



The Government
of the S.R. Viet Nam



World Health
Organization



Food and Agriculture
Organization



United Nations
Children's Fund



United Nations
Development Programme

Joint Government - United Nations Programme to Fight Highly Pathogenic Avian Influenza (HPAI)

AVIAN AND HUMAN PANDEMIC INFLUENZA JOINT GOVERNMENT/UNITED NATIONS SYSTEM PROGRAMME

- Country:** SOCIALIST REPUBLIC OF VIET NAM
- Programme Title:** **Phase II: Capacity-Building Support aimed at Strengthening the Management of Public Health Emergencies in Viet Nam - with a focus on the Prevention and Control of Diseases of Epidemic Potential, including Highly Pathogenic Avian Influenza (HPAI).**
- Expected Outcomes:** Reduced risk of a global pandemic of HPAI emanating from Viet Nam and enhanced national and local capacity to manage outbreaks of diseases of epidemic potential caused by human and animal pathogens - through support to implementation of the *Vietnam Integrated National Operational Programme for Avian and Human Influenza, 2006-2010 (OPI)*
- Outputs:**
- Enhanced coordination of Vietnamese and International agencies supporting implementation of the OPI
 - Progressive control of HPAI in domestic poultry and enhanced overall national and local capacity to detect and respond to outbreaks of zoonotic and other diseases in animals
 - Strengthened national and local capacity to prepare for, respond to and recover from public health emergencies caused by infectious diseases such as HPAI
 - Increased public awareness generally and within specific population groups on critical HPAI-related risk factors resulting in effective behavioural changes
- National partners:** The National Steering Committee for Avian Influenza (NSCAI)
Ministry of Agriculture and Rural Development (MARD)
Ministry of Health (MoH)
Ministry of Education and Training (MoET)
Ministry of Culture and Information (MoCI)
- UN partners:** FAO; WHO; UNICEF; and UNDP

Programme title:	“Phase II: Capacity-Building Support aimed at Strengthening the Management of Public Health Emergencies in Viet Nam - with a Focus on the Prevention and Control of Diseases of Epidemic Potential Including Highly Pathogenic Avian Influenza (HPAI)”	Estimated total budget:	USD 23,139,040
Programme duration:	Phase I: 13 th October 2005 – 31 st July 2006 Phase II: 9 January 2007 – 31 st December 2010 (the full period of OPI implementation)	Phase I (total)	USD 6,926,599
Fund management:	Combination of Pass-through (UNDP as Administrative Agent) and Parallel funding	Phase I (Administrative Agent)	USD 4,850,073
		Phase I (Parallel)	USD 2,076,326
		Phase II	USD 16,212,441
		Allocated resources	
		• Commitment from five donors	USD 2,579,386
		• Japan (parallel via UNICEF)	USD 2,360,000
		Total funded Phase II	USD 4,939,386
		Unfunded budget Phase II:	USD 11,273,055

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ACRONYMS AND TERMS

AA	Administrative Agent
ADB	Asian Development Bank
AHI	Avian and Human Pandemic Influenza
AHITF	Multi-Donor Trust Fund for Avian and Human Influenza
APEC	Asia-Pacific Economic Cooperation
ASEAN	Association of Southeast Asian Nations
AusAID	Australian Agency for International Development
BCC	Behaviour Change Communication
CHE	Centre for Health Education
CREATE!	Communication Resources Essentials And Tools for Emergencies
DAH	Department of Animal Health
DfID	United Kingdom Department for International Development
DLP	Department of Livestock Production
DoT	Department of Therapy
DSA	Department of Student Affairs
EC	European Commission
EWARS	Early Warning and Response System
FAO	Food and Agriculture Organization of the United Nations
FETP	Field Epidemiology Training Course
GoV	Government of Vietnam
Green Book	Vietnam Integrated National Operational Programme for Avian and Human Influenza 2006-2010 (OPI)
HCS	Hanoi Core Statement on Aid Effectiveness
HPAI	Highly Pathogenic Avian Influenza
ICD	International Cooperation Department
ICIS	Itinerant Culture and Information Section
IEC	Information Education and Communication
Implementing Agency:	All UN Agencies and Viet Nam Ministries with sector responsibility for the implementation of a part of the JP
Implementing Partner:	MARD, as the lead agency in the NSCAI, is expected to be the Ministry with primary accountability for the JP
JP	Joint Government-UN Programme to fight Highly Pathogenic Avian Influenza
KAP	Knowledge, Attitudes, Practices
MARD	Ministry of Agriculture and Rural Development
M&E	Monitoring and Evaluation
MoET	Ministry of Education and Training
MoF	Ministry of Finance
MoCI	Ministry of Culture and Information
MoH	Ministry of Health
MPI	Ministry of Planning and Investment
NAEC	National Agriculture Extension Centre
NGO	Non-Governmental Organization
NIHE	National Institute of Hygiene and Epidemiology
NPD	National Programme Director (the Minister of MARD, as Chairman of the NSCAI, is expected to be the NPD of the JP Phase 2, as in Phase 1, and as such “embody” the primary accountability to the Government and the UN system for project resources and delivery of outputs)
NSCAI	National Steering Committee for Avian Influenza Control
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ODA	Official Development Assistance
OIE	<i>Office International des Epizooties</i> (World Organization for Animal Health)

OPI	Vietnam Integrated National Operational Programme for Avian and Human Influenza 2006-2010 (a.k.a. the Green Book)
PAHI	Partnership for Avian and Human Influenza Control
PPE	Personal Protective Equipment
ProDoc	Programme Document
PSC	Programme Steering Committee
QAS	Quality Assurance Systems
Red Book	Vietnam Integrated National Plan for Avian Influenza Control and Human Pandemic Influenza Preparedness and Response 2006-2008
RVC	Regional Veterinary Centre
SARS	Severe Acute Respiratory Syndrome
SDC	Swiss Agency for Development and Cooperation
SIDA	Swedish International Development Cooperation Agency
ToR	Terms of Reference
UN	United Nations
UNDP	United Nations Development Program
UNDG	United Nations Development Group
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
UNSIC	United Nations System Influenza Coordinator
VAPM	Vietnam Administration of Preventive Medicine
VNRC	Vietnam Red Cross Society
WB	World Bank
WFP	United Nations World Food Programme
WG	Working Group
WHO	World Health Organization

EXECUTIVE SUMMARY

Overview

This Programme Document (ProDoc) details how the United Nations system agencies in Viet Nam, namely FAO, WHO, UNICEF and UNDP, will work together with MARD, MoH and other ministries to implement Phase II of the Joint Government-UN Programme (JP): “*Strengthening the Management of Public Health Emergencies in Viet Nam - with a focus on the Prevention and Control of Diseases of Epidemic Potential including Highly Pathogenic Avian Influenza (HPAI)*”.

Phase I¹ provided emergency support to control HPAI in poultry and respond to the threat of a human pandemic. Phase II of the JP supports Viet Nam’s transition to a sustained response through implementation of activities within the *Viet Nam Integrated National Operational Program for Avian and Human Influenza, 2006-2010* (the OPI, also known as the “Green Book”). The OPI was prepared by a Government taskforce established under the National Steering Committee for Avian Influenza (NSCAI), with support from UN agencies, the World Bank and other donors. It was adopted by the Government on 31 May 2006² as the framework for mobilization of national resources and international support to fight HPAI. It was also broadly endorsed by the international community at a Government-Donor meeting on 2nd June 2006 as a basis for harmonised support following the principles of the Hanoi Core Statement (HCS).

This ProDoc also forms part of the global UN System response to avian and human influenza led by the United Nations System Influenza Coordinator (UNSIC) for global action by the UN in support of national governments, documented in the *UN System Strategic Approach (January 10th 2006)* and *UN System Action Plan (May 29th 2006)*.

Programme background: HPAI, the Risks of a Human Pandemic and Viet Nam’s response

The highly pathogenic virus (Avian H5N1) was first identified in China in 1996, and since late 2003 it has spread to poultry and other bird and animal species in many countries in Asia, the Middle East, Africa and Europe, and has infected humans in more than 10 countries. Close contact with dead or sick birds has been the principal cause of human infections, and there is currently no evidence of efficient human-to-human transmission. However, concern remains that the virus might develop this ability, creating the risk of a human influenza pandemic.

Viet Nam was among the first countries in Asia to report the virus and remains the worst affected in terms of human infections, with 93 confirmed human cases and 42 deaths. 43 percent of human cases and 57 percent of deaths in Viet Nam have been children and young people under 18 years old. The virus has had a direct measurable impact on Viet Nam’s economy. Around 8 million of Viet Nam’s 11 million households were engaged in poultry production prior to 2003, with poor households particularly reliant on poultry and eggs for both income and food.

The Government has established national coordination mechanisms for the response to HPAI, and has worked closely with UN agencies, the World Bank and other donors. Control measures have been applied to limit the circulation of the virus in poultry including enhanced surveillance, culling, market controls and – since October 2005 - mass poultry vaccination. Human health services have been strengthened and public communications campaigns carried out. Since mid-November 2005, no case of human infection has been reported; and the last reported poultry outbreak was in December 2005. However, the virus is still present in Viet Nam, especially in waterfowl, and virus outbreaks in poultry and humans cases continue to be reported in neighbouring countries.

The Joint Government-UN Programme (JP) to fight HPAI

Responding to the request of the Government, UN agencies (FAO, WHO and UNDP, later joined by UNICEF) worked with ministries to develop a joint programme in support of a comprehensive,

¹ Implemented from October 2005 to April 2006, with an approved no-cost extension to 31 July 2006

² *Resolution 12/2006/NQ-CP* (5 June 2006) on the Government’s regular monthly meeting held on 31 May 2006

integrated and multi-disciplinary response to HPAI. Phase I of the JP commenced in October 2005. It helps to strengthen national preparedness for a human pandemic through development and implementation of the national preparedness plan, and specifically to address priority gaps including (a) support to vaccination of poultry; (b) post-vaccination surveillance, (c) strengthening targeted HPAI surveillance and response in animal and humans; (d) protecting humans involved in the poultry vaccination programme; (e) a nationwide avian influenza information, education and communication (IEC) campaign; (f) research to evaluate the efficacy of an inactivated H5 based vaccine in ducks; and (g) support to coordination and monitoring of donor and government activities. UN agencies also supported the national taskforce to develop the OPI. Phase I has a total budget of USD6.93m, including support of USD4.85m from seven bilateral donors who are channelling funds through UNDP as Administrative Agent (AA), and parallel funding of USD2.08m.

Based on the positive experience of Phase I, the Government requested the JP partners in March 2006 to expedite preparations for a second phase. Phase II will continue the comprehensive, integrated and multi-disciplinary approach developed under Phase I, and will support capacity building for Viet Nam to respond to emerging infectious diseases in animals and humans, such as HPAI.

Phase II Programme Description

Phase II is expected to run until 2010 in line with the period covered by the OPI. The focus is on technical assistance, capacity-building support and the provision of an effective channel for international assistance in direct support to the overall implementation of the OPI. Phase II has been designed with a budget of approximately USD16.2m, with priority activities to be completed in the first two years. The Government and UN agencies will review the situation on a regular basis and may revise the overall budget as needed.

The existing commitments to Phase II through the AA and in parallel funding to UNICEF are USD4.9m, so there is currently a funding gap of USD11.3m. Additional funds are sought as donor contributions channelled either through the AA or through parallel funding directly to one or more of the UN agencies and ministries. Phase II does not specify the Government contribution but represents part the donor-financing of the overall national plan (OPI).

Expected outcome of the JP: reduced risk of a global pandemic of HPAI emanating from Viet Nam and enhanced national and local capacity to manage outbreaks of diseases of epidemic potential affecting both humans and animals - through support to implementation of *Viet Nam's Integrated National Operational Programme for Avian and Human Influenza, 2006-2010* (OPI).

Outputs:

- (a) Enhanced coordination of Vietnamese and International agencies supporting implementation of the OPI
- (b) Progressive control of HPAI in domestic poultry and enhanced overall national and local capacity to detect and respond to outbreaks of zoonotic and other diseases in animals
- (c) Strengthened national and local capacity to prepare for, respond to and recover from public health emergencies caused by infectious diseases such as HPAI
- (d) Increased public awareness generally and within specific population groups on critical HPAI-related risk factors resulting in effective behavioural changes

Target Groups and Beneficiaries: Immediate target groups are national policy makers, particularly at the level of the NSCAI and key ministries, and provincial, district and municipal public health authorities. Immediate beneficiaries are farmers, poultry producers, vaccinators; public health workers; and infected people. Secondary beneficiaries are the population at large.

Activities: all activities in Phase II are taken from the OPI and have been prioritised under this project by MARD and MOH together with UN agencies based on agreed criteria .In brief:

- activities reflect the comparative advantages of UN agencies to support national implementation of the OPI;

- activities should be suitable to a joint approach across animal and human health sectors; and
- activities should be suitable for funding through a joint programme modality, including activities that require immediate financial or technical support.

Phase II will support all three main components of the OPI, as follows:

- *Component 1: Enhanced Coordination Activities:* national preparedness; policy and strategy development; programme coordination and management including support to the proposed Partnership for Avian and Human Influenza (PAHI) and thematic working groups; public awareness and information; programme monitoring and evaluation; and support for regional coordination and international agencies.
- *Component 2: HPAI Control and Eradication in the Agricultural Sector:* strengthening veterinary services; disease control including disease investigation, outbreak control, vaccination, quarantine and movement control, movement control across international borders; and surveillance and epidemiological investigation.
- *Component 3: HPAI Prevention and Pandemic Preparedness in the Health Sector:* human disease surveillance and early warning including assessing the surveillance system for infectious diseases, coordination between the health and agriculture sectors, designing software for epidemic management; strengthening the early warning and response system (EWARS) at central level, provincial pilots, and support to EWARS teams at all levels; and assessing the capacity of curative system.

Fund Management and Implementation Arrangements; Monitoring and Evaluation

The Implementing Partner of the Joint Programme (JP) will be MARD, acting for the NSCAI. The Minister of MARD is the Chairman of the NSCAI and will be the National Programme Director with overall accountability for the programme to the Government and to the UN agencies.

The Programme Steering Committee (PSC) established under Phase I will either continue or be subsumed under the proposed Government-Donor Partnership (PAHI), which would then operate as the Steering Committee of several ODA streams in support of the OPI including the JP. The PSC or equivalent will be responsible for the effective coordination of the programme, the approval of all detailed work plans and budgets, and overall monitoring and evaluation of progress made. The PSC will report directly to the NSCAI, which in turn reports to the Prime Minister.

Activities under Phase II are budgeted per Implementing Agency (a.k.a. “other partner”), i.e. either a Ministry or a UN Agency will be accountable for specific inputs, activities, and outputs. The initiative will follow the national execution modality vis-à-vis the implementing agencies. This modality allows for UN agencies and Ministries to directly receive funds against the approved work plan and for the UN agencies and Ministries to carry out activities using their internal rules and procedures.. UNDP will continue as Administrative Agent (AA), channelling funds to Implementing Agencies (Ministries and UN agencies) based on the work plan as approved by the PSC, meaning there will be no further requirement of co-signed requests for transfers from the AA, as was the case in Phase I. The AA will be responsible for consolidating progress and final reports, including financial reports and audits, and sharing these with donors as per individual donor agreements signed with the AA. In addition, there will also be parallel funding from specific donors directly to one or more of the Implementing Agencies, as in Phase I.

Phase II will directly support overall monitoring of Viet Nam’s integrated national programme through technical assistance as well as support to the PAHI secretariat and thematic working groups. Reporting on specific Phase II activities will be incorporated into overall OPI monitoring together with the outputs of other national- and donor-funded programmes.

“Avian influenza threatens the entire world. It knows no borders. It is our collective responsibility to ensure that all countries -- rich and poor -- are protected and prepared. The United Nations family will do all it can to help ensure that this happens”

Kofi Annan, UN Secretary General, March 29th 2006

SECTION 1 PROGRAMME RATIONALE

1.1 Background to Avian Influenza and the Risks of a Human Pandemic

Global Emergence of a New Influenza Virus Strain

1. A highly pathogenic avian influenza (HPAI), caused by the influenza virus strain (H5N1), has affected poultry flocks and other birds in an increasing number of countries throughout the world, with associated human cases and fatalities occurring in some of these countries. The disease was first identified in Guangdong Province, China in 1996, and then in Hong Kong in 1997 where it infected both poultry and humans.
2. From late 2003 to the end of May 2006, avian influenza H5N1 has spread to domestic poultry in more than 30 countries³, and has infected humans in at least 10 countries. As of 1st May 2006, WHO reports 224 human cases globally including 127 deaths⁴. Close contact with dead or sick birds has been the principal cause of these human infections, and there is currently no evidence of efficient human-to-human transmission of H5N1. However, concern remains that the virus might develop this ability, or that it might recombine with human flu viruses to create a new virus. It is this ability of avian influenza, to change and to recombine, that has given rise to the fear of a new human flu pandemic.

Avian Influenza H5N1 in Viet Nam

3. HPAI (H5N1) was first officially reported in Viet Nam in December 2003. There have been three main outbreaks of the disease in poultry since late 2003, with peak infections in 2004 and 2005, coinciding with the winter months/lunar New Year in January and February. At the peak of the epidemic, in early 2004, poultry in around 24% of the country's communes and 60% of towns were affected. As of May 2006 Viet Nam remains the country worst affected by HPAI, with 93 human cases and 42 deaths. Most deaths were recorded between late 2003 and mid-2005. 43% percent of human cases and 57% percent of deaths have been children and young people under 18 years old.
4. In order to combat the spread of the disease and to reduce the likelihood of human infection, between December 2003 and December 2005, the Government of Viet Nam (GoV) organised the culling of nearly 50 million poultry. In addition, an extensive vaccination campaign was launched: in the first round of vaccinations from October 2005-January 2006, around 130 million poultry were vaccinated; as of early June 2006 a second, more targeted round of vaccinations covered 110 million poultry⁵. Since mid-November 2005, no further case of human infection has been reported; the last reported poultry outbreak was in December 2005.

Economic Costs and Poverty Impact

5. The direct economic impact of HPAI in Viet Nam is estimated to amount to about 0.5% of GDP in 2004, representing the net effect of the negative impact on the poultry sector, compensated to some extent by the increase in substitute livestock production.
6. Around 8 million of Viet Nam's 11 million households were estimated to be engaged in poultry production prior to 2003. Poorer households have been affected more severely in absolute terms, as they are more reliant on poultry and eggs for food and as an asset that can be converted into cash in times of need.

³ OIE: <http://www.oie.int>. H5N1 has also been detected in wild birds and other animal species in a large number of countries.

