AHI FACILITY

Avian & Human Influenza

A Partnership for Results

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ACRONYMS

AFR	Africa Region
AHI	Avian and Human Influenza
AHIF	Avian and Human Influenza Facility
AI	Avian Influenza
DO	Development Objective
EAP	East Asia and the Pacific Region
ECA	Europe and Central Asia Region
EC	European Commission
FAO	Food and Agriculture Organization
GPAI	Global Program for Avian Influenza
GRM	Grant Report Monitoring
HPAI	Highly Pathogenic Avian Influenza
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IEC	Information, Education and Communication
ILI	Influenza-Like Illness
INAP	Integrated National Action Plan
IP	Implementation Performance
KAP	Knowledge Attitude and Practice
LCR	Latin America and the Caribbean Region
MECIDS	Middle East Consortium on Infectious Disease Surveillance
MENA	Middle East and North Africa Region
MERCUSOR	Argentina, Bolivia, Brazil, Chile, Paraguay, Uruguay
MOA	Ministry of Agriculture
MOH	Ministry of Health
NVS	National Veterinary Services
OiE	World Organization for Animal Health
PHRD	Policy and Human Resource Development
PPE	Personal Protective Equipment
SAR	South Asia Region
SARI	Severely Acute Respiratory Infection
SOP	Standard Operating Procedures
TA	Technical Assistance
TAD	Trans boundary Animal Disease
UNICEF	United Nations International Children's Fund
WB&G	West Bank and Gaza
WHO	World Health Organization

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Executive Summary

The Avian and Human Influenza Facility (AHIF) is a unique example of donor coordination to support countries to respond to the threat posed by the Highly Pathogenic Avian Influenza (HPAI) and prepare for the influenza pandemic. AHIF has been designed to fill in the financing gaps identified in the country Integrated National Action Plans (INAP). So far, ten donors contributed US$110.0 million (equivalent) to AHIF, which is less than 3 percent of the US$3.9 billion commitment. European Commission (EC) is the largest donor with a total contribution of US$80.73 million (equivalent). AHIF grant approvals stand at US$93.38 million equal to about one tenth of the commitments from IBRD/IDA under the Global Program for Avian Influenza Control and Human Pandemic Preparedness and Response (GPAI). The main objectives of the AHIF grants were to reduce the threat posed to humans by the HPAI infection and other zoonoses through strengthening recipient country's preparedness for, control, and response to influenza pandemic and other infectious disease emergencies in animals and humans.

The East Asia and Pacific (EAP) region received the largest share (41 percent) of the total AHIF grant amount. Five countries received about two fifth of the total approved grant amount. These are: Vietnam, Indonesia, Egypt, Mongolia and Afghanistan. Of the countries reporting confirmed cases of H5N1, three of the top five AHIF recipient countries reported the largest numbers of humans infected by the virus. These are: Indonesia (163), Vietnam, (119) and Egypt (109).

As of March 31, 2010, approximately US$40.02 million (or 43 percent of the total approved grant amount) has been disbursed. Implementation of five grants has just started as these were approved in FY10, hence there have been no disbursements from these grant. The disbursement performance improves to 48.2 percent when these grants are excluded. The disbursement pattern of a typical development project is normally a bell shaped curve with the bulk of the expenditures occurring between 24-48 months of a typical four to five year project. When disbursement performance is analyzed by the age of the projects, then the performance improves to 52 percent for projects under implementation for more than three years.

Nearly half of AHIF grant amounts cofinances IDA and Japan Policy and Human Resources Development (PHRD) Technical Assistance (TA) funded projects. AHIF grants account for 28 percent of the total amount of AHI, IDA and PHRD funds. AHIF cofinancing grants have better disbursement performance than IDA cofinancing funds.

About half of the closed and active AHIF projects were rated satisfactory for achieving project development objectives and implementation performance. These ratings were based on assessments by the World Bank staff supervising the AHIF projects on the following areas: planning and preparedness for future pandemic; animal health services; disease surveillance: bio-security of household and commercial poultry farms; compensation programs; communication; collaboration between animal and human health sectors; and capacity to detect H5N1 in humans. The following provides a brief description of the results achieved in these areas.

AHIF supported rapid assessments of the national avian influenza plans in five countries in Africa region. The support helped not only to develop good INAPs but also increased commitments from the

government for the INAPs. With the exception of one, all the six grant recipient countries in the East Asia and Pacific region updated their pandemic preparedness action plans. The effectiveness of these plans has been demonstrated by the competent handling of the recent H1N1 outbreaks in Cambodia, Myanmar and H5N1 in Bhutan. In several countries, sectoral plans have also been prepared.

Overall, the AHIF grants have helped to improve the recipient countries to improve their capacity to carry out surveillance activities and in some countries with the installation of the Trans-boundary Animal Disease information (TADinfo) system software. Laboratory facilities have been upgraded, equipment procured and staff trained. In several countries laboratories have been upgraded to BSL2.

Modest progress has been reported in the grant recipient countries with respect to updating of the national policies on animal health services. A number of countries have prepared strategies for control of brucellosis. Several countries have prepared draft legislations but review by OIE and/or government approval pending.

Designing and implementing an effective compensation system has been a challenge in most countries. Lao PDR's compensation program appears to be quite effective. The design has evolved over the years and the system works through the district authorities who make direct payment to the affected farmers and subsequently reimbursed by the central government.

Satisfactory progress in the area of bio-security has been reported in Myanmar, Vietnam, Lao PDR, Turkmenistan, Uzbekistan, Sri Lanka, and Bhutan. In these countries, training to veterinary laboratory staff and risk groups were carried out. Risk groups have started to comply with the hygiene and sanitary rules and bio-security practices.

Communication materials and information campaign have contributed significantly in raising awareness in the grant recipient countries. The United Nations International Children's Fund (UNICEF) provided technical advice in developing communication strategy and material development. Collaboration with animal health and human health sectors has been generally good . Inter-sector collaboration has been strongest in countries where a very senior level government official chairs the Avian Influenza working group. The exceptions are countries in the Africa region.

The surveillance system operating in many countries have helped to detect the prevalence of H5N1 virus and to respond quickly and effectively. However, several project targets still need to be met, including training, upgrading of laboratories, compliance with bio-security measures in household poultry, etc., to respond should a widespread attack take place.

AHIF grant supported the Middle East Consortium on Infectious Disease Surveillance (MECIDS), a network of public health experts and Ministry of Health officials from Israel, the Palestinian Authority, and Jordan to respond to the outbreak which crossed the borders of all three member countries in ten days. A key lesson has been that neighboring countries facing common infectious disease threats can successfully build operational collaborative surveillance networks to strengthen public health capacity and to help meet their international legal obligations.

The MERCUSOR regional program, comprising of Argentina, Brazil, Chile, Paraguay and Uruguay, was also supported by AHIF, contributed to considerable enhancement of the regional capacity to address animal disease issues, in terms of communication, exchange of knowledge and information. The grant

helped to analyze the impact of animal disease in the region; identify the gaps and recommend strategies for prevention, early warning and control of avian influenza and other zoonoses in the member countries; comprehensive analysis of the laboratories in the six member countries; and conduct outbreak simulations in these countries.

