



UNITED NATIONS SYSTEM  
WORKSHOP ON  
AVIAN AND HUMAN INFLUENZA  
For Asia and the Pacific

9-10 November 2006  
Bangkok, Thailand

## **Executive Summary**

The UN System workshop on Avian and Human Influenza welcomed participants from 19 countries of Asia-Pacific and regional and HQ-based UN system agencies. Participants' main expectations revolved around issues related to UN pandemic planning and preparedness, support to national governments in pandemic readiness, operationalization of national strategic plans on AHI, and overall experience sharing. Lessons emanating from workshop discussions are as follows:

In terms of animal health, there is a need to enhance participatory disease surveillance and response while increasing community involvement, and to strengthen early warning systems. Existing mechanisms and infrastructures should be built on to advance AI work, while at the same time building capacity of animal and human health sectors. There is a strong need to support governments in devising compensation schemes for those who suffer losses as a result of their poultry being culled. An inter-organizational technical working group composed of the World Bank, FAO, OIE, and IFPRI is currently working on a paper, which provides guidelines on socio-economic aspects of AI, while FAO (leading an inter-agency initiative) is in the process to launch an e-network connecting colleagues interested to learn about sustainable livelihoods and alternative income-generating activities.

With regards to human health, there is a need to maintain adequate and sustained investment in surveillance and rapid response system, linking between animal and human health as well as local, regional and national levels. This system needs to account for risks posed to humans by asymptomatic birds and solve difficult communications issues. Any early containment and rapid response system will need an ethical and multi-sectoral approach, engaging all stakeholders, including the military, while taking into account vulnerable and disadvantaged groups. These systems need to be tested in order to establish responsibility and accountability before the pandemic strikes.

The objective of social mobilization activities is to encourage people to change their behavior and prepare for a pandemic, and ultimately contribute to the global good of public health. It is crucial to engage NGOs in social mobilization, as they are close to communities. Similarly, there is great potential for synergy between private sector partners and NGOs on communications for AI, and this collaboration should be strengthened. Building on other successful field programmes, especially those with strong communications elements helps reduce costs and increase impact. Sensitivity to country context is key to successful social mobilization and communication campaigns. It was commonly agreed that it is time to initiate a global campaign to stimulate positive action by all involved.

In terms of continuity of services, International Health Regulations provide an overarching context for trans-boundary and national action. The civil-military interface will be crucial in a pandemic, as military assets will be extremely useful. This calls for the need to establish centralized guidance on best approaches to civil-military planning. Intra-pandemic communications also need further elaboration, in order to have guidance on how to deal with fear, how to protect families and communities, and how to reduce the need for coerced action in face of emotional responses. It is crucial to test and conduct simulation exercises at local, national and regional levels.

UN contingency planning has been making good progress, and 133 out of 140 countries have a UNCT plan. While these will be going through a second round of revision, it is important to start planning simulation exercises to test the plans and their strength. Much can be learned from simulation exercises that have already taken place, for example in South Korea and Australia. It is important to establish links between national strategy plans on AHI and UN system contingency plans. Support to national governments and operational continuity planning are among the list of priorities for 2007 and will need some more work. There are still many open questions on staff safety and security, which need to be resolved.

Overall, and as is evident from an analysis of evaluations received, the workshop met the objectives of sharing experience and lessons learned; providing updates on progress made in UN system AHI work at country, regional and global levels; identifying ways for agencies to work in ever-increasing synergy in the region; developing solutions for shared operational challenges faced by UNCTs and partners; and strengthening the UN system AHI network throughout the region. There was a desire to spend more time for discussion of unaffected countries and those less prepared, and to find ways of increasing governments' commitment to avian and human influenza programmes in those settings. Also, not enough time was allotted to coordinated regional planning or sharing of

training expertise in the region. Participants' assessment of the workshop will feed into the design of the next regional UNCT gathering.

### **Workshop Discussions and Outcomes in Detail**

1. This regional workshop was the fourth in the series, and the second that UNSIC organized. The purpose was for UN country teams of Southeast, East and South Asia and the Pacific to review this year's progress, while identifying obstacles and gaps, exchanging experience, and establishing priorities for avian and human influenza activities of next year. Participants came from 19 UN country teams, representing Bangladesh, Bhutan, Cambodia, China, India, Indonesia, Korea DPR, Lao PDR, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Pacific Islands, Philippines, Sri Lanka, Thailand and Vietnam. Representatives of regional offices, including FAO, ILO, IOM, OiE, UNDP, UNESCAP, UNOHCHR, UNICEF, UNHCR, UNOCHA, WHO, WFP, and the World Bank also attended the workshop. (List of participants, Annex 1)

2. The workshop was launched with opening remarks of Ms Joana Merlin-Scholtes, UN Resident Coordinator in Thailand, followed by a narrative on workshop process and objectives by David Nabarro, UN System Influenza Coordinator, who also facilitated the workshop over the two days, terminating every session with summary of points made, issues raised and questions to be discussed. (Welcoming speech, Annex 2)

3. Before starting the presentations, participants were asked to share their expectations of this workshop. These included: discussions around pandemic preparedness, sustainability of momentum, support to national government in preparing countries for a pandemic, expanding national planning into the implementation phase, sharing experience and learning from other more 'advanced' countries, enhancing multi-sectoral approach to pandemic preparedness, UN safety and security issues, and coordination among agencies.

4. Workshop sessions were arranged around the elements of national programmes for responding to highly pathogenic avian influenza and preparing for the next influenza pandemic. The first day covered strategic issues as they relate to UN support to governments for AHI programs, and second day focused on contingency planning for continuity of UN programmes. Sessions on the first day included panel discussions on control of highly pathogenic avian influenza, sustainable livelihoods, response to human cases of HPAI and preparedness for pandemic containment, social mobilization for risk reducing behaviors, and continuity of services and humanitarian response in a pandemic. Day two dealt with progress, challenges and updates on UN staff pandemic preparedness and planning, and partnership for longer-term support to integrated national avian and human influenza programmes. At the end of day one, countries exchanged their views and challenges with key regional donors invited to participate in a one-hour session at the workshop. (Workshop agenda, Annex 3)