⁴ WHO: http://www.who.int/csr/disease/avian_influenza/country/cases_table_2006_05_29/en/index.html

⁵ MARD DAH: <http://www.dah.gov.vn>

1.2 Coordination and National Plans on Avian Influenza and Prevention of a Human Influenza Pandemic

National and Provincial Coordination

7. Coordination mechanisms were established at the central level, and replicated at the province, and in many cases, at the district level.
8. At the central level, inter-ministerial coordination has been functioning through the *National Steering Committee for Avian Influenza* (NSCAI). The NSCAI was established in January 2004 (Decision No. 13/2004/QD-TTg, dated 28/1/2004) as the national coordination mechanism for HPAI planning and supervision. The Minister of MARD chairs the NSCAI, with the Vice Ministers of MARD and MoH as Vice-chairs. The official members are: the Ministry of Finance, Ministry of Trade, Ministry of Police, Ministry of Transport, Ministry of Natural Resources and Environment (MoNRE), Ministry of Culture and Information (MoCI), and the Ministry of Foreign Affairs (MoFA). The Department of Animal Health (DAH) in MARD and the Department of Preventive Medicine (DPM) in MoH are also formal members. The DAH supports the NSCAI with secretariat functions.
9. This NSCAI meets on a weekly basis to brief the GoV on the evolution of the disease situation and report on the implementation of the control measures. The Prime Minister and Deputy Prime Minister have chaired several of these meetings. The focus of the NSCAI has been on controlling the virus in poultry, but has also addressed wider questions of coordination.
10. Focusing more specifically on human health, the National SARS Steering Committee established in 2003 (Decision No. 297/QDD-TTg, dated 19 March 2003) has been assigned as the National Steering Committee for H5N1 Avian Influenza among Humans (as per the Prime Minister's Decision No. 348/2006/QD-TTg, dated 21/2/2006). This Committee is chaired by the Minister of Health, and meets weekly with the participation of other concerned ministries and sectors.
11. At the provincial, and in some cases the district level, Steering Committees for Avian Influenza have also been established under the People's Committees. They play an important role in local coordination, but this role varies from locality to locality.

Viet Nam's Integrated National Planning

12. The Prime Minister approved Viet Nam's *National Preparedness Plan in Response to Avian Influenza Epidemic H5N1 and Human Influenza Pandemic* on the 18th November 2005. Based on this, a *National Plan of Action on Human Influenza Pandemic Prevention and Control in Vietnam* was approved by MoH on the 24th November 2005. An *Emergency Disease Contingency Plan for Control of Highly Pathogenic Avian Influenza in Vietnam* was approved by MARD on the 5th December 2005.
13. In January 2006, the GoV submitted the *Integrated National Plan for Avian Influenza Control and Human Pandemic Influenza Preparedness and Response* (the "Red Book") to a donor pledging conference on Avian Influenza, in Beijing. The objective of the Red Book is to reduce the health risk to humans from avian influenza by controlling the disease at source in domestic poultry, by early detection and response to human cases, and by preparing for the medical consequences of a possible human pandemic.
14. The GoV and donor community agree that further international co-operation should be based on the Red Book submitted in Beijing.

A National Task Force

15. A National Task Force was established by the GoV in February 2006, under the leadership of MARD (as the head of the NSCAI), with the responsibility for the preparation of a comprehensive Integrated National Operational Work Programme based on the Red Book, to prevent, control and eradicate HPAI. This Task Force, coordinated by MARD, includes the ministries of Health, Public Security, Transportation, Trade, Foreign Affairs, Culture and Information, Science and Technology, Natural Resources and Environment.

16. In early April 2006, the National Task Force, assisted by international expertise provided by UN agencies in the Joint Programme, prepared the draft *Viet Nam Integrated National Operational Programme for Avian and Human Influenza* (known as the OPI or “Green Book”).

The Joint Assessment Mission and the Integrated Operational Programme for Avian and Human Influenza, 2006-2010

17. From the 17th to 28th April, 2006 a World Bank led mission, comprising some 25 or so experts drawn from the World Bank, ADB, UN agencies (WHO, FAO, UNDP and UNICEF), EC and others, reviewed and further developed the OPI. A “final draft” version was produced following the completion of the Joint Assessment Mission. This was adopted by the GoV on 31 May 2006⁶ as the framework for mobilization of national resources and international support to fight avian influenza. It was also broadly endorsed by the international community at a GoV-Donor meeting on 2 June 2006 as a basis for harmonised support following the principles of the Hanoi Core Statement (HCS).
18. The OPI forms the basis for activities to be supported by Phase II as outlined in this ProDoc. Especially in discussions with MARD/FAO and MoH/WHO, the OPI was systematically examined and prioritised elements that matched the Criteria for Activities to be Included within Phase II (see Annex V) were agreed.
19. The Goal, Objectives and Specific Objectives for the health and agricultural sectors detailed in the OPI are given in Annex III.

1.3 History of the Joint Government of Viet Nam - United Nations Joint Programme

Government Request for UN Support

20. The GoV has worked closely with the UN and especially its specialized agencies in animal and human health – FAO and WHO – since the start of HPAI outbreaks in Viet Nam. In February 2005, the GoV requested UN agencies to work together and provide immediate assistance to control the outbreak of HPAI in the country, to support the preparation and implementation of a national human epidemic preparedness plan, and to support donor coordination for HPAI. This resulted in the development of an overall Joint Government-UN Programme, which aims to respond to both emergency and medium-term capacity building needs.
21. This Joint Government-UN Programme was initially proposed as a 2-year programme with total anticipated funding of approximately USD18.9m. A phased approach was agreed with a Phase I of 6 months to address emergency actions to contain avian influenza in poultry and respond to the threat of a human pandemic, while allowing time for planning of capacity building support in Phase II.

Phase I of the Joint Government-UN Programme (JP) to fight Highly Pathogenic Avian Influenza

22. FAO, WHO, UNICEF and UNDP are collaborating in the Joint Programme (JP) with the GoV to support the emergency Phase I⁷ aimed at: “*Strengthening the Management of Public Health Emergencies in Viet Nam – with focus on the Prevention and Control of Diseases of Epidemic Potential including Highly Pathogenic Avian Influenza*”. The Minister of MARD as the chair of the NSCAI, is the National Programme Director and Chair of the Programme Steering Committee (PSC) of the Joint Government-UN Programme. The PSC includes MoH, MPI and MoCI.
23. Seven donors committed funds to Phase I, amounting to approximately USD7.59 million⁸ in direct funding, for which UNDP acts as the Administrative Agent (AA), channelling grant funding to the ministries and the UN system agencies. International and national technical

⁶ Resolution 12/2006/NQ-CP dated 5 June 2006 on the Government’s regular monthly meeting held on 31 May 2006

⁷ From mid-October 2005 to mid-April 2006, with an approved no-cost extension to 31st July 2006.

⁸ Australia (AusAID), Canada, Finland, Luxembourg, Netherlands, Sweden (SIDA) and Switzerland (SDC). Additionally, UNDP contributed funds for programme and donor coordination, and the United Kingdom Department for International Cooperation (DfID) advanced funds through the DfID-UNDP Strategic Partnership Initiative to start up the Joint Programme.

assistance is provided by FAO, WHO, UNICEF and UNDP under this programme. Substantial resources were allocated to equipment and support to vaccination campaigns. In addition, USD2.1m in parallel funding to FAO aims at the same outcomes.

24. The seven donors pledged more money than the Phase I budget and, in addition to the USD4.85m for Phase I, USD2.579m has been committed for the Phase II period.
25. The main activities implemented under Phase I include:
 - Strengthening national preparedness for a human pandemic through support to development and implementation of the national preparedness plan including specific action plans for the human health and animal health sectors.
 - Short-term measures to address priority gaps including:
 - a) support to vaccination of poultry through technical assistance as well as provision of refrigerators, cool boxes, automatic syringes, and mobilisation support to vaccinators;
 - b) post-vaccination surveillance to monitor the effectiveness of the vaccination programme and adjust based on results;
 - c) strengthening targeted HPAI surveillance and response in animal and humans through improving laboratory capacity and establishing an online laboratory database for sharing test results, improving the animal health information and surveillance system including the web-based “TAD-info” system, and support to develop an early warning and response system (EWARS) including provincial response teams;
 - d) protecting humans involved in the poultry vaccination programme through provision of protective equipment, and anti-viral stockpile and development of guidelines; and
 - e) implementing a nationwide avian influenza information, education and communication (IEC) campaign.
 - Research to evaluate the efficacy of an inactivated H5 based vaccine in ducks through laboratory and field trials.
 - Support to coordination and monitoring of donor and government activities including support to government-donor coordination meetings and mobilisation of a donor coordination specialist and assistant to collate information on donor and INGO assistance.

Lessons Learned From Phase I

26. Although a formal review of Phase I has yet to take place, initial discussions suggests a number of lessons learned from the implementation of Phase I, as follows (see also Annex VI).
 - The JP is providing an effective mechanism for coordinated donor support to a nationally-led programme, supported by international expertise. Other countries are seeking to learn from Viet Nam’s experience in HPAI control and about the JP mechanism.
 - Responding to HPAI requires flexibility; in particular, virus control and eradication in poultry must take a phased, long-term approach.
 - Consistent, innovative and technically sound Information, Education and Communication (IEC) activities and consistent messages are critical for public awareness and behaviour change. Coordination of different IEC activities is vital.
 - Donor coordination is critical and UN agencies are playing an important role in support of the GoV to ensure this.
 - The quality of the work plan needs to be improved and budget detail needs to be enhanced in Phase II to enable swifter release of funds from the administrative agent (AA) to Implementing Agencies, timely implementation, and improved clarity on responsibilities.
 - Programme coordination and management needs to be strengthened, including increased human resources dedicated to the programme by different Implementing Agencies.

1.4 International Donors and the UN System Agencies

Hanoi Core Statement

27. The Hanoi Core Statement was developed following the Paris High Level Forum on Aid Effectiveness held in March 2005 and endorsed at the mid-year Consultative Group Meeting in Can Tho in June 2005 “in a spirit of mutual accountability” by the GoV and major donors. The Statement aims to improve donor harmonization and alignment to national priorities. It outlines

five main areas of partnership commitments that should underline all government-donor partnerships in Viet Nam.

The Hanoi Core Statement (a summary)

1. Ownership

- The Government of Viet Nam (GoV) defines operational development policies

2. Alignment

- Donors align with GoV strategies and commit to use strengthened country systems
- Viet Nam strengthens institutional capacity with support from donors; donors increasingly use government systems

3. Harmonisation and simplification

- Donors implement common arrangements and simplify procedures
- Complementarity: more effective division of labour
- Incentives for collaborative behaviour

4. Managing for results

- Managing resources and improving decision-making for results

5. Mutual accountability

- GoV and donors are accountable for development results

UN System Priorities on Avian Influenza and the Threat of a Human Influenza Pandemic

28. In the document: *Avian and Human Pandemic Influenza: Action Plan for UN System Contributions*⁹, the purpose of the UN system contribution globally is described as: “to ensure predictable and effective responses to avian influenza and the threats posed by a human pandemic in poorer countries.”

29. The document builds upon the UN System Strategic Approach¹⁰, and “identifies the specific expertise and services that can be provided to countries by different agencies, funds and programs. It also indicates ways in which countries with the greatest need can receive intensified and timely support from the international system.”

30. The UN system agencies aim to provide coordinated, harmonised assistance to Viet Nam. Viet Nam is estimated to be a “Country with Moderate Capacity to Implement”, where the role of the international community is: “to convene stakeholders, set norms and standards, harmonize external cooperation; maintain support through regional and international technical networks, and monitor progress [together with] substantial and sustained technical and financial assistance so as to be able to realize the international norms and standards.”

Critical Actions for UN System Agencies in Avian and Human Pandemic Influenza Programmes

UN system agencies, under each of the following categories, should ensure that:

Category 1: Animal Health and Bio-security

- animal health is safeguarded, bio-security is brought up to standard, and that there is capacity, when needed, for scaling up veterinary services to detect and stamp out new avian infections through prompt movement restrictions and culling, and to sustain vaccination of poultry and other interventions when they are indicated;

⁹ *Avian and Human Pandemic Influenza (AHI): Action Plan for UN System Contributions (up to December 2006) - Version 3: 29 May 2006* prepared by the UN System Influenza Coordinator (UNSIC), UNDG on behalf of FAO, OCHA, UNDP, UNHCR, UNICEF, WFP and WHO.

¹⁰ *Avian and Human Pandemic Influenza: UN System Contributions and Requirements - A strategic Approach*, UNSIC, UNDG, 10 January 2006

Category 2: Sustaining Livelihoods

- the economic and poverty impact of avian influenza is monitored and rectified, limiting its impact on the Millennium Development Goals, seeking fair and equitable compensation for those whose livelihoods are endangered by avian influenza and control measures;

Category 3: Human Health

- public health infrastructure is strengthened, including surveillance systems, to enable (i) early detection and rapid response to human cases of avian influenza; (ii) a containment response for a newly emerging human influenza virus; and (iii) surge capacity for a pandemic. Strengthen community based treatment of acute respiratory infections, including propositioning of medical supplies in peripheral areas to enhance capacity to respond; enhance nutrition security and access to micronutrients to minimise the impact of infection on susceptible populations;

Category 4: Coordination of National Stakeholders

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

Category 5: Public Information

- there is strategic communication to provide clear and unambiguous risk and outbreak information to the general public and key groups of people with the highest potential for stemming the spread and impact of the disease. This will include communicating with the public, households and communities to involve and mobilize them to adopt appropriate behaviours to reduce risks and mitigate the impact of any outbreaks or pandemic;

Category 6: Continuity under Pandemic Conditions

- there is continuity of essential social, economic and governance services, and effective implementation of humanitarian relief, under pandemic conditions;

Category 7: Common Services Support

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

Avian and Human Pandemic Influenza: Action Plan for UN System Contributions¹¹

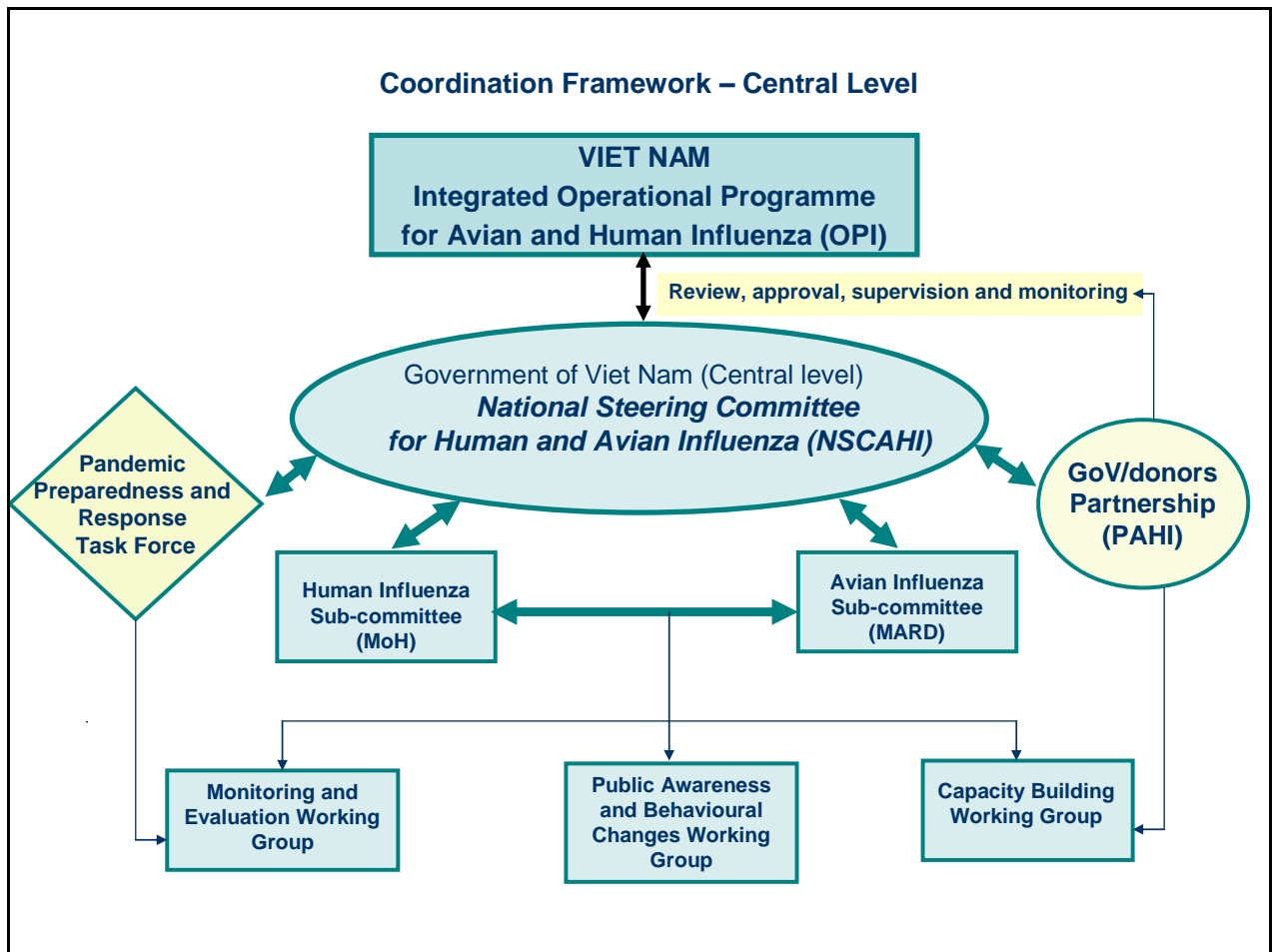
31. The Action Plan defines seven categories considered critical actions in AHI programmes supported globally by the UN system agencies (see above). This ProDoc shows strong coherence and alignment of the UN systems agencies work in Viet Nam with these categories (see also Annex IV, where the Categories of Action and the main activities of the OPI that are to be supported under Phase II of the JP are outlined).

Donor Coordination and the proposed Partnership for Avian and Human Influenza

32. The OPI affirms the existing donor coordination role of the NSCAI, as supported by the JP during Phase I, and proposes to further strengthen and formalise this through a Government-Donor-NGO Partnership for Avian and Human Influenza (PAHI). This partnership is expected to (a) be a forum for information sharing and exchanges with ODA partners; (b) make recommendations to GoV and donors on ODA priorities and allocations; (c) provide guidance on M&E of the overall national programme, particularly ODA-funded parts; and (d) support Viet Nam to share information and experiences with other countries (see the figure below).

The Coordination Framework Proposed in the *Integrated Operational Program for Avian and Human Influenza, 2006-2010*

¹¹ *Avian and Human Pandemic Influenza (AHI): Action Plan for UN System Contributions (up to December 2006) - Version 3: 29 May 2006, UNSIC*



33. The membership of PAHI is proposed to include:

- the Chair and Vice-Chairs of the NSCAI;
- representatives from MARD (including ICD, DAH and DLP), MoH (including ICD, VAPM, DoT), MPI, MoFA, MoF and MoCI;
- People's Committee representatives from about three provinces or centrally-managed municipalities;
- the Viet Nam Red Cross Society (VNRC)/other Mass Organizations;
- UN system agencies: FAO, WHO, UNICEF and UNDP;
- all donors providing direct or indirect assistance to the national efforts, including the World Bank, EC, ADB, Japan, USA, Denmark, the bilateral donors to the Joint Government-UN Programme, and major international NGOs; and
- representatives from the business sector, including animal feed processors, manufacturers and suppliers of laboratory equipment, drugs and vaccines.

34. PAHI would be hosted by the International Cooperation Departments of MARD and MoH, who will each assign focal points, with a secretariat to be established. Three thematic working groups are also proposed: Public Awareness and Behaviour Change (expanding the existing group facilitated by UNICEF within the JP); Monitoring and Evaluation; and Capacity Building.

Funding of AHI activities in Viet Nam

35. As indicated in the Red Book, by December 2005 international technical agencies and the wider international community had committed approximately USD47m to Viet Nam's fight against HPAI, part of which was utilised between 2004 and early 2006 (including a significant proportion through direct funding and parallel activities of the Joint Government-UN programme).

