrative tiers and directly led by the national authorities at each operation level, through multidisciplinary inter-sectoral approaches and with clear political oversight and accountability. The design of each plan was led by the assigned government institutions and supported by the UN system. Through the pandemic preparedness efforts, governments have engaged the relevant private sector entities, the NGOs and the grass root communities for awareness building and active participation.

The small grants channelled through the RC system required at the inception phase insurance of national active leadership and that the proposals reflected the priorities envisaged for implementation. Once these projects were approved and the funds transferred to the relevant UN agencies, the implementation of the activities stipulated in the plan were carried out by the national authorities under a multi-sectoral platform and with close UN facilitation and support.

Table 8: Number and amount of small grants transferred through organizations via the RC small MPTF grant

UNDP	UNICEF	WHO	PAHO	UNWRA	WFP	Total
9 Projects	2 Sub-Projects	17 Projects	3 Projects	1 Project	1 Projects	33Projects
\$862,199.00	\$107,268.00	\$1,862,229.00	\$350,000.00	\$99,510.00	\$6,780.00	\$3,287,986.00

This undertaking introduced a new momentum to the UN collaborative effort by directly and jointly consolidating the UNCT mandated roles through the UN reform process of “Delivering as One”, creating interactive partnerships with national authorities and institutions. Moreover, the CFIA direct and major funding window to the UN agencies has enhanced AHI preparedness capabilities, with agencies effectively contributing to the national action plans. The ownership factor has facilitated the UN division of labour and the synergy and complementarity of their action, features that proved difficult to attain in similar settings in the past. These partnerships generated a reliable level of confidence, enhanced dialogue and instilled greater dynamism into the AHI preparedness effort. To reinforce the national ownership principle, the institutional, organizational and human resource capacities were to be enhanced, a commitment unanimously shared by the RC system.

3.2 Alignment: Directing interventions on UNCAPAHI has facilitated alignment with national AHI preparedness priorities

The CFIA focus on the UNCAPAHI set objectives was a major alignment step with the national pandemic preparedness needs, further tailored to the country's contextual realities and upheld through rigorous capacity development support to instil competences that raised the partners' confidence in its reliability.

The CFIA decision to align its supported intervention with the UNCAPAHI set objectives demonstrated a commitment to the globally endorsed needs outlined in this consolidated plan and ensured that the UN support to the AHI pandemic preparedness was aligned with national priorities and plans and applied high level institutional mechanisms for coordination and action. The UN has extended its support to the established coordination mechanisms at the central, regional and district levels. Each mechanism operated under a high level executive with the legitimate authority to convene key decision makers from all the relevant sectors and make them accountable to the deliberations and operational actions mandated through the mechanisms governing the AHI pandemic preparedness actions.

At the operational level, the preparedness functions embedded in the different institutions were supported by the UN system, as appropriate. This approach enabled the national authorities to mainstream the AHI pandemic preparedness actions through institutional capacity building models readily available to be put in motion if a major hazard or disaster occurred. To substantiate this undertaking, the resources provisioned for the building of these essential capacities were planned and managed in complete partnership with respective authorities and in harmony with national procedures and management systems. To sustain these valuable gains, the government, the UN and other development partners needed to work together to provide the minimum required catalytic support to render them active, and complement them with monitoring and periodic simulation exercises to ensure that these critical technical and organizational skills were upheld.

3.3 Harmonization: maintained focus on the fund's selected operational niche and introduced mechanisms that synchronize actions

The pooling of the CFIA resources, the focus on the UNCAPAHI set objectives, the application of the peer review process and the agencies' division of labour have contributed to the harmonization principle and encouraged the UN system and national counterparts to synchronize implementation at the operational level.

The CFIA has recognized that within the UN system, the AHI pandemic preparedness action and response were being primarily carried out by FAO and WHO, which address the animal and human health dimensions of a pandemic. To harmonize with these efforts, the CFIA delineated its support niche by addressing the urgent unfunded and underfunded activities relevant to the pandemic; activities that were not to be neglected. To strengthen this principle, the CFIA introduced pooling as a basis for resource mobilization. The CFIA also developed a standard project application prototype to be used by all agencies and a set of criteria for funding eligibility. Moreover, the processes of proposal submission pursued were strictly consistent with UNCAPAHI devised seven objectives, where the proposals had to conform to the comparative advantages of the different participating UN agencies, harmonizing the division of labour and creating synergy and complementarities between the CFIA approved programmes. The web-based provision of detailed information on the approved CFIA proposals, the quick disbursements and rigorous accounting mechanisms encouraged the UN participating agencies and their national counterparts to harmonize the implementation at the operational level.

A salient case in harmonization introduced by the CFIA management committee was the peer review strategy, where the proposals were to be examined by the relevant participatory agencies. The strategy was commended as exceptional by the donors and UN agencies alike. Each submitted proposal was officially shared with all the concerned agencies, regardless of the funding source or the stipulated targeting clauses attached to the provision of these resources, enabling the fund to extend its support to the best submitted proposals. This has created a sequential standard process for the appraisal and approval of submitted projects

that were required to adhere to the MC set terms and rules of procedures. At the final stage of the evaluation, the Management Committee made its decision by consensus, whereby a project was approved for funding and implementation; approved with conditions; or deferred with comments for further improvement or rejected. The decisions of the Management Committee were duly recorded in the minutes of each meeting.

3.4 Strengthening accountability

The CFIA Management Committee through its leadership and strategic directions has set an accountability platform for action, in which the different participating agencies have consented to follow. A major instrument of accountability was the mandatory reporting system introduced by the MC. This single information track approach has required each participating organization to submit a quarterly progress report on its operations. These reports were subsequently compiled into a full quarterly report and widely shared, while a final complete report was made at the end of each year. These reports enabled the agencies to closely liaise their implementation support with their operational tiers. The initiative has facilitated the agencies' oversight functions and prompted the needed technical and managerial support. These reports enabled the close and collective monitoring of these interventions by the POs, the UNSIC and the CFIA management committee members, creating a widely shared network of information for evidence based decision making.

3.5 Managing for results

In the development of the AHI pandemic preparedness plan, managing for results was a key determinant where despite the relevant values attached to inputs and processes, the ultimate aim of the member States and UN partners was to substantiate the effectiveness of this action and ensure the mounting of an effective response in the event of a pandemic. With this consideration in mind, the plan envisaged strengthening country capacities with clearly defined expected preparedness results for every participating organization to support. The national, regional and district local coordination mechanisms were made accountable to ensure that the devised performance indicators were used to measure the progress made for achieving the set targets. The POs contributed to this result focused approach through their respective comparative advantages and assigned roles in the preparedness drive, providing the required support as necessary. To substantiate this process, simulation exercises were carried out and have validated the effectiveness of the set preparedness plans. Their effectiveness was further corroborated by the applicability of these plans to other disaster situations.

3.6 Web-based survey results on aid effectiveness

According to the on-line survey, the UN Reform and Aid Effectiveness agenda were fairly well covered, although sustainability lagged behind the other principles, corroborating the need for maintained focus and attention.

Table 9: At your level, can you assess the effectiveness of the CFIA interventions in the following areas?

Answer Options	Very effective	Effective	Not very effective	Not effective at all	Don't know
Alignment - support national processes as per set plans and priorities - harmonization and avoiding duplication	17%	67%	0%	6%	11%
National ownership with reflected leadership and accountability	17%	50%	17%	6%	11%
Promoting coherent and predictable UN system response	32%	53%	11%	0%	5%
Promoting inter-agency cooperation at the global level	42%	47%	5%	5%	0%
Maintaining consistency with UNCAPAHI set of actions and objectives	37%	37%	16%	0%	11%
Promoting inter-agency cooperation at the UNCT level	26%	53%	5%	5%	11%

Respecting agency areas of expertise and comparative advantage	37%	42%	16%	0%	5%
Building partner(s) capacity	26%	53%	5%	5%	11%
Enhancing sustainability	5%	32%	47%	5%	11%
Accountability and management for results	21%	47%	16%	0%	16%

4. UN Internal Coordination

4.1 CFIA pioneered coordination strategies

A major challenge in UN work is establishing coordination that leads to greater efficiency in the system. The CFIA put together a set of strategies that strengthen the coordination of AHI pandemic preparedness efforts at all levels. To pursue this goal, the work of the participating agencies and their operational coherence with other UN, national and international partners were carefully examined. Among the pioneered strategies was the extension of coherent joint support to the national authorities in the development of the AHI pandemic preparedness plan; sharing information and organizing joint field missions; supporting the establishment of regional and country level coordination mechanisms for AHI pandemic preparedness and response; launching quarterly and yearly consolidated reporting systems that demonstrate the progress and results attained; jointly initiating an AHI pandemic preparedness capacity development by consolidating the organizational, technical and managerial capacities of different UN participating agencies; and exploring additional mutual partnerships between the UN and national counterparts.

Conversely, the culture of keeping funding sources discrete, traditionally pursued by donor partners, encourages competition, promotes duplication and increases transaction costs. Other disadvantages of earmarked funding include the demand for separate monitoring and reporting systems and the risk that donors will predetermine the programmes for which these funds are allocated, thereby reducing the discretion of the recipient organization to align them with their outstanding priorities. The earmarking within the CFIA, however, was carefully negotiated and the attained mutual flexibilities have generated the consensus that funds to UNCAPAHI be targeted to its delineated objectives and that a single track reporting system be adopted and hence follow the CFIA set of management policies and procedures. This shared understanding constitutes a positive lesson for future application.

4.2 Advancing inclusiveness to improve coordination

The UN system has clearly recognized that the AHI pandemic preparedness drive involves operational fields that go beyond the specific domains of human and animal health. Accordingly, the CFIA had directed its focus to fund preparedness interventions that address these gaps. From this perspective, CFIA was inclusive by allowing all the UN agencies to participate in this endeavour, provided they support one or more of the UNCAPAHI objectives. This inclusiveness has attracted many organizations, encouraging them to rediscover their potentials and identifying niches of comparative advantages to pursue. This process has enabled the CFIA to coordinate a range of complementary critical interventions which have added value to the AHI pandemic preparedness action. This has also entailed a level of flexibility where the recognition of the special contribution of IOM facilitated its acceptance among the signatory organizations. This wider participation has generated a far reaching scope and invaluable efficiency for the pandemic preparedness actions.

5. Recommendations to guide donors and POs in establishing similar effective coordination and operational mechanisms in support of aid and development effectiveness

Coordination is the driving force for aid effectiveness and a prime instrument for bringing about national ownership. The experience of CFIA has substantiated this reality and demonstrated how the different coordination models have effectively facilitated the processes and outcomes of the AHI preparedness activities implemented by a large roster of partners under the stewardship of a country. The following is a brief outline of how these coordination mechanisms and instruments can guide the UN and other partner organizations in replicating this experience in a development setting where aid effectiveness is critical to desired outcomes.

5.1 Build coordination on widely recognized needs

The CFIA focused commitment to respond to a global threat that transcends the traditional boundaries of animal and human health and to embark on the multifaceted domains of UNCAPAHI was sufficient to attract the interest of national and international partners. The invitation of the UN with its diverse capacities to assume this universal responsibility provided an incentive for coordinated action, especially when the funds were pooled and standard processes were pursued by the fund's MC. At the national level, the imminent risk of the pandemic, the need to mobilize numerous public and private sector capacities, compounded by the magnitude of the task overall, were compelling reasons to seek cooperation. Though coordination needs to be based upon recognized needs, it must also be nurtured by a solemn commitment to the overall purpose of UN reform and aid effectiveness principles.

5.2 Sharing commitment through devised joint action plans

The UNCAPAHI acted as the major force driving the shared commitment of CFIA POs with increased involvement of many agencies from non-health sectors collectively geared to address the AHI impending global threat. The plan's effective outreach allowed it to link to national governments and stakeholders from the private sector. It also contributed to resource mobilization and helped identify and fill strategic and operational gaps related to AHI preparedness and response. This galvanized the UN system of organizations to align their mandated technical and operational domains with the collectively agreed seven objectives of the plan, including its embedded synergies and complementarities, thereby directly interfacing with aid effectiveness principles. The UN system could successfully promote the global replication of similar joint action plans that are founded on common goals and shared principles.

5.3 Coordination to be founded on a participatory platform that reaches out to relevant partners

On the outset of the CFIA inception, and through the UNSIC support, the Management Committee felt the need to liaise with the World Bank to ensure coordination with its Adjustable Programme Loan (APL) initiative, which opened opportunities for cooperation on the preparedness efforts aimed to avert the risk of pandemic influenza. Moreover, the participation of the CFIA non-recipient UN agencies active in the fight against the pandemic threat have transparently allowed information sharing, consensus building and strategic coordination and partnerships at the operational level, all of which have substantively facilitated the attainment of stipulated outcomes. Including the donor partners in the CFIA MC was another appropriate and effective move, as their participation in the CFIA processes offered prompt access to programme evidence and yielded confidence, trust and support.

5.4 Translating the CFIA lessons into action: Keeping the aid effectiveness principles alive

The learned lessons from the CFIA experience can be readily translated into practice by UN and donor supported interventions in relation to their strategic policies, plans, financing and implementation processes. This will imply the consideration of the five principles of aid effectiveness. Through this approach, national and

development partners can take vital steps to produce results and promote accountability and transparency. To substantiate the CFIA lessons, the partners should collectively assert the national ownership and leadership of the humanitarian and development interventions to enhance synergy and avert duplication, while holding firm on accountability. Coordination was also necessary for the division of labour between partner organizations; building support around the national plans and priorities; pooling budgets, harmonizing capacity building and creating a single M&E process and unified reporting system while organizing periodic participatory reviews and encouraging the inclusiveness and commitment to operate within the established coordination mechanisms.

5.5 Linking and coordinating global and national efforts directed towards common performance goals

A salient message derived from the CFIA experience and one pertinent to situations beyond the CFIA is the need to pursue the notion of coordination as if the engaged multiple partners were closely intertwined in achieving the goal of this initiative. This can be substantiated either by a shared responsibility catalyzed by a pooled fund, or national action plans that converge with the collective support of the UN system. The objective is to associate the inter-agency coordination at the global or regional level with the coordination of the RC system encompassing all UN organizations on the one hand, and the public and private national authorities and institutions on multi-sectoral platform on the other.

5.6 Promoting Inter-agency technical coordination

The experience generated through the UNSIC led inter-agency Technical Working Group and its coordination support to the global, regional and country level AHI preparedness efforts have clearly substantiated its proficient and neutral role devoid of any perceived risk of a conflict of interest. Through this platform, UNSIC attracted the support of other international and donor partners for the UNCAPAHI, liaised its efforts with the RC System at country level and engaged national governments in cohesive partnerships for AHI preparedness actions and response. These intrinsic UN organizational capacities, which do not have any perceived conflicts of interest or require an institutional firewall, need to be nurtured for future humanitarian needs and opportunities.

5.7 Linking the AHI pandemic preparedness coordination mechanism with other coordination structures to expand influence and gain acceptance

Many of the national and UN stakeholders that are members of the AHI coordination forums are also members in other coordination structures with which the preparedness effort is to be harmonized. Bridges of mutual support were established with the national disaster management authorities, the UN cluster approach for emergency preparedness and response, and the country level operating humanitarian forum, while links for business continuity were established with the Global Alliance for Vaccine and Immunization (GAVI) and the Global Fund to Fight AIDS, TB and Malaria (GFATM). These efforts are aimed at generating recognition and acceptance for this initiative among the professional and policymaker groups in the country and the development partners for support.

6. Recommendations to identify mechanisms that can be used beyond the CFIA

The CFIA coordination dynamic and the engagement of a large number of UN agencies in a global threat of the H5N1 avian influenza epidemic compounded by the 2009 declared H1N1 pandemic created a unique experience in which countries showed the highest political commitment and mobilized their institutions into action to avert an imminent disaster. The CFIA TORs called for the fund's existence to end on December 2012, a decision consistent with the fulfilment of the fund mandate, together with the current decline of a pandemic threat. Unless the perception of the risk changes, very few donors have new funds to allocate to this endeavour, even if some experts claim that the pandemic threat remains as high as it was in 2005. It is therefore all the more relevant to foster a dialogue on its legacy, a discourse initiated in Hanoi at the 7th International Ministerial Conference on Animal and Pandemic Influenza (IMCAPI) in April 2010, where the key challenge was rightly identified as *“turning promising beginnings of stronger cross-over working into institutionalized, sustained and holistic approaches”* in the Framework for Sustaining Momentum 2010 Report. The LLE also takes into account UNSIC Final Review (July 2011).

6.1 The One Health principles

AHI has revealed the catastrophic impact that emerging communicable diseases can inflict on global health and economy of the world in general and on the poor in particular, substantiating the cost-effectiveness of preventing and controlling these challenges. There is a need to raise the profile of public health emergencies (and related preparedness), especially because their impacts extend beyond the health sector role, mandating the UN to mobilize the necessary collaborative partnerships at country level.

6.2 Whole-of-Society pandemic preparedness approach

Although the AHI pandemic preparedness coordination mechanisms are solidly in place, the governments and the UN are endorsing a Whole-of-Society pandemic preparedness approach (spearheaded by PIC) where the national governments – beyond the ministries of health and agriculture - flanked by their grassroots communities, CSOs and corporate private sector have introduced the preparedness as a binding inter-sectoral domain essential for averting and mitigating the impact of disasters.

6.3 The multi-hazard preparedness approach

Both Egypt and Indonesia, in which AI has become endemic, have realized the need to institutionalize a broad-based emergency preparedness strategy by adopting a multi-hazard preparedness approach through government decrees or legislation, where the AHI pandemic threat related lessons learned were tailored to a comprehensive disaster risk reduction potential that is being mainstreamed in the national and sub-national development plans of these countries.