#### **5. Panel 1 on Control of Highly Pathogenic Avian Influenza**

FAO Senior Technical Advisor, John Weaver, presented Indonesia's experience with participatory disease surveillance and response (PDS/PDR). With a view to addressing the serious weaknesses of Indonesian government's veterinary services, the PDS/PDR has been engaging communities in disease surveillance and response in sectors 3 and 4. While such participatory technique demands significant efforts in terms of training and supervision at the start, this strategy is proposed to address challenges of decentralization and sustainability in a difficult environment. Success can however be limited by high cost, and the essential need for political commitment and timing, mainly when it has to address a deeply entrenched situation. (To see this presentation, [click here](#))

## 6. **Panel 2 on Sustainable Livelihoods**

FAO Chief Technical Advisor, Wantanee Kalpravidh, presented the finding of an electronic consultation on compensation and HPAI. The challenge here has been the need for prompt compensation of those whose poultry has been culled and who have lost property due to control measures. The objectives of the e-consultation were to gain a better understanding of compensation issues of countries affected by HPAI and those at risk, and to identify gaps on the management of compensation mechanisms in developing countries. In a nutshell, compensation schemes should enhance cooperation in disease reporting and control by encouraging people to present animals and birds for culling instead of selling them when they are sick; and by reimbursing losses of private citizens, who have complied with disease control processes for a public good. The results of these discussions have fed into the joint WB/FAO/OIE/IFPRI report on compensation, to be disseminated at the December 6 – 9 Bamako conference. Dr. Wantanee also briefly introduced the UN Knowledge Network on Socio-economics of Avian Influenza, which has been an inter-agency initiative, led by FAO, with the objective to address the socio-economic risks posed to families and household affected by AI. The network aims to achieve a better shared understanding of risks and issues by policy and programme decision makers; to identify practical possible solutions; and to strengthen efficiency and effectiveness of agency coordination/harmonization in addressing different countries' issues and solutions. (To see this presentation, [click here](#))

## 7. **Highlights of Plenary Discussion on Panels 1 and 2**

- PDS/PDR is not just an awareness raising agenda, but a tool to empower communities to act and be responsible for their own safety. Hence, its success depends on a strong linkage between people and those responsible for animal health.
- PDS/PDR as a gold standard approach and the question of its sustainability: could it be expanded to other animal disease areas in order to make it more cost-effective.? It was explained that the PDS system is expensive and can be used to start engaging community level groups to take the work forward.
- PDS/PDR needs a strong central policy and financing system: rapidity and consistency is desirable but difficult to achieve when negotiation is required.
- In Vietnam, surveillance is rather easy due to the involvement of NGOs and mass organizations, but response to infection has been challenging and even more complex have been the compensation schemes. The case of Vietnam emphasizes the synergy between the training and the work of animal health workers and the restocking schemes for farmers.
- In Myanmar, vets and paravets recruited from district authorities were paid allowance.
- In Cambodia, there are few district veterinarians and employees from the MOA in villages. (13,000 villages, 8,000 village animal health workers). Hence, an intense interactive training of village animal health volunteers is under way. Next step is to assess the impact of their work and identify ways to link them with the official system.
- In Thailand, MOA and MOPH have been working through animal and human health volunteers who collaborate at local level. While this requested a substantial investment, it acknowledges the need for surveillance capacity, in order to find and respond to disease. Thus, the two ministries worked intensively to support such investment in a synergistic way, also in other countries. Thailand also recognizes the importance of popular participation, and hence social mobilization.
- OiE approach consists of 4 components: national and regional control, diagnostic capacity building, social mobilization, and training of paraprofessionals. While OiE works at the level of national government, importance is to be given to local level, where everything takes place. Hence, again, the importance of social mobilization.
- PDS/PDR might be replicated in other countries? FAO will lead an assessment and experience-sharing initiative to look at the situation in various countries, including political context, existing systems and resources on which PDS/PDR successes are very much dependable.
- Migrants are a vulnerable group. Reporting mechanisms and social mobilization programs need to

take them into account.

- The question of compensation shows how difficult it is to set prices close to market value and when infections have already occurred, hence the importance to set prices early, before the onset of outbreak.
- Compensation has two dimensions: contingency funds for emergency (sunk funds), and decentralization. These make commitment of funds difficult, as many provinces do not have the means nor complex schemes, and hence high administrative costs.
- Compensation mechanisms need to focus on trust, consistency and simplicity.

## 8. **Panel 3 on Response to Human Cases of HPAI and Preparedness for Pandemic**

### **Containment**

WHO Thailand National Professional Officer, Dr Somchai Peerapakorn presented Thailand's experience in strengthening the national early warning system. In Thailand, the challenge was to have a surveillance and response system that would be reliable enough to enable key actions in a timely manner. Hence, there was a need for a system with key components as well as exercises that test the system's responsiveness. Thailand has created multi-level surveillance and rapid response teams (SRRTs), with health volunteers at local level and headed by governors of each province. Every time there is a suspect case, investigators are sent in to examine contacts and conduct lab work to confirm the cases. A website has been set up to collect data. The key to the Thai success is that such systems were in place before AI emerged, hence, the system was refreshed to respond to AI threats. Critical elements of the system are timeliness and the link between human and animal surveillance. The downside of the system is that since it is sensitive, it picks up many false alarms (out of 6000 suspected cases, 30 were positive). (To see this presentation, [click here](#))

9. WHO Nepal Avian Influenza Coordinator for UN System, Dr Margarita Ronderos presented Nepal experience with establishing rapid response teams. In Nepal, influenza is not under regular surveillance yet, but AI/IP operational plan proposes introducing influenza surveillance and several strategies are being set-up to monitor ILI/ARI. Present involvement of regions in response to outbreaks has been limited. This is an underutilized strategic resource and needs to be put into action. However, in a country with a high occurrence of ARI and severe pneumonia cases and deaths, it is challenging to specify which event could be the signal to AI. And to undertake AI surveillance, all regions will require more resource than planned. As local resources, Nepal already has PHC volunteers, but they are overload with many duties. (To see this presentation, [click here](#))

## 10. **Highlights of Plenary Discussion on Panel 3**

- The UN China team explained the need for three types of surveillance systems: 1) an early warning system for unvaccinated susceptible birds; 2) a system for vaccinated animals – partially affected flocks – which still pose a threat but may not die in large numbers; and 3) a system for waterfowl, that is animals that are biologically less susceptible to HPAI. Each case demands different messages to people in contact with these groups of animals.
- An integrated, scaled up response system needs to be brought into play following the early detection of a potential pandemic. It is not clear whether any governments in the region have national containment plans ready to be rolled out once the first hint of a pandemic is discovered. In country, there should be a fully-fledged, early containment and rapid response capacity with the support of different sectors in national government and military participation.
- This will need leadership from WHO and support from other parts of the UN system at country level (hence the work on a Concept of Operations for HQ and country level-CONOPS- when we move to phase 5/6).
- Adequate and sustained investment in a sensitive system with rapid response and confirmation is essential. Similarly, there is a need for systems that link animal and human health at local, regional

and national levels.