36. The OPI estimates public and ODA financial requirements of USD250m for the period 2006-2010, including USD31m (12%) for enhanced coordination activities, USD116m (47%) for HPAI control in the agriculture sector, and USD102m (41%) for influenza prevention and pandemic preparedness in the health sector¹². The GoV has indicated that they will finance around USD128m (51%) of this amount and are seeking ODA support for the balance of funding. At the Government-Donor Meeting organised on 2nd June 2006 donors pledged approximately USD61m for implementation of the OPI during the period 2006-2008¹³. The OPI articulates a possible multi-donor financing framework for ODA support as detailed in Annex VII, including the Joint Government-UN Programme.

1.5 Conclusions and Rationale for a Second Phase

37. Highly pathogenic avian influenza has had a significant economic impact on Viet Nam, and remains a critical risk to health, livelihoods and the country's overall sustainable development. Given the potentially devastating broader impact of a human pandemic, addressing HPAI in Viet Nam also represents a global public good. The OPI estimates the cost of the medium-term response to 2010 as \$250m, excluding private investments for poultry sector restructuring and health-sector activities with medium priority.

38. Recognising both emergency and longer-term support requirements, the JP adopted a phased approach. The first phase has provided an effective mechanism for rapid international support and technical assistance to emergency activities within Viet Nam's national response, including strengthened national preparedness, short-term measures to address priority gaps, and support to coordination and monitoring. The JP has contributed to harmonization of donor support, promoting alignment and national ownership and reducing Government transaction costs in line with the Hanoi Core Statement. The OPI identifies the need for continued assistance from the UN technical agencies and support to coordination. The JP has some funds already available, with indications of further support from several donors. Based on the successful experience of Phase I and the continuing need for assistance described in the OPI, the Chair of the NSCAI requested UN agencies to support and intensify preparations for a second phase. See further Annex V, VI and VII for justifications of the priorities set and approach taken in the JP Phase II.

¹² This total excludes an estimated USD225m private sector investment for poultry sector restructuring and USD222m for second-tier health sector activities.

¹³ This includes part of the previous commitment of USD47m as well as new pledges. It excludes the Viet Nam component of regional programmes, as well as potential reprogramming of IDA credits in future.

SECTION 2 PROGRAMME DESCRIPTION

39. This section presents the narrative of the programme (Phase II), with references to the Logical Framework Matrix and Activity Based Budget in Annexes I and II.

2.1 Preface

40. This Programme Document indicates the ways in which the UN systems agencies in Viet Nam and their counterpart ministries have prioritised joint activities to contribute to avian and human pandemic influenza actions at the national, provincial and local levels. The UN response in Viet Nam also includes other activities, especially by FAO and WHO, which are funded separately and not included in this ProDoc. However, all activities are in support implementation of the OPI, as indicated in the Multi-Donor Financing Framework from the OPI (see Annex VII).

2.2 Overall Objective

41. The UN system agencies in Viet Nam are committed to supporting the GoV in implementation of the OPI through to 2010, with the following overall objective: *“To reduce the health risk to humans from avian influenza by controlling the disease at source in domestic poultry, by detecting and responding promptly to human cases, and by preparing for the medical consequences of a human pandemic”*.

42. This overall objective is fully consistent with the shared international vision outlined in the UN System Action Plan¹⁴ of a coordinated global response in order to: *“(a) control highly pathogenic avian influenza in poultry, and reduce the risks that this disease poses for members of the human population that are exposed to it; (b) watch out for sustained human to human transmission of highly pathogenic influenza through vastly improved surveillance, be ready to contain it, and, should containment not be successful, (c) mitigate the impact of a pandemic on human health, society, economic systems and governance.”* (see also Annex IV).

43. The UN System Agencies in Viet Nam fully support the Goals and Specific Objectives from the OPI for the animal health and human health sectors as included at Annex III.

2.3 Expected Outcomes

44. This Programme Document for Phase II of the Joint Government-UN Programme is to follow on immediately from the extended emergency phase (October 2005-July 2006), and will support capacity-building requirements to address public health emergencies. Phase II is to contribute towards the achievement the following Expected Outcomes through support to implementation of the OPI:

- reduced risk of a global pandemic of HPAI emanating from Viet Nam; and
- enhanced national and local capacity to manage outbreaks of diseases of epidemic potential caused by human and animal pathogens.

2.4 Target groups and beneficiaries

45. The following are the target groups and beneficiaries of the JP Phase II:

- Immediate target groups are national policy makers, particularly at the level of the NSCAI, MARD, MoH, MoCI, MoET, and provincial, district and municipal public health authorities.
- Immediate beneficiaries are farmers, poultry producers, vaccinators, public health workers, infected people
- Secondary beneficiaries are the population at large

2.5 Strategy

¹⁴ Avian and Human Pandemic Influenza (AHI): Action Plan for UN System Contributions (up to December 2006) - Version 3: 29 May 2006, UNSIC

Phased Approach

46. As part of the ongoing transition from emergency activities to a medium-term response to avian influenza in Viet Nam, activities under the OPI are to be undertaken in a phased manner over the time period of 2006-2010 (see OPI, Annex 1: Results and Monitoring Framework and Annex 4: Costing Table). Furthermore, sector specific action plans will be developed on a quarterly or bi-annual basis, by the line ministries with technical assistance as appropriate from the relevant specialised agencies.

Integrated and Multi-Sectoral

47. The possibilities for an integrated approach to activities between the animal and health sectors were discussed amongst specialised agencies and with the respective line ministries during Phase I (See Annex VI: Lessons Learned). The JP has a strong comparative advantage in terms of an integrated, multi-sectoral approach, as it brings together both animal health and human health sectors. In particular, the support to Public Awareness and Behaviour Change is an example of effective integration.

Technical Support, Global Expertise and Coordination

48. The UN system agencies (FAO, WHO, UNICEF and UNDP) will provide technical assistance to the line ministries involved in all aspects of the implementation of the OPI. The expected engagement of these agencies is detailed in Annex IV, which gives an outline of Categories of Action in UN System Action Plan¹⁵ and the main activities under Phase II of the JP.

Capacity Building

49. Many activities focus on capacity building. The programme will support a range of training activities to strengthen the capacity of veterinary, livestock and animal health personnel at all levels. The capacity of MARD and MoH to lead government and donor coordination will be strengthened. Technical Advisors from UN technical agencies as well as other national and international experts will provide specific technical assistance to respective line ministries and departments at national and provincial level. Such assistance will always include the aim to enhance capacities of the respective counterparts within the sectors. Systems, equipment and IT applications will be upgraded to support enhanced capacity for both human and animal disease, reporting, data analysis, border controls and quarantine, as well as risk analysis of poultry imports.

50. A Capacity Building Working Group (WG) is proposed in the OPI. This “*will ensure that detailed plans for technical assistance specified in the OPI are sound and well coordinated... and identify additional technical assistance requirements, partly based on monitoring data.*” The OPI stresses that overall and specific capacity building needs must be continuously assessed and that capacity-building plans are included for each sector. In addition to overall support to this WG through the PAHI Secretariat, the JP will also support assessment and review of capacity in relation to key components of the OPI including public awareness and behaviour change, outbreak response, and the capacity of the curative care system at all levels.

Pro-Poor Approach

51. There is an urgent need to facilitate the rehabilitation of poultry production in all sectors from ‘backyard’ to commercial, and in all levels of the commercial chain from the producer to the retailer - with special attention to the protection of the livelihoods of poorer actors. Concrete activities will seek to ensure inclusion of and benefits to the poorer actors whenever possible.

2.6 Outputs and Activities in Phase II

52. Phase II will aim to achieve the following Outputs

- (a) Enhanced coordination of Vietnamese and International agencies supporting implementation of the OPI

¹⁵ Avian and Human Pandemic Influenza (AHI): Action Plan for UN System Contributions (up to December 2006) - Version 3: 29 May 2006, UNSIC

The JP will support to annual review of plans for animal health and human health, and human resources and operational costs for the PAHI secretariat, thematic working groups, consolidated OPI M&E and within relevant departments of MARD and MoH

- (b) Progressive control of HPAI in domestic poultry and enhanced overall national and local capacity to detect and respond to outbreaks of zoonotic and other diseases in animals

The JP will support to the development of veterinary and quarantine regulations, training of veterinary personnel, enhanced capacity for disease investigation and response including culling and bio-safe disposal of poultry, technical assistance and equipment for targeted poultry vaccination, enhanced capacity for quarantine and border controls, market and slaughterhouse surveillance, and technical assistance for poultry sector restructuring.

- (c) Strengthened national and local capacity to prepare for, respond to and recover from public health emergencies caused by infectious diseases such as HPAI

The JP will support a strengthened national surveillance system, piloting and national implementation of an Early Warning and Response System (EWARS), development of response teams at all levels, provincial simulation exercises, enhanced border quarantine procedures, assessment of the capacity of the curative care system to respond to a pandemic, and development of guidelines on clinical management and infection control.

- (d) Increased public awareness generally and within specific population groups on critical HPAI-related risk factors resulting in effective behavioural changes

The JP will lead the development and implementation of a comprehensive AHI communication strategy involving all key national and international agencies

53. Activities from the overall OPI have been prioritized by the GoV for inclusion in Phase II based on principles and criteria as outlined in Annex V, focusing on an initial 18-month period. In particular, activities have been selected that:

- reflect the comparative advantages of UN agencies to support national implementation of the OPI, including technical assistance, assistance to policy and legislative development, capacity building including support to national roll-out of plans and strategies, research, support to coordination, integration between animal and human health sectors where appropriate, communications for behaviour change, and supporting Viet Nam to participate in and benefit from regional and international networks
- are suitable to a joint approach across the animal and human health sectors, such as communications for public awareness and behaviour change; and
- are suitable for funding through a joint programme modality, including activities that require immediate financial or technical support, because the joint programme has in-principle GoV approval; it has implementation mechanisms in place; and some resources are already committed, so that it can rapidly disburse funds upon approval of the detailed programme document. Activities considered important but less likely to be funded through other channels have also been included.

54. The activities to be implemented in Phase II are formulated, costed and timed in more detail than what is given in the *Vietnam Integrated National Operational Program for Avian and Human Influenza, 2006-2010 (OPI)*. The inclusion of certain OPI activities here does therefore not necessarily mean that is no more need for funding of sub-activities under the same OPI activity by another ODA or Government project.

55. Details of activities are provided in the Logical Framework Matrix (Annex I) with clear links to relevant lines of the OPI. Responsibility for activity implementation is identified by sector in the Logical Framework Matrix, and by specific agency/ministry in the Activity-Based Budget (Annex II). Activities in the JP Phase II have been placed under the three components of the OPI, as follows.

Component 1 – Enhanced Coordination

The JP Phase II will support enhanced coordination, building on the support provided during Phase I. This will include: (1) national preparedness and planning in the human and animal health sectors, and simulation exercises; (2) policy and strategy development, including support to the implementation of the law on communicable diseases as well as regulations for veterinary services and quarantine; (3) support to programme coordination and management including support to central and provincial coordination in the human and animal health sectors; and (4) support to donor coordination including the proposed establishment of a Partnership for Avian and Human Influenza (PAHI) and thematic working groups.

1.1 National Preparedness

Prior to and throughout Phase I of the JP, UN agencies have supported the development of Viet Nam's national pandemic preparedness plan as well as specific plans for the human health, animal health and livestock production sectors. As noted in the OPI, to maintain integrated and effective preparedness efforts across the human and animal health sectors requires sustained national-level planning and coordination among concerned ministries, and from the centre to the grass roots level. This needs to include: (a) regular revision of National Plans; (b) regular updates of the operational plans of the ministries and local authorities and (c) coordinated simulation exercises of disease outbreaks in animals and humans.

1.1.1 Strategic Planning for Animal Health

The JP will support an annual review and revision of the Animal Health sector strategic plan through national and international technical assistance, workshop costs and strategy preparation.

1.1.2 National Plan of Action on Human HPAI Prevention and Control

The JP will support an annual review and revision of the overall National Pandemic Preparedness Plan and the MoH National Plan of Action on Human Pandemic Influenza Prevention and Control through national and international technical assistance, organisation of a yearly national conference on pandemic preparedness - as a basis for preparation of the revised and updated action plan for each year (by the end of the previous year).

1.1.3 Conduct Simulation Exercise to Test the Mechanism of Health Sector Action

Building on the national simulation exercises and first provincial simulation exercises conducted during Phase I, the JP will provide national and international technical assistance to develop national guidelines for simulation exercises, organisation of a workshop to finalise the draft materials, production of materials and conducting simulation exercises in 14 provinces.

1.2 Policy and Strategy Development

In both the animal and human health sectors, national policy and strategy are moving towards the development of sustainable medium and long-term responses to prevention and control of infection in animals and humans. The animal sector is developing a targeted risk-based approach with activities defined by the epidemiological status of different areas. The health sector is focusing on integrating activities related to the current HPAI outbreak and human influenza pandemic preparedness into a framework of strengthened communicable disease control.

1.2.1 Assistance to Launch Rapidly Human Health Laws and Implementation Guidelines

Development and dissemination of new regulations and practical guidelines on infectious disease control to facilitate implementation of the law on Communicable Diseases Control and Prevention. Training on the new regulations will be provided to health care workers.

1.2.2 Support Veterinary Regulations

National and international technical assistance to the development of new veterinary regulations (ordinances, directives, etc) to address HPAI, and support for training on these new regulations.

1.2.3 Support Quarantine Regulations

National and international technical assistance to the development of quarantine laws and regulations (ordinances, directives, etc) to address the threat of HPAI, and support for training on these new regulations.

1.3 Program Coordination and Management

The OPI identifies the need for financial and technical support for programme coordination at three levels: (a) central and provincial coordination through the NSCAI and related provincial committees; (b) donor coordination through a proposed Partnership for Avian and Human Influenza (PAHI) which would be supported by the International Cooperation Departments of MARD and MoH; and (c) proposed thematic working groups for monitoring and evaluation, public awareness and behaviour changes, and capacity building.

1.3.1 Coordination Cost for the Animal Health Program at 64 Cities and Provinces

Financial and technical support for programme coordination between animal health experts at the central animal and their provincial counterparts, including the cost of a project officer at DAH.

1.3.2 Coordination Cost for the Human Health Program at Central and 64 provinces/cities

Financial and technical support to program coordination between human health experts at the central animal and their provincial counterparts, including the costs of two project officers (based at MoH and WHO) as well as a national coordinator and operational costs.

1.3.3 Support to Donor Coordination

Building on the support to donor coordination provided during Phase I, the JP will support management and operational costs for the PAHI Secretariat, including an International Coordination Advisor and administrative staff, other technical inputs and an operational budget.

1.3.4 Support to Working Groups

Support to regular meetings and other core operational costs for the three thematic working groups under PAHI, which will address Public Awareness and Behaviour Change, Monitoring and Evaluation (M&E), and Capacity Building. The JP will also support technical assistance to the Public Awareness and Behaviour Change Working Group (see activity 1.4.4 below). The other two thematic working groups will facilitate drafting of ToR for national and international technical assistance, for example to develop overall M&E frameworks for the OPI, and to implement mid-term review and end-term assessment of OPI implementation. Donors may choose to channel financial support for this technical assistance through the JP; however, this would need to be a decision taken in future by the full PAHI and relevant donors.

1.4. Public awareness and behaviour change

Public awareness and behaviour change activities have been vital component of HPAI control since the outbreaks began in 2003, and especially the joint work in Phase I of the JP through the implementation of a national communication campaign from December 2005 through February 2006. The OPI proposes to expand the IEC Working Group facilitated by UNICEF that was established by the JP to support effective coordination and strategy development for public awareness and behaviour change activities by government, donors, mass organisations and NGOs. The OPI also emphasises the importance of having one single cross cutting campaign that involves many sectors or “*one campaign - many sectors*”. The public awareness and behaviour change activities proposed under the JP Phase II cover the following key areas.

1.4.1 Comprehensive Communication Strategy Development and Implementation

The working group will hold workshops to determine behaviours to be promoted for each specific campaign, and develop a corresponding communications strategy based on the situation and audience analysis and national priorities (including the “back to school” campaign). The strategy will help guide the development of new materials if necessary, which will be pre-tested before mass reproduction or airing to ensure appropriateness for the targeted audiences. These materials will be made available to local levels for further adaptation (to local context or for a specific ethnic group) and further reproduction as required. In high-risk areas, the national media efforts will be reinforced by supplementary communications activities including interpersonal communication by health workers, paravets, agricultural extension workers and members of mass

organisations. In order to encourage behaviour change, basic hygiene packages will be developed and provided to the target audience.

Priority behaviours to be promoted in the next phase

1. Wash hands frequently with soap and water
2. Report unusual sickness/death among poultry, wild birds and other animals immediately to the authorities
3. Seek treatment immediately if have fever after contact with sick birds
4. Clean clothes, footwear, vehicles and cages with soap or disinfectant
5. Separate your poultry species, and from wild birds, new birds and living areas
6. Handle, prepare and consume poultry safely
7. Burn and/or bury dead birds safely

These priority behaviours will be revised according to changes in national priorities, the programme context, and in support of other control measures within overall national programme.

1.4.2 Capacity Building of Local Partners

A comprehensive capacity-building plan will be developed based on the needs assessment of different levels. It is anticipated that capacity building is needed in the following areas: risk communications, development of evidence-based strategies, communications campaign planning, and development of materials. Media will be trained as well, especially to prepare them for an outbreak. To enable good communication, frontline workers will be trained in communication skills and HPAI information. Equipment to aid the materials production and communication will be provided. The JP will also facilitate exchange of experience within the country and with other countries through workshops, training and study visits.

1.4.3 Studies and Research Framework Development and Implementation

There is a great need for further research and studies to support communication activities. It will be important to develop a common research framework to ensure effective coordination in order to maximise efficient use of resources and prevent gaps. A sub-working group will be established to review all existing research and studies in order to develop a common framework that each partner can implement. Studies will also be planned to check how knowledge, attitudes and practices are changing over time and in response to the emerging situation of HPAI in Viet Nam. Furthermore, the joint programme will establish a partnership with MARD and the poultry industry to explore issues related to consumer preferences. The findings will be used to update policies and strategies.

1.4.4 Monitoring and Evaluation, Documentation and Networking

Through the expanded working group, the JP will facilitate the development of a comprehensive M&E framework for public communications and behaviour change, and consolidate reporting from different implementing agencies. Regular working group meetings and workshops will be organised to share plans and outcomes, and to jointly review consolidated M&E reports. A mid-term evaluation will be conducted in 2008 to help refine the communication strategy. A final evaluation will be conducted in 2010 by an independent party.

Networking which includes proactive media relations is crucial to raise public awareness and change behaviours through communication activities. Strengthened relations with the media in Phase II of the programme will help support responsible outbreak communication and reporting, and also behaviour change communication. Based on the experience in Phase I, there is room for improvement in this area.

The membership of the Avian Influenza and Human Pandemic Influenza Public Awareness and Behaviour Change Communication Working Group (AHI Communications Working Group in short) established under the JP will be reviewed and revised to broaden and stimulate active

participation of all implementing sectors including key ministries, UN agencies, donors, mass organisations and civil society. Similarly, the Terms of Reference (ToR) for the working group need to be revised and endorsed by the NSCAI to formalise the role and official mandate of the working group. The working group with technical assistance from UNICEF will facilitate the development of a common research framework, comprehensive communications strategy, implementation plans, an M&E plan, quality control and capacity building for parties involved. Obviously, there are many more partners involved in public awareness and behaviour change who will not be a part of the working group, because of the need to keep the size of the group manageable. Therefore, it is important to maintain the existing AHI communications network to keep other stakeholders informed and share information. In addition, the practice of inviting stakeholders to the workshops to develop communications strategies and plans should continue.