6.4 Rectifying the disaster preparedness developmental gap

Disaster risk reduction (DRR) and pandemic preparedness efforts often suffer from inadequate capacities and capabilities at the country level, where the levels of planning, resource allocations and partnerships are poorly developed. To address these developmental barriers, assessments were to be carried out to identify the key preparedness gaps and to better understand the measures and the practical steps needed to address these challenges. As a way forward, strategic solutions need to be streamlined into the national development agenda, while robust coordination structures for a wider multi-hazard preparedness approach are concurrently put into place.

6.5 The negotiation power of the common UN approach

Through CFIA and UNSIC support, a solid coordination mechanism was established that fused the UN agencies' technical and operational capacities around the joint mission of AHI preparedness and response. It further

strengthened the legitimate role of the RC leadership in this emerging role, where the UN has to collectively advise and assist governments in pursuing coherent and efficient planning processes and build the relevant human and institutional capacities at the country level. Similarly, the UN had a better advantage when jointly negotiating with donors in support for the roles and responsibilities assumed by the different agencies in extending their specialized assistance to their national counterparts, ensuring complementarity, synergy and inculcating appropriate knowledge by operating through the national coordination mechanisms established for this vital undertaking.

6.6 Mainstreaming emergency and AHI pandemic preparedness

The CFIA experience and the UNSIC high level advocacy role have contributed to a shared global conviction that disasters could wipe out barely attained socio-economic gains at the national level. This strong consideration was reflected in the UNDAF planning, where the UN partnership in the national development process will include emergency preparedness and response as one of its principle components for assistance and technical collaboration.

7. Conclusions and recommendations

The CFIA was established to finance the urgent unfunded and under-funded priority actions of the UNCAPAHI strategic framework. The fund has concluded a Memorandum of Understanding with eleven UN agencies and two non-UN entities, engaging them in the implementation to enhance the AHI pandemic preparedness capacities at global, regional and national levels. The participating organizations were also required to forge country level coordination through the UNRC system. Several opportunities were delineated for enhancing the effectiveness of the CFIA priority interventions that incorporate sound programmatic interventions to generate the expected results stipulated in the plan; the CFIA implementation processes' compliance with and contribution to the aid effectiveness principles; their effect on the UN internal coordination and the capacity of these interventions to generate best practices that can be successfully applied in similar aid effectiveness and coordination mechanisms. The following is a summary of the achievements and most salient lessons learned through the CFIA initiative and recommendations proposed for consideration:

Contribution and effectiveness of CFIA programmatic interventions: The linking of the CFIA supported interventions with UNCAPAHI set objectives and specifically on the urgent unfunded and underfunded components of the plan was a successful strategic choice that has effectively contributed in reducing the risk of the AHI pandemic. The CFIA has substantiated the necessity of UN System-wide support for averting the AHI pandemic threat and achieving the desired level of coordination and action. Moreover, public-private ventures for AHI preparedness and response were effectively organized by national governments and participating organizations and mobilized active community participation and social communication at the grassroots level. The introduced simulation exercises offered the best possible reality check for the validity of the AHI preparedness and response plans in the event of a pandemic and raised the confidence and experience of the national actors engaged.

The CFIA aligned its supported interventions with the UNCAPAHI set objectives, and evolved into an enabling funding mechanism able to reach out and fill existing funding gaps, hence complementing the other existing channels for the transfer of donor resources to the UNCAPAHI, including bilateral funding to individual organizations. Moreover, the pooling of CFIA resources not only harmonized the management and operational oversight of the implementation, but allowed the fund's distribution where it was most needed. Furthermore, the fund structure has brought together a body of knowledge from the participating UN organizations and other key stakeholders that include donor partners. It provided a platform to harmonize strategies and avert duplication of UN work through their diverse technical support, assisting the national governments in an effective, transparent and accountable manner, where the attainment of the targeted results were regularly shared amongst stakeholders and available on-line for greater interested public.

Major outcomes through the AHI preparedness actions were strengthening the technical and organizational capacities of the national governments and their institutions participating in the development and implementation of the AHI pandemic preparedness plans; designing effective risk communication skills; improving coordination; enhancing disease surveillance and laboratory capacities and outbreak investigation; introducing simulation exercises; and developing guidelines and standard operating procedures that are relevant to business continuity actions. The coordinated support of these efforts was consolidated at the country level through the CFIA Small MPTF Grants, through which resources were channeled to the Resident Coordinator (RC) System in support of AHI preparedness and response. This mechanism enabled the UNCT to effectively coordinate with and assist the government in the design and implementation of the AHI preparedness jointly prioritized interventions.

The LLE has corroborated the fund's significant contribution in enhancing the capacities and capabilities of POs to effectively assist the member States whose levels of preparedness to the pandemic were weak and who would have faced serious pandemic risks in the absence of this initiative. Ever since its inception, the fund has supported POs to build the AHI pandemic preparedness capacities at the agency level, create inter-agency collaborative networks and promote regional hubs to assist the preparedness efforts at country level. The programmes and projects supported by the CFIA have provided a valuable mechanism for implementing a

multi-sectoral approach for the pandemic preparedness, giving the much needed impetus to a large number of UN agencies that would not have engaged in this endeavour in the absence of these resource inputs.

CFIA Structure and Management: The inclusiveness and flexible approach employed by the CFIA were reflected by its ability to attract UN and non-UN participating organizations to collectively engage in the UNCAPAHI implementation; establish a peer review process for CFIA projects' financing support scrutiny; institute standard and timely performance reporting arrangements that were transparently shared on-line; and promote internal coordination among CFIA participating organizations for greater synergy and operational coherence, substantiated also through the RC system at country level. The conducted interviews and survey of the LLE strongly corroborated the widely expressed satisfaction across the network of national partners and participating organizations over the performance of the CFIA secretariat. The role of the AA was also appreciably acknowledged for the timely disbursement of allotted grants and preparation of the consolidated annual financial reports.

A major outcome and important gain was the ability of the participating organizations to mainstream the attained AHI Preparedness capacities into their core functions to sustainably advance the AHI preparedness efforts, such as enhanced disease surveillance and early warning systems; promotion of occupational health and safety at work; forged strategic public and private partnerships; logistic capacity assessment techniques; multi-sectoral pandemic simulation exercises; and the CAPSCA preparedness strategy, capacities that need to be transitioned into a multi-hazard and whole society approach.

The participating organizations have appreciated the access given by the MC alongside its openness for consultation. They have also recognized the enhanced coordination and the added value of the CFIA operational procedures and governance mechanisms introduced by the fund. Moreover, the surveyed officials expressed preference for a non-earmarked funding approach. However, concerns were raised about the approaching UNSIC closing phase without an envisaged substitution to this valuable role of technical coordination. The LLE captured the perception that this could restrain the outstanding availed support for the AIH pandemic preparedness efforts and the needed multi-hazard disaster reduction interventions at global, regional and country levels, capacities that will be needed even more in the evolving and complex environment of disaster relief.

The CFIA had the unique characteristic of offering modest grants and selecting the proposals through well-defined criteria and peer review processes. The latter gave different agencies the opportunity to offer comments on submitted proposals that were conditionally required to address at least one of the seven UNPAHI set objectives. There was unanimity amongst the interviewees and survey respondents that these procedures have facilitated and promoted synergies and opportunities for better cooperation and coordination.

The feedback from the interviews and on-line survey demonstrated a strong support for the rapid and timely transfer of allocated resources and the flexibilities provided to programme operational needs at the country level, as per the existing contextual realities. The LLE reflected the supportive guidance by the CFIA's MC through the transparently set managerial and administrative guidelines relevant to the single reporting format, as well as the aggregation of information from POs into a widely shared comprehensive report enhancing the programme visibility and illustrating the value of collective UN assistance and its cumulative efficiency in the implementation process. In the web-based survey, more than 84 percent of the respondents ranked the CFIA overall performance as either effective or very effective, reflecting the existing high levels of satisfaction.

Similar to other MPTFs, the governing arrangements of the CFIA were simple and didn't involve a multi-layered board, groups and committees; the MC operates by consensus and is neutrally chaired by the UN System Senior Coordinator for Avian and Human Influenza (UNSIC). Moreover, enlarging the scope of participation of non-UN agencies in the CFIA process was a ground breaking undertaking that validated the contributions provided by other partners, consequently giving this initiative the added value to reach out to critical and important target groups.

The fund's pioneering achievements of including the World Bank as an active observer and the donors as formal members of the oversight committee have contributed to the broader coherence of the pandemic preparedness action and allowed a genuine dialogue that engaged them in proposal review and financing activities. The latter has facilitated the flexibility of accommodating earmarking, while pursuing common CFIA standard reporting and resource management operating procedures as a binding requirement. These additional stakeholders and partners have added a significant value to the AHI preparedness efforts, allowing ample information sharing and the opportunity to generate consensus in their decision making processes. Through this vision, the CFIA brought new actors to the table. It has also contributed to the UN reform demand for coordinated support, which has transcended to the country level through the RC system, offering an additional mechanism to channel resources and promoting greater inclusiveness of a large number of national institutions with tangible operational capacities and potentials.

CFIA Support to Aid Effectiveness and UN Reform: The focus of the participating organizations on the seven UNCAPAHI identified objectives has carved out and consolidated the special technical and operational niches that respective CFIA participating organizations had to lead and support, substantively enhancing the effectiveness, coordination and harmony of the UN system. This collaborative paradigm shift has rendered the UN system stronger and more able to support national interventions. At the MC and participating organizations' level, coordination between the agencies, coherence of the planned activities, and transparency of the CFIA programmatic management were actively promoted, while, at country level, the emphasis was put on government ownership and leadership of the AHI pandemic preparedness and response planning processes, the operations' governance and coordination and the mainstreaming of multi-sectoral ventures in all AHI interventions. The collaborative support of the participating organizations was proactively aligned with the set national priorities and plans, with strong oversight and emphasis on shared accountability and focus on results, substantiating the commitment to Paris Declaration principles on aid effectiveness. The support of the donor partners both at headquarters and the country level was visible and encouraging, while at the RC system level, the UNSIC coordination support and partnership building proved critical for the AHI initiative, and gave a new impetus to the UN reform process.

The LLE substantiated broad national acceptance and support to the aid effectiveness set prerequisite principles and aligned premises of UN reform. These observations and findings prove that countries are ready to take those lessons forward for the attainment of defined development milestones and capacities for the management of these collaborative joint interventions and successfully beyond the CFIA scope. However, the LLE has unearthed the important question of programme sustainability, where the challenges encountered at the operational level in the pursuit of pandemic preparedness actions and multi-hazard disaster planning mainstreaming crucially depend on the efforts of national governments and on the partners' proactive technical and operational support, providing the rationale for carefully nurturing this transition.

Recommendations

The LLE has corroborated the global momentum created by the AHI pandemic preparedness and response and the tangible and significant contribution offered by the CFIA initiative, operationally applicable beyond its current CFIA scope of project implementation and adapting to a multi-hazard and whole society pandemic preparedness approach endorsing "Towards a Safer World" initiative. To profile public health emergencies in a paradigm where the impact goes beyond the health sector, the 'One World, One Health' principles need to be advocated and solidly imbedded into the UNDAF country programmes. The LLE has reiterated the validity of these key operational strategies where a holistic approach is mandatory as a measure to reduce the risk of a potential pandemic or prevent and mitigate other disasters in the future, for which the following recommendations are presented for consideration:

- Build a network that can sustain strategic coordination, promote social communication and awareness, generate resilience and enhance government accountability at all levels of its decentralized structures, while pursuing an integrated planning approach founded on inter-sectoral action.
- Create country-focused strategic action to build reliable and sustained preparedness capacities for which efforts can be made by the UN system to invest medium- and long-term support, thereby enabling

governments to strengthen their regulatory measures and ensure the functionality of other essential services during a time of disaster.

- Pursue a multi-hazard preparedness vision and implementation approach and assign the coordination role to policymakers and professionals who are explicitly rendered accountable for defined organizational and operational outcomes and for liaising with the competent and empowered national institutions and authorities.
- Address the structural challenges and resource limitations by mainstreaming the emergency preparedness domain into national development plans, and aligning it with similar UNDAF supportive cooperative initiatives.
- Coordinate the UN technical, managerial and operational inputs to emergency and disaster preparedness contributions and create the necessary mutual complementarities and synergies and enhance efficiency in capacity building.
- Create opportunities for inter-country exchange of lessons learned in building institutional capacities and resolving challenges at the operational level, while creating linkages for cooperation in the event of a disaster.
- Improve the coherence of emergency and disaster preparedness coordination and operational roles at regional and national levels, and build a unified UN platform to liaise with national partners under the Resident Coordinator system to eliminate all duplication and overlap.
- Encourage the national institutions engaged in the AHI pandemic preparedness or multi-hazard preparedness based approach to validate the effectiveness of their plans by undertaking simulation exercises, a step that will also enhance the confidence of stakeholders, providing a better insight into the contextual aspects related to its application.
- Improve the collective response of the UN system through the establishment of managerial and technical contributions similar to the CFIA mechanisms to effectively address future AHI pandemic threats and the potential challenges to be posed by other emerging diseases.
- Consolidate the lessons learned through the UNCAPAHI and CFIA grants by designating to each UN agency, distinct and concrete technical areas of action to enhance the UN scope of collaboration, coherence and accountability during disasters in general and epidemics in particular.
- Sustain the role of UNSIC for its effective coordination of the UN system pandemic preparedness mechanism and its ability to rally cooperation among the UN agencies and other partner organizations, in addition to its facilitation of high level policy and technical dialogues in the wider stakeholder forum for consensus and action.
- Promote multi-stakeholder participation, approving the CFIA operational processes and experience as well as the involvement of the regional and UN Resident Coordinator systems to promote aid effectiveness and the UN reform agenda.
- Pursue the CFIA supported strategic approach by creating high level attention to epidemic threats, promoting the upstream engagement of the national leadership to raise the profile of epidemic and disaster preparedness and response interests and considerations at the country level.
- Mainstream the CFIA programmatic and governance experience into the evolving multi-hazard approach of 'Towards a Safer World Initiative' that calls for Inclusive and Whole-of-Society Approach to Disaster Management and the 'One World, One Health' strategic framework to be used beyond the CFIA.
- Consolidate the public-private partnership lessons gained through the CFIA to assure that partners benefit from their comparative advantages, added value and their ability to generate innovative partnerships that have become integral parts of the CFIA structure, management design and the UN action framework.
- Disseminate the application of the CFIA management and programmatic inclusiveness, because the involvement of donors, the World Bank, other new partners in the governance structure, and the enlargement of the MPTF eligibility criteria for participation have enhanced coherence, effectiveness and coordination.
- Recognize that no single approach can appropriately be applied to enhance the capacity needed for resource mobilization, and flexibly allow non-restrictive earmarking in an environment where as per the CFIA, common standard operating procedures and reporting systems are being strictly pursued to mobilize additional resources for priority programmatic interventions.

- Promote UN internal coordination governance approaches such as the introduction of the CFIA model of the peer review process, which allows the organizations' diverse opinions to be shared, raises the proposals' quality standards, facilitates the decision process on project proposals and the rapid allocation of funds, averts duplication, enhances the trust of the participating organization in the legitimacy and transparency of the process and ensures that the resources are invested in essential and operationally viable project interventions.
- Pursue the CFIA inventive management experience of sustaining the partner organizations' division of labour that comply with their mandated, legitimate and distinct lead roles and responsibilities with the intent of reducing the risk of duplication and overlap, improving the quality and effectiveness of targeted interventions and generating coherence and complementarity in their close collaboration with national partners with opportunities for joint programming and coordination.

VI. Annexure

Case studies on national AHI pandemic preparedness efforts, achievements and lessons to draw

Annex 1. Egypt Case Study

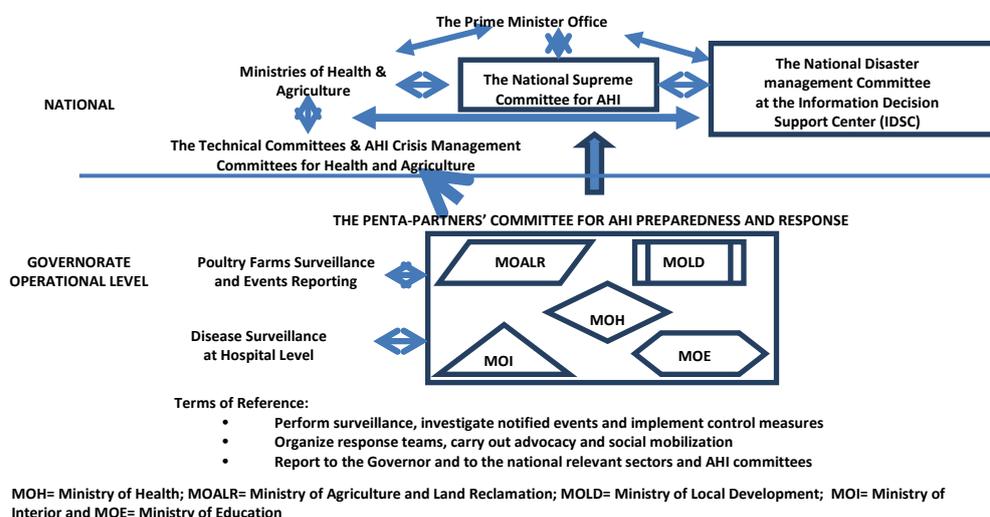
Background: Animal and Human Influenza (AHI) pandemic risk in Egypt

Egypt was hit by the Avian Influenza A virus H5N1 in February 2006, when the first poultry cases were confirmed. Until mid-May 2011 a subsequent 152 cases were reported, of which 52 proved fatal. The H1N1 virus also seriously affected the country which confirmed a cumulative 20,772 cases and 453 fatalities. The last H1N1 death was reported in June 2011. In Egypt, the livelihoods of millions of poor and low income families depend on poultry farming, with intensive backyard breeding accounting for 25% of the poultry flock in the country, 53% of the Egyptian per capita consumption of white meat and 44% of the income for poor rural households. The impact and risks of a pandemic would not have been limited to national public health, and presented serious and nationwide socio-economic implications. To mitigate the risk of a pandemic outcome, Egypt mobilized many of its public sector ministries, in particular the Ministry of Health, the Ministry of Agriculture and Land Reclamation (MOALR), the Ministry of Education and the Ministry of Interior, under the leadership of the Prime Minister's Office. The Governors and District Executive Officers also provided considerable support to the preparedness efforts and engaged the relevant public and private sector stakeholders in a massive national undertaking.

