



UNITED NATIONS DEVELOPMENT GROUP

AVIAN AND HUMAN PANDEMIC INFLUENZA: UN SYSTEM CONTRIBUTIONS AND REQUIREMENTS¹

A strategic approach

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¹ For the purposes of this document, UN systems agencies include (a) the specialized intergovernmental technical agencies such as the Food and Agriculture Organization (FAO), World Health Organization (WHO), International Civil Aviation Organization (ICAO), and the World Tourism Organization (UNWTO), (b) task-specific UN programmes, such as the UN Development Programme (UNDP), the UN World Food Programme (WFP), the UN Environment Programme (UNEP), (c) the UN Funds, such as the UN Children's Fund (UNICEF), (d), to an extent, the UN-linked multilateral banking system – the World Bank and regional development banks, and (e) departments of the UN secretariat, such as the Security Services, Management Services and Medical Services. The FAO works in partnership with the Paris-based World Organization for Animal Health (OIE) which has observer status within UN System Influenza Coordination (UNSIC).



ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ACI	Airports Council International
AHI	Avian and Human Influenza
AI	Avian Influenza
APEC	Asia-Pacific Economic Cooperation
ASEAN	Association of South East Asian Nations
CERF	Central Emergency Response Fund
DSS	United Nations Department of Safety and Security
FAO	Food and Agriculture Organization
H5N1	Hemagglutinin type 5 and Neuraminidase type 1
HPAI	Highly pathogenic avian influenza
IASC	Inter-agency Standing Committee
IATA	International Air Transport Association
ICAO	International Civil Aviation Organization
NGO	Non-Governmental Organization
OiE	World Organization for Animal Health
SARS	Severe Acute Respiratory Syndrome
TWG	Technical Working Group
UNAIDS	United Nations Joint System Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNDG	United Nations Development Group
UNEP	United Nations Environment Programme
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNSIC	United Nations System Influenza Coordination
WFP	World Food Programme
WHO	World Health Organization



This paper covers the strategic approaches pursued by UN system agencies and coordination unit as they assist nations to mitigate the current avian influenza epidemic and reduce the threat and potential consequences of a human influenza pandemic.

It includes the following:

- 1. A recap of the current strategy and implementation challenges;*
- 2. A summary of the programme approach advocated by the UN system and World Bank, highlighting the importance of coordination*
- 3. Potential contributions of the UN system – including assistance with coordination - and resources required for implementation.*

It needs to be emphasized that the scope of the UN System requirements outlined in this paper is preliminary and that a possible shift to a different phase may change these.

The paper is presented as background material for the discussions at the International Pledging Conference in Beijing and is presented as a companion to materials developed by the World Bank.

1 Introduction

1 A highly pathogenic avian influenza virus (H5N1), currently found in Asia and parts of Europe, is causing severe socio-economic problems for poultry farmers. It poses an immediate and potentially severe threat to animal and human health.

- First, the spreading outbreak of animal disease (epizootic) jeopardizes agriculture and food industries, the livelihoods of smallholders and food security. Since the first reports of H5N1 outbreaks in Asia in late 2003 nearly 140 million domestic poultry have been killed by the virus or destroyed to control its spread. Economic losses to the Asian poultry sector are estimated at around \$10 billion. Already, H5N1 is threatening livelihoods of hundreds of millions and seriously impeding regional and international trade.
- Second, H5N1 is continuing to cause sporadic human cases, with around half the confirmed cases dying from the infection.
- Third, the H5N1 virus may evolve into a form that is easily transmissible in humans. In such a case, the virus could lead to a global human influenza pandemic with catastrophic social and economic consequences.

2 WHO has classed the present pandemic alert level at *phase 3*. Since the timing of the next pandemic (*phase 6*) is unknown. The focus of pandemic preparedness must be on the strengthening of national response capacities. The first reaction of many governments, when it does start, may be to restrict movement both within countries and across borders, although such actions may, depending on the infectivity of the virus, be unable to contain spread significantly. A humanitarian perspective is vital given that pandemic containment initiatives are likely to have substantial impacts on people's livelihoods and access to basic services.

3 To help address the H5N1 threat, a meeting on *Avian Influenza and Human Pandemic Influenza* was jointly convened by the UN Food and Agriculture Organization, the World



Health Organization, the World Organization for Animal Health (OIE) and the World Bank in Geneva on 7 to 9 November 2005. The meeting was attended by more than 600 experts from at least 100 countries. It had been preceded by a series of high level; gatherings – including the inaugural meeting of the International Partnership on Avian and Pandemic Influenza in Washington DC on October 7th 2005 and a meeting of Health Ministers on Influenza hosted by the Government of Canada on October 25th 2005. These events raised political awareness and gathered consensus about the severity of the influenza threat and lines of action needed.

4 Building on this consensus, the Geneva meeting proposed concrete actions to be taken at country, regional and global levels. An inventory of needs was developed and used to estimate both the overall resource requirements of countries and international agencies. National authorities, responsible for responding to the avian influenza threat and preparing for the human influenza pandemic, described their efforts to develop integrated plans to mount concerted and urgent responses and the challenges they face in mobilizing the human and financial resources needed. Participants started to explore means through which the international community might act urgently to ensure that these needs are met, especially for countries with avian influenza outbreaks.

5 The recognition that there are significant resource gaps within countries – and within the main technical agencies that support national efforts - prompted the Government of China to offer to host an International Pledging Conference on Avian and Human Influenza in Beijing, mid-January 2006. Both the European Commission and the World Bank agreed to co-sponsor the event.