- The question of ethics needs to be addressed: how to conduct effective containment without contributing to the suffering of disadvantaged people?
- Exercises to test our systems will help identify who should be responsible for what, before the pandemic hits, and adapt the Concept of operations.

#### 11. **Panel 4 on Social Mobilization for Risk Reducing Behaviors**

UNICEF Media Relations Officer Suzanna Dayne highlighted the experience in Indonesia, where the H5N1 virus has been detected in 30 of 33 provinces. The country leads the world in the number of AI deaths 55 so far and the rainy season raises the fears for more cases. The communication strategy for Indonesia covers five areas: social mobilization, media relations and advocacy, a national advertising campaign, public events and corporate and celebrity support. A survey was first conducted through a random sampling of rural and urban adults owning backyard poultry. 1000 interviews allowed to assess the level of knowledge of bird flu among the population. The campaign “Dubbed Tanggap flu burung”, or “take action against bird flu” then started and got widespread coverage in the media, where it was seen as a proactive step leading to support by the government. The campaign revolves around 4 main messages that have been agreed upon by FAO, WHO KOMNAS FBPI, the departments of agriculture and health. The campaign is aired on TV and has so far been seen by more than 120 million people and has also been included in popular women’s tabloids. Furthermore, billboards have been placed in high-risk areas. In addition, six journalists training seminars and a roundtable on Avian Influenza have been conducted to ensure that journalists have the tools they need to report accurately and inform the public about ways to protect themselves. A subsequent survey on the impact of the campaign demonstrated excellent results. The campaign is even supported by religious leaders and more than 10.000 people participated in an event with a popular singer informing the crowd about how to lower their risk of getting bird flu and reinforcing the 4 messages. (To see this presentation, [click here](#))

12. UNICEF Communication Chief, Kirsty McIvor shared the experience of Bangladesh where no cases of AI have thus far been reported. The country faces a number of challenges, among them poor surveillance, no testing facility for human cases, and AHI not being perceived as a priority threat among government bodies. To address these obstacles, the following strategy and activities have been planned: using EPI as an opportunity for interpersonal communication strategy on AHI, mass media campaigns on migratory birds and hygiene, national training of journalists, outbreak communication strategy, media training for national spokespeople and outbreak spokespeople. The main components of the campaign are behaviour change communication, and social mobilization strategy and a number of materials have already been developed and disseminated. (To see this presentation, [click here](#))

#### 13. **Highlights of Plenary Discussion on Panel 4**

- The UN Pakistan team explained how difficult it is to present AI activities as a priority when there are no cases in the country. The solution to palliate this problem is to use existing systems and/or depend on external funding.
- The UN China team shared that government is not really ready to work with UNICEF until (a) UNICEF, WHO and FAO present a united front, and (b) experience from neighboring countries is shared with China - and adapted to local circumstances. Hence the importance of synergy.
- The UN Bangladesh team shared how early warning in countries with no reported infection challenges commercial livestock industry. This highlighted the need for more pro-activity with government and private sector in non-affected countries. This also explains how NGOs can be useful on social mobilization as some of the related activities can be costly and challenging and how good public service messages can support social mobilization.
- The value of good public messages to support social mobilization was highlighted as well as the virtuous cycle of how good communications can provide good press results for governments.

- The potential synergy between private groups (including poultry farmers) and NGOs on communications for avian influenza (not easy) and pandemic planning was also discussed.
- The need for sensitivity to context – the right message to the right people at the right time and the need to find a point of reference with government according to the evolving situation was.
- Other successful field programmes, especially when they have strong communications elements can be used to build on.
- The discussion concluded with the importance of sustained communication activities and therefore the importance for maintained donor funding and the timeliness for starting a global campaign to stimulate more positive actions.

#### 14. **Panel 5 on Continuity of Services and Humanitarian Response in a Pandemic**

WHO Cambodia Ms Maggs Mac Guinness presented Cambodia's experience in integrating pandemic planning into national disaster management structures, highlighting the importance of coordination of 'whole of government' for pandemic preparedness, beyond the technical ministries. In Cambodia, the National Committee for Disaster Management includes 15 Ministries. The challenge is the committee's nervousness in dealing with crisis elements of public health challenges. Additionally, there is lack of human resources, counterparts, structures and procedures. The response has been to mainstream pandemic planning into community-based disaster risk management with Red Cross. An operational plan with drills and exercises exists. (To see this presentation, [click here](#))

#### 15. **Highlights of Plenary Discussion on Panel 5**

- How International Health Regulations can provide an overarching context for trans-boundary as well as national action.
- The issue of sustainability can be addressed by mainstreaming pandemic preparedness into existing programs such PRSP, UNDAF, etc.
- The inclusion of non-traditional partners, such the army and police in the preparedness work is necessary. Military assets will be helpful and must be included in coordinated planning, preparedness and response structures. It is also important to work on the civil-military interface, while there is a need for centralized guidance on best approaches to civil-military planning.
- The need to work now on intra-pandemic communications to help deal with the fear, protect families and communities, and to reduce need for coerced behavior in face of emotional responses. The importance of dealing with worst-case scenarios now. The more prepared we are, the less fear in the event of a pandemic and less emotions will govern the pandemic.
- Regional and inter-regional issues need to be addressed now as well, to see whether regional structures are sufficient and what neighboring countries are planning. There's a Mekong health surveillance system through which governments have been given the opportunity to run table top exercises, but these only address health issues.
- APEC has been leading pandemic preparedness in the region, including a project on functioning economies, which talks about trade, essential services, security, etc. Guidelines are currently being prepared. Although APEC does not have binding power, these guidelines may be an entry point for the UN in the region. Simulation exercises have already taken place in Singapore, Korea and Australia.