Building high and influential tiers of coordination

The AHI pandemic preparedness coordination in Egypt was organized from the center, through the creation of the National Supreme Committee (NSC). The founding members of the NSC included the ministers of the key public sector ministries, along with nine Governors whose governorates had been suffering from high H5N1 disease outbreaks. The secretariat of the committee was led by a former governor. The committee was technically assisted by the MOH and MOALR and their respective AHI crisis management committees. The NSC closely communicated its deliberations with the National Disaster Management Committee (NDMC) at the Information Decision Support Center (IDSC), a body reporting to the Prime Minister on a daily basis.

Fig8: The Multi-sectoral Preparedness to AHI Pandemic Threat and the Prime Minister's Role in Decision Making: A Lesson from Egypt



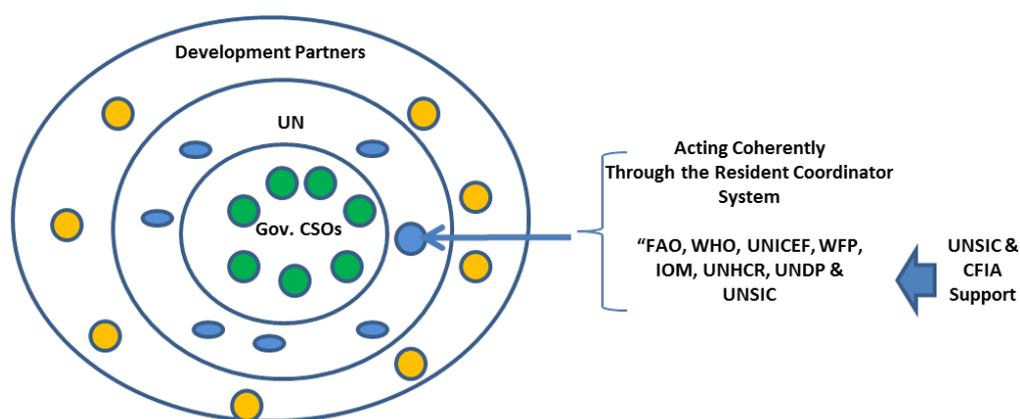
This central level coordination mechanism created powerful policy, strategic and operational decision making and an executive power that could notably raise accountability at each of the three main implementation levels -- central, governorate and district. At the governorate level, the governor is the

prime officer in charge, assisted by the direct technical and managerial implementation support of the five key sectors whose operations extend to the grassroots level. The diagram below illustrates the governance structures that coordinate and manage the AHI pandemic preparedness efforts in the country.

Scaling up UN capacity through better coordination

The UN system in Egypt has established, as per the globally set norms, a pandemic preparedness plan with two pronged strategies, namely, preserving the health and safety of the UN staff, continuing critical programs under pandemic conditions and extending a collective meaningful and well-coordinated support to government efforts to combat the AHI pandemic threat. To achieve these objectives, the UN has established a common preparedness framework allowing the UNCT to effectively contribute to this effort by explicitly defining the roles and responsibilities of the different participating organizations in terms of the support that they are expected to provide to the public and private national institutions engaged in this endeavour. As a result, the UN was a key partner in the development of a national preparedness plan, providing its collective advisory role to the country both at technical and strategic policy levels. Through the CFIA funded project of the UN System Influenza Coordination (UNSIC), the technical and organizational comparative advantages of the participating UN organizations were successfully tapped. These resources were liaised with the relevant national counterparts at different operational levels and strategic entry points, including the high policy action coordination level, the juncture of the social and economic sectors of the government, the private sector and the migrant and refugee groups. UNSIC has provided significant and invaluable technical and coordination support to the UN Resident Coordinator system and catalyzed interactive and highly valued collective support on the AHI pandemic preparedness to the National Supreme Committee, and through it, to the entire national system. The UN has also engaged its development partners given their important supportive role to this initiative. The figure below illustrates the proactive partnership roles collectively taken up by the UN and national and international partners in support of the pandemic preparedness efforts in Egypt.

Figure 9: Coordination: The expanded UN partnerships contributing to national preparedness and response



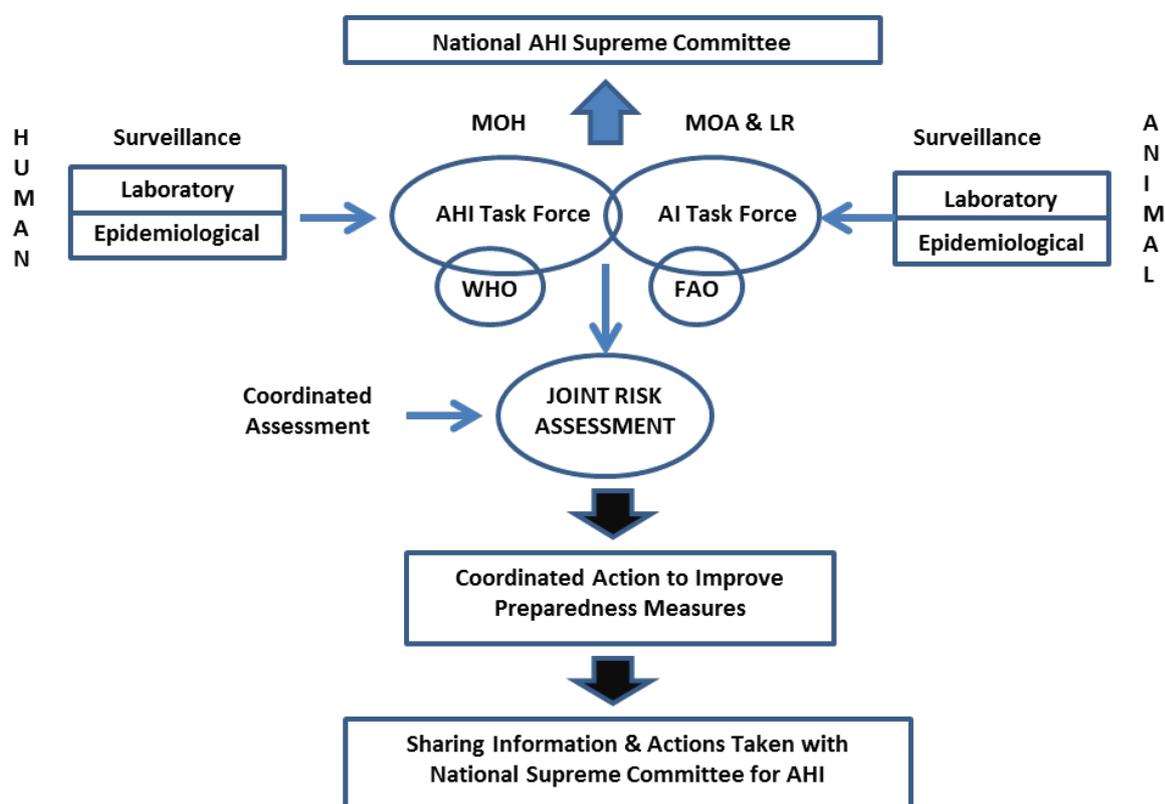
Effective planning; mobilizing support of relevant stakeholders; harmonizing partners; rectifying legislation deficiencies and gaps; improving institutional technical and managerial capacities; building information network of sound decision making for preparedness and response; mitigating and compensating risks and improving M&E and resource mobilization partnerships

In December 2009, to acquire a greater insight into the sustained spread of the disease, the government requested the main UN agencies involved (WHO, FAO and UNICEF) to jointly carry out an assessment mission coordinated by the UNSIC and the UN Resident Coordinator Office. The assessment focused on the aspects of animal health and human-animal interface, while in April 2009, a related mission was also undertaken by WHO at the request of the Ministry of Health, assessing the H5N1 risks for human health in Egypt. These contributions were essential for the development of animal and human health and communication strategies and for identifying mechanisms for their implementation.

Joint risk assessment: coordinated Avian and Human Influenza Pandemic surveillance

The AHI pandemic preparedness measures in Egypt have improved the collaboration between the MOH and MOALR, where surveillance data in avian and human influenza were agreed to be regularly shared and joint risk assessments undertaken. This would improve the capacity of the two ministries to assume active surveillance when human or poultry cases are reported. To promote this initiative a workshop was organized through the technical support of WHO and FAO headquarter teams. This was aimed to create a transparent, technically robust and accountable platform that enhances preparedness and attends to the identified operational gaps in the system. This initiative allows the joint analysis of the poultry and human avian influenza surveillance and the sharing of this validated information with the AHI NSC. This collaborative endeavour has obliged the two ministries to enhance their technical capacities to sustain this process effectively. The figure below illustrates this partnership and its four surveillance dimensions of epidemiological and laboratory investigations, as well as the channelling of their contributions to the AHI preparedness decision-making platforms both at the central and governorate levels.

Figure 10: The High Level Coordination of the AHI Risk Assessment Processes Encompassing the Dimensions of Human and Animal Health: the Egyptian Adopted Scenario



Behaviour change communication at the grassroots

Behaviour change communication challenges were faced in Egypt, in relation to the breeding of backyard poultry; the sale of live birds in crowded market places; the presence of small and medium sized poultry farms in the midst of densely populated areas; and the need to pursue proper hygiene and sanitation measures at the community level, each having a direct influence on the success of the national drive for the AHI preparedness action plan with a focus on prevailing social barriers. Several practical and feasible strategies were determined ensuring the best way in which the local communities could gain access to information about the avian and human influenza pandemic threat. The focus was directed toward females and children since they were mainly responsible for handling the poultry at the household level and under a greater risk of contracting AHI. To promote and sustain wider community behavioural change, the following interventions were implemented:

- **Accessing the community at their door steps**

The presence of the 11,000 strong force of Rural Community Health Workers (Raidat Rifiat) and their availability for the AHI preparedness intervention provided a communication channel for creating awareness, building programme visibility and generating trust and credibility at the community level. The propagated Information, education and communication (IEC) material addressed the handling and breeding of backyard poultry; separating poultry from humans; pursuing general hygiene to protect poultry; and personal hygiene after coming in contact with poultry, as well as the clear link between AHI prevention and averting the loss of livelihoods especially in low income families. In Egypt, over 17% of the AHI related deaths were among pregnant women. The community-based female workers therefore targeted women, who were also the main breeders of backyard chickens. The capacity gained by community-based female workers has become an integral component of the primary health services they routinely undertake, with regular AHI pandemic control messages being repeatedly disseminated to the target audiences. The communication role of these community health workers has become all the more important given that AHI is endemic in the country.

- **Targeting school children**

Another major communication intervention at the community level provided school children, administrators and teachers with AHI pandemic control information. In Egypt, children bore over 35% of the brunt of the disease. School children in the affected governorates were therefore encouraged to develop a required level of awareness, strengthen their belief in protective behaviours and actively engage in simple preventive practices, such as frequent hand washing especially after handling poultry. This initiative had an added value -- schools helped develop a sense of community and proved to be a powerful mechanism for the transfer of acquired knowledge and behaviours to local households.

The Lessons to draw from Egypt's experience

- **National high level ownership of coordination mechanisms raises accountability**

The success of the AHI preparedness efforts depends largely on the strength of the coordination mechanisms, the influence that this system can exert on the stakeholders and the institutions and the leadership it provides to participating entities at the central and operational levels. The Egyptian coordination mechanism at the center has brought together the executives of the different line ministries and departments actively participating in the preparedness effort, and the governors who are leading and coordinating the operations at the governorate level. This forum through its close liaison with the national disaster management committee had direct access to the Prime Minister for guidance and support. Together with the strong coordination led personally by the Governor at governorate level, a high level of accountability was induced at all operational levels of the system. The confidence in attaining the expected results in the event of a pandemic was strengthened by the implemented pandemic simulation exercises. The UNRC embedded UNSIC support has meaningfully augmented the UN contribution to this effort.

- **Accomplishing joint animal and human surveillance risk analysis will enhance institutional capacity building**

The promptly and successfully developed disease surveillance by the ministry of health with a relatively robust network at the governorate and district levels provided a credible early warning system for the AHI preparedness activities in the health sector. The development of the originally weaker surveillance system of the veterinary sector had to be accelerated to build an operational network that matched the demand for epidemiological and laboratory investigations. The latter was meant to timely respond to passively reported outbreaks by the poultry sector or catchment area local

authorities or by the health sector that confirmed and communicated AIH human cases. To generate comprehensive and credible evidence for decision-making, a process of joint risk analysis was instituted by the MOH and MOALR that encouraged an upgrade of the national surveillance system. Counterpart UN organizations and other partners extended their support as necessary.

- **Community based strategies can sustain AHI prevention and enhance grassroots participation**

Effective communication and awareness development are essential for the AHI pandemic preparedness, especially since they provide the public with the appropriate tools, in terms of knowledge and practice, necessary to mobilize a response to a pandemic. The efforts made to capture the animal and human health aspects of social and behavioural change and the use of community-based strategies in addition to press and electronic media has proven effective. Interpersonal communication made these communication tools readily available to the community through a culturally competent trained cadre. In Egypt, the move of AHI to an endemic status has demanded a sustained risk reduction communication strategy for which the grassroots approach has created a suitable implementation platform.

Annex 2. Senegal Case Study

Background

Pandemic Preparedness: Small Project Funding Facility for UN Resident Coordinators (B11, A16)

Responding to a need expressed by many Resident Coordinators, OCHA-PIC helped to set up a Small Project Funding Facility for UN Resident Coordinators. The objective of the programme was to fund small high-value pandemic preparedness projects in priority countries lacking adequate capacity and resources. UN RCs were invited to submit nominations to the Funding Facility for high priority project proposals that they felt would have a disproportionate impact in helping developing countries to be better prepared to mitigate the economic, humanitarian and social impacts of a pandemic. The initial \$400,000 USD project (B11) was funded by USAID, and with the availability of additional DFID funding, the programme was extended. Overall, a total of nine project proposals were received and submitted to the CFIA round-three review board, out of which seven were funded. In terms of programme scope, the Funding Facility particularly favoured projects focusing on interventions “beyond the human and animal health” scope of action and promoting multi-sectoral pandemic preparedness activities that help mitigate the negative impact on society as a whole.

The Senegal Project

Following the first sign of potential pandemic declared in Mexico in March 2009, a Coordination Committee (*Comité de Veille et de Suivi, Chargé de la coordination des activités de préparation et de réponse à la pandémie de grippe – CVS-PG*) was set up in May 2009 within the Ministry of Health, Public Hygiene and Prevention (MoHPHP) in Dakar, Senegal, with mirrored decentralized structures in regions (namely the central, regional and district/local levels). The CVS-PG is a high level inter-sectoral committee constituted by membership from all the other concerned sectors, including the Ministry of Interior which coordinates the operations of the National Security and Civil Protection under the Organisation des Secours, Plan ORSEC, should the crisis become unmanageable. This created a two level crisis management approach. Since the country was not hit by the Avian Influenza H5N1 virus outbreaks in the mid 2000’s (no cases were recorded in Senegal), the integration of AHI into ORSEC was not effective and the MoHPHP was hence concerned about the country’s effective preparedness, considering its capacity to respond³ and the prevailing high level of vulnerability,⁴ especially when H1N1 was reported by the local Pasteur Institute of Dakar (a WHO reference laboratory for influenza viruses) in February 2010⁵.

The timing and objectives of the call for project proposals under the Small RC Grant Facility, then managed by OCHA’s Pandemic Influenza Contingency Planning (PIC) Team, could not have been better, as it was felt that the CVS-PG was too MoHPHP-centric. Acknowledging the advice and information contributions of WHO and OCHA, the MoHPHP showed keen interest in the “Whole of Society” approach to disaster preparedness. The project proposal was then developed by the MoHPHP in February 2010, with WHO and OCHA support. The project aimed at supporting the Government of Senegal to elaborate a national multi-sectoral influenza pandemic preparedness and response plan (NIPPRP). The organization of drafting, simulation, reviews and finalization workshops were aimed to reinforce all actors’ capacities to respond and to strengthen the current national preparedness tools and liaise with the ORSEC plan that was approved by PIC in April 2010.

³ Coordination mechanisms, surveillance system, laboratory capacity and experience in pandemic response (cholera, yellow fever, measles etc.) already in place.

⁴ Senegal is a regional hub with considerable migration patterns. It has a small primary health care coverage, a high level of poverty and some risky cultural habits (household size of 9) and religious events.

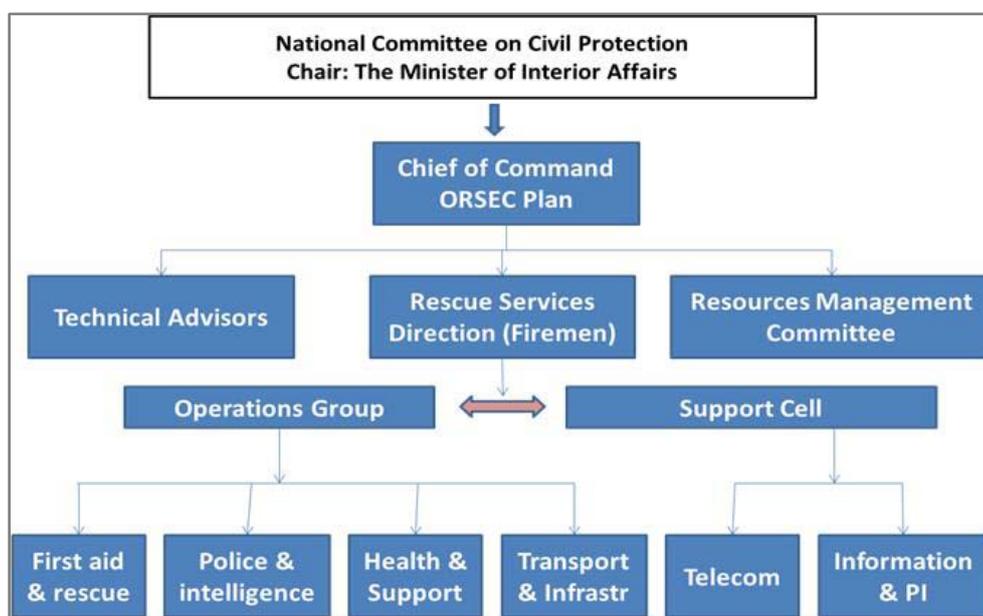
⁵ At the end of the pandemic, Senegal had reported some 325 cases, but no deaths.