6 In the interval since the Geneva meeting, the World Bank – in close co-operation with UN system agencies and the co-sponsors of the Beijing meeting - has prepared two papers: “Avian and Human Influenza: Financing Needs and Gaps” and “Avian and Human Influenza: Multi-donor Financing Framework”. Their purpose is to inform participants in the pledging conference in order that the financial and human resources needed – both within countries and for regional and global support mechanisms – can be secured, speedily, made available to the countries and institutions that need them, and used in the most appropriate ways. The transfer of resources, and managed technical support, are expected to enable a broad range of countries – including low income countries - to respond to the threats posed by avian influenza, prevent the emergence of influenza pandemics and deal effectively with pandemic conditions as they develop.

2 Current Strategy and Challenges for Implementation

7 The overall global goal for influenza action can be summarised as follows: ensure the world is better able (a) to tackle the current H5N1 avian influenza epizootic and have a good chance of preventing the emergence of an influenza pandemic, (b) if prevention fails, to implement effective action to contain the pandemic, and (c) if containment fails, to be able to respond well to the pandemic’s impact on human survival, societies, economies and governance.

8 The goal is being pursued through a two track strategy: the tracks are closely linked:

8.1 Taking action now, during pandemic alert phase 3, to reduce **economic losses in the poultry sector, limit sporadic human cases and diminish the likelihood of an**



eventual human influenza pandemic, by controlling highly pathogenic influenza viruses in animals (specifically the epizootic caused by the H5N1 virus in poultry) through improved detection, surveillance and control through strengthening veterinary structures

8.2 Anticipate that preventive efforts may not be successful, **and prepare to minimise the impact of the next pandemic(s)** by immediate implementation of multi-sectoral initiatives for Governments, local and regional institutions, commercial and voluntary partners, the media, international organizations and other stakeholders to be ready to work together for containment and response as the pandemic alert phase is increased to 4 and beyond.

9 The first track is pursued through urgent, intense and sustained interventions (a) to contain and responding to avian influenza outbreaks, reducing their impact on agriculture, the livestock industry and small-holder livelihoods, and (b) to reduce the incidence of human infection with avian influenza. The interventions include

- **Surveillance and detection:** establishing adequate capacity within national veterinary systems for passive and active surveillance of influenzas – specifically HPAI in poultry; and early detection, diagnosis and reporting of animal influenza outbreaks;
- **Prevention of animal outbreaks:** strategic vaccination of poultry when indicated, evaluation of influenza virus transmission risk through different means (including migratory birds), enhanced bio-security in homes, farms, means of animal transport, and markets, control of animal movements and products;
- **Control of animal disease:** isolation of infected farms, control of animal movements, immediate stamping out of outbreaks – accompanied by adequate attention to the concerns of farmers, restriction of movements in affected areas, border management (including policies and guidance, strengthened procedures and contraband detection methods, training border guards);
- **Raising public awareness** about bird flu and the risk of virus transmission from poultry to humans;
- **Prevention of human infection** through fostering community resilience: ensuring that people have proper information about behaviour changes, biosecurity, and hygienic practices needed to reduce infection risk, and that they are helped to apply them - at individual, family and community levels;
- **Responding to livelihood shocks and increases in vulnerability** resulting from the avian epizootic and the impact of efforts to contain it - through prompt and adequate compensation, humanitarian assistance to the vulnerable and support to livelihood recovery (this assistance will make the effort to contain avian influenza more effective).

10 The second track is pursued through improving preparations for containing and responding to a Human Pandemic. Interventions include

- **communication** of accurate information to the general public,
- **mobilization** of required behavioural changes at the community and household level
- the **engagement** of all relevant professional and scientific stakeholders so that they are prepared to intervene, with a view to



- **Containment:** as the pandemic alert moves into phase 4, outbreaks are contained as a result of the rapid detection and care of human cases and prevention of human-to-human transmission of the pathogen;
- **Response:** as the pandemic alert moves to the phase 5 and into the pandemic phase (6), efforts are made to ensure that there is minimal disruption to people's access to basic needs and vital services, that societies continue to function, and that the impact of the pandemic on human health, society, economic systems, governance and the rule of law are – as far as is possible in the circumstances - mitigated.

3 Approach to Programme Implementation

3.1 Interventions Needed

11 In order to assist with the design of programmes and identification of national and international interests that need to be engaged in their implementation, the UN system approach classifies the interventions needed for tracks 1 and 2 within six key categories:

1. **Animal Health** – the preservation of the health of domestic and wild birds and the prevention of the spread of H5N1 into other animal species;
2. **Human Health** – the preservation of health and well being of individuals and communities living in areas affected by both avian influenza and the pandemic
3. **Continuity of Governance and the Rule of Law** – the preservation of political systems, rule of law and security at community, national, regional and global levels;
4. **Reducing Vulnerability and Meeting Humanitarian Needs** – the preservation of social and cultural norms, including the protection of human rights, and the maintenance of essential services for vulnerable populations;
5. **Preserving Economic and Social Systems** – the preservation of animal productions, smallholder livelihoods, food security rural development, commerce and trade within and between nations.
6. **Streamlining Communication, Coordination and Control Mechanisms** – the preservation of robust and inclusive mechanisms, among key stakeholders, for communication, coordination and efficient, disciplined and – when necessary - well controlled joint action within a range of different circumstances.

3.2 Principles of Implementation Approach

12 The unique aspects of this threat, combined with lessons learned from the SARS outbreaks of 2003 and the ongoing AIDS pandemic, indicate six principles which deserve careful consideration in efforts to pursue the global strategy and goal.

12.1 **Multi-sectoral action is essential:** Experts agree that the global impact of the avian and human influenza threat will be driven firstly by the direct effects of the highly pathogenic avian influenza virus, and potential human pandemic viruses, on both animal and human health and farmer livelihoods. But a second, and potentially more important, driver is the set of indirect effects of the influenza pandemic virus on the individual and collective behaviour of governments, farmers, societies, economies, markets, media, and the general public. For this reason a multi-sectoral approach is



required, involving a broad range of quite different interests working together in pursuit of a common strategy.