#### 16. **Panel on Coordinated Institutional and Financial Support**

World Bank's Mr. Mselatti presented Vietnam's experience with multi-donor financing facility. The international investment programme led by the World Bank – in collaboration with UN agencies – is to support preparation, prevention, and response. In Vietnam, there has been a quick response to the proposed use of this facility to finance the national plan with daily task force meetings and strong government leadership and transparency. The government has showed a strong and sustained commitment leading to progressive control. Such results however involved significant cost. Government has been

spending more than 100 million of its own money, with donors contributing 46m. Coordination on financing and institutional aspects has been vital. (To see this presentation, [click here](#))

17. UNDP Mr, David Payne working on donor coordination for the AHI programme explained how Vietnamese delegation established a task force to prepare their operational programme (green book 2006-2010, budgeted at 225m): the programme was assessed, approved through government, UN and donor meeting. Partnership on AHI was developed with 15 signatories, and 60 million have been committed for its implementation, with Government financing half. There are two main sources of funds: the joint Government-UN programme (30m for the 2 phases of the programmes) and World Bank-led operation (40m), in addition to some direct financing and international NGO funding. There have been some coordination challenges, while trying to engage NGOs, mass organizations and private sector. The government-UN joint programme consists of FAO, WHO, UNICEF, UNDP as follows: FAO with Min of Agriculture, WHO with Min of Health, UNICEF on communications (esp. with Red Cross, women's union, AED, CARE...) and UNDP as an administrative agent and a support for coordination

18. **Key Donors involved with AHI Programs** in the region were invited at the end of day 1, for a one-hour session with participants. Most countries' representatives had the chance to give a 3-minute overview of progress and challenges. The following reception enabled additional interaction among donors and UNCTs. Donors made three main recommendations at the end of the session:

- I. Ensure that the AI issue remains in the media.
- II. There is a need for a UN website on AI, which may already exist, and if it does, it should be presented to a broad audience.
- III. There are many lessons learned from response this far, which not only benefit AI but other issues related to disaster. Make sure that these experiences are distilled and shared.

19. **Panel 6 on UN Staff Pandemic Preparedness and Planning**

In this session, the Inter-agency Pandemic Influenza Contingency Support Team was introduced, which will be focusing on non-medical aspects of pandemic readiness in countries. Their aim will be to support UN country teams to better enable them to work with national authorities on crisis aspects of pandemic preparedness. It is further tasked to work on indicators of pandemic readiness, planning methods and simulations.

20. There were two presentations in this panel, including UNSIC Project Officer on Contingency Planning, Daniela Wuerz, who discussed the review process of contingency plans and presented the toolbox, followed by UNICEF HQ AHI focal point, Megan Giligan, who provided an overview on use of simulations in pandemic preparedness and planning. (To see the presentation on the toolbox, [click here](#) – to see the presentation on simulation, [click here](#).)

21. The discussions initially revolved around staff health and safety issues and contained many questions and unresolved issues, including:

- The need for harmonization on Tamiflu coverage for UN staff among agencies
- Additional SOP for Tamiflu stockpile and distribution
- Training for staff on Tamiflu use, purpose and side-effects
- Similar questions for Personal Protective Equipment
- Identification of critical staff and opportunities for staff relocation
- Issues of the provision of medical care when health services are strained and or they are inexistent or of low quality
- The question of precedence of security versus service.

22. Discussions continued on operational continuity planning:

- Cambodia UNCT shared their live document on operational continuity planning, which needs to be communicated to staff. The team has been struggling with the question of how to cope with the slow onset scenario, as well as pooling of staff and supplies. Further, they anticipate overload of IT services, and need to think more about communication and VSat capability.
- Malaysia UNCT discussed the issue of a small UN presence in country and other questions that arise from that, including critical functions, IT, communications, supplies (e.g. stock of food), vehicle servicing, etc.
- Myanmar UNCT voiced their concern about the shortage of medical services, uncertainty as to how the military will act and how they will influence the design of the contingency plan.
- Bangladesh UNCT shared their creation of a Technical Working Group, which has been developing UNCT plan with a focus on communications, importance of IT services, and procurement. They are also concerned about the fact that each agency has its own plan with a separate continuity analysis.
- China UNCT shared their concern with maintaining access to cash.
- Thailand UNCT shared that they have developed their own triggers for response, based on regional patterns.
- WFP questioned the possibility of delivering services, should it be policy to stay at home during the pandemic. In their view, there is a gradation: in extreme case, stay at home to survive; in the less severe scenario maintain essential field services! WFP is further investing in failsafe IT services and reminded that government would need to provide clearance, especially if satellites are being used.
- Panel presenters made following suggestions:
  - (a) Importance of plan and simulation
  - (b) IT issues – phone will go first and internet second – SMS possible
  - (c) Pooling of functions
  - (d) Relocation of functions
  - (e) Critical ‘vendors’ and their preparedness
  - (f) Human Resources guidelines on [www.influenza.undg.org](http://www.influenza.undg.org)
  - (g) Simplification of business processes
  - (h) Movement of funds
  - (i) IT independence needs cash: draw on interagency mechanisms for emergency response, link with WFP, OCHA, and UNICEF

23. The final set of discussions revolved around how our own UN contingency preparedness and plans need to be linked to the services we will need to provide in support to the government pandemic preparedness and response:

- Supporting governments in their own preparedness and identification of priority areas for government support, including the importance of advocacy.
- Supporting governments’ ability to implement International Health Regulations.
- Supporting public communications, with a view to helping maintain security and rule of law.
- Identifying vulnerable groups and populations and advocating on their behalf - human rights and ethical perspective.
- Possible need for medical and humanitarian assistance in extremis.
- Cambodia UNCT shared the need to work with civil military in advance, creating a national hub for information management (UN plus government), and an operations centre. They also stressed the key role of the RC in interacting with high levels of government on a daily basis.
- Vietnam UNCT shared their experience of having a multi-UN team with a multi-sectoral focus working beyond Ministry of Health. This had to be met at a high level to bring MOH forward, but there is still a challenge to get other parts of government engaged in pandemic planning.

This discussion therefore allowed closing the link between the UN contingency plan and the UN services in support to government in preparedness of a pandemic.

24. **Panel 7 on Partnerships for Support to Integrated National AHI Programmes**

UNSC Senior Policy Advisor, Marianne Muller presented the UN action plan and its usefulness as a tool for coordination, alignment and resource mobilization. (To see this presentation, [click here](#).)