Challenges

The integration of pandemic preparedness in ORSEC was needed. The Organisation des Secours (ORSEC) plan is a national generic emergency arrangement activated in case of a disaster and when the local means are not sufficient to address the evolving natural hazards. In reality, it is more of a framework than a detailed emergency response plan. ORSEC is under the custody of the Civil Protection Division within the Ministry of Interior and mostly geared towards responding to floods. The 11 regions and 34 departments have also their respective ORSEC plans.

The ORSEC plan is not a list of recommendations, but rather a description of the generally required organization in the event of a disaster, with a mission indicating the division of work between the different institutions involved. The ORSEC plan also specifies the available resources in terms of personnel, logistics and other essential tools for disaster response and outlines the modalities to pursue. In these situations the management of the organizations is strengthened with additional human capacity to undertake the four operational services: security, search and rescue, logistics, health support services and identification of victims. Two support services, one on public relations/press and the other on telecommunications are also mobilized.

Figure11: Structure of the national committee for emergency preparedness and response



Another perceived challenge was the necessary work for ensuring the effective ownership of the project by the Government (particularly the MoHPP and MoI) and other partners. With regards to ownership, it is worth mentioning here that the allocated CFIA Funds were held by WHO for internal UN financial accountability, but managed by the MoHPP. The latter was driving the process, making requisitions, organizing the activities in line with the submitted project and reporting the achievements and financial expenses. To sustain the interest of all partners, efforts were to be made to ensure continuity of the decisions and actions taken and reduce the potential conflicts of interest arising from the participants' different agendas and priorities.

Results

Funds amounting to US\$ 120,847 were transferred to WHO in July 2010 and the objectives of the project achieved through a successful implementation of the plan, although some delays and difficulties were initially encountered in merging the agendas of the two ministries when designing the national action plan. An integrated and coherent national plan was finally developed through a series of workshops with the following outputs:

- A National Influenza Pandemic Preparedness and Response Plan (NIPPRP) was drafted and validated in April 2011;
- A table top simulation was organized in July 2011 with the US Africom (US Africa Command) support;
- A final review of the NPPRP, and its sectoral business continuity sub-plans were reviewed in October 2011;
- The NIPPRP and the sectoral business continuity plans were all finalized.

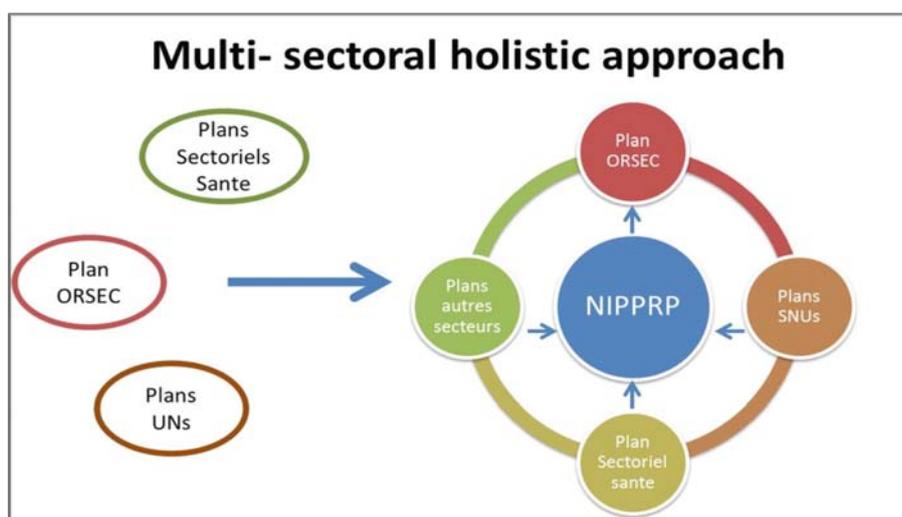
Integrated into the ORSEC Plan, the NIPPRP aimed at mitigating the threat of disaster, avert a breakdown of the national socio-economic systems and sustain business continuity at all operational levels. The CFIA-Small RC Grants support enabled the UN agencies to extend substantive contributions to the plan and closely work with the national authorities, generating greater confidence in the effectiveness of the plan through simulation exercises that were executed via the leadership of the national authorities.

Lessons to draw

The project has generated broad commitment and participation of the different stakeholders, many acknowledging the lack of any previous serious joint effort of emergency preparedness of this magnitude. The national institutions and UN partners were made cognizant of the overall need to invest more in emergency preparedness with the following principles put into action:

- **Strengthening multi-stakeholder processes and the imperative of developing a team spirit:** The planning process was instrumental in bringing the various stakeholders together to meet, exchange views and seek consensus for fostering cohesion, through which the authorities and participating agencies have collectively owned the plan. Although synergy is a difficult concept to measure, it was nevertheless appraised through the number of participating organizations that had achieved the outcomes set for the ongoing process. These relationships will matter if the preparedness activities of the plan prove effective when a response intervention becomes necessary.
- **Seizing opportunities to build new partnerships:** The initiative was also supported by development partners broadening the scope of partnerships on the preparedness and response to the AHI pandemic threat. New effective working relationships that were established include: public-private partnerships particularly in the transport sector, partnerships between the non-traditional UN partners (WFP and IOM) and the MoHPPH and strengthening mutual cooperation with the IFRC.
- **Acknowledging the impacts of a pandemic on sectors beyond health:** This realization has been reflected in the plan itself, which covers a broad scope of interventions, the “Whole of Society”, thus endorsing a multi- sectoral, holistic approach (Figure 12).

Figure 12: The pursued multi-sectoral holistic approach



- **Substantiating the relevance of national ownership:** Another good indicator of success was the fact that while the project was initiated by the MoHPHP, which organized the first meetings, the validation of the NIPPRP and the final sectoral review workshops were called by the Directorate of Civil Security of the Ministry of Interior.
- **Defining roles and responsibilities, and comparative advantages:** Clearer articulation between the NIPPRP, the ORSEC Plan and the United Nations emergency clusters framework was established (table 10). This has led to a review of some sections of the NIPPRP in the ORSEC plan, particularly following the simulation exercise and the evolved need to better define the relationship between the two and the activation of related operations and coordination mechanisms rendering them consistent with the defined roles, responsibilities and comparative advantages of the participating institutions. This synchronization effort was necessary as ORSEC was purely a response plan, while the NIPPRP included preparedness, mitigation and recovery actions.

Table10: The division of roles and responsibilities as per stakeholders' comparative advantages

Essential Sectors (Clusters and Whole of Society)	Lead Organization	ORSEC Plan	Lead Government of Senegal
Coordination	OCHA	Chief of Command	Ministry of Interior
Health	WHO	Health	Ministry of Health
Rescue	Red Cross	Help and Rescue	Ministry of Interior
Security and Public Order	-	Police and intelligence	Ministry of Interior
Transport and Logistics	WFP	Logistics and support	Ministry of Infrastructures
Energy	-		
Water and Sanitation	UNICEF		
Food and Nutrition	UNICEF		
Telecommunications	WFP	Telecommunications	Ministry of Armed Forces
Communication	UNICEF	Information and RP	Ministry of Communications
Finances	-	Resources Management	Ministry of interior

Follow up: The paradigm shift in the emergency preparedness and response vision generated by the CFIA supported AHI pandemic preparedness actions. It also delineated new prospects to sustain and to move forward in achieving set milestones that include:

- Securing a predictable resource mobilization and allocation for the NIPPRP that will ensure the comprehensive implementation of the plan.
- Refining of some key ethical questions (prioritisation, social distancing, disposal of bodies, closing of schools and mosques etc.) that may require additional discussions.
- Testing the effectiveness of the plan through simulation exercises such as those supported through the H2P USAID project in collaboration with the Red Cross and carried out at the community level, thus assessing the strength of their decentralized capacities.
- Pursuing the interest shown by the Directorate of civilian protection of the Ministry of Interior “de la Protection Civile” to build a new partnership with WFP for the development of food security Contingency Plan under the same established framework.
- Endorsing a multi-hazard approach for enhancing *national emergency response* capacities where the Ministry of Interior will direct its focus and operations toward the whole civil protection continuum of preparedness, response and recovery of the ORSEC plan and consolidate the multi-hazard approach vision and mission.

Annex 3. Indonesia Case Study

Background: The AHI pandemic risk

Indonesia is the largest archipelago in the world, consisting of approximately of 17,500 islands, mostly uninhabited. It is also the world's fourth biggest country with a population of over 237 million. The poultry population in 2004 was approximately 1.3 billion birds, of which about 80% were on the Islands of Java and Sumatra. The country reported the first deadly cases of avian influenza in poultry in late 2003 in several districts of central Java and confirmed the H5N1 epidemic in January 2004. The first human cases were detected in July 2005. As of the 15th of November, 2011, laboratory tests have confirmed 182 cases of human infection with avian influenza A (H5N1) virus, with 150 fatalities. In the majority of the 33 provinces of Indonesia, the H5N1 virus has become firmly entrenched in poultry, resulting in a significant number of human cases. This situation, unless urgently addressed, will foster the sporadic transmission of human cases and the risk of human-to-human transmission. For H1N1, the number of reported and confirmed cases has reached 179, of which 147 were fatal.

Currently Indonesia is considered as one of the most active areas of endemic influenza virus transmission, with the reported clustering of cases within Java Island projecting an increased risk for possible H5N1 human infection in the country. Domestic ducks that are common in many parts of Indonesia, including Java and Bali, can excrete large quantities of highly pathogenic viruses without any visible signs of illness, rendering the control more challenging and fostering the risk of disease transmission. The poultry density was found to be positively associated with the number of HPAI outbreaks to which the reported human cases were also closely related. In western Java and southern Sumatra, areas which have very dense human and poultry populations, the commercial and backyard farming poultry are traditionally set free during the day and caged at night. The backyard chicken at the family level is raised mainly by parents assisted by their adult children, while younger children who have limited involvement in poultry rearing, did have contact when playing with the birds.

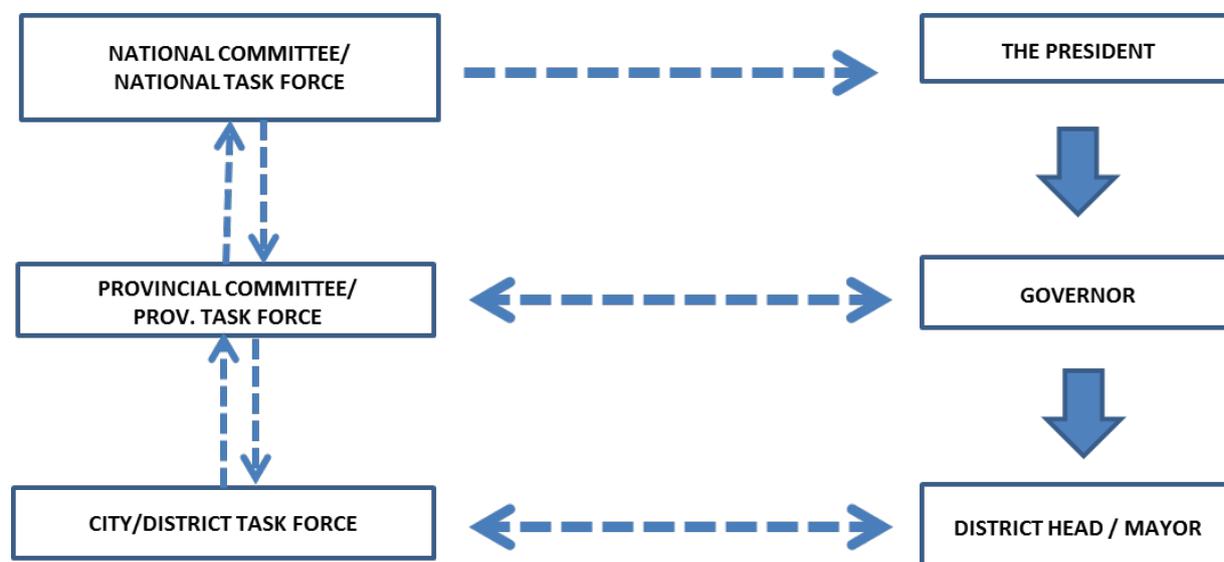
The smallholder farming system is estimated at 30 million backyard and smallholder farms scattered throughout the country. This has constrained effective culling and the implementation of effective biosecurity measures. The pursued national vaccination strategy had variable success in reducing the incidence of the disease. Two main challenges limited the effectiveness of the AHI preparedness action; first was the December 2004 tsunami, a gigantic human tragedy that demanded national focus and second was the country's governance decentralization, whereby most of the health and animal services were devolved to the provincial and district levels. These realities need to be factored into the national preparedness plans of action and set coordination mechanisms, as well as in implementation at the operational level.

Building high and influential tiers of coordination

At the outset of the H5N1 outbreaks in Indonesia, the National Committee for Avian Influenza Control and Pandemic Influenza Preparedness, known as *Komisi Nasional Flu Burung Pandemi Influenza* (Komnas FBPI) was established through a presidential regulation. Similar coordination mechanisms were also established in the 33 provinces and over 400 districts of the country. The National Committee under the coordination of the Coordinating Ministry of Social Welfare in December 2005 developed the National Strategic Plan on Avian Flu Control and Influenza Pandemic Preparedness 2006-2008. The plan included 10 components ranging from the control of the highly pathogenic avian influenza in animals; management of human cases of AI; protection of high risk groups; epidemiological surveillance on animals and humans; restructuring the poultry industry system; risk communication, information, education and public awareness; strengthening supporting laws; capacity building; and operational research and monitoring and evaluation. With the discontinuation of KOMNAS FBPI, a national recommendation was made for the establishment of the National Committee for Zoonotic Control (KOMNAS ZOONOSIS) as an alternate coordination mechanism, formally created in March 2010 through a regulation of the President of Indonesia Numbered 30/2011. The provincial and district committees established in the most high risk

regions were required to form a local committee controlling the AI and other major zoonotic diseases. The national and provincial committees were required to closely coordinate their activities with the National Disaster Management Agency.

Figure 13: The National, Provincial and District Coordination Structures for Avian Influenza Control and Pandemic Influenza Preparedness in Indonesia



Scaling up UN capacity through better coordination: the UN Technical Working Group

The national coordination mechanism was assisted by the UN system, providing robust technical support and strong facilitation to coordination. The strong bilateral support to the national AHI preparedness plan also contributed to this effort. As in the case of Egypt, UNSIC through the CFIA contribution provided significant technical and coordination support through a professional imbedded in the UN Resident Coordinator system. This arrangement galvanized the UNCT to harmonize the AHI preparedness efforts and assist a coordination system often constrained by decentralization related problems, as often the transferred authorities were matched by inadequate technical resources and financial limitations at the provincial and district level.

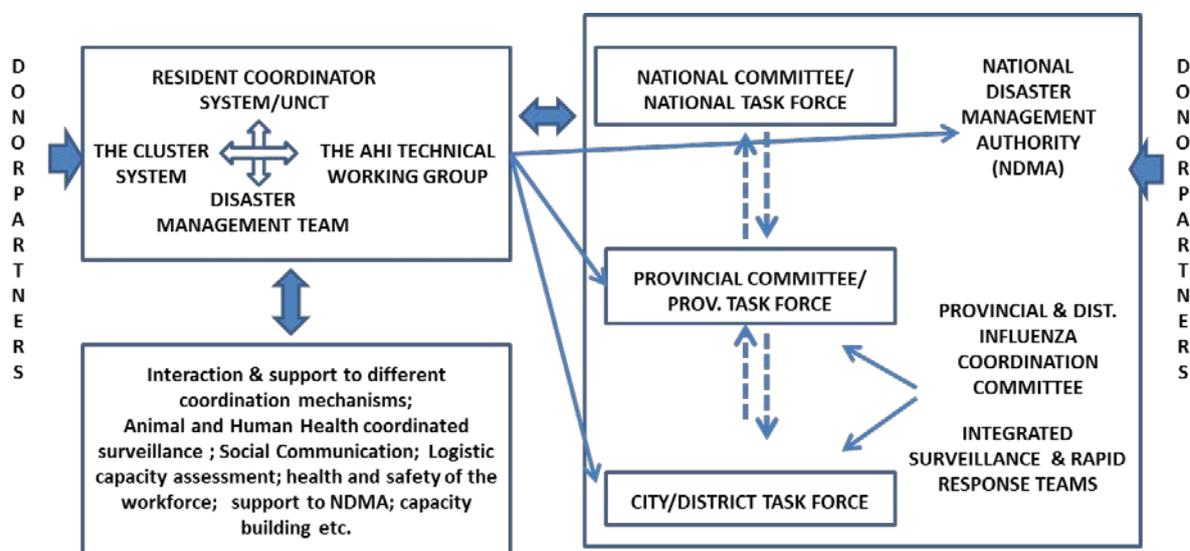
The UN Technical Working Group (TWG) was established to provide a collective answer to the evolving AHI preparedness operational needs and fill the priority operational gaps through its solid support that the different UN agencies jointly mobilized. These included the coordinated animal and human health related activities in terms of building surveillance capacities-complemented by the village based Participatory Disease Surveillance and Response and other relevant institutional support inputs, promotion of social communication and the health and safety of the workforce and the logistic capacity assessment and related contingency plans for business continuity.