12.2 **Actions are implemented at many levels:** Highly pathogenic avian influenza is a local issue with global relevance. Building readiness and capacity at the country level is critical and must be supplemented by regional and global actions to minimize vulnerabilities in under-resourced and/or high risk areas and to make best use of available global resources.

12.3 **A multiplicity of actors should be involved.** SARS and AIDS experience revealed that no set of national, regional or global institutions has sufficient capacity or reach to minimize the potential health, economic, governance, and societal impacts of the avian and human influenza threat. Well focused and coordinated engagement of public institutions, private sector actors, commissions (regional and functional) and community based organizations is necessary to meet global intervention requirements.

12.4 **Interventions must be sustainable:** Experts warn that pandemic influenza will happen, but it is impossible to foresee when or where it will start. Comprehensive prevention and preparation – extensive in both space and time - is needed. The global strategy and intervention approach must therefore be capable of meeting urgent priorities while at the same time being sustainable in many locations over an extended period. It should contribute to building all round long-term capacity to detect and control communicable disease threats to both animal and human health.

12.5 **The implementation approach should be flexible:** The epizootic in animals is extremely unpredictable, and there is much uncertainty around the nature and characteristics of the next human influenza pandemic virus. The global response needs to be flexible and capable of continuous and swift evidence-based adaptation as new information about the virus and the effectiveness of interventions becomes available.

12.6 **Continuity of vital operations matters during a pandemic:** All actors that are likely to be involved in tackling animal influenza and preparing to contain and then respond to the next human pandemic need to emphasise protection of the health and safety of their own, and the maintenance of critical organizational infrastructure in case it is threatened by movement restrictions, shortage of staff or lack of essential services (including transportation, information technology, or financial systems).

3.3 *National implementation of key interventions for animal and human influenza*

13 **Affected countries:** Countries presently experiencing and responding to outbreaks of the avian influenza epizootic are severely challenged. Most have recognised the need to bring together programmes – and management systems – in both the animal and human health sectors, at local, provincial and national level. Provincial officials, in particular, are asked to take on a range of new and (for them) unusual tasks, with a proactive focus on surveillance, tracking and reporting of animal and human disease, and efforts to change long-practiced behaviour regarding animal husbandry, food safety, domestic hygiene and personal cleanliness. Governments are establishing high level inter-ministerial working groups charged with supervising the implementation of integrated plans to tackle avian influenza at source, and to get ready for containing and responding to the effects of the next influenza pandemic. They are



mobilizing human and financial resources internally, gearing up the work of animal and human health institutions, and seeking external technical assistance for help with the design, appraisal and implementation of national efforts. Many are establishing functioning links between government, NGO, private entities, media and financiers so as to engage the full range of groups with an interest in influenza issues.

14 **At-risk countries:** The bringing together of expertise, capacities and personnel in animal and human health sectors has not been easy even in countries presently affected by the avian influenza epizootic. It is more challenging, still, in countries that have yet to encounter a pathogenic avian influenza virus. They must get ready for surveillance, detection and stamping out of outbreaks among poultry and initiate urgent focused campaigns to increasing public awareness about the dangers posed to humans by diseased birds. Integrated national programme plans and interministerial task forces are needed in these at-risk countries too.

15 **Need for External Assistance:** The pressure for action is coming from political leaders that increasingly accept the universal risk of avian influenza faced by all countries, and the need to work together to prepare for a pandemic. They seek the involvement of different government departments, in support of health and agriculture. They seek urgent action. Hence the call for external assistance, to speed up cash flow; the pressure to identify priority interventions, the need to estimate financing gaps and the attention being given to a mechanism for moving financial and human resources to the settings where they are needed.

16 **Mechanisms for Joint Programme Development and Monitoring:** The optimal approach to programme planning is joint action by national authorities and external partners – whether it be for advocacy and resource mobilization, communicating risks, or the tracking of progress and reporting outcomes. In practice, especially when local and national authorities are overwhelmed by the challenges they face or offers of help, or both, responsibility for programme development, linking it to national priorities and monitoring achievements, is shared both by external agencies and national authorities. For example, the UN system – through the office of the Resident Coordinator and officers within the UN country team – is often asked by both sides to work on their behalf and help secure the best possible outcome from the combination of national resources and external assistance.

3.4 *Channels through which countries receive financial and technical assistance*

17 **The different channels:** Specific national interventions are required to mitigate the in-country impact of the avian and human pandemic threats. The reduction of national, regional and global threats depends on national interventions being successfully implemented. Success depends on a range of inputs including services, goods, skilled human resources and direct finance. Some of these inputs will be provided by national governments using their internal resources. Some will be provided by national authorities using support from outside the government. Others will be supported by a range of different internal and external actors. Whatever the channels through which inputs are made available, they will need to be significant and sustained, and will require substantial medium term financial commitments before and when the pandemic threat materializes. In summary, the additional finance is most likely to be made available through the following four channels

17.1 **National governments** who will dedicate a portion of government resources to build national capacity

17.2 **Direct bi-lateral assistance** provided by nations with the capability to provide financial and technical support, often through aid agencies and national technical bodies



17.3 **Multilateral assistance** including financial support for integrated country programmes, provided as grants or loans from multilateral funds, programmes or development banks, sometimes with embedded technical assistance provided by the UN or bilateral agencies;

17.4 **The proposed World Bank trust fund mechanism** to facilitate pooling funds to address the avian and human influenza threat into a central mechanism²

In addition, flexible and accessible funding will be needed during the pandemic response phase to cover urgent response needs and to ensure the prompt implementation of interventions that mitigate the humanitarian impacts of avian influenza.

18 **Other sources of financial support:** Further finance is being made available in country through resource mobilization within communities as well as through voluntary agencies, the business sector and philanthropic bodies: similar kinds of non-official assistance will also be transferred between countries especially through international non-governmental organisations and multi-national business entities.