The rationale for developing a results framework for AHIF is based on two considerations: (a) the unique design feature of AHIF as funding gap filler in the country INAPs; and (b) the heterogeneity of the activities funded in different countries. The latter also poses a challenge as this makes pooling of activities financed and linking outputs and outcomes to AHIF program somewhat difficult. The other challenge is the issue of attribution since the other financiers as well as technical organizations are involved in the global program to fight avian influenza. The results indicators should be based on the following principles: (a) better reflect the range of activities that AHIF finances at country level; (b) align with the GPAI at the macro and sector levels; and (c) effectively link AHIF project inputs and outputs – through the outcomes- to the overall AHIF objectives. The overall AHIF results framework, however, is based on the GPAI but simpler.

Background

During 2004-5, it was estimated that as many as 145 developing countries were at risk of avian flu. The Avian and Human Influenza Facility (AHIF) is a part of the coordinated global response by the international community through a flexible multidonor financing framework[1] to assist countries, territories, and regional international organizations to respond to the threat posed by the Highly Pathogenic Avian Influenza (HPAI) and prepare for the next influenza pandemic. The AHIF was set up to respond to the immediate and short-term needs of the countries whose needs and financing gaps are highest so that action was ensured to be swift, efficient and equitable.

The international support architecture to combat the avian influenza crisis recognized the importance of national coordination of all technical and financial support. Country level needs assessment was the key basis for the preparation of the country based integrated response program, otherwise referred as the Integrated National Action Plan (INAP) which included analysis of the country situation, recommendations, and funding needs and gaps. It was envisaged that AHIF's support to countries would help to fill the financial gap in the implementation of their INAPs.

AHIF complements the World Bank supported Global Program for Avian Influenza Control and Human Pandemic Preparedness and Response (GPAI) which has as its objective "to minimize the threat posed to humans by HPAI infection and other zoonoses to prepare for, control and respond to influenza pandemics and other infectious disease emergencies in humans".[2] The overall objective of the AHIF is to "minimize the risk and socio-economic impact of avian influenza (and other zoonoses) and of a possible human pandemic influenza in developing countries lacking adequate domestic resources and capacity to control the disease."[3] The specific objectives of the Facility are:

(a) Avian influenza either prevented or progressively brought under control and eradicated in selected countries; and
(b) Increased human influenza pandemic preparedness.

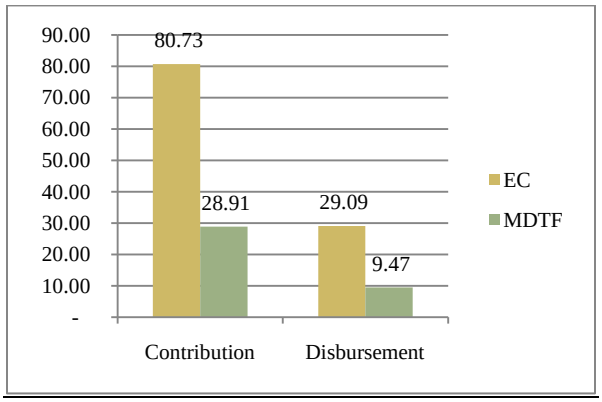
The European Commission (EC) is the largest donor to AHIF with total contribution of US$80.73 million equivalent. EC funds are earmarked for East and South Asia, the Mediterranean, Central Asia and Eastern Europe. The other nine donors - Australia, China, Estonia, Iceland, India, Korea, the Russian Federation, Slovenia, and the United Kingdom – contributed into the multidonor window of AHIF which is not geographically restricted and can be used, notably, to assist countries in Africa and Latin America and the Caribbean regions.

As of March 31, 2010, the total donor contribution to the AHIF was US$110 million (equivalent) which is less than 3 percent of the US$3.9 billion committed by donors under the flexible financing framework of

[1] Avian and Human Influenza: Multi-donor Financing Framework, World Bank, Jan 22, 2006 and Avian and Human Influenza, Financing Needs and Gaps, the World Bank, Jan 12, 2006, both available at www.worldbank.org/avianflu
[2] Program Framework Document for Proposed Loans/Credits/Grants in the Amount of US$500 Million Equivalent for a Global Program for Avian Influenza Control and Human Pandemic Preparedness Response (December 5, 2005).
[3] Trust Fund Administration Agreement (TF070515) dated August 7, 2006.

AHI programs in developing countries.[4] AHIF grant approvals stand at US$93.3 million[5], equal to about one tenth of the commitments from IBRD/IDA under GPAI (US$896 million). So far, about 42 percent of the total AHIF fund has been disbursed.[6]

Figure 1: Contribution and Disbursements (cumulative in US$M)



Purpose and Structure of the Report

The Administration Agreement of the AHI Facility refers to the need for developing a "common results framework to track progress and impact in a harmonized and transparent manner". The October 2009 AHI Facility Advisory Board meeting recognized the need to take the opportunity to move towards a results framework with structured reporting on ratings and linking this to broader framework of GPAI. [7]

The report has two objectives. The first is to present the achievements of the AHIF grant funded projects and highlight the lessons for learning from closed projects. The second is to develop a simple results framework for future reporting at the program level.

This report is based primarily on the assessments of the World Bank's Task Team Leaders (TTLs) responsible for supervision of the AHIF projects. The assessments were reported in the Grant Report Monitoring (GRM) system as of December 2009. The TTLs were requested to answer six program specific questions in the December 2009 project status report in the GRM system related to the AHIF grant's contribution in the areas of: (a) capacity building; (b) development on pandemic preparedness plan; (c) government's role in leading donor coordination on developing an integrated approach to address the avian and human influenza in the country; (d) filling the financing gap in the country action plan; (e) concrete results achieved so far under the project; and (f) arrangements in place or planned to ensure sustainability of the successful activities after closure. Additional sources were the Implementation Status and Results Report and Aide Memoires prepared by the TTLs for the projects co-financed by AHIF grants and interviews with selected TTLs and the AI Regional Focal Point persons in the Bank.

[4] International Financial and Technical Assistance (Draft), Report for the International Ministerial Conference on Animal and Pandemic Influenza (IMCAPI), World Bank and UNSIC, April 2010.
[5] Excludes grants for monitoring and evaluation studies and supervision.
[6] Amount withdrawn from AHIF includes US$5.53 million for fees to the World Bank for managing this trust fund.
[7] Annex 4: Global Program for Avian Influenza.

The structure of the report followed the outline of the fourth Global Progress Report on Responses to Avian Influenza and State of Pandemic Readiness[8] to the extent that data and information on AHIF projects are available from the referenced materials mentioned above. Section 1 of the report focuses on the composition and performance of the AHIF project portfolio. Section 2 discusses the grant recipient country's capacity to respond to HPAI and preparedness for future influenza pandemic. Section 3 discusses the results chain and the performance indicators. Concluding remarks are provided in Section 4.