The assistance provided by the UN system at country level in terms of effective coordination, surge capacity and meaningful technical and operational support is dependent on the support received from the higher tiers of the UN system and from the development partners. Without that support, the UNCT will be unable to extend this urgent support and the intended interventions may then slip from our priority-the RC in Indonesia.

In Indonesia, as elsewhere, the UN system was substantiated by the government authorities to be a powerful hub that links with the different operational levels under the coordination and leadership of the government. It also provides valuable technical and organization support in full alignment with the plans set by the government. The following figure illustrates the magnitude of UN involvement and their reach out to the different levels of the national system. This effective engagement has been strongly catalyzed

by the opportunity provided by the CFIA strategy of widening the UN support to the AHI pandemic preparedness action beyond the animal and human health domains. The CFIA supported projects have played a visible role in enhancing the national AHI preparedness efforts. To substantiate the relevance of these interventions, a case study was specifically assigned to the ILO powerful technical and operational support in Indonesia. The strengthened UNSIC supported coordination functions also created a unity of purpose closely synchronized through the UN TWG.

Figure 14: The UN Interfaced Coordination Structure of the National Committee for Avian Influenza Control and Pandemic Influenza Preparedness



Lessons to draw

- **National ownership must be coupled with capacity**

The government of Indonesia has assumed a visible commitment by leading from the front through its established coordination mechanisms supported by regulation and where the highest central and provincial and district authorities had direct accountability to the AHI preparedness interventions. However, the limited capacities of the national institutions at each operational level has raised a serious demand for coordination and technical support without which it would have been difficult to mobilize sufficiently effective preparedness interventions. It is on this paradigm setup that the UN and other development partners had to come forward with the required capacity building support to enable the national institutions to shoulder this responsibility and sustain its implementation.

- **Greater focused support is to be assigned to provinces and districts in mega-countries**

A country of the magnitude of Indonesia with a short history and experience on its far reaching decentralization will require a massive intervention to reduce the widespread circulation of the disease, especially in densely populated Islands. This will require the setting of operational command posts, building capacity of local institutions, raising public awareness through effective social communication strategies, such as the nationally introduced village level participatory disease surveillance and response initiative, and by ensuring the UN and other partners' support.

- **AHI pandemic preparedness to be mainstreamed into a multi-hazard approach**

Since the AHI transmission in Indonesia has become endemic, the vision of the government to endorse a multi-hazard approach was consistent with the contextual realities. The shared realization by the government and its UN and other development partners of the demand to operationally combine hazard mitigation, emergency preparedness, effective response and recovery under a unified multi-hazard approach and accordingly, build institutional capacities is a strategy worth pursuing.

Case studies: example models of the intervention supported by specific participating organizations

Annex 4. WFP efforts to build capacities for effective simulation exercises

Background

As part of a preparedness continuum, (planning, training, building capacity and resilience, testing through simulation, follow up on recommendations etc...) simulations are recognized as effective and efficient ways to test plans and the state of readiness, and are widely perceived as contributing positively to emergency preparedness for a better response. Even if their quantitative impact remains difficult to measure, simulations are powerful capacity building events that also help identify gaps in preparedness, raise awareness and build personal, professional and institutional networks amongst participants. Well managed simulation exercises usually receive strong and positive evaluation feedbacks for their organizers.

The World Food Programme (WFP) has been working on different forms of simulation for more than 10 years to build the capacity of its staff to respond to emergencies. Building on its experience and with the CFIA contribution, the programme expanded to also build the capacity of its key partners in the field. The Pandemic Readiness and Response Exercise (P2RX) was first tested in Mombasa (Kenya) in December 2010 and brought together 98 participants from five East African countries. The exercise identified key issues and recommended steps to be taken for the development of a strategy to enhance disaster management and the inter-operability of logistics networks in the East African region.

Objectives

Based on the Mombasa simulation, WFP organized a second sub-regional simulation exercise in Dakar in July 2011. The functional simulation exercise used a pandemic as a scenario and aimed at reviewing regional decision-making and coordination mechanisms, enhancing regional capacity to manage crisis, test the logistic networks and the Whole of Society approach. For these West African endeavours, special attention was focused on interventions in urban areas and civil-military coordination. Six countries including Benin, Ghana, Guinea, Mali, Nigeria and Senegal were involved and represented by the National Disaster Management Organisation (NDMO), key frontline response ministries and Red Cross/Red-Crescent National Societies, representatives from the Economic Commission for West African States (ECOWAS), WHO, UNICEF, Sweden Civil Protection (MSB) and United States Africa Command (US AFRICOM) also participated.

The simulation was divided into two exercise play-acts and a plenary session where the outcomes were discussed and lessons to learn identified. The first act simulates the spread of a communicable disease in the region forcing governments to activate their national plans. Participants had to respond within their operation centers (one per country with 10 members) to the various carefully planned and sequenced messages (event injects) as if they would be in an actual emergency, employing their response plans and procedures. As the scenario unfolded into a regional emergency, the country operational centers also had to interact with each other. The pharmaceutical and public health interventions were left out of the simulation to focus during the second act on the inter-operability of logistic networks and the business continuity of essential services in urban areas while a full blown pandemic was unfolding. Some sixty-three participants took part in the simulation with some forty support staff (facilitators, exercise control officers, evaluators etc...) and eight observers.

Challenges

- Good coordination among national counterparts is already a challenge in many countries, hence, while managing expectations for effective regional coordination, efforts are to be made to build up institutional frameworks.

- The real success of a simulation exercise is directly related to the commitment of all the participating organizations and to their ability to rectify the identified knowledge and skill gaps in the preparedness and response processes, and not by solely putting forward convincing structural design scenarios for action.
- Realizing that the participating countries were at comparable AHI pandemic preparedness levels, it was emphasized that a pandemic could result in a breakdown of essential services (food, electricity, transport etc.) and complicate the assurance of appropriate information and collaborative technical exchanges; outcomes that justify the need to conceptualize a Whole-of-Society Approach that pursues human and institutional behavioural change.
- Interventions in urban settings are complex and pose new challenges however, they also provide some of the necessary backup infrastructures and other means that could help overcome these obstacles. How to make food available for the population from the commercial outlets, while using a voucher system in an urban environment during a pandemic will require efficient distribution and communication systems and close scrutiny, as it has rarely been tested.

Results

Besides the achievement of the set objectives (running a simulation, testing the decision-making process, the coordinating mechanisms etc...), the P2RX produced a road map through some twenty-one recommendations to further enhance disaster risk reduction at the regional level and develop national and regional response capacities. An essential part of this process is the post simulation evaluation, which provides valuable feedback on the usefulness of the exercise. Below are some of the answers to two of the evaluation's key questions.

	Number of responses		
	Yes	Partially	No
Did the P2RX succeed in observing the decision making mechanisms and logistics networks envisaged in the event of a pandemic?	45	19	-
Did the P2RX prove to be a powerful tool that helped identify the stronger and weaker points in the mechanisms of inter-states' coordination?	52	11	-

In the same evaluation, below are the key issues that were identified as either strong or needing improvement.

Strong points	Needs improvement
<ul style="list-style-type: none"> • Coordination and collaboration • Planning • Identification of challenges in the coordination systems • Coordination between states with common borders • Synergies created between participants through the distribution of food aid • Development of the logistic supply chain • Communication – messages and instructions were clear 	<ul style="list-style-type: none"> • Distribution of food vouchers, and related communication • Communication between institutions • Capacity building and training of staff and institutions • National crisis management frameworks • Exchange between countries through ECOWAS • National (and sub-regional) partnerships • Private sector involvement • Resource mobilisation

Lessons to draw

The highlights of the discussion and deliberations at the last plenary session on the simulation's lessons learned are outlined below:

- The exercise helped to reinforce awareness of the need to continue using the ‘Whole of Society’ approach in preparing and responding to emergencies, for example, the private sector was highlighted for its crucial role in the continuity of essential services.
- Key public-private partnerships must be established before a crisis unfolds, during which they should carefully review and ensure the availability of essential items and services.
- Strong leadership with a broader mandate, beyond the technical dimensions provided by the Ministry of Health for a pandemic scenario for example, is required, as the consequences of a crisis would invariably affect the whole society.
- Creation of permanent and suitable structures responsible for planning, preparing and coordinating responses to crises, with a clear definition of the roles and responsibilities between the various partners engaged have their added value.
- The building of strong communication and collaborative linkages between the NDMOs and the regional institutions must be fostered and nurtured for which the establishment of a preparedness information exchange hub would be appropriate.
- The establishment of trans-border protocols for road, air, and sea movement of people, material and equipment will help speed up distribution and avoid traditional bottlenecks.
- Early acknowledgement of the need for potential military support and recognition of the supporting role the humanitarian community in urban settings can play; as this will ensure their involvement in all stages, from planning to implementation, and improve response effectiveness.
- Civil-military coordination must be set up with clear identification of the interface between the two and with a definition of the roles and responsibilities of each.
- Generating the right information and rendering it available at the right time requires a good information management system to be in place; through this system formulated essential decisions need to be communicated and shared with the population and supported by qualified staff, a sound communication strategy and operational plan.
- Ensure that appropriate budget allocations are critical for the preparedness phase and that they are readily available for response.
- Ensure that capacity building is at the center of emergency preparedness and response interventions in the countries of the region by developing a pool of trainers and facilitators who can organize the required training workshops and essential simulation exercises.

Towards a Safer World initiative

Launched in 2010, the Towards a Safer World initiative is a systemic effort to document experience within different countries, among a group of stakeholders and within different sectors aiming to examine: 1) what has been learned from six years of worldwide pandemic preparedness; 2) what lessons could be applied as a result of this learning, and where to apply them; and 3) how these lessons could most usefully be applied. The value of well-designed simulation exercises is emerging as one of the five main themes.

Annex 5. The ILO supported intervention on pandemic preparedness at the workplace in Indonesia

Background

Indonesia had the highest number of human cases of avian influenza H5N1, with an 82% fatality rate and with 31 of its 33 provinces affected. The disease has become endemic in the country. The subsequent global declaration of the swine flu H1N1 has generated a great concern about the wide spread of AHI viruses, to which the majority of the population are susceptible. As part of the general population, the workers and employers were exposed to the risk of infection. Since these groups are better organized and reasonably accessible, they could be used as important entry points for developing AHI pandemic preparedness plans and interventions to avert the risk of disease spread among this important sector of the population, ensuring the continuity of businesses and transferring the benefits of these enhanced capacities to the community. To protect the occupational safety and health of employers and employees, the International Labour Organization (ILO) has actively participated in the CFIA initiative to implement programmes that will enable employers to play a crucial role in limiting the health and economic impact of a pandemic. These interventions aimed to promote awareness on personal and environmental hygiene, social distancing and other AHI pandemic preparedness measures that were part of a multi-layer approach (government, unions, employer's organization, companies and workers, and the wider society) supporting the establishment of business continuity plans at the company level.

Pandemic preparedness at the workplace

Tapping its occupational health and safety capacities, ILO has supported the government to embark on the implementation of CFIA supported AHI preparedness interventions, consolidating the organization's inherent value in upholding its mandated role of promoting safety and health in the workplace. In Indonesia, ILO has established close partnerships with national relevant government institutions and employers and workers' organizations, as part of its tripartite governance structure. Through the CFIA support, the project aimed to address the AHI impact on employees' livelihoods; monitor labour markets focusing on those workers who were directly affected; promote workers and employers' awareness about their health and safety rights in the work place; engage the government, workers and employers in harmonizing this collaborative partnership and provide information to key decision makers; and inculcate behaviour change among people at risk of contracting AHI.

The avian flu workplace project was launched in 2008 and covered six provinces, predominantly in the highly populated Java Island. The project mobilized the workers and employers mainly from Small and Medium Enterprises (SMEs) and attained full government support during the process of implementation. It promoted sustained behavioural change.

The project focused on the promotion of occupational safety and health. The implementation of the project aimed at combating disease by increasing awareness and information sharing and adherence to occupational health and safety best practices. The project enabled the SMEs to protect their workers and business livelihoods. Three strategies were devised, namely:

- I. Assessing the level of knowledge, attitudes and practices of the workers in SMEs of different industrial areas;
- II. Developing participatory, action oriented training methods using the best practices relevant to hygiene and sanitation;
- III. Strengthening the tripartite constituents and enhancing their role in the implementation and monitoring of these interventions.

The expected results from the Avian Flu and the Work Place Project include:

- Promoted media activities “Smart FM radio” with series of talk shows with the implementation of best communication practices and linked them successfully with print and electronic media to succeed against the adverse outcomes of the Avian Flu.
- Improved coordination for policy development and knowledge sharing between partners.
- Developed action checklists and low cost improvement examples.
- Enhanced capacities of workers to develop feasible low cost actions to promote preventive measures in the work place and neighbourhoods, where efficient mechanisms and structures are put in place to combat Avian Flu at the work place.
- Designed participatory concrete action plans to be implemented at business organizational level.
- Developed guidelines disseminating technical information for the prevention of AF transmission.
- Disseminated preventive measures to other workers and enhanced capacity building through series of training activities and promoted behaviour change, care and support services in the work place.
- Promoted workplace preparedness from the occupational safety and health perspective and conducted awareness campaigns to employers and frontline workers on contamination hazards in the work place.

The successful Training Network Initiative

Through this network initiative, experienced workers were selected from a cluster of SMEs and trained on a package of educational material aimed to inculcate key skills and behaviours on occupational health and safety. Using a participatory, action-oriented programme, these activities were specifically designed to meet the training needs of these target groups. Once trained, these workers acted as trainers and advocates of behaviour change communication and the promotion of a healthier working environment. The training network initiative has allowed the snowballing of these capacities into a larger number of SMEs and created agents of change both among workers, employers and the government with a clear opportunity to mainstream these lessons into the wider platform of occupational health and safety.

“By taking ownership, we can mainstream the avian influenza related issues as part of our organizational activities. There is no additional cost needed and we can reach out to all our members”.

Binu and Nur from the Federation of Union Welfare Solidarity in Forestry in Semarang, Central Java Province.

Along with the training activities organized for workers, the project also conducted similar trainings for the employers’ organization (Apindo), targeting the focal points of the human resource departments to ensure proper implementation of low cost and workable pandemic preparedness activities. *“We started with simple, preventive actions ... also developed a warning system if employees show influenza symptoms”* explained a manger from the human resource Department of PT Aerowisata Catering.

The results of the training network initiative were shared with key national decision makers. A national consensus was attained to promote this initiative as one of the AHI pandemic preparedness best practices. It was also realized that these lessons should be mainstreamed into the national institutions to enhance their preparedness capacities and mitigate the risk of AHI spread among the populations.

Business continuity plan in the event of a pandemic

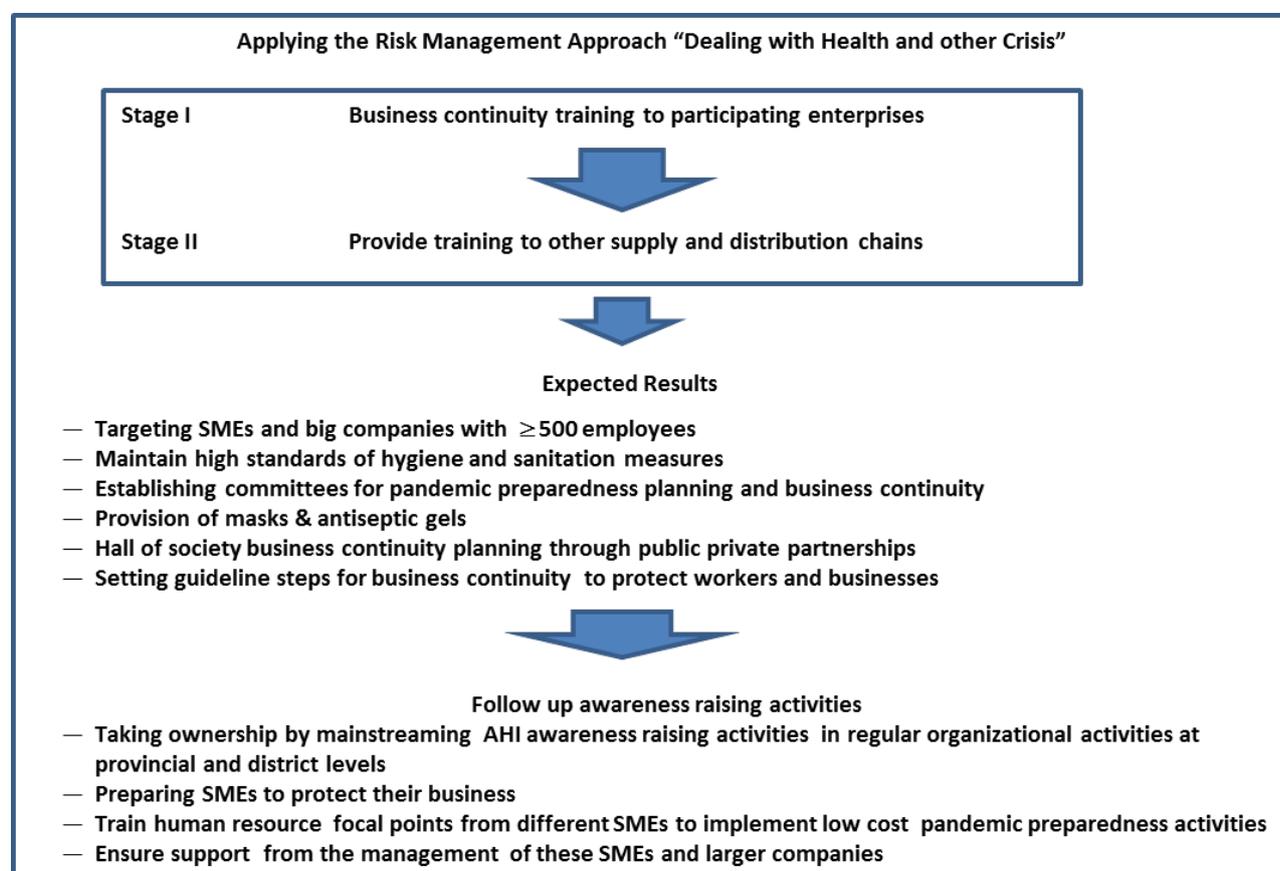
The business continuity concepts were introduced taking into consideration the specific production needs of the various enterprises, and their respective working environments, in order to draft the relevant pandemic contingency plans. The involvement of ILO in the CFIA supported AHI preparedness actions has delineated the exceptional comparative advantage and value added that the organization had in undertaking the tasks assigned and the mainstreaming opportunities it has availed with possible lasting impact on the occupational health and safety of the work force. For advancing this initiative, ILO has developed action oriented training material and programmes and information campaigns, business continuity guidelines, analyzed the role of social security systems for livelihood

protection, improved coordination for policy development and information sharing, engaged trade unions and built tripartite mechanisms to develop national plans. Both the Ministry of Manpower and Transmigration and Ministry of Health welcomed the initiative which reached out to more than 120 big-scale companies with more than 500 employees. Also crucial to this project was the active promotion of private-public partnerships' business continuity plans (BCP) and the reinforcement of previous lessons learned on the interdependence between the two sectors and between work, health and wellbeing.