19 **The short term financing gap at country level:** The broad estimates for the short term financing gap (1 to 3 years) have been estimated by the World Bank – in collaboration with FAO, OIE and WHO – and are expressed in table 1 of the paper, prepared for the January Beijing Conference, titled “Avian and Human Influenza Multi-donor Financing Framework”. The estimates include a request for a range between \$673 and \$948 million to bridge the financing gap for all developing countries at all risk levels in all regions.

3.5 *A Framework for coordinating international support*

20 **The need for coordination:** Interactions between external advisers and national authorities are most valuable if the planning of assistance is linked to a single assessment of the animal and human health situation, the risks being faced by different populations and the institutional capacities within the country (and region) to address these risks. Indeed, participants in the November 2005 Geneva meeting concluded that in each country, an integrated national assessment and programme was key to coordinated national support for tackling both avian and human influenza, and to coordinating external support. In country, a national interdepartmental task force, charged with supervising the implementation of this programme, is essential for effective direction, as well as apportioning responsibility and permitting proper accountability. The task force should also seek partnerships with NGOs and civil society, catalyzing a broad movement of actors ready to respond together – under government direction - to the influenza threat at local and global levels.

21 **Coordination at country level:** Many actors will be involved in the fight against avian and pandemic influenza. Their well focused and coordinated involvement, within a range of sectors, encouraging work at different levels, in a sustained and dynamic way, is just what is needed. Collective discipline and respect for coordination mechanisms set up by national authorities, is key. In practice national authorities expect to see the external community practice some self discipline themselves. There is increasing focus on means through which external actors can coordinate the assistance they provide at country level, under the leadership of national authorities. The UN system offers technical leadership (through the country offices

² For a detailed description of recommended donor pledges and channelling options please see the document prepared for the Beijing meeting “Avian and Human Influenza: Multidonor Financing Framework”.



of WHO and FAO), and coordinated support for development and humanitarian actions during different pandemic phases (through the offices of the UN Resident Coordinator).

22 **Coordination of Inter-country Initiatives:** Several initiatives have been taken to improve coordination on influenza issues among national policymakers, at both regional and global levels. They have generally been taken within political bodies in which Heads of State and Ministers are working on a number of issues. For example, there is a strong regional impetus to inter-country Political Coordination, particularly in South East Asia, through existing regional inter-country groupings (ASEAN, APEC etc). The Multilateral Development Banks and other UN system agencies (particularly WHO and FAO, with OiE) have been drawn in to help ensure consistency between initiatives. Their assistance is sought with the setting of priorities, establishment of early warning systems, resolution of policy issues, risk communication strategies, regional technical support networks, approaches to containment and response, the establishment and operation of regional stockpiles of essential materials, and setting up rapid support teams to be moved to locations in need. The International Avian and Pandemic Influenza partnership is one such initiative: some countries have sought closer links between the different political initiatives on influenza.

23 **Interagency “working level” coordination:** Different UN system agencies, funds and programmes, private entities, non-governmental bodies and donor agencies appreciate the need for effective coordination yet may be frustrated by the time and energy that has to be invested in working-level coordination. The centre of any working level coordination should be at the country level: the focus should be on the best ways for supporting sustained in-country implementation of priority interventions.

24 **Readiness to take on new tasks.** As both animal influenza epizootics and pandemic alert phases evolve over time, and the pandemic alert level rises, new needs will emerge. Government departments and international agencies will struggle to maintain the continuity of their priority programmes and take on any new work that is required in changing circumstances. They may well need additional technical support – at local and national levels – to take tough decisions on the allocation and use of scarce resources.

4 Potential Contributions of the UN system and resource requirements for implementation

25 UN agencies are actively involved in the design and implementation of interventions that will (a) tackle the animal influenza epizootic effectively, to reduce its socio-economic impact, and so diminish the likelihood of a future human influenza pandemic, and (b) both contain the pandemic when it comes, and mitigate its human and economic consequences. Agency actions correspond to the two current tracks of strategic action: they are detailed below:

4.1 Agency Activity in Track 1: Reducing the socio-economic impact of avian influenza and preventing a human pandemic by containing and responding to the animal epizootic

26 FAO – in association with OIE - is leading support to countries for the strengthening of veterinary services in preventing and controlling HPAI disease at the source through surveillance, detection and early response to outbreaks. Two of the major methods used for prevention and control are vaccination of populations at risk and stamping out in outbreaks. At



the same time, FAO, again in concert with OIE, is leading efforts for improved bio-security in backyard farms, large producer units, food processing plants and markets while supporting inter-country coordination and improvements in the accessibility and quality of laboratory services. FAO – in conjunction with UNDP and other UN systems agencies – is advising on compensation schemes for farmers, as without adequate protection of their livelihoods, farmers are more likely to hide infected birds. This is an issue on which the development banks are also working closely with national authorities.

27 The World Organization for Animal Health (OIE) is a longstanding intergovernmental body (established in 1924) with a global mandate for safeguarding animal health and ensuring adequacy of national veterinary services. It has observer status within the UN system influenza coordination process. OIE participated in the priority setting meeting of November 7th to 9th, 2005, works closely with the FAO, and leads the development of performance standards for veterinary services, outbreak reporting, monitoring and confirmation. It also ensures functioning links between the UN system and veterinary professionals. Working closely with OIE, both FAO and UNEP are partnering to monitor wild bird movements and to track and quantify the different means through which viruses (explicitly H5N1) are introduced to new locations.

28 These activities enable FAO and OIE to develop risk communication messages for animal health issues and establish regional trans-boundary animal disease networks. UNICEF with its well established, extensive media and other networks would be able to assist the FAO and OIE to raise awareness among the public and/or target groups, thus to enhance the impact of the technical interventions.