1.4.5 Technical Assistance for Strategy Development and Implementation

National and international technical assistance will be supported, drawing on expertise in human health, animal health, livestock production and communications for behaviour change, including utilisation of UNICEF's international CREATE!¹⁶ methodology.

Component 2 –HPAI Control and Eradication in the Agricultural Sector

MARD's overall HPAI control and eradication strategy aims to progressively control HPAI in the poultry population, in three phases: (a) Control Phase (to 2007), in which the incidence of outbreaks is reduced through stamping out outbreaks, mass vaccination, improvements in bio-security of poultry production, and changes in marketing practices; (b) Consolidation Phase (2008-2010), in which gains are maintained, further restructuring of the poultry industry is undertaken, farms in the industrial sector demonstrate freedom from HPAI, and disease free compartments are expanded; and (c) Eradication Phase, beyond 2010 and the OPI period.

The strategy will focus on four components: (a) strengthening veterinary services; (b) disease control; (b) surveillance and epidemiological investigation; and (d) poultry sector restructuring.

2.1 Strengthening Veterinary Services

Veterinary capability and capacity will be enhanced through training on epidemiological skills and introduction of improved disease reporting and data analysis capacity.

2.1.1 Specialist Training (Improving epidemiological skills)

An increase in capacity in veterinary epidemiology is planned through two approaches: (i) overseas-based training in an accredited academic institution, for which bilateral funds have been committed; and (ii) training based in Viet Nam. This will involve setting up modular training based on the 'field epidemiology training programme' (FETP) approach and will link with similar training already planned by the human health sector.

2.1.2 Introduction of Improved Disease Reporting and Data Analysis Capacity

This activity will be based on international technical assistance and the recruitment of national consultants and a data manager. It will involve coordination with complementary activities for which funding has already been secured. The TADinfo programme for animal disease surveillance and the laboratory on-line database for HPAI "Labnet" will be upgraded annually. Refresher training will be provided for RVCs and provincial staff.

2.2 Disease Control

Viet Nam's capability to detect, investigate and respond to reported cases will be enhanced through support to disease investigation, outbreak control, vaccination, quarantine and movement control, and movement control across international borders.

Disease Investigation

2.2.1 Establish and Maintain Staff who can Respond to Outbreaks

¹⁶ CREATE!: Communication Resources Essentials And Tools (CREATE!) for emergencies. UNICEF is making communication resources and tools from various countries available for local adaptation elsewhere, supporting rapid development of effective, attractive and appropriate materials.

The establishment and training of response teams will be supported. Following evaluation of experiences in 2004 and 2005, a need assessment will be conducted to determine appropriate numbers of staff to be trained. The response teams will include both dedicated animal health staff and others (market inspectors, police force, paravets, members of mass organisations and volunteers) who have received training and are available and prepared in case of outbreaks of HPAI or other significant disease events. Equipment and materials for disease reporting and outbreak investigation will be supported.

2.2.2 Support Paravets as First Point for Outbreak

Training on outbreak control measures will be provided specifically to paravets as they are often 'first on the scene' and should have responsibility for ensuring that control measures are put in place and that there is gathering of information that otherwise could be lost before arrival of the provincial investigation team. An assessment of paravets' incentives and their influence on effectiveness will be conducted to inform government policy on future support of paravets.

2.2.3 Operating Funds for Provincial Investigation Teams

Operational funding support will be provided to provincial teams responsible to investigate disease outbreaks. Difficulties arise during outbreaks where inadequate resources are available in the immediate aftermath of the disease outbreak. Constraints (in consumable equipment for sampling, PPE, transport costs and disinfectants) lead to significant delays in outbreak control. While the GoV will remain responsible for remuneration of staff, the JP will ensure that stockpiles and contingencies are available and inventoried at provincial level to reduce delays.

Outbreak Control

2.2.4 Training in Culling

In the occurrence of an outbreak, implementation of safe, humane and quick culling is one of the main technical and logistical problems. Training on appropriate culling methods adopted by the central government will be provided to culling teams at the field level.

2.2.5 Development of Technical Guidelines for Bio-secure Disposal of Birds

Disposal of large numbers of carcasses poses questions of environmental pollution and virus spread. The environmental impact of poultry disposal will be assessed in seven pilot provinces selected for geographical relevance and poultry production scale. National and international technical assistance will be provided to develop guidelines and to organise consultations to review, confirm and disseminate the proposed guidelines.

Vaccination

2.2.6 Targeted Vaccination

Vaccination will move progressively toward a targeted and risk-based approach, with variation between geographic areas and production sectors. Based on the success of incentive payments to vaccinators provided in Phase I of the JP, this support will be extended in Phase II.

2.2.7 Vaccination Cold Chain

Building on the support provided during Phase I, the national cold-chain system will be supported through construction of purpose-built cold rooms at provincial level. Adequate storage capacity is necessary to undertake large-scale vaccination campaigns effectively, not only for HPAI but also for other major diseases such as foot and mouth disease and classical swine fever.

Quarantine and Movement Control

2.2.8 Training of Quarantine and Movement Control Staff

After completion of a needs assessment, training courses will be devised and implemented for street police and quarantine staff in the HPAI priority provinces.

2.2.9 Equipment for Quarantine and Movement Control Staff

Personal Protective Equipment (PPE) and other relevant equipment will be supplied to quarantine and movement control staff, so that they can conduct their duties without unnecessary exposure to HPAI and other potential zoonotic hazards.

Movement Control Across International Borders

2.2.10 Training of Border Staff

It is currently believed that illegal importation of poultry and poultry products poses a significant risk of recurrence of HPAI outbreaks. An assessment and training will be undertaken for border staff to deal with this problem.

2.2.11 PPE for Border Staff

Personal Protective Equipment (PPE) and other relevant equipment will be supplied to border staff so as they can conduct their duties without unnecessary exposure to HPAI and other potential zoonotic hazards.

2.2.12 Seize Illegally Imported Products (DAH)

Once illegal poultry are seized there are logistical difficulties concerning culling, disposal and disinfection so as to avoid the potentially infected consignment causing spread of disease. Standard operating procedures will be developed which will include an inventory of necessary equipment to deal with such consignments. Procurement of priority equipment will be supported.

2.2.13 Risk Analysis of Poultry Imports

It is imperative that specific capacity is built in the concepts and methodology of risk assessment. Such assessments are necessary to guide policy on how to approach the possibility of recurrence of outbreaks within Viet Nam, import of virus via illegal movement of poultry, and what areas the control strategy should focus on - particularly with respect to vaccination.

It is proposed to form a working group or 'risk unit' which would involve various departments and take a multidisciplinary approach. An international consultant will provide necessary technical assistance during the establishment of the group. Consideration will be given to supporting participation of personnel in international short-courses in risk assessment, and the purchase of specific software for quantitative approaches will be evaluated. Directly after the working group is established, it will undertake a series of risk assessments with international technical assistance.

2.3 Surveillance and Epidemiological Investigation

Cost effective surveillance of poultry is needed to improve knowledge of virus circulation and vaccination coverage, as well as to ensure that disease free status of poultry production in Sector 1 and 2 farms is maintained.

2.3.1 Market and Slaughterhouse Surveillance

Monitoring of markets and abattoirs will be supported, including laboratory testing of samples. This will complement surveillance undertaken at farm level and at quarantine stations that is supported directly by the government and complementary funding.

2.4 Poultry Sector Restructuring

2.4.1 Review poultry restructure plan

A draft prepared by the Department of Livestock Production on restructuring the poultry industry is being circulated within the government. The World Bank has supported a 'phase I' study which will be completed by the end of June 2006. Further technical backstopping missions - which will also support recruitment of national consultants - will be undertaken with support from the JP.

2.4.2 Review regulations on production and marketing

This study is planned as a follow-on from a survey on legislation relevant to animal health funded by a joint FAO/WHO initiative.

2.4.3 Review of the impact of bio-security regulations

Much importance has been placed on the establishment of bio-security guidelines and practices in semi-commercial and backyard farms as a means to prevent incursion and spread of disease, particularly for HPAI. This study will assess the feasibility of long-term adoption of bio-security measures in Viet Nam. It will also produce useful results and conclusions for other countries in the region.

2.4.4 Review and appraise poultry development plans in three provinces

This survey will review and appraise technical, economic, social and environmental aspects of provincial plans for poultry development in three provinces, including planning for farms, slaughtering and processing facilities.

Component 3 - HPAI Prevention and Pandemic Preparedness in the Health Sector

The JP will support implementation of MoH's strategy for HPAI prevention and pandemic preparedness in the human health sector, focussing on strengthening surveillance and the early warning and response system (EWARS); assessing the capacity of the curative care system; and focusing public awareness and behavioural change activities (addressed above).

3.1 Strengthening Surveillance and Response

The OPI proposes an extensive evaluation of the current infectious disease surveillance system, which would result in recommendations for improvements. In addition, based on plans initiated during Phase I of the JP, an EWARS will be developed to strengthen and expand existing mechanisms. Rapid response teams will be established, legislation on infectious disease control will be reviewed and revised, and border control will be enhanced.

3.1.1 Human Disease Surveillance and Early Warning

A national survey on the surveillance system will be undertaken with a focus on EWARS. International technical assistance will be provided to review the report on human surveillance and make recommendations. Regulations will be developed for reporting communicable diseases within the communicable disease system. A manual on surveillance, control and prevention of 26 communicable diseases will be developed, printed and disseminated. The position of EWARS national coordinator will be supported.

A national workshop and meetings at the province/city level involving health and agriculture sectors will be held to develop a coordinated strategy for closer inter-sectoral working on animal / human 'interface' issues. Software for surveying and managing epidemics in the health system will be designed and installed, including procurement of related equipment.

EWARS capacity will be enhanced at the central level through improved tele-conferencing equipment for the EWARS headquarters at VAPM, and short training courses and study tours to enhance human capacity and learn from EWARS models in other countries.

The new EWARS will be piloted in four provinces. Based on the review of this pilot, the protocol and manual will be revised for mass implementation.

Operational costs for maintaining EWARS and coordination at the provincial and district levels will be supported. Training courses will be provided in each province. Incentives will be established at the provincial, district and village health worker levels. Biannual assessment of EWARS will be conducted.

3.1.2 Early Warning and Response Systems

Rapid response teams at provincial and district levels will be formed and trained to enable them to investigate and respond to clusters of severe respiratory infection.

3.1.3 Operationalise Planned Response Teams

The JP will support national technical assistance and workshops for the National Institute for Hygiene and Epidemiology (NIHE) to develop guidelines on Quality Assurance Systems (QAS)

to enhance the reliability of laboratory testing. Dissemination of the guidelines will be supported, including training on application of QAS.

Procurement of test kits and consumables, cold boxes, and equipment for response teams at provincial and regional levels will be supported.

3.1.4 Capability of Border Quarantine Health Enhanced

The capacity of border quarantine authorities to screen and manage suspected cases will be strengthened, including the development of guidelines for border screening, training of staff for screening and case management, and establishing a reporting system for health quarantine. Equipment will be procured for health quarantine offices. Cross-border meetings with counterparts will be organised.

3.2 Assess Capacity of Curative System

An assessment of the capacity of the curative health care system at all levels to respond during a pandemic will be conducted, focussing on reception capacity, infection control facilities, and potential surge capacity.. An instruction manual on infection control within hospitals will be developed, printed and disseminated to hospitals. The case management manual will be reviewed and eight training courses on training of trainers organised.

3.3 Education and Training: development of a Field Epidemiology Training Programme (FETP).

The Field Epidemiology Training Programme in Vietnam (FETP-Vietnam) is a two-year post-graduate fellowship programme for physicians, nurses, veterinarians and other public health staff. The FETP is designed to strengthen the epidemiological capacity of MoH by developing high-level expertise to conduct outbreak investigations, routine surveillance and disease control interventions. FETP is a competency-based and practice oriented training programme conducted under the supervision of experienced professionals and combined with regular, intensive courses in applied epidemiology and public health. As part of its mandate to improve the epidemiological capacity of Viet Nam, FETP also provides standardized short training courses to district and provincial public health staff. FETP trainees are competitively selected, provided with high-quality training and are offered exceptional opportunities to conduct epidemiologic investigations and research. FETP trainees are expected to present their work at conferences, publish in the scientific literature, and communicate public health information to the public. After completion of the fellowship, FETP graduates are awarded a Master Degree in Epidemiology and are expected to continue to play a major role in public health for Viet Nam.

2.7 Risks and Assumptions

56. The main risks and assumptions that have been identified include the following (further details on Assumptions and Risks are provided in the Logical Framework Matrix - see Annex I).

- That there will be political commitment from both national and local authorities and the international community to sustain annual planning, simulations, surveillance and other activities through the implementation period even if there are no further outbreaks of HPAI in Viet Nam.
- That there is willingness of all implementing agencies and funding partners on HPAI in Viet Nam to share programme information such as M&E reports, capacity-building assessments, training reports, communication materials, research and studies.
- In the current situation of global pandemic alert, available international technical expertise is in high demand by many countries, causing the risk of delays in the delivery of activities requiring international technical assistance.
- The OPI outlines an ambitious programme for activities and disbursements from 2006 through 2010. Given the relatively limited number of national counterpart staff collaborating with the international agencies, and the significant time required for procurement and other administrative procedures, there is a concern over absorption capacity leading to a risk that programme activities will not be completed within the planned timeframes. In particular, an increase in bilateral initiatives will reduce the amount of time national counterpart staff can

devote to the each project, thus delaying their implementation; donor coordination support can alleviate this to some extent only.

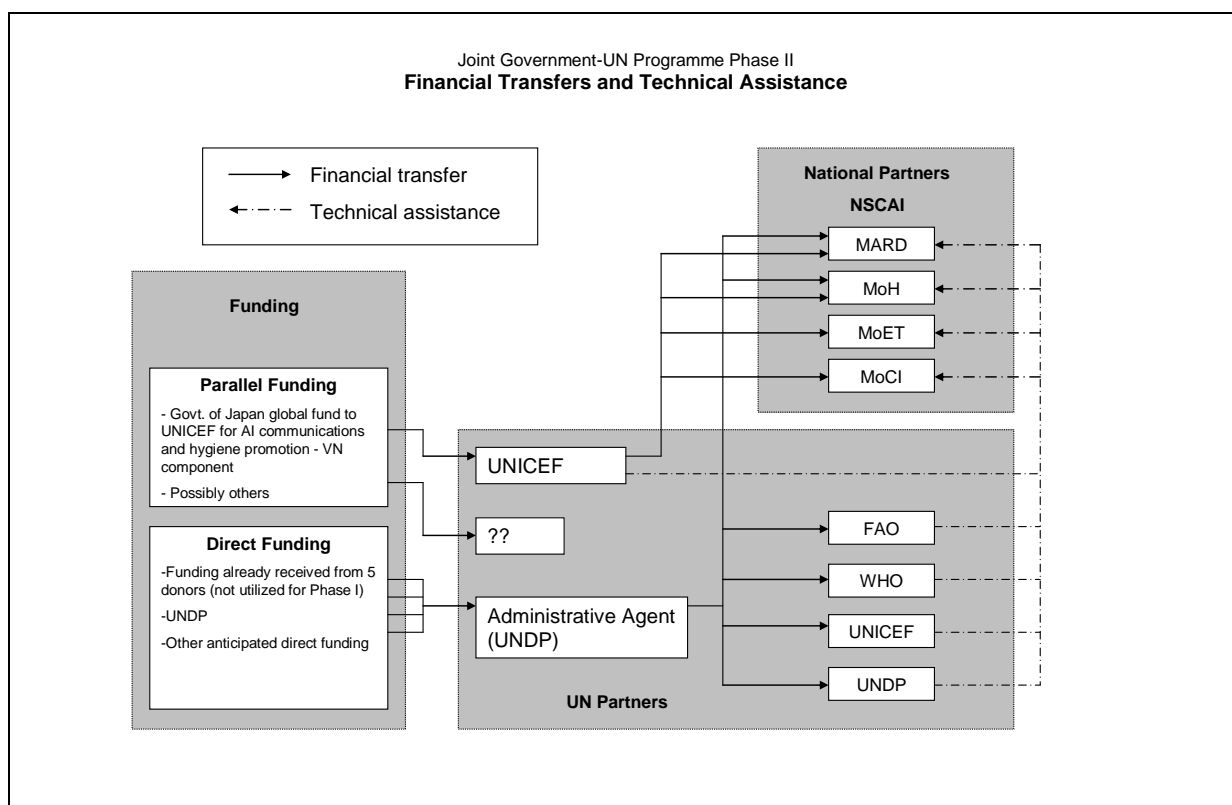
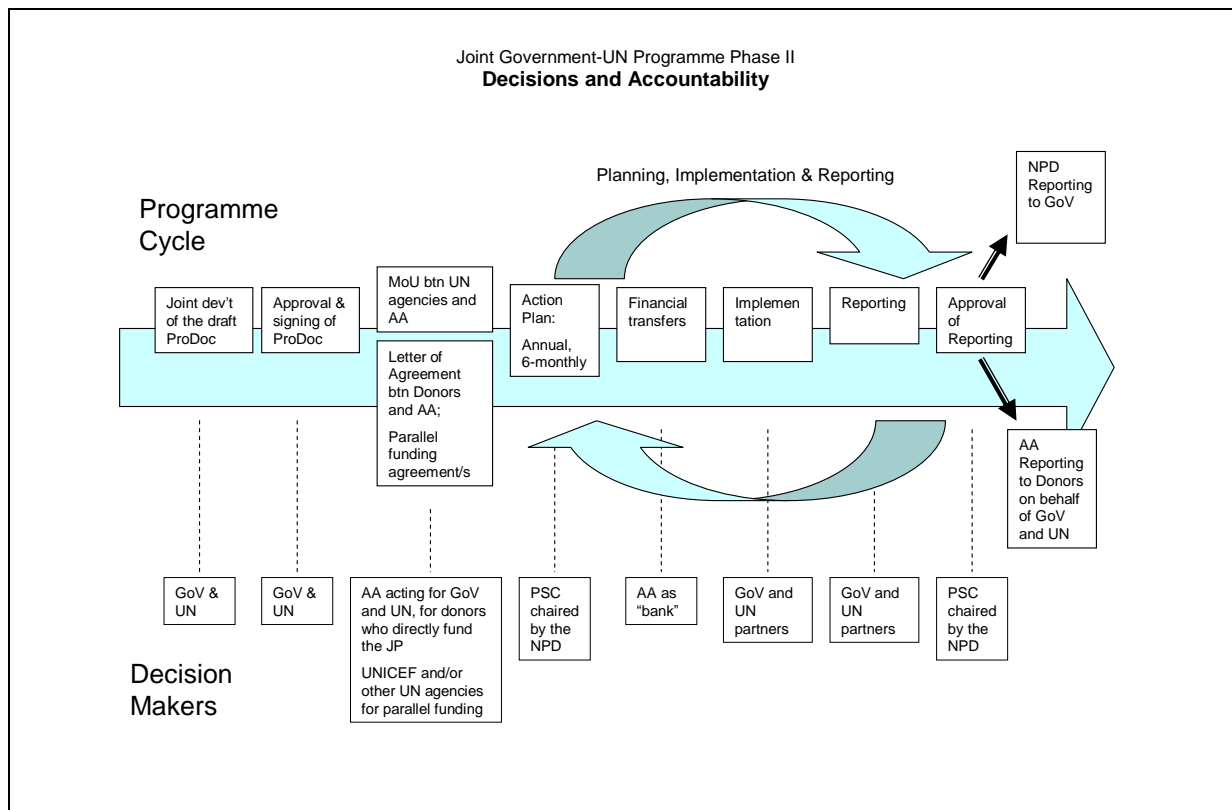
2.8 Inputs

57. Under Phase I, a total of approximately USD6.93m was approved, of which the AA channelled USD4.85m to line ministries and UN Agencies as implementing agencies. A further USD2.08m was provided in parallel funding (i.e. from other donors directly to FAO).
58. The estimated total budget for Phase II is USD16.2m. Seven donors committed funds to Phase I and most agreed that funds committed that surpassed the budget could be carried over. Thus, USD2,579,386 has already been committed to Phase II, as channelled through the AA. In addition, UNICEF has received USD2.36m from the Government of Japan, which will be utilised as parallel funding for the first year of Phase II.
59. The remaining USD11.3m is sought as donor contributions to be channelled through the AA, and/or as parallel funding from donors directly to one or more of the UN agencies and ministries.
60. Phase II does not have a specific financial GoV contribution but represents part the donor co-financing for the GoV's overall national plan.
61. During Phase II, all activities will be undertaken in close consultation between UN agencies, MARD, MoH, and other implementing ministries according to the Logical Framework Matrix (Annex I) and Activity-Based Budget (Annex II).