Lessons to draw

- Work place projects can increase awareness, information sharing and adherence to occupational health and safety best practices.
- The training network initiative enabled the replication of this capacity building effort through trained champion workers acting as trainers promoting a healthier working environment and its mainstreaming in the core institutional functions.
- Business continuity training network initiative was well received by the SMEs and larger scale companies, endorsed by public sector policymakers and recommended for sustained implementation.

Figure 15: Business Continuity Plan Project in the Time of Pandemic



Annex 6. The ICAO supported intervention on Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel (CAPSCA)

Background

Air travel is an important mode for the transmission of communicable diseases that may result in a public health emergency of international concern. Regardless of the geographical location that becomes affected first, there exists the potential for rapid spread to pandemic proportions along with all of the associated harmful socio-economic consequences. Transporting over two billion passengers per year, the aviation sector is in the forefront of managing this risk, necessitating its active engagement in preparedness and response to such disease outbreaks. The CFIA support has enabled ICAO to contribute to this emerging need and actively engage in improving the preparedness of the aviation sector. This has included the participation of national authorities and private sector representative bodies aiming to reduce the risk of avian and human influenza (AHI) and other communicable diseases. Although this is a core mandate of ICAO, the necessary capacities to undertake this function were relatively weak until the CFIA support materialized.

Pandemic preparedness in the aviation sector

To address the challenge of AHI pandemic risk in 2006, the International Civil Aviation Organization (ICAO) launched the Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel (CAPSCA). The CAPSCA initiative aimed to bring all stakeholders together, especially the aviation and public health sectors, and created a collaborative platform for the development and implementation of the relevant ICAO Standards and Recommended Practices (SARPs), along with supporting procedures and guidance material.

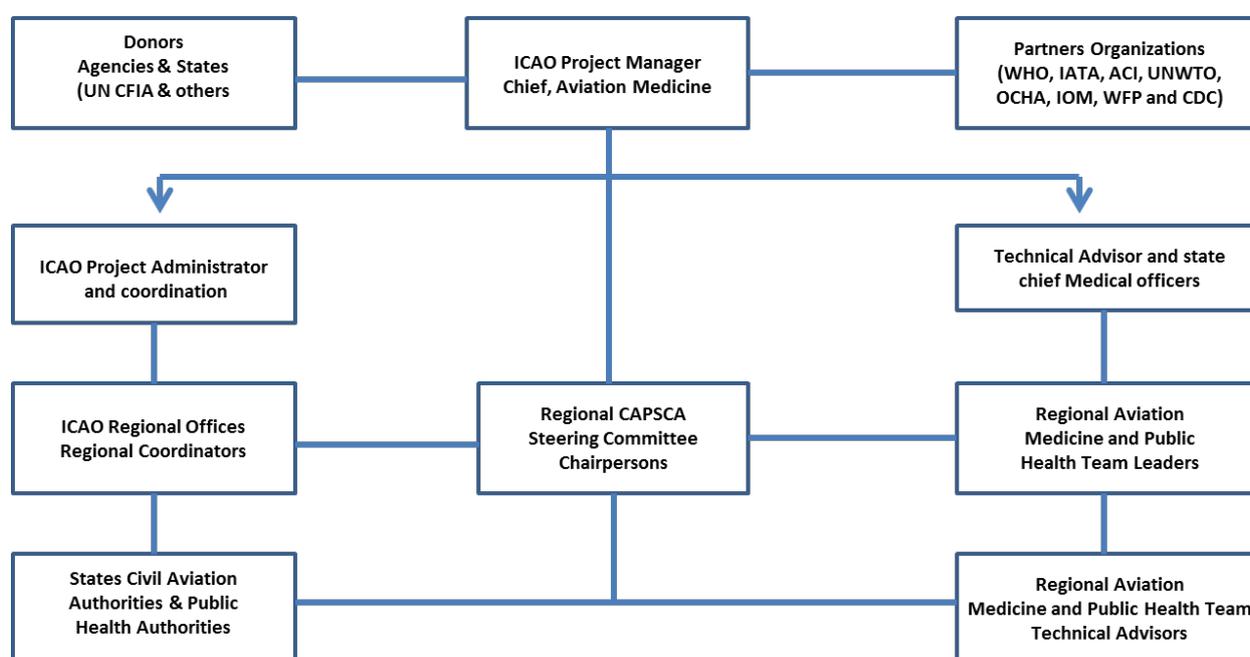
As the CAPSCA programme evolved, it quickly became clear that the main initial challenge was to change the culture of stakeholders and to persuade aviation sector personnel to ascribe public health emergency planning a higher level of priority and to encourage public health officials to consider aviation sector preparedness planning in greater detail. The CAPSCA management team decided to minimize the use of relatively costly consultant contracts and instead utilize experts seconded from States and International Organizations. Such were loaned to the project on a part time basis with no additional salary cost to the programme. This proved to be a successful strategy and by utilizing such experts, with support from technical staff in the ICAO Regional Offices, a cadre of expertise was established in each region, at relatively little cost. In addition, by involving permanent staff in different States, a degree of continuity was ensured, an effect more difficult to achieve by external consultants. CFIA funds were therefore used primarily to fund meetings, workshops, interpretation/translation and assistance visits to States. This enabled the CAPSCA initiatives in each region to continue their work for longer than anticipated at the outset of each CFIA CAPSCA project, and permitted their end dates to be extended without requiring additional finance from CFIA. That a longer-term approach to capacity building could be adopted proved advantageous – more time was available in which to make the substantial changes necessary to ICAO Standards and Recommended Practices and associated audit protocols, and to write supporting guidance material for implementing the SARPs, so that preparedness planning in the aviation sector could be put on to firm footing and inter-agency networks could be developed.

An additional major goal of CAPSCA has been the implementation of the World Health Organization's International Health Regulations (IHR) 2005 at Points of Entry, in particular at international airports. The CAPSCA initiative has evolved from the requirements of ICAO member States for enhancing preparedness capacities of their civil aviation industry to minimize the spread of communicable disease by air travel, a function only ICAO could provide because of the complexity of interactions between national, regional and international stakeholders, infrastructure, coordination and networking and specialized technical expertise.

CAPSCA regional cooperation

CAPSCA was first launched in the Asia Pacific region in 2006, to establish an effective and sustainable implementation platform in which the aviation and public health sectors could closely collaborate. The programme was subsequently extended to other regions, thus creating a Global CAPSCA to facilitate harmonized pandemic preparedness planning and implementation within the global aviation framework for any public health emergency, or potential emergency of international concern. The established ICAO regional structure, including its seven regional offices, has enabled the CAPSCA programme to assume a global vision and generate regional capacities ready to provide multifaceted technical, managerial and organizational support to the member States through a unified and standardized set of operational guidelines for action. To assist this, identical terms of reference have been outlined for each CAPSCA Regional Steering Committee and their associated technical teams. To facilitate the convergence of the roles of ICAO, public health team leaders and authorities, civil aviation authorities, WHO and donor partners, regular CAPSCA technical assistance visits for gap analysis, capacity building, coordination, introduction and implementation of protocols have been carried out. The global CAPSCA organizational structure is summarized in the figure outlined below.

Figure 16: ICAO CAPSCA Global Organization



The CAPSCA AHI pandemic preparedness operations

The CAPSCA intervention has encouraged regions and member States to strengthen their AHI pandemic preparedness plans in close collaboration with civil aviation and public health authorities in compliance with ICAO SARPs and WHO IHR (2005) and to perform simulation exercises to validate the effectiveness of such plans. In this regard, efforts were made to engage the member States in building the regional and national capacities through professionally organized training programmes. Governments were also encouraged to nominate experts to join the ICAO CAPSCA Regional Aviation Medicine and Public Health Teams (RAMPHT) to be trained by ICAO to subsequently undertake State and Airport Assistance Visits in the States and territories participating in the programme.

Through its interventions and with the support of WHO and its regional offices, CAPSCA has strengthened national and regional communication and collaboration between the public health and aviation sectors and built proactive coordinated plans effectively capable of managing public health emergencies in the aviation sector. Moreover, guiding principles were set as normative standards to be followed by the civil aviation authorities at every level, in collaboration with the Airports Council International and the

International Air Transport Association (IATA), the trade associations for airports and airlines respectively. Through this collaboration, CAPSCA emergency preparedness and response plans have supported the implementation of the Standards and Recommended Practices of ICAO. This has facilitated the implementation of CAPSCA core interventions of assessment, planning, training and monitoring in the regions by national civil aviation authorities, in close collaboration with health experts engaged in the prevention and management of public health emergencies. These interventions have scaled up both the capacity and the ownership of CAPSCA among the concerned responsible institutions. The programme has operated both at a technical level, considering it to be an essential component of the Whole-of-Society preparedness and also at management level to improve commitment at the higher executive levels of the engaged organizations. Harmonized development of preparedness plans at airports in different regions has been facilitated by the use of standardized checklists and templates, and simulation exercises that have tested the implementation of preparedness plans. The formal and mandatory ICAO safety oversight audit programme has been amended to include questions that address public health emergency planning.

ICAO Assembly Resolution A37-13: Prevention of spread of communicable diseases through air travel

A number of ICAO Assembly resolutions have outlined the role of the State in taking effective measures to prevent and manage the spread of communicable diseases of international concern by means of air navigation and ensure the protection of the health of passengers and crew members on international flights. To consolidate these efforts and substantiate the CAPSCA capacity to improve and harmonize preparedness plans, resolution **A37-13** was adopted by the ICAO Assembly in 2010, calling for public health and aviation sectors in member States to collaborate and develop national preparedness plans for the aviation sector, addressing public health emergencies of international concern and integrating them with the general national preparedness plans. These plans need to be founded on scientific principles and guidelines jointly set by ICAO and the World Health Organization. The resolution urges member States to involve all the relevant stakeholders such as airport operators, aircraft operators and air navigation service providers in the development of the national aviation sector preparedness plans and encourages them to join the CAPSCA initiative to ensure the attainment of its goals. Such goals are detailed in the provisions of ICAO Annexes (and associated documents) to the Convention on International Civil Aviation and include improvements in the following areas: collaboration between civil aviation and public health authorities; procedures to deal with suspected communicable disease on board; reporting to air traffic controllers (ATCs) of public health events on board, the communication link of such events from ATC to aerodrome operators and public health authorities at destination; and integration of public health emergency planning in the aviation sector with general public health emergency planning.

Aligning CAPSCA with the six pandemic phases

To align its efforts with the WHO global six pandemic phases, CAPSCA has developed a similar phasing relevant to the aviation sector, whereby the first three pandemic phases are combined by the aviation sector under the “Alert Green phase”, while phases four, five and six are labelled as “Alert Yellow; Alert Orange and Alert Red Phases”. At the Alert Green Phase, CAPSCA recommends to step up vigilance and make preparations to meet the potential threat; periodically reviewing and testing the national aviation preparedness plans; maintaining all the equipment identified for use; training relevant personnel and familiarising them with the plan and its activation; testing the communication plan and coordinating the effort of the aviation authority through its Crisis Management Team (CMT), especially the measures at the airport to be carried out under the overall guidance of the state. During the Alert Yellow Phase, the measures adopted during the Alert Green Phase are to be maintained. Moreover, Health Alert Notices (HANs) are to be distributed to travellers, the necessary supplies for HANs ensured and flights randomly tested for HANs distribution. During the Alert Orange Phase, measures to be adopted include the distribution of Health Declaration Forms (HDFs); Passenger Locator Forms (PLF) used for contact tracing; travellers screening when recommended by WHO or the State; referring suspect and exposed contacts to the designated health service provider or public health office; medical protocols used for screening to accord with State health authority recommended measures when suspected cases arrive on flights; communications between the airline operating agency and airport/airport operator or authority (as

determined by the State) and Standard Operating Procedures detailed in the preparedness plan, while WHO guidelines for case management of Influenza A (H1N1) in air transport is to be applied. In the “Alert Red Phase” all measures under “Alert Orange” will be sustained unless put off by the State; mitigation of the impact of the pandemic will be prioritized and screening measures at the airport may progressively be deactivated. Distribution of HANs to travellers may continue, while preserving essential services and resources.

CAPSCA beyond AHI pandemic preparedness action

During the Fukushima Daiichi nuclear power plant accident on 11th March 2011, the previously established CAPSCA networks were useful for managing the aviation response to radiation risks posed to aircraft and travellers. ICAO coordinated the response of the transport sector, including maritime, by means of a task force of seven UN agencies and two international organizations. This task force worked closely with International Atomic Energy Agency, World Health Organization, World Meteorological Organization, International Maritime Organization, and others, to address issues related to air traffic control over Japan and the potential health risks associated with travel to and from the country, as well as topics such as screening of goods and passengers from Japan arriving by sea or air in other countries. As a result of the task force work, consensus was reached during a very short period, resulting in three news releases having the support of all participants. This effective coordination was greatly assisted by the successful implementation of the CAPSCA programme prior to the accident.

Lessons to draw

Through the experience of the implementation of CAPSCA programme, several valuable lessons were drawn:

- Through the ICAO leadership and CFIA support, a unique CAPSCA programme, the only one of its kind addressing the international challenge of preventing the spread of communicable diseases through air travel, was successfully launched in all regions.
- The programme attracted and continues to attract the participation of a growing number of member States.
- CAPSCA established strong collaborative linkages and coordination between the public health and aviation sectors, including both State and private enterprises, enhancing the preparedness capacity at regional and national levels.
- Effective preparedness and response to public health emergencies in the aviation sector require efficient communication and collaboration between all stakeholders, and the commitment of higher levels of management responsibility.
- The CAPSCA preparedness activities have been mainstreamed into the core functions of ICAO, substantiated by the 2010 ICAO Assembly resolution on the subject that provides a legacy of sustainability and funding opportunities.
- The capacity of CAPSCA to address all public health hazards that may affect the aviation sector was demonstrated.
- The extensive technical tools and operational methods developed by CAPSCA constitute a valuable investment in the sector.

Annex 7. Terms of Reference - Central Fund for Influenza Action - Lessons learned exercise

Introduction and Context

The Central Fund for Influenza Action (CFIA) is a multi-partner trust fund (MPTF), established in 2007, that enables donors to pool their resources and rapidly provide funding for urgent unfunded and under-funded priority actions. It complements other funding mechanisms that are used by Governments and United Nations (UN) organizations to address the Avian and Human Influenza epidemic.

In the face of the growing risk of a human and avian influenza epidemic, an effective, coordinated contribution by the UN system could help to reduce risk and increase the preparedness of countries. The UN System Consolidated Action Plan for Avian and Human Influenza (UNCAPAHI) was developed by the UN system as a basis for resource mobilization and the strategic allocation of resources. It identifies seven strategic objectives that cover the entire scope of AHI action and provides a platform for a coordinated UN system response to AHI.

The CFIA has been designed as a central financing mechanism that enhances inter-agency coordination; respects the key UN agency responsibilities; promotes a coherent, effective and predictable overall UN system response; and simplifies, through one pooled account, the capacity to support the range of UN agencies engaged in specific responses. It complements other channels for the transfer of donor resources to the UNCAPAHI.

Coordination among all actors involved, and within the UN system in particular, is a fundamental pre-condition for meeting these objectives and managing the complexity of the challenges at stake. Such coordination is provided by the UN System Senior Coordinator for Avian & Human Influenza.

The CFIA is administered by the Multi-Partner Trust Fund Office (MPTF Office) of the United Nations Development Programme (UNDP) in accordance with its financial regulations and rules. This arrangement has been formalized through the Memorandum of Understanding (MOU) signed between each of the 13 Participating Organizations and the UNDP MPTF Office, as the AA. The MOU sets out the roles and responsibilities of each Participating Organization, which assumes full programmatic and financial accountability for the funds disbursed to it. Eight Participating Organizations are implementing projects funded by the CFIA. A total of 38 projects have been approved and are being implemented under the CFIA aiming at reducing the risk of human and avian influenza epidemic and increase the preparedness of countries to address the pandemic.

The CFIA structure is designed to ensure that activities financed by the CFIA are aligned with the UNCAPAHI, as outlined in the CFIA Terms of Reference (TOR).

The current structure and scope of the CFIA is in accordance with the UN Reform process and aims to further enhance coordination, harmonization and coherence of the UN's efforts to reduce risk and increase the preparedness of all countries, while contributing to the fundamental Principles of the Paris Declaration. In examining the CFIA, it is important to take into account the evolution of H1N1 pandemic.