4.2. Agency Activity in Track 2: Preparing to Contain and Respond to a Human Pandemic

29 WHO, through its country programmes and regional offices, and with the support of international networks, is leading support to countries on human disease surveillance, epidemiological investigation, case treatment and care, and infection control; pandemic monitoring and readiness, including rapid containment through stocks of anti-viral medicines, other supplies and personal protective equipment, and development of systems for their rapid deployment. WHO is working with national authorities and international bodies for improved detection and monitoring human cases of infection with avian influenza viruses, and for the prompt investigation of clusters that may represent human to human spread. Additionally it leads on the establishment of critical requirements that must be in place if governments are to be ready to contain any emerging pandemic.

30 WHO is also leading the implementation of standard operating procedures for the continued functioning of health services in a pandemic. Working closely with FAO and OIE, WHO leads on the production of a standard and frequently updated set of media messages designed to keep the public and professionals supplied with up-to-date and authoritative information both on the risks they face and actions that they should take. Communication covers information dissemination, advocacy, social mobilization, behavioural change for individuals and measures to strengthen the effectiveness of actions to sustain animal and human health. UNICEF has a key supporting role in communicating such technical messages using their established channels as appropriate to ensure the best possible coverage of the various target groups.



31 UNDP resources have enabled UN country teams to stimulate cross-sector national and development partner engagement (for example, through a joint Government-UN programme as in Vietnam, Cambodia and Lao PDR). Resident Coordinators in several countries have led joint UN system operations. These take various forms. In Vietnam the UN agencies' plans and requirements were agreed with Government, and the UN country team agreed to the establishment of a single mechanism through which funds could reach agencies (at country level). Some donors made contributions to the fund from their country allocations (and some of these have been earmarked for specific activities). Parallel contributions - outside the fund, but supporting the single programme approach - came from other bilateral donors and development banks. Jointly-established country level programme support mechanisms could be designed to dovetail with any multi-donor funding instruments that are established to help countries meet their resource gaps.

32 At country level UNDP usually provides operational support for contingency planning by the whole of the UN system, working closely with staff of other UN system agencies. UNDP is also drawing on its pre-existing capacities to help countries prepare for major crises as a result of the emergence of a pandemic. Working closely with the World Bank and FAO, UNDP plans to promote sound economic analysis and good governance of the agricultural and health sectors, and supporting risk analysis and risk-related communications and action beyond these sectors. UNDP supports national partners to strengthen border management programmes in some countries and with additional support from mechanisms such as the World Bank Trust Fund could expand them to cover avian influenza issues and additional countries.

33 In order to increase both awareness and sensitization of all actors involved in the poultry and public health sectors, the specialised technical agencies have embarked on intensive programmes to develop key messages and systems for the coordination of communication. UNICEF is using messages developed by the technical agencies to intensify action for the massive social mobilization of communities, households and school children with a view to catalysing desired behavioural changes for pandemic prevention and control. This work is taken forward in close consultation and collaboration with WHO and FAO, with NGOs, private entities and media groups. As a result, the full range of UNICEF communications and social mobilization messaging, together with the organization's expertise in taking forward community based actions, are being made available for use in all countries and throughout the UN system. UNICEF and WHO will also support countries in defining the role of vaccines in pandemic prevention and control and in establishing mechanisms for their delivery to populations in need. UNICEF's experience in procuring medical supplies for developing countries can also be used, as needed, for obtaining and distributing required medical supplies as indicated.

34 OCHA, WFP and other humanitarian organizations (including NGOs and the Red Cross and Red Crescent movement) are working within the context of the Interagency Standing Committee (IASC) to examine the potential impact of a pandemic for existing programmes, ensuring that necessary contingency planning takes place and attending to the potential health and safety needs of key staff. To this end, they draw on the pandemic alert classification developed by WHO, and early warning systems implemented by FAO and WHO. They make use of recommendations for contingency planning and guidelines for action during different phases of pandemic alert developed by these agencies.

35 WFP offers key logistical support to the humanitarian actions of UN systems' agencies, their international partners and national authorities: when the pandemic strikes WFP's humanitarian logistic capabilities will be of critical importance.



36 WFP will continue to support the development of humanitarian scenarios related to outbreaks of avian and human influenza and to identify possible programme response options that could be applied by the UN system in order to minimize the humanitarian impact of both avian and human influenza. In the IASC context, WFP is also bringing to bear its strong capacity in early-warning and information management to strengthen the system wide initiatives in these areas. This is resulting in focused enhancement of WFP's operational capacities now, before the pandemic emerges.

37 During the 2003 SARS outbreak, aviation was one of the first industries to be affected. An outbreak of human influenza (or fear of an outbreak) would have an adverse and severe, effect on the aviation industry as a result in a reduction in demand for air travel. The International Civil Aviation Organization (ICAO) is coordinating a team that includes the WHO, International Air Transport Association (IATA) and Airports Council International (ACI) to develop a preparedness plan for aviation. By timely action the industry may be able to reduce the spread of disease.

38 The entire UN system is also becoming involved in this work as it is increasingly designed to minimize the health, social, economic and governance consequences of a pandemic, both within and between countries. It is anticipated that UNHCR will take particular responsibility for anticipating the influenza needs of refugees and displaced people.

4.3 Internal UN system coordination

39 **Country-level:** Within individual countries, UN system Resident Coordinators work to bring together members of UN country teams, peacekeeping missions, development banks and donors to support the efforts of national governments. Hence the heart of UN system influenza coordination is at the country level, led by resident coordinators, who usually identify one person in their support office (or in the wider country team) to serve as focal point. Technical UN agencies – provided they have sufficient capacity in country– are in the fore, being asked by national authorities to help with efforts to tackle avian influenza and to prepare to respond to human influenza. The World Bank plays a key role in assessing, and devising coordinated support for, efforts to build stronger institutional capacity for human or animal health. Other examples of specific contributions include WFP (with its humanitarian response and logistic support capacity) and UNICEF (with skills and experience for scaling up message dissemination and social mobilization).