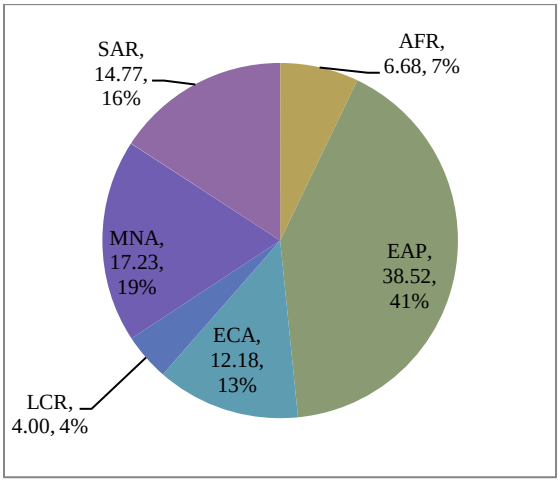
[8] Responses to Avian Influenza and State of Pandemic Readiness: Fourth Global Progress Report (October 2008); UN System Influenza Coordinator and World Bank.

Section 1: Composition and Performance of the AHIF Project Portfolio

Composition of AHIF Portfolio

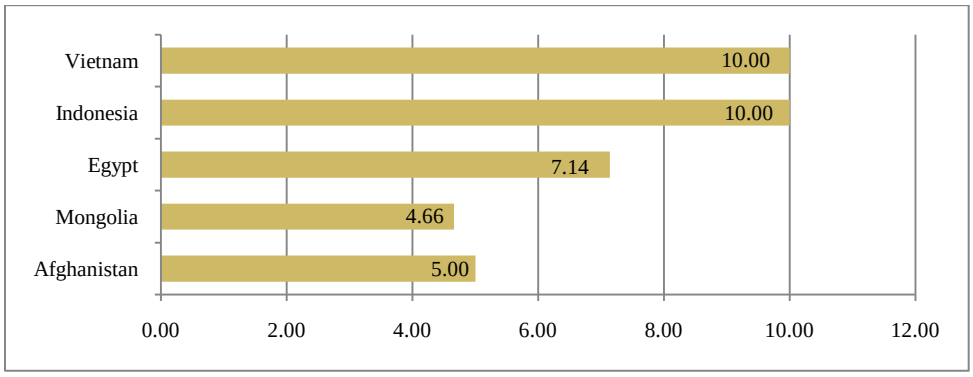
As of March 31, 2010, about US$93.38 million from AHIF has been approved for 47 projects in 38 countries and 3 regional programs in Latin America and Caribbean Region (LCR), Middle East and North Africa (MNA) region and, most recently South Asia Region (SAR). (Annex 1 Table 1). Five grants were approved during the past six months. Seven countries in East Asia and Pacific (EAP) region received 41 percent of the total approved amount.

Figure 2: Approved Grant Amount by Region (in US$M and as percent of total US$93.38M)



Five countries received 39 percent of the total approved grant amount: Vietnam, Indonesia, Egypt, Mongolia and Afghanistan. Of the countries reporting confirmed cases of H5N1, three of the top five AHIF recipient countries reported the largest numbers of humans infected by the virus: Indonesia (163), Vietnam, (119) and Egypt (109).[9]

Table 1: Top Five AHIF Grant Recipient Countries (US$M)



[9] WHO website http://www.who/int/csr/disease/avian_influenza/en/ as of May 4, 2010.

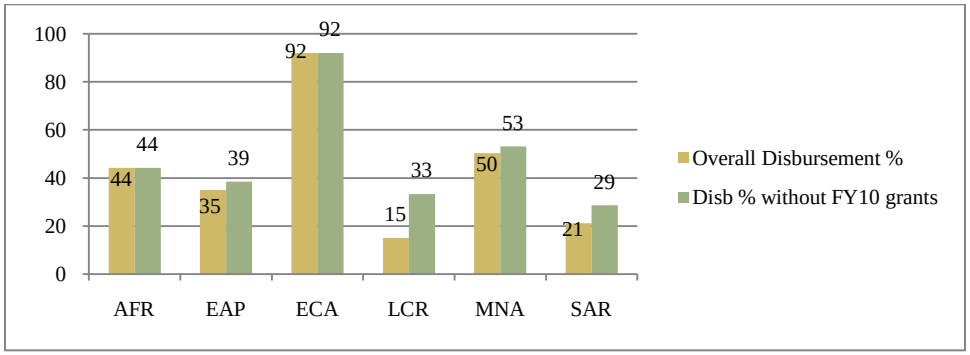
As of March 31, 2010, eighteen projects closed mainly in the AFR and ECA region. The six closed projects in AFR and MNA were for rapid assessments and preparation for integrated national action plans (INAP).

All but 13 AHIF grants are for stand- alone projects. AHIF grants co-finance projects financed by IDA and Japan Policy and Human Resources Development (PHRD) Technical Assistance (TA) program. The AHIF cofinancing grants comprise nearly 46 percent of the total approved AHIF grants and 28 percent of the combined total of AHI, IDA and PHRD funds.

The average size and duration of the AHIF grants is modest. About 78 percent of the grant size is below US$2.0m and implementation period of about 66 percent of the AHIF financed projects is less than three years.

As of March 31, 2010, approximately US$40.02 million has been disbursed which is about 43 percent of the total approved grant amount. If the five grants approved in FY10 are excluded from the calculation of disbursement percentage since these have not yet disbursed, the disbursement percentage rises to 48.24.

Figure 3: Disbursement by Regions (as percent of total regional grant amount)



The disbursement pattern of AHIF grant is normally a bell-shaped curve with bulk of the expenditures during the 24-48 months of a typical four to five year project implementation period. The grant disbursement percentage improves when analyzed by the age of the projects. About 61 percent of the AHIF was provided for 23 projects with implementation period of more than three years and these projects disbursed 52 percent.

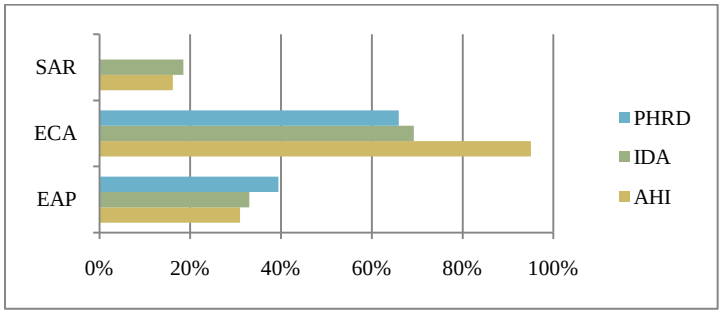
AHIF grants disbursed faster than IDA credits and grants. AHIF grants for Indonesia and Vietnam projects accounting for half of the total co-financed amount disbursed only 27 percent. Indonesia project closed with only 23 percent disbursement. The AHIF grant for Vietnam has, so far, disbursed only 33 percent and nine months are left for the project closing.

Table 2: Cofinance Amount and Disbursement by Financiers

	AHIF	IDA Credit + Grant	PHRD TA	Total
Grant Amount (US$M)	42.65	94.25	18.7	152.6
Disbursement (US$M)	16.19	35.20	8.81	54.25
Disbursement as % of Grant Amount	37.96	37.35	47.11	36

Disbursement performance of AHIH grants in the cofinanced projects in ECA region has been far better than SAR and EAP region.