The CFIA Lessons Learned Exercise (LLE) is intended to provide lessons learned during the course of implementation of projects and their respective contributions in terms of achievements, constraints and failures towards collective contribution to UNCAPAHI's unfunded and under-funded priorities. At the same time, it will critically review the associated CFIA processes and procedures and their role in maximizing the operational effectiveness of the CFIA. To the extent possible, the LLE will objectively assess the programmatic contributions of the Participating Organizations to UNCAPAHI un-funded and underfunded priority areas.

The proposed exercise will provide lessons for the UN System with regards to the programmatic achievements of the CFIA while equally assessing the contributions towards the key principles of aid effectiveness including harmonization, alignment, national ownership and accountability for development results. It will specifically assist the UN in showcasing the overall contribution of the CFIA towards reducing the risk of human influenza epidemic and increasing the preparedness of countries to address the pandemic. Specifically, the learning will accrue benefits to key CFIA stakeholders, as follows:

UN System: Since 2004, there has been a significant growth in the number of donors and respective levels of contributions in support of UN MPTFs. At present, over 32 MPTFs are operational with a total cumulative value of more than \$4.5 billion while many others are under development. Given the growing interest and use of the UN MPTF mechanism, major measures have been undertaken between 2007-09 to review and strengthen the legal instruments, governance framework and policies to ensure greater transparency and oversight.

Participating UN Organizations: The exercise will allow for accountability of the Participating Organizations towards their mandated undertakings and the extent to which they have effectively contributed towards reducing the risk of human influenza epidemic and increasing the preparedness of countries to address the pandemic through the CFIA. The lessons from the exercise will enable the Participating Organizations to demonstrate their individual and collective contributions towards reducing the risk of human influenza epidemic and increasing the preparedness of countries to address the pandemic since the inception of the fund.

Donors: The LLE will examine the coordinated role and efforts of donor contributions towards reducing the risk of avian and human influenza epidemic and increasing the preparedness of countries to address the pandemic, while assessing the operational effectiveness of CFIA as a modality facilitating development effectiveness. The LLE will look at the role the donors have played in the overall programme policy and operational coordination of CFIA. It will explore how donors have coordinated their assistance strategies to maximize the development impact of the CFIA and the extent to which donors involved have supported the key operational principles of the CFIA and the MPTF mechanism.

Key objectives of the Lessons Learned Exercise

The key objectives of this comprehensive lessons learned exercise include:

- To assess the effectiveness of the programmes and projects administered under the CFIA and to demonstrate the contributions and results of CFIA towards reducing the risk of human influenza epidemic and increasing the preparedness of countries to address the pandemic;
- To assess the effectiveness of the CFIA processes in supporting the key Paris Declaration principles and the UN reform process;
- To understand the relevance of design, legal arrangements and governance mechanisms for the CFIA as well as the UN internal coordination arrangements, highlighting their contribution to UNCAPAHI. To understand how this mechanism compares to the alternatives (separate sources of funding). To explore review how earmarking may have affected the CFIA's functioning. This exercise will also provide an evidence base for the UN System for the development and refinement of MPTF mechanism;
- To guide donors, and Participating Organizations in establishing similar effective coordination and operational mechanisms in support of aid and development effectiveness;
- To identify the mechanisms that can be used beyond the CFIA, even using different funding facilities/modalities.

Scope of the CFIA Lessons Learned Exercise

The proposed LLE will closely examine the development and operational effectiveness of the CFIA. The LLE will distil the learning from CFIA funded projects and provide evidence on their respective contributions towards unfunded and under-funded priorities of UNCAPAHI. The exercise will also look at the underlying processes, mechanisms and identification of good practices that have been critical to the achievement of development results as stipulated in CFIA programmes/projects implemented since the Fund's inception in 2007. Therefore, on one hand the LLE will take stock of the direct and indirect contributions of the CFIA towards unfunded and under-funded UNCAPAHI priority areas, and on the other hand it will identify strengths and weaknesses of the associated CFIA operational structures, mechanisms and processes their contributions towards the realization of development results.

Guiding framework for Lessons Learned Exercise

The CFIA LLE will provide a comprehensive assessment of the fund in terms of both the programmatic and operational effectiveness. The operational effectiveness of CFIA will be assessed under six broad themes, namely fund design and structure, alignment and harmonization with UNCAPAHI, management of development results, capacity development, national ownership and accountability.

Methodology for Lessons Learned

The proposed LLE will be undertaken by consultants that will be selected by the MC in collaboration with UNSIC and the MPTF Office. The methodology for the LLE should ensure that rigorous processes are undertaken for gathering solid facts and figures, careful solicitation and documentation of firsthand knowledge and experiences, in depth review of secondary information and review of trends before reaching generalized conclusions.

The exercise is expected to follow a range of methodological processes including:

- Desk review of secondary information: The exercise should refer to existing information contained in the CFIA Participating Organization project proposals, annual progress reports, Participating Organization project evaluation reports, available financial reports, donor reports, UNSIC strategic planning documents, CFIA governance and legal documents (i.e. Memorandum of Understanding, Letter of Agreement, CFIA Terms of Reference) and other documents.
- Collection of primary data: Interviews with key stakeholders, observations through participation in some of the CFIA processes, surveys and questionnaires, field visits (as required). A full 360 degree assessment approach will be followed to understand the strengths and weaknesses of the CFIA to identify best practices and to help generate lessons for the future.
- Collection of Lessons Learned exercises: Participating Organizations' lessons learned studies (conducted at the project level) and other accumulated evidence will be incorporated into the LLE.
- Case studies: The lessons learned exercise will follow a case study approach to demonstrate the contributions of CFIA towards unfunded and under-funded UNCAPAHI priority actions, as well as to highlight the procedures and processes that have contributed to the achievement of development results. To the extent possible, the consultant will make use of the available evaluative evidence to demonstrate development and operational effectiveness of the CFIA. If required, a number of projects may be selected for a deeper analysis of development and operational effectiveness of the CFIA. Criteria for selection of projects for case study analysis will be submitted to the CFIA MC for approval, and the LLE Steering Group will identify, applying the criteria to the CFIA projects, the list of projects that will be submitted to the MC for final approval.

Expected Deliverables

The key deliverable from the exercise will be a comprehensive document, with the following proposed structure:

- Management Arrangements.
- The LLE will be undertaken by an independent consultant(s) with demonstrated experience of managing such processes, in accordance with the parameters defined in this TOR and the standards observed in the UN system to ensure that the process remains neutral, impartial, objective, and inclusive.
- The entire process will be managed under the guidance and direction of the CFIA Management Committee, and in close consultation with the Participating UN Organizations, donors, the MPTF Office as AA and the CFIA Secretariat.
- A small LLE Steering Group will be established, which will have representative(s) from Participating Organizations and representative(s) from the donors. This Group will overview the finalization of this TOR, the consultants' recruitment process, review the initial inception report, guide the consultants on what to select as the case-studies, and report back to the MC periodically.

Annex 8. List of people met and interviewed

<p><u>Geneva (21-27 September)</u></p> <ul style="list-style-type: none"> • UNISIC Coordinator: David Nabarro, Chadia Wannous (and Egypt) Ian Clarke (and OCHA-PIC), • ILO: Donato Kiniger-Passigli, Amber Barth and Elisa Selva • OCHA: Paul Handley (PIC) • UNHCR: Marian Schilperoord, Asis Das • WFP: Peter Scott-Bowden, Bahar Zorofi • UNICEF: Michel le Pechoux B. Progida • WHO: Ludy Suryantoro, James Headen Pfitzer 	<p><u>New York (4-6 October)</u></p> <ul style="list-style-type: none"> • UNISIC: M. Barrett, Partnership Officer • UNDP MPTF Office: Bisrat Akililu, Olga Aleshina • UNDP BCPR: Laro Gonzalez Canoura, Programme Analyst • UNICEF: Jesus Lopez Mecado, L Young • IOM: Amy Muedin 	<p><u>Cairo (16-20 October)</u></p> <ul style="list-style-type: none"> • Govt of Egypt: • MoH&P: Nasr El-Sayed • MoALR: Saber Galal • NSC on AI: Gen. Hassan Hemeida, former Governor • RC: James Rawley • OCHA: Jean-Luc Tonglet • UNHCR : Mohamed Dayri • UNICEF: Sahar Hegazi • WFP: Abdallah ALwardat • IOM: Agela Santucci • FAO: Yilma Jobra • WHO: Dr. Nasr El Tantawy
<p><u>Jakarta (24-28 October)</u></p> <ul style="list-style-type: none"> • Government of Indonesia: • MoH Dr. Rita K. Dr. Arie Bratasena • RC: El-Mostafa Benlamlih • OCHA: I Leon-Garcia, • UNDP: Malikal Amril • UNHCR: Zuzana Petovska • UNICEF: Marc Lucet, Iwan Hasan • ILO: Bey Sonata, Dyah Retno Sudarto • WFP: Peter Guest, B. Ka • FAO: M. Ammir, James Mc Frane, A. Holidaja (USAID, I. Atik (AUSAID, G. Cheong (AUSAID), I. Nuri (CMU) • WHO: K. Limpakarnjanarat, G Tallis, Dominique Neo (nurse) 	<p><u>Dakar (31 October-4 November)</u></p> <ul style="list-style-type: none"> • Government of Senegal: • Securite Publique: C. Cisse (SG), M. Lo AC. Diop, Firemen: O. Ouattara • MoH: D. Iba, M.N. Sangare, A. Wone • Mo Infrastructure: P. Diop • RC: Bintou Djibo • OCHA: Noel Tsekouras • UNICEF: Fabio. • WFP: Sophie Ndong, A. Diaite • IOM: Selly Ba • FAO: H Soumare • WHO: M. Coly 	<p><u>Phone</u></p> <ul style="list-style-type: none"> • USAID: Kama Garisson • DFID: A. Jordan • IOM: Anita Davies (Geneva) • ICAO: Anthony Evans • ICAO: J. Faqir (Egypt) • OCHA: Michael Mosselmans (and WFP) • RC Office: Brenda Langdon (Indonesia) <p><u>Survey Monkey</u></p> <ul style="list-style-type: none"> • 28 answers, including 20 fully completed survey questionnaire

Annex 9. List of documents consulted

CFIA

- First Annual Consolidated Annual Progress Report on Activities Implemented under the Central Fund for Influenza Action – 2007, UNDP MPTF Office, May 2008
- Second Annual Consolidated Annual Progress Report on Activities Implemented under the Central Fund for Influenza Action – 2008, UNDP MPTF Office, May 2009
- Third Annual Consolidated Annual Progress Report on Activities Implemented under the Central Fund for Influenza Action – 2009, UNDP MPTF Office, May 2010
- Fourth Annual Consolidated Annual Progress Report on Activities Implemented under the Central Fund for Influenza Action – 2010, UNDP MPTF Office, May 2011
- CFIA MOU, Terms of References and Rules and procedures, and Management Committee (MC notes for the Record of all meetings.
- On the MPTF GATEWAY website (<http://mptf.undp.org>), project documents and reports, funding tables...etc.

UNSC

- First Global Progress Report, Responses to Avian and Human Influenza Threats Progress, Analysis and Recommendations, UNSC – World Bank, Jan-June 2006
- Second Global Progress Report, Responses to Avian and Human Influenza Threats Progress, Analysis and Recommendations, July-December 2006, UNSC – World Bank, January 2007
- Third Global Progress Report, UNSC – World Bank, December 2007,
- Fourth Global Progress Report-Responses to Avian Influenza and State of Pandemic Readiness, 2008, UNSC – World Bank, July 2009
- Fifth Global Progress Report, 2009, UNSC – World Bank, July 2010
- UN System and Partners Consolidated Action Plan for Animal and Human Influenza (UNCAPAHI), various versions, 2006 - 2010
- Coordination of Human and Avian Influenza Activities, Brad Herbert Ass for UNSC, Feb 2007
- UN System coordination for avian and pandemic influenza: Lessons Learned on effective country coordination, UNSC, June 2011
- Final Review of UN System Influenza Coordination, Barnaby Willits-King, July 2011
- Simulation exercises on influenza pandemic responses in Asia-Pacific region, 2008
- Inter-ministerial Conferences on Animal and Pandemic Influenza Reports (Geneva, Beijing, Vienna, Bamako, New Delhi, Sharlm al Sheik, Hanoi)
- Concept of Operation for the UN System in an Influenza Pandemic (CONOPS), UNSC-PIC, Sept 2008

OCHA PIC

39 steps government should take to prepare for pandemic, December 2007

MPTF Office

- UNDG Iraq Trust Fund Lessons Learned, Price Waterhouse Coopers, June 2011
- Operational Effectiveness of the UN MPTF Mechanism, Charles Downs, for the UNDG, May 2011

ICAO

- Template for a National Aviation Public Health Emergency Preparedness Plan
- Regional Seminar On Aviation Public Health Emergency Planning And Preparedness, May 2011
- Resolution A37-13: Prevention of spread of communicable disease through air travel
- Draft Protocol Questionnaires for the ICAO Safety Oversight Audit related to management of communicable disease in aviation

ILO

- Protecting your health and business from influenza, 3 action manuals, 2009
- Business continuity planning Guidelines for SMEs, 2009
- Avian Flu and the workplace and business preparedness in the times of pandemic, ILO Jakarta, October 2011
- Joint United Nations Assessment of Government of Egypt H5N1 Control Efforts, FAO-UNICEF-WHO, Dec. 2009

IOM

- Pandemic Preparedness among Sudanese Migrants in Greater Cairo, October 2008
- Report on the IOM Avian Influenza & Pandemic Preparedness Project Workshop, February 2009
- IOM Training Manual for Pandemic Basic Counselling Communication Skills, 2009
- Health promotion handbook for migrants,
- Évaluation du projet de renforcement des capacités de riposte à la pandémie de grippe au sein des migrants et des communautés frontalières dans la Région de Saint-Louis au Sénégal, Mars 2010

UNICEF

- AI communication strategy and Plan, Egypt, 2006
- Joint UN Assessment of Egypt N5N1 control efforts, 2009
- Communication strategy and work plan for combating Ai in Egypt, 2009
- Reduction of Risk and Crisis Management, National Communication Strategy – Egypt, February 2010

UNCT

- UNCT Pandemic Preparedness, Response and Recovery Plan Egypt, September 2010

UNHCR

- Epidemic Preparedness and Response in Refugee Camp Settings: a pocket guide for public health officers, 2011

UNWTO

- Travel and Tourism under Pandemic Conditions Review and Preparation Exercise, August 2009

WFP

- Logistic Operational Preparedness Guidance Notes Oct 2009, P2RX East Africa Report. February 2011, and West Africa Report, July 2011, and Special Operation Brief, April 2010
- Towards a safer world, BEYOND PANDEMICS: A WHOLE-OF-SOCIETY APPROACH TO DISASTER PREPAREDNESS, FOA, UNWTO, WFP-USAID, September 2011
- Towards a safer world, Conference report, WFP-USAID, September 2011
- HPAI, A rapid assessment, WFP-FOA, March 2008
- Pandemic Operational Plans, Egypt, Indonesia, Senegal

WHO

- WHO website: Pandemic time line of events
- Whole of Society Pandemic Readiness, WHO, July 2009
- Pandemic Influenza Preparedness and Response, WHO, 2009
- Contributing to One world, one health, A strategic framework, FAO, OIE, UNSIC' WB' UNICEF and WHO, October 2008
- One Health Concept Note Hanoi, FAO-OIE-WHO Collaboration, April 2010