40 **Regional level:** Given the strength of regional development banks, economic organizations and specialized technical agencies, there is substantial scope for a strong emphasis on working-level coordination at regional level. The coordination of response preparedness is taken forward jointly with OCHA who are committed to establishing a set of common assumptions and goals to help different agencies plan their contributions to any humanitarian response that may be needed. Working through its Bangkok hub in South Asia, UNDP has, since 2005, supported UN system country teams as they back integrated national influenza programmes. This work has been undertaken in close cooperation with regional offices of the UN system specialised agencies – FAO (in Bangkok) and WHO (in Manila and New Delhi), and with the operational agencies (UNICEF, WFP). It operates within the limitations posed by the dispersed location of individual agency capacities. However, UNDP and UNOCHA propose to explore options for building on this successful approach by encouraging the bringing together of UN agencies' support capacities – if appropriate, in



regional hubs - in at least 5 different regions. UNDP and UNOCHA could provide core coordination and logistic support to this end.

41 **Headquarter level:** The United Nations Secretary General appointed a UN System Influenza Coordinator (UNSIIC) with the objective of securing working level alignment and harmonization between programmes of UN systems agencies, development banks, private sector initiatives, the work of voluntary agencies and the engagement of the donor community. Mechanisms for regular and effective coordination are now being set up within the context of the work of UNSIIC. Specific functions of the office include:

- Providing a strategic framework for a collective response within and beyond the UN system
- Supporting effective UN coordination at global, regional and country levels with particular emphasis on Resident Coordinators
- Tracking progress of UN system and partner efforts to support national, regional and global influenza strategies,
- Stimulating action to enhance UN system and partner efforts, to fill gaps, promote synergies and avoid duplication, as the situation evolves, and propose appropriate changes in the deployment of global and regional resources;
- Encourage consistent, accurate and regular communications through both pre-existing and (where needed) novel networks.
- Establish a consistent contingency planning approach across all UN agencies that dovetails with (and supports, as necessary) the relevant country bodies that are involved in national responses to influenza threats.
- Create contingency plan for staff safety, in response to the pandemic.

42 **A UN influenza coordination system:** UNSIIC is establishing a closely integrated system that brings together Resident Coordinators (supporting their work and assisting in mobilising funds to ensure minimum capacity for in country overall UN coordination). Reporting lines have been established that draw together in-country UN resident coordinators, regional UN influenza coordinators and the headquarters unit in New York. A Steering Committee, chaired by the UN Deputy Secretary General with representatives from key agencies, sets policy and provides guidance for UN System Coordination (UNSIIC) within the context of the wider UN system effort.

43 **Coordinating with partners:** UNSIIC is building close linkages with other stakeholders including development banks, donor agencies, private entities, professional bodies, non-governmental organizations, the Red Cross movement and other humanitarian bodies. Links have also been established with the different political initiatives launched by governments to secure high level international commitment to joint action at the political level. All links focus on support to national and regional efforts through prioritized, strategic actions that are subject to careful tracking and review by all concerned.

44. **UN system Contingency planning:** Contingency planning and pandemic preparations are underway both within UN system agencies and in partner commercial and private organizations with which the UN system works at country, regional and global level. Agencies are establishing where and how to deploy their expertise and capacity while – at the same time – working out how best to protect essential staff and assets, and maintain vital programmes, in the event of a pandemic. Harmonizing the preparedness of different agencies is a challenging task. Agencies have had to mobilize additional resources for staff protection, drawing on existing operating budgets. Coordination of contingency planning, with the use of checklist



and planning templates, has been taken on by UNSIC, at the request of the Steering Committee, since October 2005: updated guidance is now being prepared.

4.4. *UN System Financing Requirements*

45 **Rationale and resources:** Table 1 details the central role of UN system technical agencies FAO and WHO, and the areas in which other UN system agencies and the UN system influenza coordination office can provide essential inputs that add value at global, regional and country levels. The figures in the table are predictions for the resources required for coordinated UN system influenza action (excluding resources required by FAO and WHO, and other agency-specific proposals). A proportion of the activities for which UN systems agencies seek financial support are identified within the Country-level financial needs estimates developed by the World Bank (see the draft paper “Avian and Human Influenza: Financing Needs and Gaps”). This proportion has yet to be estimated. The majority of the proposed expenditure will be categorised as regional and global funding needs (see definitions in the World Bank paper).

46 **The amounts required:** Many UN systems agencies actively involved in work to address the threats of avian and pandemic influenza. Most have reallocated existing budgets to release funds for these priorities. However, for essential actions to be undertaken, significant funding gaps remain to be filled. WHO seeks \$158 million over the two-year period 2006-08. FAO and OiE seek at least \$72 million over three years. The additional amount sought by the rest of the UN system at this time is of the order of \$34 million over two years.

47 **Common funding “pots”:** In order to maximise effective support, UNSIC will seek to mobilise funding for UN system agencies, and for partner networks, when they are not in a position to meet costs of essential operations themselves. At country level UN system funds could function as a “common pot” for agencies, managed through the office of the Resident Coordinator (as has been done already in Vietnam). This is similar to the process developed for support to UN system agencies in complex humanitarian emergencies.

48 **Funding for Coordination:** The UNSIC system requires resources to enable it to catalyse, support and track both progress with, and impact of, external assistance to individual countries. This applies particularly to assistance provided through UN resident coordinators and country teams, regional bodies, and UN system partners – specifically commercial entities, voluntary agencies and initiatives taken by the scientific community.