Figure 4: Comparison of Disbursement Performance of Co-financed Grants by Regions



Assessment of AHIF projects

The December 2009 reports in the GRM system reported progress towards achieving the development objectives (DO) and implementation performance (IP) of the AHIF projects based on a six point rating system applied for all World Bank financed operations. (See Annex 2 for the definitions of DO and IP and explanation of the ratings.)

Two projects were rated highly satisfactory (HS) in achieving the DO and three in implementation performance (IP). These Bank-executed projects carried out rapid assessments and developed country level action plans, and their rating was based on the following considerations:

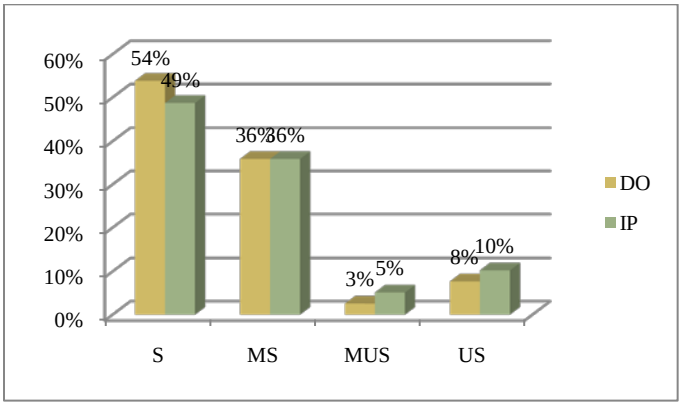
- On-time completion of the rapid assessment of the Government of **Uganda**'s action plan for preparedness and control of avian influenza which provided the basis for the design of the follow-on project. The financing of the new project has been made from AHIF (US$2.0 million) and IDA (US$10.0 million).
- Preparation of INAP to respond to an avian influenza outbreak for **Liberia** and subsequent validation by international technical organizations and endorsement by the Government. A follow-up grant proposal is under preparation for the implementation of priority activities of the INAP.

Reports in the GRM system were prepared for 39 active and closed projects of which about half has been assessed to be Satisfactory (S) for both DO and IP. The main reasons for moderately unsatisfactory (MUS) and unsatisfactory (US) rating are:

- Lack of government commitment resulted in slow progress in project implementation; DO unlikely to be achieved; the project is likely to be closed before the actual closing date; (**Malawi**);
- More than one and half years have passed since grant signing without any project activities started because the co-financed IDA grant was not approved by the Parliament of **Uganda** until October 2009 by which time the deadline for declaring effectiveness of IDA grant had passed; the IDA grant was declared effective last December 2009;
- Due to the delayed recruitment of project staff, implementation has been severely hampered; decision has been taken to close the project before the actual closing date; the project is expected to partially achieve its DO; (**Afghanistan**);

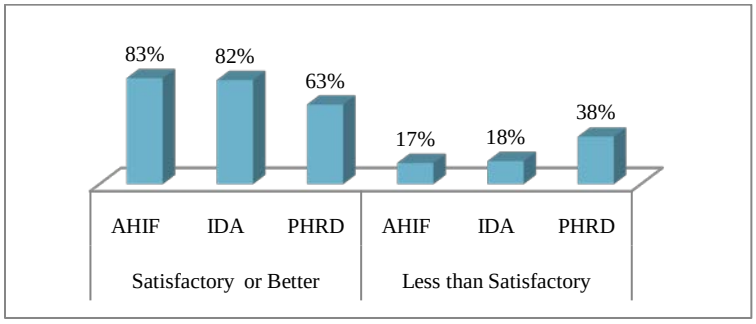
- Despite strong efforts by the financiers and international technical agencies, project implementation was slow with many of the activities not completed; virus circulation remains widespread and overall progress in dealing with avian and human influenza in **Indonesia** has been assessed to be less than satisfactory.

Figure 5: Assessment of DO and IP Ratings for Active AHIF Projects (as % of total number)



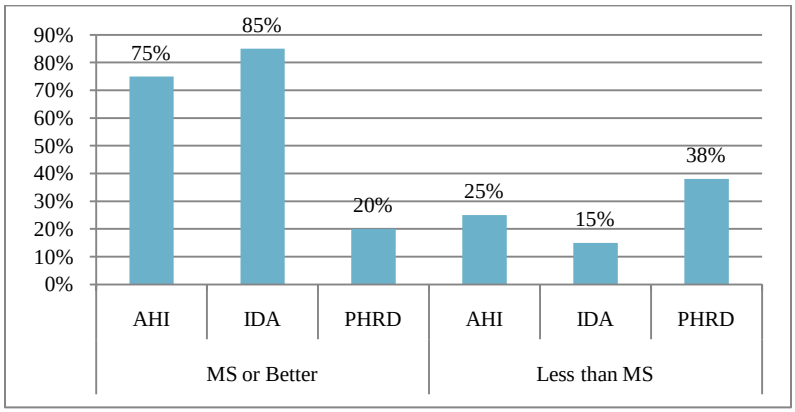
The TTLs have reported that the likelihood of AHIF cofinanced grants achieving the DO is greater compared to other cofinanced funds. The reports in the GRM system did not mention the factors which contributed to the higher ratings for AHIF grants. It is recommended that, in future, the TTLs provide an explanation for the differences in ratings among the co-financed projects.

Figure 6: Development Objectives Ratings by Cofinanciers



In contrast, a comparison of the IP ratings shows that, implementation of IDA funded activities has been rated higher than AHIF. Again, further analysis could not be made for the same reasons mentioned above.

Figure 7: Implementation Performance Ratings by Cofinanciers



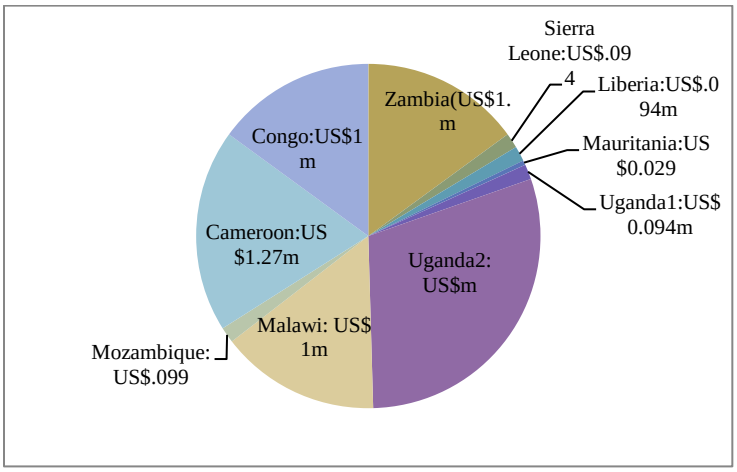
Section 2: Capacity to Respond to HPAI and Preparedness for Future Influenza Pandemic

The assessment of the grant recipient country's capacity is organized by the World Bank's operational regions and focuses on the following areas: (a) planning and preparedness; (b) animal health services; (c) disease surveillance, identification and response; (d) laboratory capacity for the detection of HPAI in animals; (e) compensation program; (f) bio-security for commercial and household poultry production; (g) collaboration between animal and human health sectors; (h) communication to prevent the spread of HPAI and reduce the risk to humans; and (i) detection capacity for H5N1in humans.