2.9 Implementation Arrangements

Accountability and Aid Modalities

62. Functions of key actors and decision-making moments are depicted in the following two charts.



63. The “Implementing Partner” (a.k.a. “Designated Institution”) of this Programme will be MARD, acting for the NSCAI. The Minister of MARD is the Chairman of the NSCAI and is expected to be appointed as the National Programme Director (NPD), and therefore carry overall accountability for the programme to the GoV and to the UN agencies. The overall programme and

each specific activity will be implemented under the leadership of the GoV, represented by the NPD.

64. UNDP as Administrative Agent will be accountable to the donors of the programme for the funds channelled through the AA. In this capacity, the UNDP will be responsible for consolidating progress and final reports, including financial reports and audits, and sharing these with the donors as per individual agreements between the AA and individual donors.
65. Donor funding directly to UN agencies or ministries that is brought into the JP as parallel funding remains subject to the donor agreement and standard procedures of the UN agency and ministries concerned. Parallel funds and activities thus funded will be included within the overall GoV approval of Phase II, and are incorporated in the Logical Framework Matrix, Activity-Based Budget and work plan (with clear identification of funding source), and in consolidated narrative and financial reports.
66. The programme will be executed by several “Implementing Agencies” (a.k.a. “other partners”), including MARD, MoH, MoET, MoCI, WHO, FAO, UNICEF and UNDP. Each of those Implementing Agencies is accountable for the delivery of a specific set of outputs and for management of inputs. Detailed roles and responsibilities are given in Annex II.
67. The Implementing Agencies may enter into a formal agreement with a national agency, provincial authorities, or a Mass Organisation, or procure services from other parties for the implementation of certain activities or sub-activities. However, the Implementing Agency will retain the primary accountability for management of inputs and the specifically agreed outputs. Such agreements or procurement of services must be done according to established procedures of the Implementing Agency concerned.
68. The initiative will follow the national execution modality vis-à-vis the implementing agencies. This modality allows for UN agencies to directly receive funds against the approved work plan and for the specialised agencies and Ministries to carry out activities using their internal rules and procedures.
69. National partners will use nationally approved cost norms for procurement where they exist and apply. Where appropriate nationally approved cost norms are not available, Ministries will use cost norms for procurement that are applied by the relevant UN sectoral agency (i.e. MARD/DAH will apply FAO norms, MoH will apply WHO norms). If there are no established cost norms there either, GoV agencies may propose cost norms, which should be agreed by the UN sectoral agency on a “no-objection” basis. If UN Agencies are responsible for certain procurement they will apply their internally agreed cost norms, and should such not exist they will agree cost norms with the relevant national agency.
70. The UNDP component in the JP includes support to the GoV in programme and donor coordination, i.e. for those activities UNDP acts as Implementing Agency and not just as AA.

Programme Steering Committee

71. The Programme Steering Committee (PSC)¹⁷ established under Phase I will continue, or it will be subsumed under the proposed Government – donor Partnership on Avian and Human Influenza (PAHI), which would then operate as the Steering Committee of several ODA streams in support of the OPI, including the Joint Government-UN Programme Phase II.
72. The PSC or equivalent will be headed by the Chair or one of the Vice-Chairs of the NSCAI, and will include MARD and MoH, MoCI, MPI and MoET, and the FAO, WHO, UNDP and UNICEF. The PSC will meet regularly and be responsible for the effective coordination of the programme, the approval of all detailed work plans, budgets, and overall monitoring and evaluation of progress made. The NCSAI reports to the Prime Minister.

¹⁷ Also other designated persons from: MARD/DAH, MARD/ICD, MoH/VAPM, MoCI

Administrative agent

73. As with the first phase of the Joint Government-UN Programme, Phase II will use the pass-through funding modality. The details for this are described in the UNDG Guidance Note on Joint Programming (December 2003).
74. In addition to this Project Document, a Memorandum of Understanding will be signed between the UN agencies and the Administrative Agent (AA). The AA is responsible for negotiating and signing a Letter of Agreement with donors in respect of the joint programme, in accordance with the UNDG Guidance Note on Joint Programming.
75. A detailed work plan will be prepared by the respective ministries and agencies for approval by the PSC. The work plan will be based on the Logical Framework Matrix and Activity-Based Budget and will follow a jointly agreed format. Once the MoU between the AA and UN Agencies is signed, transfer of funds from the AA to UN agencies and Ministries concerned should normally happen within seven business days based on the detailed work plan and budget, which specify responsibilities per implementing agency. The work plan and budgets may be amended by the NPD, based on agreement in the PSC, and transfers from the AA then follow such agreement. This means that there will be no further requirement of co-signed requests for transfers from the AA, as was the case in Phase I. Financial transfers will be subject to cash flow, i.e. the AA is not expected to advance funds.
76. As indicated in the budget (Annex II), the AA will charge a 1% administration fee for all money channelled through the AA. The specialized UN agencies will charge their normal administrative fees¹⁸ for the activities/budget for which they carry primary responsibility; these administrative fees have been included within the budget lines for each activity.
77. All Implementing Agencies will prepare six-monthly progress and financial reports based on the calendar year (June and December) within a month after the end of each period, in order to enable regular and timely AA reporting to donors. This will happen in accordance with the financial regulations and rules and operational policy guidance of each agency, which may mean that not all financial reports are final. The reports will be against the agreed programme work plan and budget, and use a format agreed by the ministries and UN agencies.
78. The AA will provide consolidated narrative progress and financial reports to donors that contribute to the programme in accordance with the timetable established in the Letters of Agreement between the AA and the donors. These reports will also be shared with the PSC.
79. Each UN agency and Ministry will be responsible for auditing its own contribution to the programme as part of its existing regulations and rules. These reports will also be shared with the AA and the PSC, and consolidated in reports from the AA to donors.

¹⁸ FAO: 10%; WHO: 13%; UNICEF: 7%; UNDP: 7%

2.10 Monitoring and Evaluation

80. The OPI proposes a Results and Monitoring Framework (see OPI: Annex I) with Outcomes and Outcome Indicators, and it describes how the monitoring of the outcomes will be utilised. This constitutes the main guidance for the overall monitoring and evaluation (M&E) of the implementation of the OPI. Applying one unified M&E system under national leadership is key to a harmonised approach.
81. Relevant implementing agencies will be responsible for M&E of the OPI activities they undertake. Under the OPI, a M&E Working Group is to be established to consolidate individual agency and programme M&E reports into an overall OPI M&E Report. This will be discussed on a regular basis with the members of the NSCAI and PAHI. The overall Report will also be an important input to the Mid-term and End-term Reviews of the OPI.
82. The JP will support core operational costs for the Thematic Working Group on M&E through the PAHI secretariat. Donors may also choose to channel financial support for this technical assistance through the JP in future; however, this would need to be a decision taken by the full PAHI and relevant donors.
83. The Logical Framework Matrix for the JP Phase II project, presented in Annex I, is directly linked to the OPI, facilitating aggregation of JP reporting into the overall OPI M&E reporting. The indicators in the Logical Framework Matrix and those in the Results and Monitoring Framework of the OPI, provide a detailed basis for regular M&E by the Implementing Agencies.
84. The UN system agencies should, within the context of the M&E Working Group, have clearly defined roles and responsibilities for overall OPI M&E along with GoV counterparts from the respective ministries/departments. Important principles for monitoring of activities are as follows.
 - Involve all Implementing agencies, other key stakeholders, and civil society
 - Focus on progress towards outcomes – and use the OVI (indicators) in the Logical Framework Matrix
 - Provide the basis for results-oriented reports/any interim review and final evaluation
 - Use a mix of tools – e.g. a balance of regular visitation, analysis of reports/reviews, and consultation of people at different levels
85. An external Programme Evaluation of the JP will be done in the context of the wider OPI M&E system.

SECTION 3 SIGNATURES

3.1 Signature of the Government

For the Government of the Socialist Republic of Viet Nam

Signature:  _____

Name: Cao Duc Phat

Title: Minister of Agriculture and Rural Development and Chairman of the National Steering Committee on Avian Influenza control

Place: Hanoi, Viet Nam

Date: _____

For the Ministry of Health

Signature:  _____

Name: Trinh Quan Huan

Title: Vice Minister of Health

Place: Hanoi, Viet Nam

Date: January 2017

3.2 Signature of Representatives of UN agencies

For the United Nations System

Signature:  _____

Name: John Hendra

Title: UN Resident Coordinator

Place: Hanoi, Viet Nam

Date: _____

For FAO

Signature:  _____

Name: Andrew Speedy

Title: FAO Representative

Place: Hanoi, Viet Nam

Date: _____

For WHO

Signature:  _____

Name: Hans Troedsson

Title: WHO Representative

Place: Hanoi, Viet Nam

Date: _____

For UNDP

Signature:  _____

Name: Subinay Nandy

Title: UNDP Deputy Resident Representative

Place: Hanoi, Viet Nam

Date: _____

For UNICEF

Signature:  _____

Name: Jesper Mørch

Title: UNICEF Representative

Place: Hanoi, Viet Nam

Date: _____

LIST OF ANNEXES

Annex I	Logical Framework Matrix
Annex II	Activity-based Budget
Annex III	Extracts from the OPI
Annex IV	UN System Categories of Action and Joint Programme Phase II Activities
Annex V	Principles, strategies and criteria for Phase II activities
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Annex I Logical Framework Matrix

Overall Development Objective for Viet Nam's *Integrated Operational Programme for Avian and Human Influenza, 2006-2010 (OPI)*

OPI Development Objective	Outcome Indicators	Use of Outcome Information
To reduce the health risk to humans from avian influenza by controlling the disease at source in domestic poultry, by early detecting and responding to human cases, and by preparing for the medical consequences of a human influenza pandemic	<ul style="list-style-type: none"> • Effective mechanisms in place for program implementation, coordination and financing of the OPI • Strengthened veterinary services able to control HPAI and other zoonotic disease threats • Cost-effective phased approach in place to control HPAI • Effective poultry sector restructuring plan in place to enable the improved control of HPAI by minimizing the loss of livelihoods and environmental pollution • Lowered incidence of, and mortality caused by, avian influenza • Lowered risk of an influenza pandemic occurring • Strong preparedness for a possible pandemic • Increased awareness of the general public and specific population groups of critical risk factors resulting in effective behaviour changes 	<p><i>Annual:</i></p> <ul style="list-style-type: none"> • Review activity plans and adjust as needed <p><i>2007:</i></p> <ul style="list-style-type: none"> • Gauge effectiveness of OPI strategy and determine if changes are needed <p><i>2008:</i></p> <ul style="list-style-type: none"> • Conduct Mid-term Review of the OPI, with a focus on learning lessons and mainstreaming them into animal health and human health systems <p><i>2010:</i></p> <ul style="list-style-type: none"> • Conduct OPI impact evaluation

Expected Outcome and Outputs for Phase II of the Joint Government-UN Programme

Expected Outcome	Outputs
Reduced risk of a global pandemic of HPAI emanating from Viet Nam and enhanced national and local capacity to manage outbreaks of diseases of epidemic potential caused by human and animal pathogens - through support to implementation of the <i>Vietnam Integrated National Operational Programme for Avian and Human Influenza, 2006-2010 (OPI)</i>	<ul style="list-style-type: none"> (a) Enhanced coordination of Vietnamese and International agencies supporting implementation of the OPI (b) Progressive control of HPAI in domestic poultry and enhanced overall national and local capacity to detect and respond to outbreaks of zoonotic and other diseases in animals (c) Strengthened national and local capacity to prepare for, respond to and recover from public health emergencies caused by infectious diseases such as HPAI (d) Increased public awareness generally and within specific population groups on critical HPAI-related risk factors resulting in effective behavioural changes

Notes:

1. Component labels in the Logical Framework Matrix and Activity-Based Budget for Phase II of the Joint Government-UN Programme directly match those in the OPI, and the corresponding OPI reference numbers are clearly indicated. However, the activity descriptions for the JP are more detailed than the OPI, and generally only cover part of the corresponding activity line in the OPI. JP activities focus mainly on capacity building and technical assistance aspects of the OPI, as jointly identified by Government and UN agencies.
2. Monitoring and evaluation (M&E) of specific activities within Viet Nam's *Integrated National Operational Programme for Avian and Human Influenza, 2006-2010* (OPI) implemented through Phase II of the Joint Government-UN Programme will be incorporated into the overall OPI M&E Framework to be developed by the M&E Working Group within the Partnership for Avian and Human Influenza (PAHI). Accordingly, this Logical Framework Matrix focuses on Components and Activities. Higher level monitoring of overall OPI goals, objectives and results in Viet Nam will be addressed through the overall OPI M&E Framework.

Components and Activities for the Joint Government-UN Programme Phase II

No.	OPI Ref.	COMPONENTS AND ACTIVITIES	Sector	Measurable Indicators	Means of Verification	Risks and Assumptions
1	I	Enhanced Coordination Activities	All sectors	<ul style="list-style-type: none"> ▪ Number of cross-sectoral meetings/workshops 	<ul style="list-style-type: none"> ▪ Financial and narrative reports ▪ End of programme evaluation ▪ End of programme financial audit ▪ End of programme final report to donors 	<ul style="list-style-type: none"> ▪ Prices stay within budget parameters/are available ▪ Access to programme areas for delivery of inputs ▪ Security situation and weather do not impede ▪ No major delays in donor support
1.1	I.A.	National Preparedness				
1.1.1	I.A.1.	Strategic planning for animal health	Agriculture	<ul style="list-style-type: none"> ▪ Annual amended plan submitted to the Ministry by the end of each year 	<ul style="list-style-type: none"> ▪ Annual plan 	<ul style="list-style-type: none"> ▪ Political commitment to sustain annual planning activities even if no further outbreaks of HPAI. Assume planning will enhance preparedness
1.1.2	I.A.2. + I.A.5	National Plan of Action on Human Influenza Pandemic Prevention and Control updated: National Conference held to implement Plan	Health	<ul style="list-style-type: none"> ▪ The 2007 National Plan of Action is published by the end of 2006 and a national conference held ▪ The 2008 National Plan of Action is published by the end of 2007 	<ul style="list-style-type: none"> ▪ Publication of the plan by date indicated 	<ul style="list-style-type: none"> ▪ ditto

No.	OPI Ref.	COMPONENTS AND ACTIVITIES	Sector	Measurable Indicators	Means of Verification	Risks and Assumptions
1.1.4	I.A.4	Simulation exercises at Provincial level developed, held and evaluated	Health	<ul style="list-style-type: none"> ▪ Exercise guidelines developed by end of 2006 ▪ Number of simulation exercises held and 'outcomes' of exercises 	<ul style="list-style-type: none"> ▪ Reports on individual exercises ▪ Evaluation reports produced 	<ul style="list-style-type: none"> ▪ ditto
1.2	I.B.	Policy and strategy development				
1.2.1	I.B.1.	Support for developing, printing, disseminating, and providing training on new infectious disease control regulations.	Health	<ul style="list-style-type: none"> ▪ New regulations on infectious diseases control signed and published by the end of 2007 and practical guidelines developed ▪ Training received by preventive health 	<ul style="list-style-type: none"> ▪ Publication of the regulations ▪ Numbers of health care workers that have received training 	<ul style="list-style-type: none"> ▪ New regulations will enhance control of infectious diseases
1.2.2	I.B.2.	Support veterinary regulations	Agriculture	<ul style="list-style-type: none"> ▪ Number of new/amended regulations (ordnances/directives etc) ▪ Number of international/national consultancies to support veterinary regulations 	<ul style="list-style-type: none"> ▪ Regulations ▪ Consultant reports 	
1.2.3	I.B.3.	Support quarantine regulation	Agriculture	<ul style="list-style-type: none"> ▪ Number of new/amended regulations (ordnances/directives etc) ▪ Number of international/national consultancies to support veterinary regulations 	<ul style="list-style-type: none"> ▪ Regulations ▪ Consultant reports 	
1.3	I.C.	Programme Coordination and Management				
1.3.1	I.C.2.	Coordination cost for the animal health programme at 64 cities and provinces	Agriculture	<ul style="list-style-type: none"> ▪ Number of staff supported ▪ Numbers of missions to respective provinces by staff based at RVC 	<ul style="list-style-type: none"> ▪ Personnel records ▪ Mission (back-to-office) reports 	
1.3.2	I.C.3.	Coordination Cost for the Human Health Programme at Central and 64 provinces/cities (operational costs)	Health	<ul style="list-style-type: none"> ▪ Project officers for WHO and MoH are appointed 	<ul style="list-style-type: none"> ▪ Personnel records 	<ul style="list-style-type: none"> ▪ Assumes suitable candidates can be identified
1.3.3	I.C.4.	Support to Donor Coordination	All Sectors	<ul style="list-style-type: none"> ▪ MARD and MoH focal points identified, and secretariat and coordination advisor for the Partnership for Avian and Human Influenza (PAHI) in place by November 2006 ▪ 2007 annual operational plan for PAHI approved by PAHI by February 2007 (and for 2008 by November 	<ul style="list-style-type: none"> ▪ Recruitment minutes ▪ Annual plans and reports ▪ Financing plan/donor matrix ▪ Meeting Minutes 	<ul style="list-style-type: none"> ▪ Political commitment to the partnership even if no further HPAI outbreaks ▪ Willingness of donors to share information about their support activities related to