25. **A concluding session** addressed questions to be resolved and priorities to tackle during 2007, based on country experience and needs. (See Annex 4 for details per country/agency). These included:

- Most UNCTs have a contingency plan. Next step is to test these plans in simulation exercises and to ensure that internal communication strategies are established.
- Help governments with operationalization of inclusive national strategic plans, ensuring that migrant and vulnerable groups are taken into account.
- Ensure that UN and national contingency plans are linked and comply with international standards.
- Need clarification on the role of the RC and other senior officials during a pandemic.
- Need a mechanism to facilitate sharing of experience, country updates, and lessons learned among UNCTs as well as other stakeholders.
- Use AHI to improve national animal and human health capacity.
- Need to develop a framework for compensation policies – also in non-affected countries in advance of infection discovery.
- Need to increase investment in animal health surveillance and training of rapid response teams.
- Need more pro-active UN role in engaging NGOs in AHI activities and implementation of national strategic plans.
- WHO-UNICEF to encourage building on polio and EPI surveillance systems to advance AI programs.
- Need for advancing regional collaboration on AHI and regional business continuity plans.

For David Nabarro's PPT, [click here](#).

## **Conclusion**

Based on participants' evaluation of the workshop, the agenda components were balanced and responded to their expectations. The workshop was assessed as very useful, especially as it provided a venue for countries with years of experience on AHI to share their lessons with unaffected countries. Based on updates received, much progress has been made in enforcing support to government plans and programs as well as in terms of UN system contingency planning. This workshop also highlighted how each agency with its own mandate and expertise can complement others and feed into the broader UN system strategy on AHI.

Additional work is however needed to get the UN system as well as countries we serve ready for a pandemic. While in 2005 and early 2006, focus was given to the elaboration of national plans, we have moved in 2006 into the next phase of their operationalization. This has led us to understand that in addition to high-level political commitment and support from the top, the implementation of the plan also needs full buy-in and involvement of the communities. This is valid when we talk about surveillance and early warning systems, control of the avian virus, decrease of the risk for humans as well as increased preparedness for a pandemic. This workshop highlighted these findings and discussed ways to engage other partners to reach these communities faster and effectively. The bottom-up approach complements the top-down one so that we can ensure full coverage and effectiveness of the plans, sustainability and cost efficiency of programmes.

On the development of UN contingency plans, we have this year broadened our approach and moved from ensuring the security and safety of staff to guarantee that key UN services will be maintained and that we have capacity to provide additional support to government and populations in need. More work still needs to be done on these topics, and our UN contingency plans will also have to be tested in 2007.

We further discussed the need to keep momentum but also to ensure more sustainability in our programmes. Next year more attention will be given to the development of policies around compensation and sustainable livelihood, development and strengthening of surveillance and rapid response teams, and further elaboration of multi-sectoral pandemic preparedness plans. All these activities will need to be closely coordinated within the UN system, with

governments and across relevant organizations, NGOs, private sector partners, and donors.

Finally, additional focus needs to be given to non-affected countries to ensure the momentum is used as an opportunity to motivate governments to improve or strengthen their plans, UN staff contingency plans might be a good entry point to start additional discussion with government. 2007 is a year full of promises for more work and additional development of our AHI programmes.

	<b>Country/ Regional/ International Office</b>	<b>First and Last Name</b>	<b>Title</b>	<b>Agency</b>
1	Bangladesh	Iyolumun J Uhaa	Chief, Health & Nutrition	UNICEF
2		Kirsty McIVOR	Chief, Communication	UNICEF
3	Bhutan	Abdul Haq Waheed	Project Officer, Health & Nutrition	UNICEF
4	Cambodia	Douglas Gardner	UN Resident Coordinator	RCO
5		Peter Linner	Special Assistant to the UN Resident Coordinator	RCO
6		Bob Howell	UN Security Advisor	UNDSS
7		Andrew Pompey	Deputy Security Advisor	UNDSS
8		Andrew Thomson	UN physician	UN Dispensary
9		Sopheap Sao	Assistant FAO Representative (Programme) in Cambodia	FAO
10		Friederike Mayen	Chief Technical Advisor	FAO
11		Megge Miller	Epidemiologist	WHO
12		Maggs Mac Guinness	Technical Officer – Pandemic Planning	WHO
13	China	Julie Hall	WHO and UNAI Coordinator	WHO
14		Harold Randall	Chief, Planning, Monitoring and Evaluation Section	UNICEF
15		Guo Fusheng	Technical Advisor in Avian Influenza	FAO
16	India	Mona Choudhuri	Field Security Coordination India	UNDSS
17		James Patterson	Project Officer, Child Survival	UNICEF
18	Indonesia	Jonathan Gilman	RCO AI Focal Point	UNRC
19		John Weaver	Chief Technical Advisor for Avian Influenza (Veterinarian)	FAO
20		David Hipgrave	Senior Project Officer, Health and Nutrition	UNICEF
21		Gracyana Rompas	UN Pandemic Planning Officer	UNDP
22		Suzanna Dayne	Media Relations	UNICEF
23	Korea, DPR	Timo Pakkala	UN Resident Coordinator	UNDP
24	Lao PDR	Annu Lehtinen	UN AHI Coordination Specialist	RCO/UNDP
25		Irene Dabare	Deputy Resident Representative/Operations	UNDP
26		Louise Pelletier	Epidemiologist	WHO
27	Malaysia	Daratul Baida Osman Khairuddin	Assistant Resident Representative (Operations)	UNDP
28		MOHD AMIN, Ibrahim	Field Safety Assistant	UNHCR
29	Maldives	Aishath Jennifer	Assistant to the Resident Coordinator	RCO
30		Rita Missal	Recovery Officer and Avian Flu Focal Point	UNDP
31		Laila Ali	National Professional Officer	WHO
32	Mongolia	Luo Dapeng	Medical Officer	WHO
33	Myanmar	Kanokporn Coninix	Avian and Human Influenza Coordinator	WHO
34	Nepal	Bui Thi Lan	FAO Representative in Nepal	FAO
35		Margarita Ronderos	Avian Influenza Coordinator for UN System	WHO
36	Pakistan	Faria Salman Asif	UN Coordination Associate	RCO
37		Ayman Abulaban	Senior Project Officer, MCHC	UNICEF
38	Pacific	Adriana Carvalho- Friedheim	Humanitarian Affairs Officer	UN OCHA
39	Philippines	Maria Nerissa Dominguez	Programme Officer	WHO