Africa Region

AHIF provided US$6.68 million for ten projects in nine countries in the region, of which one is co-financing grant for **Uganda**. Five projects are World Bank executed and five recipient-executed. Currently there are only two active projects in the region. As of March 31, 2010, US$2.95 million has been disbursed. **Malawi** project closed before the original closing date due to the poor performance.

Figure 8: Distribution of AHIF Grants by Country in the Africa Region (in US$ million)



Planning and Preparedness

AHIF supported rapid assessments of the national avian influenza plans in five countries (**Uganda, Liberia, Mozambique, Mauritania, and Sierra Leone**) to identify the gaps and strengthen the plans towards an integrated approach so that countries are prepared for a possible outbreak of the HPAI, be able to contain an outbreak, should there be one, and prevent one. The grants also supported country level workshop to discuss the plans with the civil society, NGOs, private sector and the donors. Expected outcomes of this support were increased commitment from the Governments for the INAPs and mobilization of funds to support the implementation of the plans. All of these grants were rated satisfactory in terms of achieving the development objectives. **Uganda** received a second grant from AHIF to implement the INAP. **Cameroon** is reported to have INAP on H5N1 and H1N1 in place and effective.

Box 1: Some Key Lessons from the Completed AHIF Projects for Rapid Assessments in Africa Region

- The rapid assessment exercise concluded that without technical support from the international organizations effective implementation of INAP would be difficult, particularly in countries with very limited expertise in controlling such epidemics;
- Coordination of activities among international organizations was challenging but the experience would be useful for future collaboration;
- The exercise contributed to extensive sharing of knowledge among various government agencies (such as health, livestock and communication), private sector (private health clinics, livestock clinics, and private poultry sector), journalists and NGOs.
- The collaboration of the various organizations during the preparation of INAP can be sustained provided the government remains committed to the plan;
- In countries with a volatile political environment, short-term needs are given higher priority than to prepare the country for a possible epidemic. Assistance from development organizations and partner organizations (such as FAO, OIE, WHO, UNICEF) to continue AI preparedness by focusing on building and sustaining minimum technical and operational capacity and systems in the key agencies of the government; and
- Periodic technical audit by specialized international organizations on the degree of preparedness help with justification for enhanced resource allocations for key agencies. In the case of Mozambique, the evaluation of the National Veterinary Services (NVS) undertaken by OiE enabled the government agency to point out the fragmentation of the NVS and make a strong case for re-installing of central command/coordination and rebuild those services.

Disease Surveillance, Identification and Response

Zambia is reported to have active surveillance in the 18 high risk areas and samples have been collected and screened. In **Cameroon**, it is reported that surveillance is on-going.

In **Zambia**, frontline staff from both animal and human health staff has been trained and both virology laboratories have been supplied with new equipment for the initial screening. In order to strengthen epidemiological surveillance and early detection capacity, **Cameroon** has procured the required laboratory equipment, developed protocols, and trained animal and human health staff. Laboratories in Congo are being equipped.

Bio-security

Cameroon is reported to have trained more than 900 poultry farmers on bio-security measures.

Collaboration between Animal and Health Sectors is reported to be weak.

Communication

All but one of the grant recipient countries has prepared communication strategy and information dissemination materials. Reports on **Cameroon** and **Democratic Republic of Congo (DRC)** indicate that information about the AHI and preventive measures were publicized through newspapers, radio and television and general sensitization was done at international airport and other sentinel sites. In one country, only the urban areas were covered. In **Cameroon**, a new communication strategy has also been developed following a Knowledge Attitude and Practice (KAP) assessment.

Box 2: Cameroon Effectively Contained H1N1 Outbreak

The Avian and Human Influenza Prevention and Control Project helped strengthen the capacity of local institutions to prevent and fight against avian and human influenza and other emerging disease. Concrete achievements of the AHIF project are:

- a national integrated plan on H5N1 and H1N1 is in place and operational;
- a communication strategy has been developed and communication campaign carried out; capacity of 145 local communication leaders and 197 teachers and NGO members enhanced;
- the rapid response capacity on AHI enhanced through the upgraded national laboratory, Centre Pasteur, and regional laboratories; training of the staff of the Ministry of Public Health (including case management); procurement of drugs, medical supplies and protection materials;
- more than 900 poultry farmers trained on biosecurity;
- effective coordination exists among ministries, NGOs, private sector, poultry farmers and the development partners to help prevent and fight against emergency situation; and
- Cameroon has been able to contain the outbreak of proven cases of H1N1 in Yaoundé.

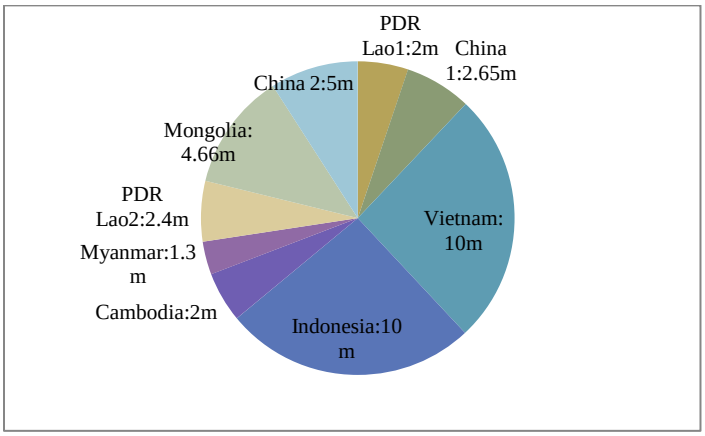
Detection capacity for H5N1in humans

Zambia's surveillance activity helped to determine the prevalence of H5N1 and the creation of disease free zones.

East Asia and the Pacific Region (EAP)

AHIF provided US$38.52 million for nine projects in countries in the region, of which US$13.47 has been disbursed. The second grant for China was approved in FY10.

Figure 9: Distribution of AHIF Grants by Country in EAP Region (in US$ million)



Five AHIF grants (US$26.4 million) cofinance IDA and Japan PHRD TA funded projects. As of March 31, 2010, about 33 percent of the AHIF cofinanced grant amount has been disbursed. The Indonesia project (US$10.0 million of AHIF grant) closed with only 23 percent disbursement due to less than satisfactory performance.

Table 3: Cofinanced Projects: Amount and Percent Disbursed (amount in US$ million)

Countries	AHIF		IDA		PHRD TA	
	Grant Amount	% Disbursed	Grant Amount	% Disbursed	Grant Amount	% Disbursed
Lao PDR 1 and 2	4.4	47	4.0	47	2.0	57
Vietnam	10.0	33	20.0	34	5.0	43
Indonesia	10.0	23	-	-	5.0	42
Cambodia	2.0	21	6.0	21	3.0	18
TOTAL	24.4	33	30.0	33	15.0	39

Planning and Preparedness

With the exception of one, all the six recipient countries reported updating the pandemic preparedness action plans. These countries have developed local level plans which helped to prepare for international sports events in case of an outbreak (**Lao PDR**), and contain the reported outbreak of novel A/H1N1 (**Mongolia**). In **China**, sector pandemic preparedness plans have been produced in health, agriculture, transport, education, public security, finance and civil affairs. Desktop exercises and drills have been conducted to improve the practicality of the plans. The effectiveness of the preparedness plans has been demonstrated by the competent handling of the recent H1N1 outbreaks in **Cambodia** and **Myanmar**. In **Vietnam**, the initial preparedness plan prepared in 2006 has been revised in 2009 and a review of the updated plan is expected to be carried out before the end of this fiscal year.