No.	OPI Ref.	COMPONENTS AND ACTIVITIES	Sector	Measurable Indicators	Means of Verification	Risks and Assumptions
				2007, etc) <ul style="list-style-type: none"> ▪ Financing plan/donor matrix maintained ▪ Sharing of programme documents, reports, research studies via the internet 	<ul style="list-style-type: none"> ▪ Coordination website 	the OPI
1.3.4	I.C.5.	Support to Working Groups (WGs)	All Sectors	<ul style="list-style-type: none"> ▪ Thematic WGs established on: (i) public awareness and behavioural change, (ii) M&E, and (iii) capacity building ▪ Number of meetings/workshops ▪ Communications WG <ul style="list-style-type: none"> - Expansion of role and membership of IEC Working Group - Sharing of research, studies - Joint communications strategy “one campaign-many sectors” developed - Joint development of technically sound and innovative communication materials ▪ Monitoring and Evaluation (M&E) WG <ul style="list-style-type: none"> - OPI M&E framework developed including baseline data - Regular consolidated OPI M&E reports prepared covering progress in OPI implementation and financing ▪ Capacity Building WG <ul style="list-style-type: none"> - Detailed OPI capacity building plan prepared and regularly reviewed - Additional technical assistance requirements identified 	<ul style="list-style-type: none"> ▪ Meeting minutes ▪ Working Group ToR ▪ Consultant ToR and reports ▪ Coordination website ▪ Communications strategy ▪ Catalogue of communication materials and KAP survey reports ▪ M&E framework, M&E annual reports, OPI mid-term review, OPI final report ▪ Capacity building plan ▪ Capacity building reports 	<ul style="list-style-type: none"> ▪ Political commitment to the working groups even if no further HPAI outbreaks ▪ Willingness to share M&E reports on specific OPI activities they are supporting ▪ Willingness to share information on capacity building needs assessments and training activities
1.4	I.D.	Public Awareness and Information				
1.4.1	I.D.1.	Comprehensive Communication Strategy Development and Implementation	Agriculture and Health, MoCI, MoET	<ul style="list-style-type: none"> ▪ By end of 2010, people will be able to take preventive measures to protect themselves against HPAI ▪ % people able to list key prevention measures for 	<ul style="list-style-type: none"> ▪ KAP survey reports produced by International and national and local 	<ul style="list-style-type: none"> ▪ Information about the spread of the virus in birds and the specific risk factors that have

No.	OPI Ref.	COMPONENTS AND ACTIVITIES	Sector	Measurable Indicators	Means of Verification	Risks and Assumptions
		<p>II.D.1.1 Coordination</p> <ol style="list-style-type: none"> 1. Review and revise the membership of the IEC Working Group 2. Revise TOR of the working group and establish a IEC Network 3. Meetings to agree on an overall framework <p>II.D.1.2 Development and Implementation of Public Awareness and BCC Campaigns</p> <ol style="list-style-type: none"> 1. Development of evidence-based communication strategy (behaviours, audiences, channels and types of materials) for specific campaigns, including “Back to School” Campaigns 2. Review and access existing BCC materials 3. Adaptation of pre-TET campaign’s TV/video and radio/audio messages into local languages (with adjustment) 4. Develop new materials for specific campaigns for different target audiences (children, vets, health workers, mass organisations such as farmers union, women’s union, etc) 5 Pre-testing and finalisation of communication materials 6. Reproduction and distribution of print materials 7. Broadcast audio and video materials <p>II.D.1.3 Provision of hygiene supplies to promote BCC</p> <ol style="list-style-type: none"> 1. Development of AHI BCC supply package 2. Purchase/order AHI BCC supply package and distribution 		<p>HPAI</p> <ul style="list-style-type: none"> ▪ By end of 2010, people will be able to take preventive measures to protect their animals against HPAI ▪ By end of 2010, the Government of Vietnam will be fully prepared with their IEC response to emergency in terms of IEC ▪ By the end of 2010 measurable community participation and ownership is recorded in prevention/other activities ▪ Acceptance and support for social change by families is noted by the end of 2010 ▪ Capacity of local media to understand and accurately report/ disseminate messages is noted by the end of 2010 ▪ Rapid sharing of important, accessible and trust-worthy information for responsible, accurate and useful media reporting at the local level is noted each year ▪ Changes in knowledge, attitudes and practices among specific groups is recorded annually ▪ High level political and social leadership commitment is recorded annually through statements, local action, etc. ▪ Level of knowledge and attitude towards AHI issues ▪ Situation of assessment/availability to different communication channels from different group of ethnicity/social groups ▪ ”CREATE!” plus co-productions ▪ Number of key IEC messages developed ▪ Number of TV spots and radio spots Number of posters, booklets , and brochures developed ▪ Number of TV/media spots developed ▪ Number of posters and brochures 	<ul style="list-style-type: none"> ▪ consultations ▪ Final versions of IEC messages, TV spots, IEC printing materials developed and approved ▪ List of items in AHI IEC package approved ▪ Project progress/monitoring reports on IEC activity implementation ▪ Press monitoring reports ▪ Project progressing reports ▪ A library of AHI IEC-BCC materials established and introduced 	<ul style="list-style-type: none"> ▪ led to human infection is limited - therefore there will be a need to adjust the behavioural interventions as more evidence becomes available ▪ Behavioural change requires addressing important socio-cultural and economic factors, such as compensation for reporting sick/dead birds at the community level ▪ Coordination and cooperation between UN agencies and Government counterparts, including the Ministry of Agriculture and Rural Development, Ministry of Health, Ministry of Culture and Information and Ministry of Education and Training ▪ High level of commitment from the Government of Vietnam ▪ Community support from mass media, extension workers, and mass organizations (such as the Women’s Unions, the Youth Unions)

No.	OPI Ref.	COMPONENTS AND ACTIVITIES	Sector	Measurable Indicators	Means of Verification	Risks and Assumptions
		<p>I.D.1.4 Supplementary public awareness and behaviour change activities in high risk areas</p> <p>1. Distribution of BCC materials in high risk areas</p> <p>2. Social mobilisation, including community outreach by frontline workers and contests</p>		<ul style="list-style-type: none"> ▪ Number of IEC Materials, "CREATE!" plus co-productions adapted ▪ IEC Materials, various target groups (extension staff, schools etc..) ▪ Supply list of AHI IEC materials ▪ Number of communication channels developed ▪ Number of strategies ▪ Number of regular meetings ▪ Number of TV/video and radio/audio messages developed ▪ Number of printed materials developed ▪ Number of social workers mobilized ▪ Number of communication campaigns conducted in high risk areas ▪ Number of AHI BCC packages 		
1.4.2	I.D.2.	<p>Capacity Building of Local Partners</p> <p>I.D.2.1 Assessment of capacity at national, provincial and district and commune levels</p> <p>I.D.2.2 Training in BCC emergency risk communication planning for government officials and government staff</p> <p>I.D.2.3 Training in AHI BCC for frontline workers, mass organisations, educational, health extension workers</p> <p>I.D.2.4 Training for AHI BCC staff on latest BCC skills</p> <p>I.D.2.5 International/local workshops, study tours and experience learned for government officials and AHI BCC staff</p> <p>I.D.2.6 Provisions of supplies of equipment essential for producing materials at provincial levels</p>	Agriculture and Health, MoCI, MoET	<ul style="list-style-type: none"> ▪ Number of trainings in AHI IEC for various levels of government officials on BCC emergency planning and risk communication ▪ Number of training courses for frontline workers, mass organisations, educational, health extension workers ▪ Number of trainings, workshops and study tours for AHI IEC staff 	<ul style="list-style-type: none"> ▪ Training and workshop reports ▪ Qualitative assessment of capacity building activities 	<ul style="list-style-type: none"> ▪ MARD, MoH, MoET, MoCI, UN agencies/as stated in the Joint Government-United Nations programme to fight HPAI to co-operate

No.	OPI Ref.	COMPONENTS AND ACTIVITIES	Sector	Measurable Indicators	Means of Verification	Risks and Assumptions
1.4.3	I.D.3.	<p>Studies and Research Framework Development and Implementation</p> <p>I.D.3.1 Set up the studies and research working group</p> <p>I.D.3.2 Development of summary of previous studies and assessments to guide development of new research framework.</p> <p>I.D.3.3 Develop research framework for all partners</p> <p>I.D.3.4 Conduct qualitative and quantitative studies and researches identified in the framework (behaviour surveillance) to answer priority research questions, including updates on government policies and strategies</p> <p>I.D.3.5 Partnership with MARD and the poultry industry to explore issues related to consumer preferences</p>	Agriculture and Health	<ul style="list-style-type: none"> ▪ Research groups are established ▪ Number of studies and researches ▪ Assessments on current studies and researches (meta evaluation and other surveys) 	<ul style="list-style-type: none"> ▪ Project monitoring reports ▪ TOR for researches/studies developed Research groups of experts is established ▪ Studies and researches are conducted and shared 	<ul style="list-style-type: none"> ▪ MARD, MoH, MoET, MoCI, UN agencies/as stated in the Joint Government-United Nations programme to fight HPAI to co-operate
1.4.4	I.D.4.	<p>M&E, Documentation and Networking</p> <p>I.D.4.1 Meetings and workshops to develop a core set of standardized monitoring and evaluations (M&E) strategies, indicators, tools and methodologies for tracking progress</p> <p>I.D.4.2 Orientation, training in the use of the monitoring tools and reporting</p> <p>I.D.4.3 Biannual behaviour surveillance surveys</p> <p>I.D.4.4 Post-campaign KAP survey and in-depth interviews in the field</p> <p>I.D.4.5 Newspaper “AI Corner” - regular updates on the world situation, and when relevant the local situation in key VN and English newspapers to ensure HPAI remains in the public eye and that its seriousness is not undermined</p>	Agriculture and Health, Culture and Information	<ul style="list-style-type: none"> ▪ Surveys/assessment of IEC Materials ▪ Results, lessons learned and practices from stakeholders ▪ Level of community knowledge on AHI ▪ Level of community’s behaviour change on AHI issues ▪ Conducted studies and researches ▪ Number of press releases ▪ Number of issues in national/local newspapers ▪ Number of issues published in AHI IEC and line ministries websites ▪ Electronic librarian system established, soft and hard copies are available 	<ul style="list-style-type: none"> ▪ Monitoring and evaluation reports ▪ KAP surveys before and after communication campaigns ▪ IEC Expert evaluation through individual interviews and focus group meetings 	<ul style="list-style-type: none"> ▪ MARD, MoH, MoET, MoCI, UN agencies/as stated in the Joint Government-United Nations programme to fight HPAI to co-operate

No.	OPI Ref.	COMPONENTS AND ACTIVITIES	Sector	Measurable Indicators	Means of Verification	Risks and Assumptions
		I.D.4.6 Possible Vietnamese dubbing of HPAI WHO video for broadcast I.D.4.7 Selling the VN success story to national and international media I.D.4.8 Training courses for the media on AHI and work with the Viet Nam Journalist Association (VJA) in their Bird Flu training sessions				
1.4.5	I.D.5.	Technical Assistance for Strategy Development and Implementation I.D.5.1 Expertise and BCC technical assistance during implementation of strategy planning and campaigns I.D.5.2 Finalizing a complete tool kit in the event of escalation of the situation so that products (posters, radio, TV spots, PSA etc...) are ready to go.	Agriculture and Health	<ul style="list-style-type: none"> ▪ Number of technical assistance activities 		<ul style="list-style-type: none"> ▪ MARD, MoH, MoET, MoCI, UN agencies/as stated in the Joint Government-United Nations programme to fight HPAI to co-operate
2	II	HPAI control and eradication in the agricultural sector				
2.1	II A	Strengthening veterinary services				
2.1.1	II.A.7	Specialist training (improving epidemiological skills)	Agriculture	<ul style="list-style-type: none"> ▪ Number of people trained (national/international) ▪ Number of workshops/meetings 	<ul style="list-style-type: none"> ▪ Certificates ▪ Workshop reports ▪ M&E reports 	
2.1.2	II.A.8	Introduction of improved disease reporting and data analysis capacity	Agriculture	<ul style="list-style-type: none"> ▪ Number of people trained (national/international) ▪ Number of workshops/meetings ▪ Number of relevant data analyses 	<ul style="list-style-type: none"> ▪ Certificates ▪ Workshop reports ▪ M&E reports ▪ Data analysis reports 	
2.2		Disease Control				
		Disease investigation				

No.	OPI Ref.	COMPONENTS AND ACTIVITIES	Sector	Measurable Indicators	Means of Verification	Risks and Assumptions
2.2.1	II.B.1	Establish and maintain staff who can respond to outbreaks	Agriculture	<ul style="list-style-type: none"> ▪ Number of teams formed ▪ Number of people employed in such capacity ▪ Number of people trained 	<ul style="list-style-type: none"> ▪ Government reports ▪ M&E reports ▪ Training workshop reports 	
2.2.2	II.B.2	Support paravets as first point for outbreaks	Agriculture	<ul style="list-style-type: none"> ▪ Number of paravets trained ▪ Number (or proportion of) disease outbreak investigations with paravet participation ▪ Training manual printed and Number of manuals distributed 	<ul style="list-style-type: none"> ▪ Training workshop reports ▪ Disease investigation reports 	
2.2.3	II.B.3	Operating funds for Provincial investigation Teams	Agriculture	<ul style="list-style-type: none"> ▪ Number of disease investigations carried out by provincial teams ▪ Number of disbursements to support provincial teams 	<ul style="list-style-type: none"> ▪ Disease investigation reports ▪ Financial reports ▪ M&E reports 	
		Outbreak control				
2.2.4	II.B.9	Training in culling	Agriculture	<ul style="list-style-type: none"> ▪ Number of people trained ▪ Number of training workshops 	<ul style="list-style-type: none"> ▪ Training workshop reports 	
2.2.5	II.B.10	Development of technical guidelines for bio-secure disposal of birds	Agriculture	<ul style="list-style-type: none"> ▪ Survey on impact of bird disposal in 7 pilot provinces completed by the end of 2007 ▪ Number of national/international consultancies ▪ Guidelines submitted to MARD by May 2008 ▪ Number of training/workshops on guidelines 	<ul style="list-style-type: none"> ▪ Consultants reports ▪ Training reports ▪ Guidelines 	
		Vaccination				
2.2.6	II.B.11	Targeted vaccination	Agriculture	<ul style="list-style-type: none"> ▪ Number of poultry (and proportion of the national flock) vaccinated each year 	<ul style="list-style-type: none"> ▪ Annual vaccination reports ▪ Post-vaccine surveillance reports 	
2.2.7	II.B.14	Vaccination Cold Chain	Agriculture	<ul style="list-style-type: none"> ▪ 40 cold rooms set up in 40 provinces and 200 electric cool boxes for 200 selected districts 	<ul style="list-style-type: none"> ▪ Consultant reports/ risk analysis 	

No.	OPI Ref.	COMPONENTS AND ACTIVITIES	Sector	Measurable Indicators	Means of Verification	Risks and Assumptions
				<ul style="list-style-type: none"> ▪ Number of national/international consultants working on risk analysis per annum 		
		Quarantine and Movement Control				
2.2.8	II.B.17	Training of quarantine and movement control staff	Agriculture	<ul style="list-style-type: none"> ▪ Number of people trained ▪ Number of workshops 	<ul style="list-style-type: none"> ▪ Training reports 	
2.2.9	II.B.18	Equipment for quarantine and movement control staff	Agriculture	<ul style="list-style-type: none"> ▪ Number of PPE and other relevant equipment supplied annually 	<ul style="list-style-type: none"> ▪ Procurement/delivery records ▪ M&E reports 	
		Movement Control across International Borders				
2.2.10	II.B.19	Training of border staff	Agriculture	<ul style="list-style-type: none"> ▪ Number trained ▪ Number of workshops 	<ul style="list-style-type: none"> ▪ Training reports 	
2.2.11	II.B.20	PPE for border staff	Agriculture	<ul style="list-style-type: none"> ▪ Number of PPE and other relevant equipment supplied annually 	<ul style="list-style-type: none"> ▪ Procurement/delivery records ▪ M&E reports 	
2.2.12	II.B.21	Seize illegally imported products (DAH)	Agriculture	<ul style="list-style-type: none"> ▪ Number of illegal shipments intercepted and destroyed appropriately 	<ul style="list-style-type: none"> ▪ Government reports, M&E reports 	
2.2.13	II.B.23	Risk analysis of poultry imports	Agriculture	<ul style="list-style-type: none"> ▪ Risk Working Group set up by end-2006 ▪ First Risk Assessment completed by mid-2007 	<ul style="list-style-type: none"> ▪ Minutes of WG meetings ▪ Risk Assessment Report 	
2.3	II.C.	Surveillance and Epidemiological Investigation				
2.3.1	II.C.1.	Market and slaughterhouse surveillance	Agriculture	<ul style="list-style-type: none"> ▪ Number of markets and abattoirs monitored annually ▪ Number of samples taken ▪ Number of studies carried out 	<ul style="list-style-type: none"> ▪ Government reports ▪ Laboratory reports ▪ Studies/publications 	
2.4	II.D.	Poultry Sector Restructuring				
2.4.1	II.D.1.	Review poultry restructure plan	Agriculture	<ul style="list-style-type: none"> ▪ Number of weeks input by international consultant 	<ul style="list-style-type: none"> ▪ Mission reports 	

No.	OPI Ref.	COMPONENTS AND ACTIVITIES	Sector	Measurable Indicators	Means of Verification	Risks and Assumptions
				<ul style="list-style-type: none"> Number of weeks input by national consultant 		
2.4.2	II.D.2.	Review regulations on production and marketing	Agriculture	<ul style="list-style-type: none"> Number of weeks input by international consultant Number of weeks input by national consultant Number of workshops/participants 	<ul style="list-style-type: none"> Mission reports 	
2.4.3	II.D.3.	Review of the impact of bio-security regulations	Agriculture	<ul style="list-style-type: none"> Number of weeks input by international consultant Number of weeks input by national consultant Number of workshops/participants 	<ul style="list-style-type: none"> Mission reports Workshop reports 	
2.4.4	II.D.4.	Review and appraise poultry development plans in three provinces	Agriculture	<ul style="list-style-type: none"> Number of weeks input by international consultant Number of weeks input by national consultant Number of workshops/participants 	<ul style="list-style-type: none"> Mission reports Workshop reports 	
3	III	HPAI Prevention and Pandemic Preparedness in the Health Sector				
3.1	III.A.	Strengthening Surveillance and Response				
3.1.1	III.A.1.	National surveillance system for infectious diseases is evaluated, revisions made and implemented	Health	<ul style="list-style-type: none"> Surveillance system evaluation report, recommendations made and implemented 	<ul style="list-style-type: none"> Evaluation report by the end of 2006 	<ul style="list-style-type: none"> Assume recommendations will result in change to system
3.1.2	III.A.2	Early Warning and Response System (EWARS) piloted and implemented nationwide	Health	<ul style="list-style-type: none"> EWARS pilots completed in 4 Provinces by the end of 2006 EWARS implemented nationally by the end of 2007 SARI clusters identified 	<ul style="list-style-type: none"> EWARS is piloted, and then implemented nationally by the dates indicated Number of SARI clusters identified relative to expected baseline 	<ul style="list-style-type: none"> At the beginning, EWARS may function sub-optimally. Difficult to evaluate effectiveness without baseline data on incidence of SARI clusters
3.1.3	III.A.3.	Response teams trained and operationalized	Health	<ul style="list-style-type: none"> Response teams at Provincial and District level trained Numbers of SARI clusters investigated and controlled 	<ul style="list-style-type: none"> Number of teams at Provincial and District level fully trained and operational 	

No.	OPI Ref.	COMPONENTS AND ACTIVITIES	Sector	Measurable Indicators	Means of Verification	Risks and Assumptions
3.1.4	III.A.6	Capability of border quarantine health procedures enhanced	Health	<ul style="list-style-type: none"> ▪ Border healthcare facilities upgraded ▪ Training provided to border health staff 	<ul style="list-style-type: none"> ▪ Number of facilities upgraded ▪ Number of border health staff trained 	<ul style="list-style-type: none"> ▪ Assume border control would be effective in controlling spread of infectious diseases
3.2	III.C.1	Curative Health Care capacity to respond to a pandemic is assessed, guidelines on clinical management and infection control are developed	Health	<ul style="list-style-type: none"> ▪ Assessment leads to ‘stock take’ of healthcare facilities including beds, isolation facilities, high dependency units etc. ▪ Guidelines produced and disseminated, training provided 	<ul style="list-style-type: none"> ▪ Assessment reports of individual healthcare facilities, summary Provincial / National reports 	<ul style="list-style-type: none"> ▪ Assume actions will enhance curative care preparedness for a pandemic
3.3	III.D.7	Education and Training: Field Epidemiology Training Course (FETP)	Health	<ul style="list-style-type: none"> ▪ FETP National Coordinator and support staff hired by December 2006 ▪ First cohort of FETP fellows enters training by June 1, 2007 		

Annex II Activity-based Budget

See separate attachment.