<b>Country/ Regional/ International Office</b>	<b>First and Last Name</b>	<b>Title</b>	<b>Agency</b>	
40		Marisa Ricardo	Health Officer	UNICEF
41	Sri Lanka	Hendrikus Raaijmakers	Technical Officer, Emergency Health	WHO
42		Aberra Bekele	Head, Early Childhood Section	UNICEF
43	Sri Lanka/ Maldives	Pote Chumsri	FAO Representative in Srilanka and Maldives	FAO
44	Thailand	Joana Merlin-Scholtes	UN Resident Coordinator/Resident Representative	RCO
45		Sirisupa Kulthanan	Assistant Resident Representative	UNDP
46		Barbara Orlandini	Manager	RCO
47		Patnarin Sutthirak	Coordination Analyst	RCO
48		Somchai Peerapakorn	National Professional Officer (Programme)	WHO
49		Chadin Tephaval	Media-Communication Officer	WHO
50		Predrag Bajcevic	UK TB Detection Programme Country Manager	IOM
51		Ryratana Rangsitpol	Natioanal Programme	UNIFEM
52		Andrew Morris	Programme Coordinator	UNICEF
53	Vietnam	Richard Brown	Epidemiologist	WHO
54		Jeffrey Gilbert	Senior Technical Advisor	FAO
55		David Payne	Donor Coordination Specialist for Avain Influenza	UNDP
56	FAO ROAP	Wantanee Kalpravidh	Chief Technical Advisor for Avian Influenza (Veterinarian)	FAO
57		Michael Pizzari	Regional Information Officer for Avain Influenza	FAO
58		Denis Hoffman	Veterinarian	FAO
59	FAO HQ	Dominique Burgeon	Liaison and Operations Officer	FAO
60	ILO SRO	Jiyuan Wang	Deputy Director, ILO Subregional Office for East Asia	ILO
61	IOM	Nenette Motus	Migrant Health Regional Programme Manager	IOM
62	OIE SEAFMD	Shiro Yoshimura	Senior Deputy Regional Representative	OIE
63	UNDP RCB	Nescha Teckle	CPR Team Leader	UNDP
64	UNESCAP	Carlos Frias	Deputy Security Advisor/Field Security Coordination Officer	UNDSS
65		Surachai Vichankaiyakij	Medical Officer	UN Medical Service
66	UN OHCHR	Alfonso Cesar Avelar	Human Rights Officer; Regional Officer for South-East Asia	OHCHR
67	UNICEF EAPRO	Tung Khac Tran	AI/PI Programme Communication Coordinator	UNICEF
68		Susan Mackay	Programme Communication Officer	UNICEF
69		Mary Henderson	Avain and Human Influenza Focal Point	UNICEF
70		Moreena Hassim	Operations Officer, Common Services Unit	UNICEF
71	UNICEF ROSA	Julie Thoulouzan	Regional Avian and Human Pandemic Influenza Coordinator	UNICEF
72	UNICEF HQ	Megan Gilgan	Avain and Human Influenza Focal Point	UNICEF
73	UNHCR	Bernard Quah	Assistant Reg. Rep. (Operations)	UNHCR
74	UNOCHA ROAP	Rajan Gengaje	Regional Disaster Response Adviser	UN OCHA
75		Ingo Neu	Senior Planning Officer	UN OCHA

<b>Country/ Regional/ International Office</b>	<b>First and Last Name</b>	<b>Title</b>	<b>Agency</b>	
76		Jannicke Storm	Humanitarian Affairs Officer	UN OCHA
77		Amanda Pitt	Regional Public Information and Advocacy Officer	UN OCHA
78		Sebastian Rhodes Stampa	Civil Military Coordination Officer	UN OCHA
79	UN OCHA HQ	Wendy Cue	Humanitarian Affairs Officer	UN OCHA
80	WHO SEARO	Maureen Birmingham	Team Leader	WHO
81	WHO WPRO	An Ni	Technical Officer	WHO
82	WFP RBA	Anthony Craig	Senior Regional Emergency Preparedness & Response Adviser	WFP
83	UNSIC NY	David Nabarro	Senior UN System Influenza Coordinator	UNSIC
84		Marianne Muller	Senior Policy Adviser	UNSIC
85		Elham Seyedsayamdost	Country Coordination Specialist	UNSIC
86		Daniela Wuerz	Project Office for Contingency Planning	UNSIC
87	UNSIC	Anne Ancia	Regional AHI Coordinator	UNSIC
88	Asia-Pacific	Koji Nabae	Regional AHI Officer	UNSIC
89	UNSIC -Haiti	Joel Boutroue	Director, Pandemic Influenza Contingency Support Team	UNSIC
90	World Bank	Kwanchai Niyomthamkit	Human Development Program Specialist	WB Thailand
91		Nipa Siribuddhamas	Acting Manager for Resource, Management and Administration	WB Thailand
92		Laurent Msellati	Manager, Country Portfolio and Operations	WB Vietnam
93		Stephen Karl Jones	Regional Security Advisor	WB Indonesia

## **Annex 2: Welcome Speech. by Ms Joana Merlin-Scholtes, UN Resident Coordinator in Thailand**

Dear Colleagues,

- I am very pleased to be here today to open the 4th United Nations workshop on Avian and Human influenza here in Bangkok. First of all a warm welcome to you all! I understand there are participants from 18 countries of the Asia-Pacific region and from 17 organizations working within the United Nations system including colleagues from the World Bank, OIE and IOM. A warm welcome also to the support team members coming all the way from New York, Geneva and Rome, who joined us today. And a special 'welcome back' to the untiring David Nabarro, who since his nomination as UN system Senior Coordinator for Avian and Human Influenza has been so effective in spearheading the establishment of a coordinated UN response to the Avian and Human Influenza.
- The broad participation of all of you at the meeting, together with the opportunity to discuss tonight with key donors involved on Avian and Human Influenza's programs, indicates that our work on prevention, control, mitigation, and response to the present avian influenza threat is becoming increasingly comprehensive.
- I will now briefly recall the way we organized ourselves in the sub-region in the last months. One and a half year ago, in June 2005, we met for the first time here in Bangkok to discuss the threat posed by H5N1 to this area. It was a small group of Resident Coordinators from Cambodia, Laos, Malaysia, Myanmar, Viet Nam and Thailand. We were concerned about how we could best support 'our' host governments to meet the challenge of containing avian influenza and prepare for a potential pandemic, as well as, of course, how to ensure the health and safety of our staff. We came up with a list of recommendations and I am proud of saying that most of them have been met.
- On June 15, 2005 we sent a letter to the UN Secretary-General to seek his support on our concerns and we know that Mr Kofi Annan took this matter urgently and as one of his top priorities.
- Since then the UN system at the highest level worked hard to further develop guidance notes for UN contingency plans, both on staff safety and security and for additional dialogue and support to the governments on the development of national plans.
- Only 4 months after our first encounter, (in October 2005) we were here again discussing with the newly appointed UN system senior coordinator for avian and human influenza the strategy for a coordinated UN system response to AHI. And 3 months later in January 2006, at the Beijing pledging conference governments presented drafts of their national plans. In this region we all know how much we were involved in the elaboration or the review of these draft plans at national level and how we are still today working jointly on their refinement and operationalization. Today's presentations and discussions will help us understand better where we stand on this matter.
- During the third UN workshop held in Bangkok in April 2006, we learned more about the various steps needed, for us within the UN family, to better prepare ourselves for a pandemic. We want to make sure that we will be able to keep supporting governments at the time of a pandemic. To this end we need to ensure, first of all, the security and safety of our staff. Since April, we have all worked hard to refine our UN system contingency plans to meet the request of