49 **Further funding proposals from UN agencies:** As analyses of their potential to add value is advanced through experiences at country, regional and global level, individual UN systems agencies are developing further agency-specific proposals for which they seek funding through their own donor networks (for example, UNICEF has already secured substantial donor resources for a programme to implement behaviour change strategies to prevent the emergence of a pandemic virus).

50 **Tackling humanitarian consequences:** These include the direct effects of the avian influenza epidemic, and the potential pandemic, on individual survival, functional capacities and livelihoods. They also include indirect pandemic effects on the functioning of basic services and utilities, and potential adverse consequences of containment and response measures. Humanitarian organizations – within and outside the UN system – will need to prepare their responses too. As the pandemic evolves they will need dependable surge capacity



covering managerial, logistics, transport, and communications needs. Preparation will involve constant interactions between key individuals and entities - within governments, the UN system and partner organizations. It will involve simulations and exercises, and the building of capacity to provide major support to individual governments, and even communities, through combined UN-civilian-military efforts. When the pandemic alert level reaches phase 4 and beyond, humanitarian agencies will need to mobilize additional funds rapidly to cover the cost of new operations: they will seek to draw on the humanitarian Central Emergency Response Fund (CERF)

51 **Accounting for expenditure:** The use of additional influenza funds by UN systems agencies - at country, regional and global levels - will be closely tracked, internally assessed every 6 months and monitored each year through joint internal and external reviews. Reports will relate results achieved to resources invested.

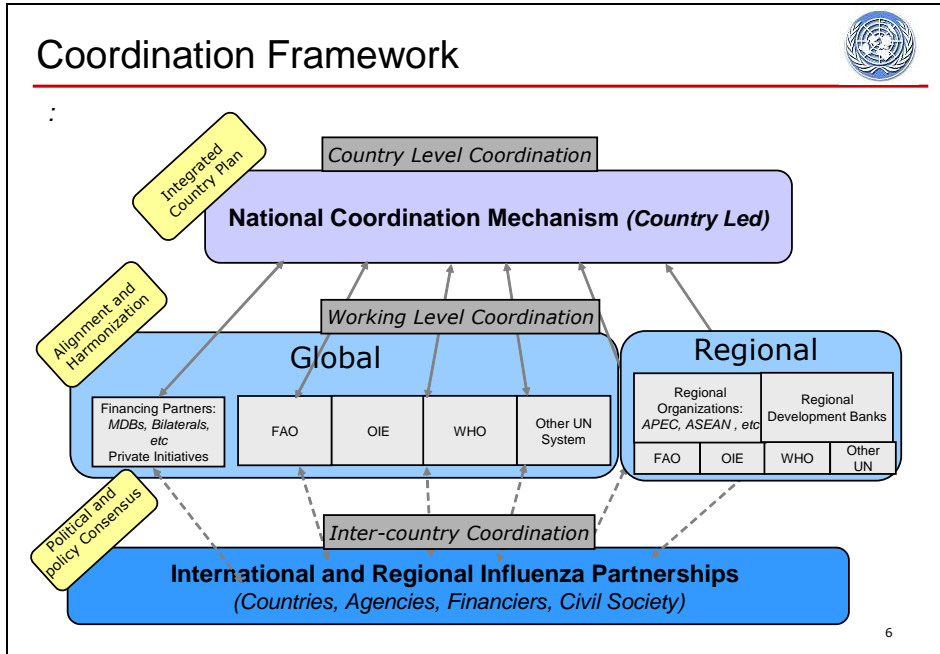


Table 1: Summary description of the role of UN systems agencies and funds required (excludes FAO/WHO)

Category	Activity	What will be undertaken, by whom?	\$m, 06-08
1. Standards and strategies	Assisting with preparation of prevention and preparedness policies, sectoral and multi-sectoral strategies, capacity building in targeted sectors – e.g. animal health, human health, governance and border management, humanitarian response	UN system technical agencies (WHO, FAO) and OIE	
		Technical assistance to national government personnel and others responsible for populations at risk (e.g. UNHCR, humanitarian agencies) with economic and social risk assessments, crisis preparedness planning, approaches to continuity of governance and coordination (UN system humanitarian agencies and partners - IASC, OCHA) and UN system development agencies concerned with crisis preparedness and response (UNDP):	5.5
2. Reliable early Warning Systems	UN system-wide monitoring and early warning	UN system technical agencies (WHO, FAO)	
3. Scientific Research and Technology Development (Including Vaccines):		UN system technical agencies (WHO, FAO)	
4. Coordination (including joint activities across regions)	Support to coordination at country level, interagency coordination, liaison with private sector and NGOs, monitoring progress	UN system technical agencies (WHO, FAO) and OIE	
		Additional coordination support to resident coordinators' offices and national governments as needed, (6m ³) (UNDP, UNDG)	4.0
		Regional "coordination support" hubs serving countries on an "as needed" basis (4.5) (UNDG, UNDP and UNOCHA all in conjunction with UN system technical agencies)	3.0
		Support to NGO and private sector coordination (UNSiC)	1.2
		Tracking the coordination of UN system action and donor support at country, regional and global levels (including tracking of UN role and impact with a specially developed indicator-based monitoring system) - in conjunction with Governments, the World Bank, UN systems agencies and other partners (UNSiC)	1.6
5. Programme appraisal and monitoring of achievements	Standards and procedures for appraising national programmes for responding to avian influenza and preparing for the pandemic threat; systems for monitoring achievements	UN system technical agencies (WHO and FAO)	
6. Communication of information (including development and dissemination of materials):	UN system-wide coordination of info for risk communication and social mobilization	UN system technical agencies (spearheaded by work of WHO's pandemic communication unit, in conjunction with FAO, OIE, UNICEF, World Bank, and many communication experts from affected and at risk countries, to develop strategy and materials for pandemic communications, social mobilization and behavioural change)	
		Support to integrated communication (a) of risks, (b) for social mobilization, and (c) to change behaviour as pandemic stage changes (UNICEF)	9.0
7. Readiness for containment (1) : capacity for investigation and response (2) Stockpiles of essential medicines, protective equipment and other consumables:		Lead from UN system technical agencies	0
8. Preparing an effective national and international humanitarian responses to pandemic consequences	Global coordination with key actors through testing and rehearsals; appraisal of preparedness plans	Lead from UN system technical agencies	
		Humanitarian organizations ready to respond to humanitarian consequences of pandemic – including the direct effects of the pandemic, as well as consequences of containment and response measures (focus on logistics and transport, communications, surge capacity and redeployments) (FAO and WHO lead, humanitarian agencies via IASC, support by UNOCHA, full engagement of WFP): <i>Nucleus of emergency humanitarian response fund</i>	7.0
X. UN system specific	Contingency planning and staff safety standards for UN: Risk analysis, Vulnerability assessment and direction of appropriate responses	Cross UN contingency planning with involvement of UN system – UNSiC, UN Medical Services, Department of Security Services (UNDSS) and UN Human Resource Networks	2.4
Total (3 years)		UNDP and UNOCHA 12.5m; WFP and UNOCHA 7m; UNICEF 9m; UNSiC with UN Medical Services and DSS 5.2m	33.7