Annex III Extracts from the OPI

The Overall Objective, Goals and Specific Objectives for the animal health and human health sectors detailed in the *Vietnam Integrated National Operational Programme for Avian and Human Influenza 2006-2010 (OPI)* are as follows:

The overall objective of the OPI is to reduce the health risk to humans from avian influenza by controlling the disease at source in domestic poultry, by detecting and responding promptly to human cases, and by preparing for the medical consequences of a human pandemic.

For the Animal Health Sector, the overall goal is progressively to control and eradicate¹⁹ HPAI from poultry in Vietnam.

The specific short- to medium-term objectives are:

- (a) to strengthen veterinary services to control HPAI and other potential zoonotic disease threats;
- (b) to control HPAI using a cost-effective phased approach that addresses each sector; and
- (c) to plan poultry sector restructuring to achieve better control of HPAI while minimizing the loss of livelihoods and environmental pollution.

Over the longer term, the country plans to restructure its poultry industry by improving bio-security and food safety along the market chain from producer to consumer while protecting the livelihoods of poor farmers and preserving the environment.

For the Human Health Sector, the specific objectives are:

- (a) to minimize the incidence and mortality of human avian influenza infections;
- (b) to reduce the risk of an influenza pandemic occurring; and
- (c) to take other steps necessary to reduce the impact of a human influenza pandemic.

The principle underlying the health sector's response is to link activities targeting HPAI to a broader agenda to strengthen the capacity of the sector to detect, control and respond to emerging infectious diseases, especially zoonoses.

¹⁹ As indicated in the OPI, eradication of HPAI from Viet Nam is a long-term goal but is not expected to be fully achieved until after 2010.

Annex IV UN System Categories of Action and Joint Programme Phase II Activities

Outline of the UN Categories of Action and roles of FAO, WHO, UNICEF and UNDP as listed under the Action Plan for UN System Contributions²⁰, and the main activities of Viet Nam's Integrated National Operational Program (OPI) that are to be supported under the Joint GoV/UN Phase II programme²¹:

UN Categories of Action and roles of UN Agencies	OPI Activities to be supported under Phase II
<p>Category 1: Animal Health and Bio-security Ensuring that animal health is safeguarded, bio-security is brought up to standard, and that there is capacity, when needed, for scaling up veterinary services to detect and stamp out new avian infections through prompt movement restrictions and culling, and to sustain vaccination of poultry and other interventions when they are indicated</p>	
<p>1.1 (FAO) Ensuring that the H5N1 Situation in poultry and wild birds and the provision of animal health services is properly monitored, and related to international (OIE) standards:</p> <ul style="list-style-type: none"> i. Assessments of the country situation concerning risks of HPAI and its mitigation; ii. Assessments of capacity and impact of veterinary services, surveillance system, national laboratories; iii. Reviews of emergency plans and field exercises. <p>1.2 (FAO) Ensuring that countries affected by and at risk of HPAI receive necessary technical assistance to achieve international standards for animal health and bio-security:</p> <ul style="list-style-type: none"> i. Advice to governments on national strategies for control of highly pathogenic avian influenza; <p>1.3 (FAO) Ensuring that veterinarians and other personnel are competent to implement laboratory services, to undertake field investigations, to recognize disease, to use protective equipment, and to be operationally prepared for contingencies:</p> <ul style="list-style-type: none"> i. Direct technical support through training of local veterinarians and other animal health workers to enable them to face the HPAI spread; and ii. Equipment for and assistance with laboratories based on needs assessments. <p>1.4 (FAO) Ensuring that national authorities can receive prompt and valuable support through a rapid response service</p> <ul style="list-style-type: none"> i. Rapid incident response in relation to new avian influenza infections. ii. Assistance with the implementation of responses through strategic alliances and partnerships with field NGOs and private entities iii. Crisis Management Centre (CMC) at FAO Headquarters to assemble, analyse and communicate 	<p><u>II. HPAI Control and Eradication in the Agricultural Sector</u></p> <p>II. A. Strengthening Veterinary Services II. A7. Specialist Training (Improving epidemiological skills) II. A8. Introduction of Improved Disease Reporting and Data Analysis Capacity</p> <p>II. B. Disease Control</p> <p>Disease Investigation II.B1. Establish and Maintain Staff who can Respond to Outbreaks II.B2. Support Veterinary Paraprofessionals as First Point for Outbreaks II.B3. Operating Funds for Provincial Investigation Teams II.B5. Virus Characterization Studies</p> <p>Outbreak Control II.B9. Training in Culling II.B10. Development of Technical Guidelines for Bio-</p>

²⁰ *Avian and Human Pandemic Influenza (AHI): Action Plan for UN System Contributions (up to December 2006) - Version 3: 29 May 2006* prepared by the UN System Influenza Coordinator (UNSIIC), UNDG

²¹ UN agencies in Viet Nam are also addressing other aspects of these seven categories outside the Joint Government-UN Programme, as briefly indicated in the multi-donor financing framework at Annex VII.

UN Categories of Action and roles of UN Agencies	OPI Activities to be supported under Phase II
<p>relevant disease data and early warning messages; deploy rapidly specialised teams to infected areas; and coordinate country support so as to contribute to concerted international efforts.</p> <p>1.5 (UNHCR) In refugee settings - ensuring surveillance, detection and collection of dead birds, and preventing measures of safe and separated keeping of poultry in refugee camps</p> <ol style="list-style-type: none"> i. Provision of PPE to community workers and training on collecting dead birds in a safe way. ii. Ensuring that protocols and pathways for laboratory and veterinary services are in place (provided by FAO) iii. Awareness raising of refugees and people working in camps about avian flu and the risk of transmission from poultry to humans and support to possible actions to keep poultry away from habitations iv. Set up of reporting systems, coordination and surveillance mechanisms at camp, national and global level 	<p>secure Disposal of Birds</p> <p>Vaccination II.B11. Targeted Vaccination II.B.14. Vaccination Cold Chain</p> <p>Quarantine and Movement Control II.B17. Training of Quarantine and Movement Control Staff II.B18. Equipment for Quarantine and Movement Control Staff</p> <p>Movement Control Across International Borders II.B19. Training of Border Staff II.B20. PPE for Border Staff II.B21. Seize Illegally Imported Products (DAH) II.B23. Risk Analysis of Poultry Imports II.B24. Implement Risk Mitigation Measures</p> <p>II. C. Surveillance and Epidemiological Investigation II. C1. Market and Slaughterhouse Surveillance</p>
<p>Category 2: Sustaining Livelihoods Ensuring that the economic and poverty impact of avian influenza is monitored and rectified, limiting its impact on the Millennium Development Goals, seeking fair and equitable compensation for those whose livelihoods are endangered by avian influenza and control measures</p>	
<p>2.1 (FAO) Advising on livestock development for agriculture, environment and people’s livelihood</p> <ol style="list-style-type: none"> i. Development of schemes to assist countries on compensation strategies ii. Studies on socio-economic impact of HPAI and of the application of control measures (jointly with UNDP in Ukraine and Gaza) <p>2.2 (FAO) Assistance with the rehabilitation of poultry production, slaughtering, processing and marketing to enable stakeholders to recover from losses associated with avian influenza</p> <p>2.3 (UNDP) Assist governments as they design and implement mechanisms for sustaining the livelihoods of persons whose assets (e.g. poultry) are lost due to the culling required for controlling the AHI threat, and who might well become distressed as a result</p> <ol style="list-style-type: none"> i. Analytical work on the potential socio-economic consequences of an AI pandemic 	<p>II.D. II.D.1. Review poultry restructure plan II.D.2. Review regulations on production and marketing II.D.3. Review impact of bio-security regulations II.D.4. Review and appraise poultry development plans</p>

UN Categories of Action and roles of UN Agencies	OPI Activities to be supported under Phase II
<ul style="list-style-type: none"> ii. Reviews of benefits and risks posed by different compensation mechanisms iii. Supporting community action to identify alternative options for livelihood security <p>2.4 (UNHCR) Ensure that refugees benefit from compensation that is equivalent to compensation received by members of host country population in similar economic condition.</p> <ul style="list-style-type: none"> i. Define and implement compensations schemes in refugee settings in accordance with schemes applied for the host population <p>2.5 (WFP) Support ongoing efforts to assess and analyze the impact of avian influenza (and control measures) on vulnerable populations, particularly focusing on the impact of the epizootic on food security</p> <ul style="list-style-type: none"> i. Strengthen capacity for livelihood/food security analysis and monitoring <p>2.6 (UNICEF) Strengthen capacity to monitor the impact of avian influenza (including the culling of poultry and other birds) on the nutritional status and well being of children and women</p>	
<p>Category 3: Human Health Strengthen public health infrastructure, including surveillance systems, to enable (i) early detection and rapid response to human cases of avian influenza; (ii) a containment response for a newly emerging human influenza virus; and (iii) surge capacity for a pandemic. Strengthen community based treatment of acute respiratory infections, including propositioning of medical supplies in peripheral areas to enhance capacity to respond; enhance nutrition security and access to micronutrients to minimise the impact of infection on susceptible populations</p>	
<p>3.1 (WHO) <i>Reduce human exposure to the H5N1 virus.</i> Reduce opportunities for human infection and, in so doing, reduce opportunities for a pandemic virus to emerge</p> <p>3.2 (WHO) <i>Strengthen the early warning system.</i> Ensure that affected countries, WHO, and the international community have all data and clinical specimens needed for an accurate risk assessment</p> <ul style="list-style-type: none"> ii. Conduct surveillance for human cases in countries experiencing poultry outbreaks iii. Detect imported or exported cases iv. Confirm diagnosis v. Undertake field investigations of cases and interpret the findings vi. Identify populations at heightened risk of infection and introduce protective measures <p>3.3 (WHO) <i>Intensify rapid containment operations.</i> Prevent the H5N1 virus from further increasing its transmissibility among humans or delay its international spread</p> <ul style="list-style-type: none"> i. Detect the earliest epidemiological signals that the virus may be increasing its transmissibility among humans ii. Intervene rapidly and adequately when this occurs <p>3.4 (WHO) <i>Build capacity to cope with a pandemic.</i> Ensure that all countries have formulated and tested</p>	<p><u>III. HPAI Prevention and Pandemic Preparedness in the Health Sector</u></p> <p>III. A. Strengthening Surveillance and Response III. A1. Human Disease Surveillance and Early Warning III. A2. Early Warning and Response Systems III. A3. Operationalise Planned Response Teams III. A6. Capability of Border Quarantine Health Enhanced</p> <p>III.C. Curative Health Care C1. Assess capacity of Curative Medical System</p>

UN Categories of Action and roles of UN Agencies	OPI Activities to be supported under Phase II
<p>pandemic response plans and that WHO is fully able to perform its leadership role for health sector action during a pandemic</p> <p>3.5 (WHO) <i>Coordinate global scientific research and development.</i> Ensure that pandemic vaccines and antiviral drugs are rapidly and widely available shortly after the start of a pandemic and that scientific understanding of the virus evolves quickly</p> <ul style="list-style-type: none"> i. Establish processes that result in the production of sufficient quantities of vaccines and antiviral drugs, at sufficient speed, to mitigate morbidity and mortality during a pandemic, ii. Ensure that these interventions are made widely available. <p>3.6 (UNHCR) <i>Pursuing its responsibility for ensuring the health of refugees, and working closely with WHO,</i> pursuing international protocols for surveillance and investigation of, and response to, suspected human cases of avian influenza and instances of efficient human-to-human transmission of highly pathogenic influenza, including targeted supply of antiviral and vaccines, with a focus on:</p> <ul style="list-style-type: none"> i. Awareness raising of refugees and people working in camps about human flu transmission and protection ii. Provision of PPE to Staff and training in risk and risk avoidance, case management, management of waste. iii. Security of staff, medications, isolation and triage zone iv. Strengthening of health services to include surveillance, detection, infection control and clinical management (including stock piling of antibiotics, paracetamol, and essential drugs for other diseases). v. Set up of reporting systems, coordination and surveillance mechanisms at camp, national and global level <p>3.7 (UNICEF) <i>Pursuing its responsibility for ensuring the health of women and children:</i> Ensuring that the health needs of children and women at risk of avian influenza or of any potential future pandemic are adequately addressed and that a protective environment for children is sustained at all stages of preparedness for containment and pandemic response.</p> <ul style="list-style-type: none"> i. Strengthening of on-going community-based and home-based care for acute respiratory infections; ii. Strengthening of nutrition security and micronutrient initiatives to ensure that children and women have optimal nutritional health; iii. Contribution to development of national pandemic preparedness plans for health services that pay adequate attention for the special needs of children and women and focus on the required surge capacity for the peripheral decentralized health services; iv. Supporting of increased availability of the appropriate essential drugs, especially for children and women. 	

UN Categories of Action and roles of UN Agencies	OPI Activities to be supported under Phase II
<p>Category 4: Coordination of National Stakeholders Ensuring that national government ministries work together in a focused way, bringing in civil society and private sector groups, in pursuit of sound strategies for avian influenza control and pandemic preparedness</p>	
<p>4.1 (UNDP) Working with national authorities at the highest level to ensure leadership for the national response to AHI (in conjunction with the World Bank, regional banks and other international stakeholders), through</p> <ul style="list-style-type: none"> i. Consistent advocacy with national leaders to encourage their fullest commitment to the response together with openness about challenges being faced; ii. Support for cross-government engagement – bringing together ministries of Agriculture and Health, together with other Ministries and Institutions concerned with pandemic preparedness and response; iii. Facilitation of the joint analysis of challenges and synergized approaches to AHI responses in high level regional and global meetings. <p>4.2 (UNDP) Working with national authorities, civil society and the private sector to assist the formation of strategic alliances to tackle the AHI threat across all levels of government, with full engagement of the private and voluntary sectors;</p> <p>4.3 (UNDP) Providing a dependable package of assistance for</p> <ul style="list-style-type: none"> i. Developing the integrated national AHI programme management systems that are based on the global strategic vision for AHI responses, ii. Engaging different ministries and non-governmental partners within an agreed framework for national accountability, and iii. Adopting results-based management methods iv. Instituting regular implementation reviews and adjusting the AHI strategy as necessary to reflect changed national and/or international circumstances; <p>4.4 (UNDP) Ensuring capacity in the office of the Resident Coordinator for coordination of bilateral and multilateral external assistance (in conjunction with the development banks) in line with the integrated national influenza plan</p> <ul style="list-style-type: none"> i. Ensuring complementarities of externally provided technical assistance ii. Encouraging synergy of financial assistance <p>4.5 (WFP) Assisting in the national coordination structures set up to coordinate avian influenza response and national pandemic preparedness activities by integrating food security elements in national plans for avian influenza and pandemic preparedness</p> <p>4.6 (UNDG and UNSIC) Improving international coordination through support for</p>	<p>I. Enhanced Coordination Activities</p> <p>I. A. National Preparedness</p> <ul style="list-style-type: none"> I.A.1. Strategic Planning for Animal Health I.A.2. National Plan of Action on Human AI Prevention and Control I.A.4. Conduct Simulation Exercise to Test Mechanism of Health Sector Action I.A.5. Hold National Conference to Extend Health Sector Plan <p>I. B. Policy and Strategy Development</p> <ul style="list-style-type: none"> I.B.1. Assistance to Rapidly Promulgate Human Health Laws I.B.2. Support Veterinary Regulations I.B.3 Support Quarantine Regulations <p>I.C. Program Coordination and Management</p> <ul style="list-style-type: none"> I.C.2. Coordination Cost for the Animal Health Program at 64 Cities and Provinces I.C.3. Coordination Cost for the Human Health Program at Central and 64 provinces/cities I.C.4. Support to Donor Coordination I.C.5. Support to Working Groups

UN Categories of Action and roles of UN Agencies	OPI Activities to be supported under Phase II
<ul style="list-style-type: none"> i. Harmonization and alignment of external assistance at country level, working through Resident Coordinators and World Bank country directors ii. Synergy of strategies pursued and actions undertaken by UN systems agencies and other development and humanitarian partners (development banks, international NGOs, private entities working in alliance with UN system, bilateral assistance agencies) around the 7 objectives: reflecting these actions in the UN system Action Plan; tracking of progress against the plan, and problem solving, through UN System Influenza Steering Committee and its Technical Working Group; situation-specific networks, and ad hoc groups; producing regular (monthly) progress reports and revising the Action Plan at six-monthly intervals iii. Supportive engagement (with World Bank) in Intergovernmental Partnerships (e.g. PAPI); production of reports and identification of critical issues for review in six monthly meetings organized by the partners iv. Providing a focal point for guidance on and monitoring of preparedness planning for different pandemic contingencies by different agencies, funds and programmes within the UN system (so as to ensure continuity of their essential functions in the event of a pandemic) v. Encouraging synergy, consistency (and, ideally, unison) of the messages issued by different UN systems agencies to media, to interested parties, to the respective line ministries, in relation to AHI vi. Maintaining an up-to-date database of the progress of AHI activities at country level through proactive data collection, through acting as a repository of materials issued by national governments and other authorities, and through rigorous analytical work 	
<p>Category 5: Public Information Strategic communication to provide clear and unambiguous risk and outbreak information to the general public and key groups of people with the highest potential for stemming the spread and impact of the disease. This will include communicating with the public, households and communities to involve and mobilize them to adopt appropriate behaviours to reduce risks and mitigate the impact of any outbreaks or pandemic</p>	
<ul style="list-style-type: none"> 5.1 (FAO and WHO) Advising on the development of effective public awareness and behaviour change campaigns <ul style="list-style-type: none"> i. Development and application of guidelines on approaches to communication and information, on compensation ii. Provision of materials that convey core messages on AHI prevention, as well as pandemic containment 5.2 (UNICEF) Supporting governments and partners to develop behaviour change strategies and prototype communication materials designed for the household level, with a specific focus on back-yard poultry farmers, community influencers and children <ul style="list-style-type: none"> i. Resilience building among communities by supporting national communication strategies that provide clear and empowering information to the general public and key groups of people, with a focus on 	<p>I.D. Public Awareness and Information I.D.1. Comprehensive Communication Strategy Development and Implementation I.D.2. Capacity Building of Local Partners I.D.3. Studies and Research Framework Development and Implementation I.D.4. M and E, Documentation and Networking I.D.5. Technical Assistance for Strategy Development and Implementation</p>