the new guidelines forwarded to us by the Secretary General. Here in Thailand the exercise has been led by a sub-group of our DMT, which met on a regular basis and received inputs from the entire country team. It has been an intense process, but we certainly learned a lot from it. We know that most of you have worked similarly in your respective country teams. I understand that tomorrow morning participants will be offered the last set of guidance that will allow the updating of our respective plans and thus hopefully enjoy, by early next year, a fair level of readiness.

- I believe our efforts are already showing results. In Thailand for example, the level of response given to animal and human cases of the H5N1 infection has improved tremendously. This is proved by the significant reduction of H5N1 animal outbreaks and human cases in the country. Other neighboring countries are also showing similar, encouraging results.
- We know however that there is no space for complacency; the virus is circulating in the region and we all worry about the countries that are still struggling to see an end to the present level of infection. And, we still do not know how, where and when the next pandemic will start.
- A lot has been achieved since our first workshop but there is still much more we need to work on and I feel proud of the way the UN moved as a family, together with other partners, in support to governments, to tackle an issue on which there are still so many unknowns.
- I am very impressed to see how the movement we initiated in June 2005 in this sub-region disseminated to the entire Asia-Pacific region; faster than the H5N1 virus!
- I am happy to see in this region how new people, institutions, and countries joining in this preparedness work. Six countries were meeting on this issue a year and a half ago. Today 18 countries are here jointly review where we stand, where we need to go and how to reach these objectives in an effective manner.
- The various teams will exchange lessons learned by different countries. Solutions for the factors still unknown to us will come faster and will be more effective if we look for them together. I'm hence very pleased to welcome for the first time in this kind of workshop members of the World Bank and to learn more about their support to government's planning and implementation of AHI programs.
- I sense you are about to have two very intense and productive days. I am confident that the recommendations that will be issued from this workshop will add tremendously to the fight against Avian and Pandemic influenza in our countries, in the Asia Pacific region and globally. I wish you all a very constructive workshop.

Thank you.

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### **Annex 3: Workshop Agenda**

#### **UNITED NATIONS SYSTEM WORKSHOP ON AVIAN AND HUMAN INFLUENZA FOR ASIA AND THE PACIFIC**

**Proposed Dates:** November 9-10, 2006

**Venue:** Bangkok, Dusit Thani Hotel, Napalai room.

#### **Purpose:**

UN Country Teams of Southeast, East & South Asia and the Pacific review this year's progress - identifying obstacles and gaps, exchanging experiences; establishing (and sharing) their priorities for AHI work next year.

#### **Expected Outcomes:**

Participants will have:

1. shared experiences and been updated on progress made in the UN system's AHI work at country, regional and global levels;
2. identified ways in which agencies can work in ever-increasing synergy in the region, setting the tone for the overall performance of the UN system;
3. developed solutions for shared operational challenges faced by UN Country Teams and their partners – in relation to both support for national AHI efforts and ensuring the UN system's continuity of operations during a pandemic;
4. strengthened the UN system's AHI network throughout the region.

#### **Expected Participants:**

- United Nations System Influenza Coordination key members from headquarter.
- Regional UN AHI focal points: FAO, OIE, UNDP, UNHCR, UNICEF (EARO and ROSA), UNOCHA, WHO (SEARO and WPRO), WFP.
- Country participants: Resident Coordinators, RCO AHI focal point, FAO, WHO, UNICEF, OCHA, WFP, WB

*Bangladesh, Bhutan, Cambodia, China, DPRK, East Timor, India, Indonesia, Laos, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pacific Island, Pakistan, PNG, Philippines, Sri Lanka, South Korea, Thailand, Viet Nam.*

**Special event:** On the evening of November 9, 2006, we will have a cocktail where we will invite representative of the donors involved in AHI program support. This would provide an opportunity for an exchange of views on needs and priorities in the region.

## DRAFT AGENDA

### **Thursday, 9 November: UN Support to Governments for AHI Programs**

9:00-9:10: Opening Remarks by Ms Joana Merlin-Scholtes, UN Resident Coordinator in Thailand

9:10-9:45: The workshop process by Dr David Nabarro, UN System Senior Coordinator for Avian and Human Influenza

#### ***Panel 1: Control of Highly Pathogenic Avian Influenza***

9:45-10:00: Participatory disease surveillance and response (highlighting the experience of Indonesia, with Dr J. Weaver)

10:00-10:45: Plenary discussion

10:45-11:00 *Coffee break*

#### ***Panel 2: Sustainable Livelihoods***

11:00-11:15: Mitigating the adverse socio-economic impact of avian influenza (highlighting the experience of Viet Nam, with Dr Wantanee)

11:15-12:00: Plenary discussion

12:00-13:30 *Lunch*

#### ***Panel 3: Response to Human Cases of HPAI and Preparedness for Pandemic Containment***

13:30-13:45: Strengthening early warning systems (highlighting the experience of Thailand, with Dr Somchai)

13:45-14:00: Helping authorities to establish rapid response teams (highlighting the experience of Nepal, with Dr Ronderos)

14:00-14:45: Plenary discussion

#### ***Panel 4: Social Mobilization for Risk Reducing Behaviors***

14:45-15:15: Social mobilization and stimulating behavior change (highlighting the experience of Indonesia, with Ms S. Dayne and Bangladesh, with Ms Mc Ivor)

15:15-16:00: Plenary discussion

16:00-16:15 *Coffee break*

#### ***Panel 5: Continuity of Services and Humanitarian Response in a Pandemic***

16:15-16:30: Multi-sectoral preparation for a pandemic (highlighting the experience of Cambodia, with Dr Miller and Ms MacGuinness)

16:30-17:15: Plenary discussion

#### **18:00-19:00: Roundtable with Donors**

***19:00: Cocktail Reception at the waterfall.***

## **Friday, 10 November: UN System Contingency Planning**

### ***Panel 6: Progress, Challenges and Updates on UN Staff Pandemic Preparedness and Planning***

9:00-9:15: Introduction of the day.