Box 3: China: Bottom-Up Approach to Pandemic Preparedness

China adopted a multi-tiered response to avian influenza. Pilot efforts have been focused at the provincial and county level with the aim of strengthening grass-roots level planning and response, improving the policy environment and developing a framework of improvements that can be applied to the overall HPAI response.

Pilots were concentrated in two provinces, Liaoning (40.7 million people) and Anhui (64.2 million people). The selection of the provinces was based on the contrasting poultry rearing practices: small scale/back-yard poultry in Anhui and intensive compartments (>500 poultry) in Liaoning. Preparedness plans have also been prepared in 2 provinces and 5 counties. These pilots succeeded in developing integrated local levels plans, building the capacities of key agencies and identifying areas for further policy improvements.

Animal Health Services

In **China**, the National Policy on AI Free Compartmentalization is in progress with integrated animal and human health policies at the local level but a separate policy frameworks at the national level. In **Mongolia**, the existing laws and regulations on protection of livestock genetic resources and health is under revision for ensuring compliance with the FAO/OIE/WHO standards. **Lao PDR** is reported to have revised the policies on preventive medicine while revisions are on-going in **Vietnam.**

Disease Surveillance, Identification and Response

In **China**, the surveillance system for ILI has been expanded, reporting of H5N1/ H1N1 upgraded (from zero to daily reporting), screening and active contact tracing activated, hospitals and their back-ups for severe infections designated, and treatment of all confirmed H1N1 cases made available at no cost.

Vietnam is reported to have made satisfactory progress in disease surveillance through improved practices of sampling, data collection and analysis and reporting. According to the recent progress report, **Vietnam** has reduced reporting time for new outbreaks and return of laboratory confirmation to the affected commune in four provinces to four days from the baseline of 10 days. In other seven provinces, the reporting period has been reduced but yet to reach the target of four days. In **Mongolia**, a computer based Early Warning and Response (EWAR) system for the health sector has been setup and operational. AI surveillance has been conducted among poultry birds and rounds of sampling are being carried out according to the surveillance plan. The full range of surveillance strategies is being applied to the on-going surveillance of wild birds. **Myanmar** has recently started a national cross-sectional survey of ducks, and studies on cross-border trade and associated AI risk assessment of H5N1 in wetland areas. Nearly all the provinces in **Lao PDR** send weekly surveillance report on ILI, AI, and Severely Acute Respiratory Infection (SARI) on time and seven out of 12 (target) sentinel hospitals for influenza surveillance in the capital are functional and planned for two provincial hospitals soon. Less than satisfactory progress has been reported for **Cambodia** and **Indonesia**. There is no systematic surveillance of commercial poultry in **Indonesia** although there is evidence of periodic outbreaks.

Laboratory Capacity for the Detection of HPAI on Animals: Project status report on **Vietnam** indicates that the project has contributed to modest improvement in laboratory capacity for AI analysis through provision of equipment and improved laboratory quality management. The target is to have six laboratories working at ISO10725 standards for AI testing. In **Lao PDR**, the technical design of the diagnostic laboratory for the National Animal Health Center has been prepared but the construction is expected to start soon. The report on **Myanmar** states that HPAI diagnostic capacity has been enhanced with the procurement of laboratory equipment and supplies and training provided to staff.

Compensation Schemes

Based on the implementation experience, the design of the compensation program in **Lao PDR** has evolved over the years since the initial outbreak. **Myanmar** has recently developed a relief/compensation mechanism and the Government allocated funds for compensating the farmers. About 17 Livestock and Veterinary Department officials in **Myanmar** and 33 poultry farmers have been trained on the procedures of compensation. The project implementing agency of the **Indonesia** AHI project informed that the component on Improved Culling Compensation is not a priority of the Government and therefore will not be implemented.

Box 4: An Effective Compensation Program in Lao PDR

The compensation program in Lao PDR is one of the most successful activities financed under the AHIF Project. The purpose of the program is to off-set the losses experienced by households and poultry producers. The rates of compensation has evolved, from 40 percent of the market value for live birds and 20 percent for the dead ones (in 2004) to the current to 60 percent live, 10 percent dead. Another significant improvement has been reduced compensation payment time. In early outbreaks, long lags occurred due to the verification process and bureaucratic steps. As a result many of the commercial poultry producers abandoned the business. The payment system has now been improved with the district authorities making direct payment with subsequent reimbursement by the central government. Annual audit of the compensation program is carried out. A study is on-going on ways to make the program self-sustaining.

Bio-security

The recent project status report for the **Myanmar** project states that impressive progress has been in the improvement of the major live bird market in Yangon, including the reorganization of the flow of birds, use of plastic crates and improvement of slaughtering practices and overall hygiene. Bio-security is also being improved in poultry production zones based on findings of a risk analysis and recommendations from a specialist. **Vietnam** report also mentions the improved bio-security conditions of local live bird markets, slaughterhouses, and poultry farms to break the chain from markets and slaughterhouses back to farms. In **Lao PDR**, nearly 100 percent of commercial poultry (including ducks) producers trained on bio-security improvement.

Communication

Report on **Vietnam** states that the AHIF project has strengthened behavior change communication, training to health workers down to the commune level to carry out Behavior Change Communication (BCC), conducting community awareness activities, and education and communication campaigns. According to the KAP surveys, at least 25 percent of the target population can accurately identify and have practiced at least one key preventive behavior. Another KAP survey will be undertaken before closure of the project. **China** focused on the development of a risk communication strategy and the Information, Education and Communication (IEC) toolkit, which has been distributed to all the project counties. In addition, the key Ministries have assigned focal points and produced procedures that can guide communications with the public in case of a public health emergency. Project status report on **Lao PDR** states that expanded efforts on community based outbreak response, translation of materials into ethnic languages, risk communication training for officials from the government and media, continued national media campaigns and in schools, and community based outreach to migrant population and host communities.

Collaboration between Animal Health and Human Health Sectors

Report on **Mongolia** project highlighted improved collaboration among these two sectors in conducting joint drills and planning sessions. There is evidence of effective coordination also in **Lao PDR** under the auspices of the National Emerging Infectious Disease Coordination Office. **Vietnam**'s report also points out improved coordination between animal health and human health sectors at both central and local levels as demonstrated through holding regular meetings and conducting joint simulation exercises at the district level.