UN Categories of Action and roles of UN Agencies	OPI Activities to be supported under Phase II
<p>communities and households</p> <ul style="list-style-type: none"> ii. Advocacy among the key national decision makers for the appropriate actions to stem the spread and impact of a pandemic iii. Strengthening of on-going hygiene promotion programmes <p>5.3 (UNHCR) Ensuring that refugees and other populations of concern to UNHCR are properly informed and encouraged to adopt healthy AHI-related behaviours</p> <ul style="list-style-type: none"> i. Translation of public awareness messages into appropriate languages and format to inform and encourage refugees to reduce risks ii. Increased distribution of soap for personal hygiene <p>5.4 (WFP) Integrating AHI awareness components into existing or new food-assisted programmes where appropriate</p> <ul style="list-style-type: none"> i. Introduction of awareness materials in schools where WFP provides school feeding; ii. Use of food distribution sites for awareness campaigns iii. Link with UNICEF, FAO and Government to disseminate awareness materials during monitoring visits iv. Support partner and government community training programmes through food for training if appropriate 	
<p>Category 6: Continuity under Pandemic Conditions Ensuring the continuity of essential social, economic and governance services, and effective implementation of humanitarian relief, under pandemic conditions</p>	
<p>6.1 (OCHA) Ensure that influenza pandemic plans and strategies are built upon existing mechanisms for disaster and public health emergencies preparedness, mitigation and response, as well as established best practice for crisis responses, and – as far as possible – are fully integrated into existing management structures for disasters and public health emergencies</p> <ul style="list-style-type: none"> i. Undertaking of risk assessments, developing alternative pandemic scenarios, adjusting scenarios as required given the evolution of risks associated with the pandemic ii. Preparation and review of comprehensive multi-sectoral preparedness and response plans, involving all levels of government, for different pandemic-related contingencies iii. Testing of these plans through simulations, reviewing their relevance and utility and revising them as appropriate <p>6.2 (OCHA) Assist the development of standard operating procedures, the provision of surge capacity for the implementation of both pandemic containment and pandemic mitigation.</p> <ul style="list-style-type: none"> i. Planning responses to the humanitarian consequences of a pandemic, including strategic alliances across all levels of government, in ways that engage private and voluntary sectors, and involve 	

UN Categories of Action and roles of UN Agencies	OPI Activities to be supported under Phase II
<p>communities</p> <p>ii. Engaging, as appropriate, with national and international military and civil defence actors in defining appropriate roles and effective mechanisms for coordination and planning</p> <p>6.3 (OCHA) Promote management systems for pandemic preparedness and response that engage all stakeholders, encourage synergy, analyze progress, review results and shift program emphasis when necessary</p> <p>i. Establishing the framework for regional perspectives of pandemic preparedness, mitigation and response</p> <p>6.4 (UNDP) Working with OCHA to establish a platform for UN system support to national pandemic preparedness</p> <p>i. Supporting the efforts of the UN resident coordinator and country team to ensure that the UN country team develops and tests its own pandemic preparedness plans</p> <p>ii. Encouraging national officials to integrate pandemic preparedness planning into national crisis preparedness and response exercises.</p> <p>6.5 (UNHCR) Working on behalf of refugees and in close cooperation with OCHA, coordinating with national governments and UN country teams on the preparation of country-level pandemic influenza contingency plans enabling staff to respond to refugees' needs.</p> <p>6.6 (UNICEF) In collaboration with the UN Country Team and government, identifying essential activities that should continue in a pandemic and required additional actions</p> <p>i. Assistance in operationalisation of the national pandemic containment and response plan</p> <p>ii. Assistance to meet the needs of the marginalized women, children and orphans in a pandemic</p> <p>iii. Assistance in development of a strategy with the Ministry of Education to minimize the negative impact (on children and women) of class-suspension and/or other interruption of the education of children as a result of a pandemic.</p> <p>6.7 (WFP) Strengthening UN systems agencies' (and WFP's) capacities for business continuity planning and implementation</p> <p>i. Training of staff and counterparts</p> <p>ii. Country capacity assessments and list of shortfalls</p> <p>iii. Stockpile mapping and logistic capacity assessments</p> <p>iv. Analysis and mapping of countries with particular food security vulnerabilities in a pandemic situation</p> <p>v. Operational plans for staff security</p> <p>vi. Agency and country specific business continuity plans</p>	

UN Categories of Action and roles of UN Agencies	OPI Activities to be supported under Phase II
6.8 (WFP) Providing support to governments in countries with large vulnerable and food insecure populations <ul style="list-style-type: none"> i. Building up national resilience and planning for relief food interventions in a pandemic situation. ii. Negotiation of access to national food stocks for pandemic response, pipeline planning and support and planning of food aid intervention 	
Category 7: Common Services Support Ensuring that - in the event that national capacity is overwhelmed by pandemic conditions – agreed emergency operating procedures are invoked and benefit from information technology and logistics capacity set up and made operational beforehand	
7.1 (WFP) Providing support to information management related to avian influenza <ul style="list-style-type: none"> i. Provision of GIS capacity ii. Content management of HEWSweb related to avian influenza. 7.2 (WFP) Providing logistics expertise, contingency planning experience, and joint operations approach to the inter-agency process.	

Annex V Principles, strategies and selection criteria for Phase II activities

Activities will:

- be fully **consistent with the strategic priorities and activities** in the Viet Nam Integrated National Plan for Avian Influenza Control and Human Pandemic Influenza Preparedness and Response 2006-2008 as presented by the GoV in Beijing, and the related Avian Influenza Integrated National Operational Work Plan 2006-2010 (OPI, a.k.a. the “Green Book”). Selection of activities for Phase II from the OPI will take into account the timeframe of Phase II (to be determined).
- **reflect the comparative advantages of UN agencies** to support National agencies in implementation of the OPI, including technical assistance, assistance to policy and legislative development, capacity building including support to national roll-out of plans and strategies, research, support to coordination, integration between animal and human health sectors where appropriate, communications for behaviour change, and supporting Viet Nam to participate in and benefit from regional and international networks.
- **reflect the 7 categories for critical UN system support globally** as identified in the UN System Action Plan²² prepared by UNSIC (Animal Health and Bio-security, Sustaining Livelihoods, Human Health, Coordination of National Stakeholders, Public Information, Continuity under Pandemic Conditions, and Common Services Support) and the specific contributions of individual UN agencies identified in the UN System Action Plan based on the mandate and comparative advantage of each agency.
- with implementation mechanisms, **reflect main principles of donor harmonisation and alignment to national priorities**, as outlined in the Hanoi Core Statement through which international donors in Vietnam are committed to promoting national ownership, alignment, harmonization and simplification, managing for results, and mutual accountability of donors and GoV. The OPI provides a clear national strategy that donors have agreed to support; the joint programme modality has been recognized by GoV as an effective modality to realize this harmonized and nationally-aligned support.
- or may, include an **extension of activities addressed in Phase I** where required and if judged appropriate to the joint programme modality.
- require **immediate financial and technical support**, because the Joint Programme has already secured some of the envisaged total funding²³.
- be considered important yet **unlikely to be funded by other donors**. Activities for which funding is already secured through other channels will not be included in Phase II.
- engage meaningfully with the question of **integration between different components** where this has a clear **potential to add value** in terms of strengthening Viet Nam’s overall national efforts to control avian influenza and to prevent, prepare for and respond to a possible human pandemic, and in terms of efficient and cost-effective programme delivery.
- reflect a **high degree of ownership by different implementing agencies** based on different modalities normally applied by the implementing agencies.
- **not include those more suitable to loan funding** (either under concessional or market terms) or large capital investments such as development of BSL III laboratories. However, activities may include support to capacity-building, institutional and legislative development alongside such activities to ensure sustainable and pro-poor impact of these investments.
- or may include **support to the GoV for wider programme and donor coordination**, nevertheless this would not include influencing funding channels which are expected to include support to the Joint Government-UN Programme, support channelled through World Bank global trust fund, and direct bilateral support.

²² *Avian and Human Pandemic Influenza (AHI): Action Plan for UN System Contributions (up to December 2006) - Version 3: 29 May 2006*, UNSIC

²³ This does not refer to emergency activities, although these could be considered for funding if required. This refers to the fact that some funding is already available for Phase II, whereas other expected donor fund mechanisms may take some time to mobilise funds.

Annex VI Initial lessons learned from Phase I

Initial lessons from the experience of Government and UN agencies responding to avian influenza during the first phase of the Joint Government-UN programme (JP) include the following.

For Viet Nam's fight overall against avian influenza

- **The JP is providing an effective mechanism for coordinated donor support to a nationally-led programme, supported by international expertise available through UN technical agencies.** The programme has had strong leadership by the Minister for MARD, as Chair of the National Steering Committee for Avian Influenza, and from senior personnel within MARD, MoH and MPI, supported by the UN Resident Coordinator and Country Team. The JP is facilitating the continued strengthening of existing relationships between animal and human health agencies of both the Government and UN, and has brought in UNICEF's international expertise on communication and support from UNDP for administrative functions and donor coordination. Through the collaborative working relationships and mechanisms of the JP, intensive support was provided to the national taskforce in developing the OPI, even though this was not a specific activity/outcome within the original Phase I design.
- **Flexibility is needed in responding to the changing situation of AI globally, regionally and nationally.** During the emergency phase of the JP, there has been significant initial success in controlling the circulation of the virus within Viet Nam, creating an opportunity to focus attention on the medium- to long-term response. However, this has led to new risks for Viet Nam. Market differences accentuated by resurging consumer confidence in Viet Nam have created new pressures for unregulated cross-border movement of live birds into Viet Nam. There is concern about increased complacency amongst local authorities, producers and consumers. There is also a concern that these initial successes may result in decreased donor support for the longer-term response, which could mean that Viet Nam becomes "a victim of its own success". National and international planning cycles shaping Viet Nam's national planning cycle in the context of evolving international resource allocations and partnerships have also required flexibility in the timing of the development of Phase II.
- **A strategic approach to integrating animal and human health sectors is a key challenge.** The possibilities for an integrated approach to activities between the animal and health sectors have been discussed amongst specialised agencies and with the respective line ministries during Phase I. Areas where integration should be considered include: public awareness and behaviour change, epidemiology (e.g. joint training); surveillance (integrated where necessary; grass-roots surveillance); laboratories (sharing of information and techniques; bio-safety standards); response (joint response teams); food safety and occupational health issues (e.g. abattoirs, markets, etc.); and possibilities for consultants to work jointly with WHO/FAO. The JP mechanism is well placed to address many of these through its multi-sectoral composition.
- **Virus control and eradication in poultry requires a phased, long-term approach.** A long-term approach with three phases is anticipated over the coming 5-10 years:
 - i) Control phase, in which the incidence of outbreaks is reduced by "stamping out" where it occurs, mass vaccination (not appropriate to all countries) and commencement of improvements in bio-security of poultry production and changes to marketing practices (extremely important in Viet Nam given the massive increase in recent decades of both human, poultry and other livestock population densities). The control phase is expected to continue until 2007, with some reduction of the national mass vaccination programme in 2006.
 - ii) Consolidation phase, in which gains are maintained, further restructuring of the industry is undertaken, farms in the industrial sector demonstrate freedom from HPAI, and disease free compartments are expanded. This phase will occupy the remainder of the OPI planning horizon, between 2008 to 2010; and

iii) Eradication phase, which will start in 2010 and will continue beyond the OPI period.

- **Donor coordination is critical for an effective response to AI, and UN agencies are playing an important role in support of Government.** Overall, donor commitments are complex, and maintaining a clear picture of financing of the OPI requires ongoing work between the Government, UN agencies and the World Bank. The JP has strengthened overall coordination of communication activities, facilitating multi-stakeholder development of key messages and its IERC working group can evolve into an overall Communications Working Group. UN technical agencies are playing a key role in supporting a sound overall plan for bio-safe laboratory development that aims to avoid duplication or inappropriate decentralisation of resources, and ensures that infrastructure investments are linked to both capacity development, provision of more basic support equipment (e.g. PPE, bio-safety cabinets), and development of systems and policies. Building on these positive experiences, the JP will support the proposed Partnership for Avian and Human Influenza (PAHI) and thematic Working Groups in Phase II.
- **Other countries are seeking to learn from Viet Nam's experiences in AI control.** As one of the worst-affected countries to have brought circulation of the virus in poultry and infection of humans under control, Viet Nam is now seen as a success story within the region and globally. Other countries are seeking to understand Viet Nam's experiences with surveillance, culling, compensation to affected farmers, and poultry vaccination. There has been some sharing of information through Government and UN networks as well as through Viet Nam's participation in international conferences, with more potential to support this through the JP in the future. There is also interest from the wider UN system and other donors in the JP funding mechanism; therefore, critical identification and sharing of experiences and lessons is important.

Public Awareness and Behaviour Change

The joint approach to the development of Information, Education and Communication (IEC) activities in Phase I has been a positive experience. The main lessons from this work are as follows:

- **Consistent, innovative and technically sound Information, Education and Communication (IEC) activities are needed** for public awareness and behaviour change. Intensive work involving the Government and UN agencies has supported a high quality and technically sound communications approach, particularly in the peak AI risk period around lunar New Year. The JP also brought together other agencies supporting AI communications, promoting alignment and consistency of messages. Several other agencies requested to use materials developed through the JP and international coordination is being promoted through UNICEF's CREATE!²⁴ approach to communications.
- **Good coordination and networking is vital.** Different kinds of high quality materials were developed. All the available materials were shared with all stakeholders and posted on relevant websites, resulting in a high demand for reproduction/replication of these materials by other organizations, which is facilitated through the IEC Working Group (IEC WG). This is considered very positive as in the long run it results in strong coordinated approaches, consistency in messages and savings in resources for material development.
- **An effective and simple quality control system is essential.** The quality control mechanism of the materials was in place, which resulted in high quality IEC materials. At the beginning the IEC WG developed quality control mechanism for all materials (reflected in ToR for the development and production of materials). All materials were screened at least three times before mass production: in the draft form (script for spots, sketches for print materials), draft products; and final approval. The first two steps were undertaken by the IEC WG and the last by the Minister of MARD.

²⁴ ²⁴ *CREATE!:* Communication Resources Essentials And Tools (CREATE!) for emergencies. UNICEF is making communication resources and tools from various countries available for local adaptation elsewhere, supporting rapid development of effective, attractive and appropriate materials.

- **Capacity development of local partners is essential.** The capacity and profile of the Centre for Health Education (CHE) was increased significantly. CHE played an important role in material development, i.e. it actually developed most of the materials. CHE also helped distribute all the materials via the provincial CHEs. CHE has great potential for this kind of campaign that can and should be harnessed further (see the recommendations below). Development of materials under the JP was considered a breakthrough for CHE. Traditionally, CHE radio and TV spots were very educational and ‘dry’. With the technical support of the JP, a more entertaining approach was taken, so people enjoy listening and watching and retain information better. For posters, photos were used instead of drawings (as traditionally done). Furthermore, each item (either a poster or spot) promoted one action instead of all actions.
- **Control strategies must include awareness raising and public information campaigns.** It is extremely important to raise awareness in the public and private sectors from the initial moments, and to strengthen effective coordination mechanisms for the implementation of the necessary technical responses, involving the Government, the donor community, the private sector and civil society.
- **Clear, concise and accurate information is essential for effective awareness raising.** Vital and effective behaviour change communication (BCC) requires the use of clear, concise, technically correct information to change habits and practice; the vital role of the mass media and extension network is recognised. The campaign was in line with the government’s current AI policies. Good assistance from local IEC experts, the public and support from the main government authorities was received. The short time frame before Tet caused some difficulties in implementation of the campaign, especially considering that a coordinated approach requires time, patience and resources.

Administration and Implementation Mechanisms

While the Emergency phase of the JP overall progressed well, both in terms of completing activities and fund utilization, certain delays were experienced due to the following reasons:

- Initial administrative challenges were met, as this is one of the first joint UN(-Government) Programmes, not only in Viet Nam but globally, including: (i) agreeing common administrative processes across participating Government and UN agencies; (ii) harmonizing financial management practices; (iii) assigning budget codes within agency financial systems.
- Changes in programme context after approval necessitating changes in design of activities including additional technical assistance.
- Time required for consensus building on the detailed work plan and budget allocation as well as different models of delivery of inputs (local vs. international mobilization) at the beginning of programme implementation.
- Time required for approval of action plans within ministries, and for related communications with provinces.
- The need to harmonise planning for Phase II with the development of the overall medium- to long-term National Operational Work Programme (the OPI).

These issues have been addressed effectively in practice during Phase I, with strong support and flexibility from UN heads of agencies and the National Programme Director, who were willing to meet regularly and at times with very short notice. A no-cost extension of approximately 3 months was agreed to allow completion of activities and to base design of Phase II on the overall national plan. To address these issues more systematically in Phase II, the following recommendations were identified:

- **The quality of the work plan and the level of budget detail including budget management responsibilities needs to be improved** to enable swifter release of funds from the Administrative Agent (AA) to implementing agencies, timely implementation, and improved clarity on responsibilities. Implementation roles need to be clear, with only one agency or ministry

responsible per detailed budget line. Wherever possible, the situation of an agency having budget responsibility for an activity but not the lead responsibility for its implementation should be avoided. In particular, lead and supporting roles for Government departments need to be clearly specified for IEC activities (including within MARD, MoH and potentially MoCI, MoET).

- **Implementation modalities need to be clear.** Implementation modalities should follow the normal practice of each Implementing Agency.
- **Procedures for fund disbursement should be streamlined.** Once the PSC has approved a detailed programme work plan clearly stipulating each activity, including implementing agency responsibility and budget, the AA should transfer funds.
- **Effective procedures are needed for timely approval if changes are required** to activities/budget lines, in line with overall government and donor procedures, particularly when a PSC meeting cannot be organised.
- **Programme management and coordination needs to be strengthened, including increased human resources** dedicated to the programme by the Implementing Partner (MARD) and the implementing agencies. Turnover of main positions within UN agencies during the implementation period posed some challenges during Phase I, and technical staff have been providing technical guidance in response to an emerging disease, while also supporting programme management, procurement, financial reporting, etc. Senior staff in the Ministries have at times been over-burdened. The donor coordination support inputs of the JP have alleviated this to some extent only. Sourcing international consultants on AI-related areas has also been difficult during Phase I, as many countries require the same type of expertise.
- **Reporting from implementing agencies to the AA and from there to donors needs to be improved.** A clear schedule and format for reporting, based on the work plan, needs to be agreed between all agencies.
- **Financial reporting and audit requirements need to be agreed between all agencies,** taking into account the intention of a joint programme but recognizing the different financial rules and procedures adopted by different agencies. For each agency, cost norms and procedures to be applied need to be clear. For the UN agencies, Programme Support Costs should be applied at the standard rate per agency rather than trying to enforce a common rate across agencies.

Annex VII Possible multi-donor financing framework for the OPI

International technical agencies and the wider international community have been supporting Viet Nam's fight against HPAI through ODA funds and technical assistance, recognizing the impact of HPAI in Viet Nam and the wider global public good of responding to the threat of a human pandemic. As of December 2005, the estimated overall amount committed by the international community was approximately D47m, part of which has been spent during 2004 and 2005 (including a significant proportion through direct funding and parallel activities of the Joint Government-UN programme).

The OPI indicates that that GoV expects to finance up to 50 percent of the total estimated cost of the OPI of D250m to 2010; the GoV is seeking ODA support for the financing gap. The OPI articulates a possible multi-donor financing framework for ODA support including the following major potential types of assistance:

- | | |
|---|--|
| (a) Direct Bilateral Financing and Technical Assistance | (d) Multilateral assistance from the World Bank and ADB |
| (b) Joint Government-UN Programme to fight HPAI | (e) Funding through regional organizations (ASEAN, APEC) |
| (c) Multi-Donor Trust Fund for Avian and Human Influenza (AHITF) administered by the World Bank with support from EC and potentially other donors | (f) UN technical agencies (FAO, WHO) and OIE |

The private sector is also expected to play an important role, particularly in relation to restructuring of the poultry sector. International civil society organisations are supporting Viet Nam through their own fundraising and technical assistance and as a channel for ODA support.