9:15-9:45: Review of UN country plans for pandemic preparedness & introduction of the new UN System toolbox. Q&A

9:45-10:15: Overview on the use of simulation in pandemic preparedness and planning. Q&A

*10:15-10:30: Coffee break*

10:30 -12:30: Plenary discussion: Operational continuity planning, support to national preparedness and response, implementation of plans, and use of simulations in AHI contingency planning

*12:30-14:00 Lunch*

### ***Panel 7: Partnerships for longer-term Support to Integrated National Avian and Human Influenza Programmes***

14:00-14:15: The UN Action Plan: a tool for coordination, partnerships and resource mobilization

14:15-14:30: The multi-donor financing facility and global resource mobilization (highlighting the experience of Viet Nam)

14:30-15:30: Plenary discussion

*15:30-15:45 Coffee break*

15:45-17:00: Issues to be addressed during 2007 and beyond - summary and discussion

#### Annex 4: List of priorities for next year 2007

Expand Risk Communication	Bangladesh
Pressure on national govts to act (CF SG letter to presidents re polio)	Bangladesh
UN contingency plan link to	Cambodia
Share PDS/PDR with other countries	Cambodia
Knowledge network with coordinator (like the CPN) to share practice quarterly - update for RCs?	Cambodia; Mongolia Pakistan DPRK
Support for operational drills of pandemic preparedness plans – facilitator needed in country	Cambodia
Communicate Compensation paper well: engage UNICEF	Cambodia
Sustain donor funds	Cambodia
Bring development banks into country teams for UN system pandemic preparedness (DO is responsible for them)	Cambodia
Simulation exercises	Cambodia
Containment preparedness	Cambodia
Info sharing on control measures	China
Coordinated approach to communications	China
National govt preparedness plan China	
Briefing for Role of RC and DO in avian flu – watch for fragmentation of issues in AHI prep and response – for RC trg	DPRK
Increased link between Communication/Soc Mob and PDS/PDR (Indonesia)	Indonesia
Use AHI to improve General Health Communications Capacity in Indonesia	Indonesia
Increased UNICEF engagement in Indonesia Country Contingency Plan	Indonesia
Move further with govt in National pandemic Preparedness	Lao PDR
Operationalize animal, human and other parts of plan: help govt to implement	Lao PDR
Move from central to regional and district	Lao PDR
Look to harmonizing reporting to multiple donors to reduce burden on overloaded Government	Lao PDR
Revise UN and national pandemic contingency plans (UN to increase focus on op continuity, national to increase focus on basic needs); TA to make them operational (Epi assistance needed)	Maldives
Acknowledge and support staff involved in AHI work	Maldives
Bring together UN plan and country contingency plans: ensure that the plans are compliant with international guidelines	Mongolia India (pt 1)
Improve coordination between UN govt donors	Mongolia
Agree internal communications strategies among UN agencies	Mongolia
UN to promote info exchange of experiences between govts and UN country teams of affected and non-affected countries	Nepal

IN each country – thematic ad hoc working groups on avian influenza – with donors UN and government	Nepal
Go beyond avian influenza-specific interventions to systems for general responses to animal and human health with investment in mid to long term	Nepal
Maintain momentum – every six months an update to RCs as to what has happened in region	Pakistan
Encourage authorities to take a more active role	Philippines
Surveillance vital in non-affected countries with clear indicators that permit monitoring	Philippines
Support capacity development as part of pandemic preparedness – links with IHR, emerging infectious diseases; WHO seeks help from other agencies	Philippines
Non-affected countries – look for areas that are especially vulnerable – get prepared with strong surveillance	Philippines
Risk communication strategy with key messages for non-affected countries	Sri Lanka
Compensation policies in advance of infection	Sri Lanka
Operational plan for pandemic prevention	Sri Lanka
Non affected countries to get together More studies of migratory birds (in partnership with wildlife associations)	Sri Lanka
Contingency Plan – revise and operationalize: equality across agencies on procurement stockpiling and use of Tamiflu – use template to identify critical staff with simulation plus response action matrix	Thailand
Share plan with govt NGOs and IFRC	Thailand
Brief staff beyond health and safety on steps being taken by UN	Thailand
Strengthen support for national CP efforts	Thailand
Need for clarification on the role of the RC and other senior officials (including WHO representative in case of pandemic – will the RC become HC – might be confusion – needs to be established	Thailand
Importance of early sharing viral isolates	Vietnam
Better animal and human health links through combined training	Vietnam
Inclusive national strategies – migrant and vulnerable groups too -	IOM
Stress management	IOM
Simulation exercises	IOM
Increase investments in Animal Health surveillance (including asymptomatic) and human health outcomes	IOM; Sri Lanka Bangladesh Cambodia
Communication of govt plans to the village level	IOM
WHO-UNICEF to encourage building on polio and EPI surveillance systems to do AI work	WHO-UNICEF
Implement plans to improve national infrastructures	FAO
Evaluation and sharing of lessons	FAO
Increase NGO involvement	FAO
Money – flexible, long term – vital for social mobilization (global to village)	UNICEF
Put more of a human face on AI – visibility of economic impact	UNICEF
Focus on empowering staff to act courageously and responsibly during the pandemic mega-crisis	UNICEF

Op plan for early containment Table top exercises to test plans Early warning systems and surveillance Rapid responder teams (esp. training) Outbreak and risk communications in countries Prepackaged pandemic messaging “grabbing bags for communications” (get the messages agreed) Commodity stockpile	WHO
Assess core capacity needed to implement IHR (and develop capacity to support Field Epi Training Border health for migrants	WHO
High risk behavior among indigenous populations	
Asymptomatic birds	
Performance indicators that work without ongoing systems	
Pooled funding for contingency planning – clarify nature and set up on UN system side	
Lesson learning – see how they can be applied for other contingencies	
National action plans with M and E systems	
Regional business continuity plans?	
Extra resources especially for countries that do not have a problem yet	
Private Sector	