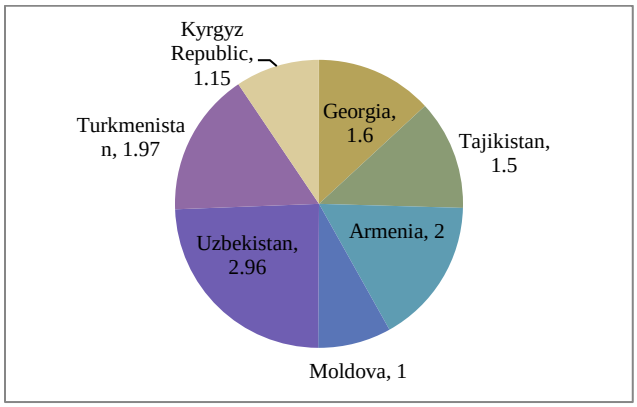
Detection Capacity for H5N1 in Humans

The report on **Cambodia** project states that despite the slow implementation, some key project activities are gradually strengthening the country's capacity to respond to outbreaks as has been demonstrated by the efficient handling of the last outbreaks. **Vietnam**'s report indicated that upgrading of the district preventive medicine centers in the provinces, including the provision of equipment and training for district and commune staff and conducting simulation exercises at the district level have resulted in a better capacity in responding to the recent H1N1.

Europe and Central Asia (ECA) Region

AHIF provided US$12.18 million for seven projects in seven countries. Four projects closed in the past year with an average disbursement of 99 percent. Overall, 92 percent of the grant amount has been disbursed.

Figure 10: Distribution of AHIF Grants by Countries in ECA Region (in US$ million)



AHIF grants amounting to US$7.25 million cofinanced five projects with IDA and PHRD TA funds and 95 percent of the AHIF grants have been disbursed.

Table 4: AHIF Cofinanced Projects: Amount and Percent Disbursed (amount in US$ million)

	AHIF		IDA		PHRD	
Countries	Grant Amount	% Disbursed	Grant Amount	% Disbursed	Grant Amount	% Disbursed
Georgia	1.6	96.06	7.0	43.4	1.4	32.14
Tajikistan	1.5	99.61	5.0	82.4	-	-
Armenia	2.0	91.67	6.25	77.92	0.8	91.25
Moldova	1.0	100	8.0	76.25	0,5	96
Kyrgyz Republic	1.15	75.73	4.0	70.5	1.0	78
TOTAL	12.18	95	30.25	69	3.7	66

Planning and Preparedness

In **Armenia**, national strategic plans for improvement of public health surveillance and disease control systems have been prepared according to WHO recommendations and approved. National pandemic preparedness plan for MOA/ MOH has been updated. Inter-ministerial taskforce effective in coordination activities and tabletop simulation completed. The status report on **Kyrgyz Republic** states that consolidated human/animal action plan drafted but yet to be tested through simulation exercises. A global pandemic preparedness plan was prepared by the MOH and Human Industry in **Turkmenistan** which has been endorsed by the Cabinet of Ministers. The plan does not include animal health as the plan prepared by the State Veterinary Department (SVD) did not fully reflect the specifics from the veterinary perspectives and needs improvement. **Tajikistan** has the institutional mechanisms in place for the effective implementation of an integrated multisectoral contingency plan for pandemic preparedness. The completion report on the **Uzbekistan** project states that a National Action and Contingency Plan have been prepared and the SOPs for the relevant sectors (communication, animal and human health have been

embedded in the plan. The National Pandemic Action Plan for **Georgia** has been finalized and operational. An integrated contingency plan for both animal and human health has also been prepared.

Animal Health Services

In **Kyrgyz Republic**, the OiE/PVS evaluation strategy reform plan and draft veterinary law has been completed. An animal health policy and strategy framework has been developed. A national veterinary AI strategy and outbreak containment plan has been developed conforming to the guidelines of FAO/OiE and GPAI. The **Uzbekistan** project's completion report raises the issue of the absence of procedures and legislations that would allow sending specimens to WHO reference laboratory for diagnosis verification, configuration and type of virus. **Georgia**'s veterinary legislation is not yet consistent with the international standards. The food safety and veterinary action plans have been developed but pending government approval. **Georgia** has also prepared strategies for control of brucellosis.

Box 5: Successful Completion of Tajikistan AHIF Project

The AHIF project in Tajikistan closed in December 2009. According to the project completion report, AHIF grant has substantially contributed to strengthening the national capacity to control and responding to any possible incidence of HPAI or its equivalent type of infectious diseases. The National AI Preparedness and Response Plan and the National Pandemic Plan included Standard Operating Procedures (SOP) for all the relevant sectors (communication, animal health and human health) to deal with AI and any other pandemic situation. These SOPs were successfully applied during the recent pandemic threat. The country's diagnostic capacity at the central level has been enhanced through the establishment of the veterinary and medical laboratories of BSL 2. The grant enabled the project in creating mechanisms and procedures for the operation of the Compensation Fund. The project has created an enabling environment for mobilization of additional resources to further strengthen country's capacity. Almost all activities on risk/crisis and the basis of strategic communication completed. Hotline has been established and functioning at the Committee of Emergency and Civil Defense.

Disease Surveillance, Identification and Response

Status report for **Armenia** states that preparedness and surveillance for animal and human health sectors are improving and this demonstrated in effective containment of the recent H1N1 virus outbreak. A national control program is also being drafted. Participatory disease surveillance training has been completed and surveillance/monitoring activities on-going. The OiE veterinary service evaluation and gap analysis has also been completed for Armenia. Surveillance equipment has been procured for the SVD, State Epidemiological System (SES) and the Ministry of Nature Protection. There have been no outbreaks in **Kyrgyz Republic** but the project status report states that there has been an improvement in preparedness as a result of the laboratory upgrades and training on laboratory diagnostic. An effective intersectoral surveillance system is in place for HPAI and other zoonoses in both animals and humans in **Tajikistan**. There has been no outbreak of AI in **Georgia** but the country has been affected by H1N1 pandemic and the human health sector has responded to the crisis. Overall, the surveillance system in Georgia has improved.

<u>Laboratory Capacity for the Detection of HPAI on Animals</u>: Improvements in **Armenia**'s laboratory network at central and regional levels, and enhanced surveillance and disease monitoring have been reported. Laboratory renovations are nearing completion. The "marz" veterinary laboratory has been

upgraded and renovations of the Sanitary Quarantine Posts (SQP) have been completed. In **Kyrgyz Republic**, the central veterinary laboratory facilities have been upgraded. **Turkmenistan**'s status report states that surveillance-related equipment has been procured for both central and SES laboratories, however, rehabilitation of the laboratories and training on the use of the equipment is yet to be implemented. The infectious disease hospital staff has been provided with necessary equipment to enable surveillance, monitoring and HPAI reporting. The **Moldova** report indicates that modern computerized epidemiological surveillance platform has been established and a national virology laboratory has been refurbished. At closing of the **Tajikistan** AHIF project, both the central veterinary and medical laboratories were upgraded to BSL 2 and were functioning and performing diagnostic tests. Specimens from **Tajikistan** have been sent to UK reference laboratory for the reconfirmation of the identified virus, of which 14 were confirmed positive for H1N1 virus. At completion, the **Uzbekistan** project helped to upgrade seven oblast (regional) laboratories and the Republican Sanitary Epidemiological Station (RSES) to BSL 2, the SVD and the Intensive Care Unit for Contagious Diseases in the Institute of Virology. Regional emergency units have been equipped and effectively reported on infectious diseases. Hospitals have also been adequately equipped. In **Georgia,** 8 regional and 56 rayon units have been equipped according to plan.