Annex 1: Overall Coordination Framework

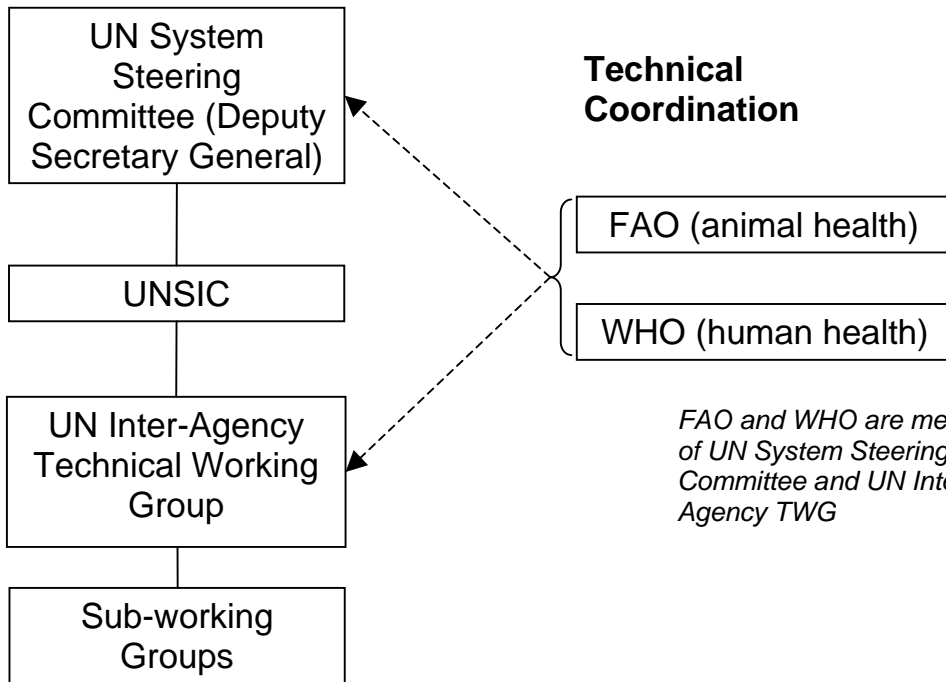




Annex 2: Outline of UN Coordination Mechanisms

Internal UN Coordination on Avian and Human Influenza: Global

Overall Internal UN Coordination



FAO and WHO are members of UN System Steering Committee and UN Inter-Agency TWG

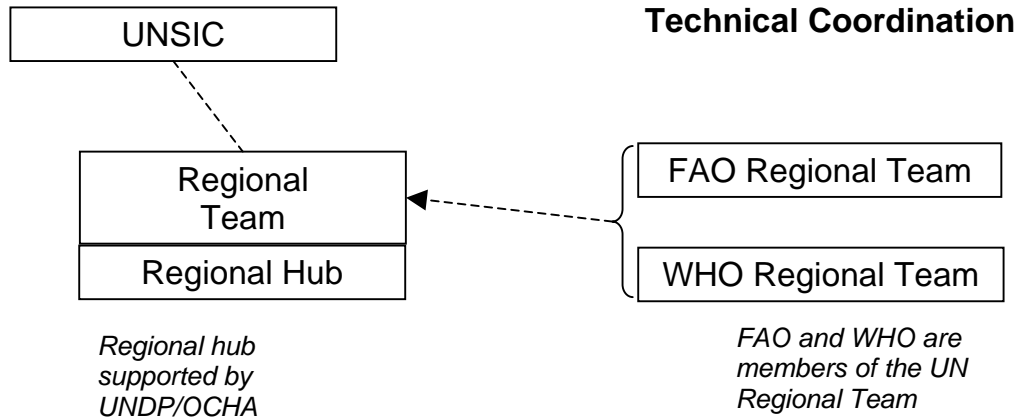
- *Members of the Steering Committee include: chair - UNDSG, DM, DPKO, DSS, FAO, ICAO, Medical Services, OCHA, UNDG, UNDP, UNHCR, UNICEF, UNWTO, WFP, WHO, World Bank, OIE (observer status)*
- *Members of the TWG include: chair – UNSIC, DSS, FAO, UNDG, UNDP, UNICEF, WFP, WHO.*



Internal UN Coordination on Avian and Human Influenza: Regional

Overall Internal UN Coordination

*Coordination by UNSIC
through the Regional
Hub Teams*





Internal UN Coordination on Avian and Human Influenza: Country

Overall Internal UN Coordination

UNCT coordinated by the RC/HC with support from UNSIC with UNDG/OCHA