Governments

- NATIONAL STRATEGIC PLAN FOR AVIAN INFLUENZA CONTROL AND PANDEMIC INFLUENZA PREPAREDNESS, Egypt, Indonesia, Senegal

Annex 10. Calendar of events

1996	Highly Pathogenic avian influenza (HPAI) H5N1 first isolated in Guangdong, China
1997	Highly Pathogenic avian influenza (HPAI) H5N1 outbreaks in poultry and first human infections are reported (18 cases, 6 fatal) – Hong Kong
Feb 2003	Highly Pathogenic avian influenza (HPAI) outbreaks in domestic poultry and wild birds in 63 countries – two human cases of avian influenza H5N1 (one fatal) are confirmed
Nov 2003	A fatal infection first attributed to SARS in China is retrospectively confirmed in Aug 2006 as AI H5N1
Dec 2003	Republic of Korea formally reports an epidemic of HPAI, caused by the H5N1 strain of the virus among chicken at a farm
Jan 2004	Vietnam reports for the first time HPAI cases among birds. Korea animal H5N1 outbreak spreads. Pakistan reports an outbreak amongst hens. Vietnam and Thailand report human AI H5N1 cases, with additional sporadic cases though mid-March. - Networks laboratories determine that H5N1 viruses in the current human and avian outbreaks are significantly different from the H5N1 viruses' outbreaks in HK in 1997 and 2003, indicating that the virus has mutated.
Feb 2004	- Nine South East Asian countries (the Republic of Korea, Thailand, Vietnam, Japan, Hong Kong, Cambodia, Lao PDR, Indonesia and China) have reported outbreaks of H5N1 in poultry and birds between Dec 2003 and Feb 2004. - The total number of cases in Viet Nam and Thailand is now 25 cases, of which 19 were fatal.
Jun-Jul 2004	China reports recurrence of H5N1 in poultry. Outbreaks continue to be reported in Indonesia, Vietnam and Thailand.
Dec 2004	Poultry outbreak continues in Indonesia, Thailand, and Vietnam and possibly also in Cambodia and Lao PDR. Reported animal outbreaks continue more or less continuously in Indonesia through August 2006, in Thailand through November 2005, and in Vietnam through December 2005.
Feb 2005	Cambodia confirms its first human case, which is fatal
May 2005	FAO Global Strategy for the progressive Control of Highly Pathogenic Avian Influenza
June 2005	- Bangkok - Sub-regional meeting by RCs at the request of the UNCTs - Joint letter by five S-E Asia RCs to the UN SG addressed to the UN to consider the API threat seriously
July 2005	Indonesia confirms its first human case
Sept 2005	UN Secretary-General appoints Dr. Nabarro as the UN System Influenza Coordinator (UNSIIC)
Sept 2005	US announced the International Partnership for Avian and Pandemic Influenza
Oct 2005	Now Russia, Kazakhstan, Turkey, Romania, Croatia and the UK also report animal cases of AI H5N1 <i>Washington - Senior Official's planning meeting on Avian and Pandemic Influenza</i> <i>Ottawa - Meeting of Health Ministers</i>
Nov 2005	WHO global influenza preparedness plan (revised)
Nov 2005	<i>Geneva meeting (No. 1)</i> - WHO, FAO, OIE, WB and partners strategy meeting – Formation of a global strategy (common approach), and demand by Governments for coordinated and sustained international support
Dec. 2005	World Bank program for Influenza control and pandemic preparedness
Jan 2006	Avian and Human Pandemic Influenza: UN System contribution and Requirement (a strategic approach) published by UNSIC
Jan 2006	<i>Beijing (No. 2)</i> - International pledging conference on Avian and Human Influenza – \$ 1.9 billion pledged
Jan 2006	World Bank - Avian and Human Influenza Facility (AHIF)
March 2006	Washington consultations
March 2006	UN SG directed all UN duty stations to designate an avian and pandemic influenza coordinator
June 2006	The UN Consolidated Action Plan on Avian and Human Influenza (UNCAPAHI) is published by

	the UN
June 2006	<i>Vienna (No. 3)</i> – Senior Official’s meeting
Nov 2006	Establishment of the Central Fund for Influenza Action (CFIA)
Dec 2006	Bamako (No. 4) – Ministerial meeting and pledging conference – further USD \$ 475.9 pledged
March 2007	Verona Vaccination conference
June 2007	International Health Regulations (2005) come into force defining the rights and obligations of countries to report public health events, and establish several procedures that WHO must follow in its work to uphold global public health security
June 2007	Rome -Technical meeting to review progress
Nov 2007	Concept of Operations for the UN system in an influenza pandemic published (CONOPS) by UNSIC
Dec 2007	New Delhi (No. 5) - International Ministerial Conference on Avian and Pandemic Influenza – vision “One World - One Health” outlined
Jan 2008	PIC transferred to OCHA
Oct 2008	Sharm El Sheikh (No. 6)– International Ministerial Conference on Avian and Pandemic influenza
Dec 2008	A Resource Guide for UN Country Team on Avian and Pandemic Influenza is published by UNSIC
June 2009	H1N1 Pandemic declared
April 2010	Hanoi (No. 7) - International Ministerial Conference on Avian and Pandemic Influenza
	One Health tripartite agreement (WHO, FAO, OIE) presented in Hanoi (Note: not a single mention of UNSIC in the document)
Aug 2010	H1N1 in post-pandemic period
Dec 2010	PIC Closed
2011	UNSIC Mandate extended to 2012 at reduced scale
May 2011	Launch of “Towards a safer world” - joint venture USAID, UNSIC and WFP

Annex 11. Timeline of international meetings: avian and human pandemic influenza contribution to One Health

Date	International meeting	Outcomes for One Health
October 2005	Ottawa, Canada – First International Meeting of Health Ministers	Declaration: ‘multi-sectoral approach, beginning with the animal and human health sectors, must underlie global efforts towards coordinated pandemic planning’
November 2005	Geneva, WHO Meeting on Avian Influenza and Human Pandemic Influenza (Health Ministers and others)	Proposal for countries to develop integrated action plan
January 2006	Beijing, China – International Pledging Conference on Avian and Human Pandemic Influenza	International Pledging Conference on Avian and Human Pandemic Influenza – International community pledged US\$ 1.9 billion in financial support and discussed prospective coordination mechanisms.
December 2006	Bamako, Mali – Fourth Ministerial Meeting and Pledging Conference financial support on Avian and Pandemic Influenza	Compensation guidelines agreed, and an additional US\$475 million 2006 committed.
December 2007	New Delhi, India – Fifth International Ministerial Conference on Avian and Pandemic Influenza	Road Map for the control of HPAI, calling for formulation of a strategic framework.
October 2008	Sharm el-Sheikh, Egypt – Sixth International Ministerial Conference on Avian and Pandemic Influenza	Consultation document ‘Contributing to One World One Health’ tabled.
March 2009	Winnipeg, Canada – Expert Consultation on One World One Health	March ‘One World One Health’ Key Recommendations developed.
April 2010	Hanoi, Viet Nam – Seventh International Ministerial Conference on Animal and Pandemic Influenza	April ‘Hanoi Declaration’ calling for sustained momentum for the continuing 2010 H5N1 HPAI threat and action at the interface between human, animal and environmental health systems.
May 2010	Georgia, USA – Expert consultation on Operationalizing ‘One Health’	‘One Health’ critical enabler initiatives developed including establishment of a global network, training and an information repository.

Extracted from: Fifth Global Animal and Pandemic Influenza Progress Report, “A framework for sustaining momentum”, UNSIC - WB, July 2010

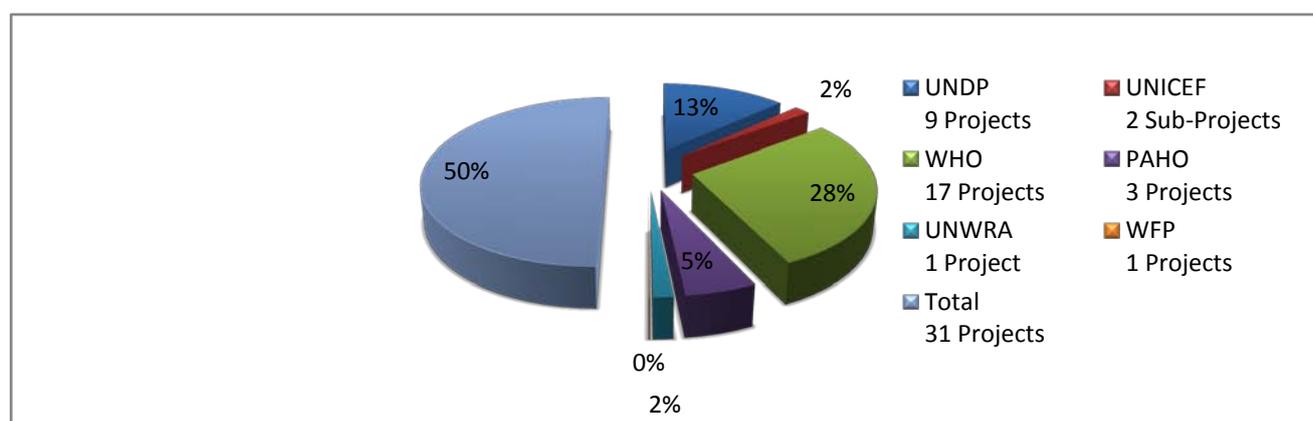
Annex 12. Project distribution by UNCAPAHI objectives

The Seven Objectives of UNCAPAHI	Participating Organizations		Projects Supported through the CFIA	Funding	Target Countries/regions
	UNCAPAHI Partners	Participating Organizations			
1. Improving Animal Health and Bio-security					
2. Sustaining livelihoods Total: \$500,000		ILO	CFIA-A2 - Avian Influenza and the Workplace in Thailand (also objective: 3, incl. 4, 5)	250,000	Thailand
		ILO	CFIA-A7 - Avian Influenza and the Workplace in Indonesia (also objective: 3, incl. 4, 5)	250,000	Indonesia
3. Human Health Total: \$694,202		ILO	CFIA-A13 - Livelihoods Support for AHI Pandemic Prevention and Preparedness at the Workplace (also objective 5, 6)	396,887	
		ILO	CFIA-A18 - Business Continuity in Times of Pandemic – Protecting Workers and Businesses through Preparedness Measures – Indonesia (also objective 5, 6)	127,421	Indonesia
		ILO	CFIA-A19 - Influenza Prevention, Pandemic Preparedness and Business Continuity at the Workplace (Phase III) (also objective 5, 6)	169,894	Cambodia, Lao PDR, Malaysia, Thailand, Viet Nam
4. Coordination of National, Regional and International Stakeholders Total: \$700,000		UNDP	CFIA-A3 - Support to Coordination of Avian & Human Influenza Activities	700,000	
5. Public Information & Communication to Support Behaviour Change Total: \$8,420,720		IOM	CFIA-A6 - AHI Pandemic Preparedness for Migrant Construction Workers (also objective, 6, incl. 3)	162,488	Lao PDR
		IOM	CFIA-A9 - Social Mobilisation of Migrant Poultry Workers, Traders and Transporters	312,690	Nigeria
		IOM	CFIA-A15 - Pandemic Preparedness among Migrant Populations (also objective, 6, incl. 3)	304,950	Latin America
		UNWTO	CFIA-A4 - Targeted Communications for Travellers, the Travel Industry, and Tourist Destinations (incl. objective 6)	400,000	
		UNWTO	CFIA-A21 - Targeted communications for Travellers, the Travel industry, and Tourist destinations – Phase II (incl. objective 6)	151,810	
		UNICEF	CFIA-A20 H1N1 Response	266,318	Pakistan
		UNICEF	CFIA-A22 Pandemic Preparedness	6,822,720	
6. Continuity under Pandemic Condition Total: \$34,825,131		ICAO	CFIA-A5 - Cooperative Arrangement for the Prevention of Spread of Communicable Disease by Air Transport	201,800	Asia Pacific Region

The Seven Objectives of UNCAPAHI	Participating Organizations		Projects Supported through the CFIA	Funding	Target Countries/regions
	UNCAPAHI Partners	Participating Organizations			
		ICAO	CFIA-A11 - Cooperative Arrangement for the Prevention of Spread of Communicable Disease by Air Transport (CAPSCA Africa)	549,960	Africa
		ICAO	CFIA-A14 - Cooperative Arrangement for the Prevention of Spread of Communicable Disease by Air Transport in the Americas	399,960	Americas
		ICAO	CFIA-A17 - Cooperative Arrangement for the Prevention of Spread of Communicable Disease by Air Transport in the M-East	112,725	Middle East
		OCHA	CFIA-A8 - Pandemic Influenza Contingency Regional Platform	320,000	West Africa
		OCHA	CFIA-B1 - The Pandemic Influenza Contingency Team	1,485,000	
		OCHA	CFIA-B6 - Pandemic Influenza Contingency Work Programme	2,475,000	
		OCHA	Pandemic Influenza Contingency Work Programme	324,456	Southern Africa
		OCHA	CFIA-B11 - Pandemic Preparedness Small Project Funding Facility for UN Resident Coordinators	400,000	
		OCHA	CFIA-A16 - Pandemic Preparedness Small Project Funding Facility for UN Resident Coordinators	2,889,186	
		OCHA	CFIA-B14 - Pandemic Influenza Coordination Team Work Programme	1,485,000	
		UNWTO	CFIA-A10 - Development and Conducting Regional and National Simulation Exercises to Rehearse and Assess Preparedness Plans and Uncover Shortcomings	252,000	
		WFP	CFIA-B3 Pandemic Preparedness and Planning-Phase I – (also objective 7(incl. 2, 4)	4,205,100	
		FP	CFIA-B7 W Pandemic Preparedness and Planning-Phase II, (also objective 7(incl. 2, 4, 5)	3,217,500	
		WFP	CFIA-B16 Pandemic Preparedness – Phase III (also objective 7(incl.2, 4, 5)	2,969,250	
		WFP	CFIA-B19 Pandemic Preparedness – Phase III(also objective 7(incl.2, 4, 5)	2,969,250	
		IOM	CFIA-B4 - Pandemic Preparedness for Migrants and Host Communities I (incl. 3, 5 objectives)	990,000	
		IOM	CFIA-B9 - Pandemic Preparedness for Migrants and Host Communities II	990,000	

The Seven Objectives of UNCAPAHI	Participating Organizations		Projects Supported through the CFIA	Funding	Target Countries/regions
	UNCAPAHI Partners	Participating Organizations			
		IOM	CFIA-B12 - Humanitarian Pandemic Preparedness and Response: Capacity Building for Migrants and Host Communities (incl. 5 objective)	399,645	
		IOM	CFIA-B13 - Humanitarian Pandemic Preparedness, Mitigation and Response: Capacity Building for Migrants and Host Communities (incl. 5 objective)	495,000	
		IOM	CFIA-B17 - Migrant Community Information for Behaviour Change to Reduce the Spread of Influenza Like Illnesses	119,254	
		UNHCR	CFIA-B5 - Avian and Human Influenza Preparedness and Response in Refugee Settings (incl. 3, 5 objectives)	2,970,000	
		UNHCR	CFIA-B8 - Avian and Human Influenza Preparedness and Response in Refugee Settings (incl. 3, 5 objectives)	2,970,000	
		UNHCR	CFIA-B15 - Humanitarian Response to Pandemic Influenza in Refugee Settings	990,000	
		UNHCR	CFIA-B18 - Humanitarian Response to Pandemic Influenza in Refugee Settings	245,045	Middle East and North Africa
		WFP	CFIA-A1 - Development of a Logistics Concept of Operations for Humanitarian Activities in a Pandemic Environment (also objective 7)	400,000	
7. Humanitarian Common Services Support Total: \$279,484		WFP	CFIA-A12- Supporting the Humanitarian Common Services through Provision of Data Management and Mapping Tools	279,484	

Figure 17: CFIA Fund Allocation per UNCAPAHI Objectives



Annex 13. Agencies accomplishments

Agencies	Accomplishment – Regional and HQ level	Accomplishments – Country Office level
ICAO	Development of Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel (CAPSCA), guidelines	<p>Numerous countries in Asia Pacific, Africa, Middle East and Americas have joined the project</p> <p>Assist states to develop national aviation Preparedness Plans, in compliance with IHR Training</p> <p>Global and regional meetings to review and assess guidelines and, learn lessons (Regional Aviation Medicine and Public Health Teams formed)</p>
ILO	<p>Influenza training modules for the promotion of social protection at the workplace, PP for SME</p> <p>i.e. Work Improvement in Neighbourhood Developments (WIND) for workers and Work improvement in small enterprises (WISE) for SME to protect their workers</p>	<p>Training SME on Pandemic Preparedness (ToT)</p> <p>Trainer’s Network: Employers, workers organizations and governments</p> <p>Awareness-raising activities – Translation, printing and distribution of IEC</p> <p>Business continuity planning support (and guidance material)</p>
UNICEF	<p>Support to 91 Country Offices to sustain national pandemic preparedness</p> <p>Contributed to UN WB Annual report, and International Ministerial Meeting.</p> <p>Maintained A-P Influenza communication website</p>	<p>Fifty countries implemented health interventions such as improved access to preventive and curative services for infectious diseases and other illnesses</p> <p>Thirty-six countries implemented WASH initiatives, hand-washing promotion, and improve access to safe drinking water</p> <p>Thirteen countries updated their existing national communication plans</p> <p>KAP reviews</p> <p>Ten countries bolstered school based pandemic preparedness</p> <p>Fifteen countries supported EP activities</p> <p>Five countries supported interventions for the vulnerable and high risk populations</p> <p>Six counties promoted infant and child feeding practices</p> <p>Supported national TF on influenza communication, promotion of partnerships, training of reporters and training of Health and community workers on H1N1 prevention and controls (Pakistan)</p>
UNDP	Coordination of regional and international stakeholders(i.e. Regional Information Management Network)	<p>Coordination of national stakeholders in China, Egypt, and Indonesia (in RC office) - UNCT and National capacities preparedness and response, multi-sectoral inter-ministerial strategies and plans</p> <p>Support to WHO in flu vaccination for staff and their dependents in UN agencies</p>
UNHCR	Outbreak preparedness activities mainstreamed	<p>Development and updating of camp contingency plans</p> <p>Advocacy for inclusion of refugee communities in national PPP</p> <p>Ensure set up of functional Health Information Systems with EW</p> <p>Vaccination, WASH and awareness raising activities in camps</p>

Agencies	Accomplishment – Regional and HQ level	Accomplishments – Country Office level
		Worked with WFP on food supply to camp during a pandemic
UN-OCHA	PIC support team Preparedness tracker RC support grant management Whole society guidance	Worked with 32 countries to undertake pandemic planning actions (contingency planning, simulations, table top exercises, BCPs), including capacity building with NDMAs Promotion of the whole society approach RC Grants
WFP	Mainstreaming of OAPs under review Research and design on Containerised Food Production Unit Development of GIS information, mapping and simulation tool – online module which provides basic logistical network information to support national strategies and promote ownership High level consultations on BC Towards a Safer Word... to learned lessons on PP and assess their wider applicability	70 Operational Action Plans (90% of offices), many stress-tested Multi-stakeholder regional simulations Pandemic Logistics Corridor Capacity Assessment (3) Worked with UNHCR on food supply to camp during a pandemic
UNWTO	Development of targeted communication (situation update, guidelines and best practices disseminated – SOS.travel portal, posters, slogans, leaflets and videos) with member states, Tourism Emergency Response <i>Network</i> (TERN) and the travel and tourism sector Studies on the process of roaming messages to international travellers (cooperation with FAO, IACA, OCHA, OIE, UNICEF and WHO) Lessons learned on simulations	Integration of tourism into national structures National and regional Simulation exercises Targeted communication for travellers, the travel industry and tourist destination
IOM	Developing a training manual on basic counselling and communication skills, available in several languages i.e. English, French, Spanish, Arabic and Russian. IOM has also Integrated pandemic preparedness into all migration management services	Strengthen national capacity to meet the needs of migrants – and inclusions of migrant issues in national PPP Awareness rising for migrant populations on PPP and behaviour IEC distribution Table top exercises
WHO through the RC small grants	Coordinating training activities with participating organization offering guidelines and other relevant tools particularly with international health regulation (IHR)	Actively participated in the AHI pandemic preparedness and response plans at country level; strengthening disease surveillance capacities; training on outbreak investigation and working partner UN organization to support inter-sectoral collaboration