Compensation Scheme

In **Armenia**, the legal framework for Animal Disease Control and Compensation Fund has been drafted and the operation manual has been found to be effective when tested in simulation exercises. These documents are awaiting Government ratification to become operational. In **Kyrgyz Republic**, the draft decree charter and manual submitted to the government for ratification. A compensation mechanism is in place in **Moldova** and has been tested during a simulation exercise. A Compensation Fund strategy developed under the project in **Tajikistan** will guide the setting up and operating such fund in future. The Government of **Tajikistan** has assumed responsibility for setting up such a fund should there be an outbreak of AI or other zoonoses. The Compensation Fund strategy for **Uzbekistan** has been officially endorsed by the government. Procedures for a Compensation Fund is in place in **Georgia** and the Government has expressed commitment to compensate if the need arise.

Bio-security

In **Turkmenistan**, training on bio-security has been provided to three staff from the central SES and veterinary laboratories. Risk groups in **Uzbekistan** have started to comply with the hygiene and sanitary rules and bio-security practices, such as, (i) isolated poultry keeping (in cages and poultry-yards) in households, (ii) the use of well and artesian water for poultry-yard cleaning, poultry watering and personal sanitization, and (iv) the increased use of protective gear.

Communications

Armenia has implemented a communication strategy and KAP survey is planned to verify effectiveness. A public information and national communication strategy has been developed and adopted in **Kyrgyz Republic**. Communication materials and information campaign is reported to have significantly increased awareness in the country. In **Turkmenistan**, communication materials have been developed by the implementing agencies and local media in close collaboration with UNICEF. **Moldova** has carried out a communication campaign focusing on the risks of AI disease and appropriate prevention and mitigation measures. Furthermore, training in effective communication techniques was provided to the

staff in the Ministries of Health and Agriculture. Risk communication capability of the Government has been strengthened. A national public awareness and information campaign has been completed with UNICEF's assistance in **Tajikistan**. In **Georgia**, improvement has been reported in hygiene and sanitation behaviors.

Box 6: Positive Outcomes of the Organized Communication Campaign in Uzbekistan

The public awareness and information activities under the project has successfully reached out to journalists, school children, health personnel, community leaders, natural resources managers and media representatives. The resources of the state and private mass media at central, regional and district levels have been used for public awareness campaign. Mass media specialists were trained in HPAI where they developed information materials such as articles, social advertising clips, video films etc. The outdoor advertisement such as banners and billboards as well as booklets and brochures were distributed widely. Special focus was given to women and children – reflecting the risks identified, and the importance of backyard poultry management. A KAP survey in 2009 found that:

- the level of awareness of avian influenza had grown considerably compared to previous surveys;
- activities aimed at teachers and school children, the dissemination of posters and TV spots had a significant impact on the awareness level of the general population; and
- increased knowledge of AI prevention measures was observed for all non-target groups (veterinarians, health providers, "makhalla" leaders, teachers) with the farmers' group indicating a slightly higher level of awareness compared to other surveyed households.

Collaboration between Animal Health and Human Health Sectors

The project in **Armenia** includes both the animal and the health sectors and good collaboration exists between the two sectors. The project status report on **Kyrgyz** states that collaboration between the two sectors have improved with the Deputy Prime Minister's office being made responsible for coordination. Inter-sectoral coordination is reported to be improving with the AI working group meeting frequently to resolve inter-agency issues and ensuring synergy. In **Tajikistan**, good collaboration exists between the two sectors. Close collaboration of the animal and human health sectors helped in successful implementation of the **Uzbekistan** project.

Detection Capacity for H5N1 in Humans

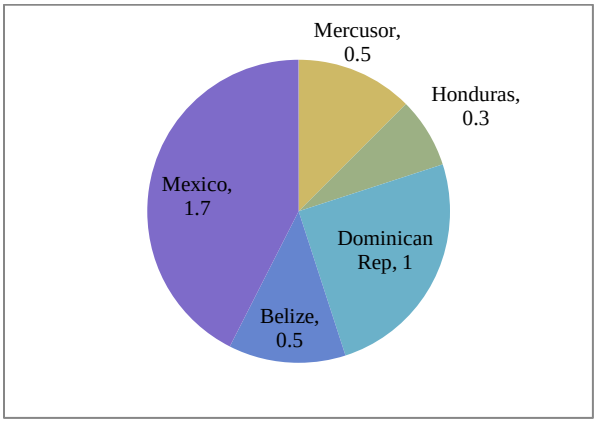
Armenia has been able to effectively contain the recent outbreak of H1N1 virus. Although there were no outbreaks reported in **Kyrgyz Republic,** the expected improvements in the animal and human health facilities, training, and in the legal framework were nearly completed would help to detect, control and prevent AHI outbreaks. The completion report of the **Moldova** project states that the project has contributed to improving the country's capacity to diagnose, respond to and treat AI infections in humans, and increased capacity for real-time computerized surveillance. **Georgia** has prepared strategies for the control of brucellosis and H1N1 virus. MOH quickly reacted to the recent H1N1 threat. However, several project targets still need to achieved, including training, upgrading laboratories, etc., to respond more effectively should a widespread attack takes place.

Latin America and Caribbean Region (LCR)

AHIF has provided US$4.0 million for five projects in this region, of which MERCUSOR is a regional program. The grant for **Mexico** was activated on March 25, 201. The regional project aims to strengthen the Agricultural Council of the Southern Cone (CAS) for Avian Influenza Preparedness in **Argentina**,

Bolivia, **Brazil**, **Chile**, **Paraguay** and **Uruguay**. This program closed in March 31, 2010. Disbursement from the total grant amount (excluding Mexico) is US$0.6 million or 26 percent.

Figure 11: Distribution of AHIF Grants by Country (in US$ million)



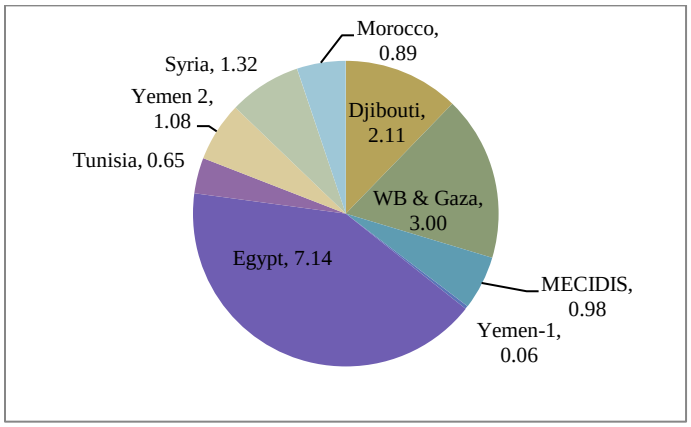
The political situation in **Honduras** disrupted project implementation. Except for some training programs, no other activities had started at the time of reporting. In **Dominican Republic**, the Pandemic Preparedness Plan enabled faster activation of the emergency and pandemic networks. The project is building capacity in the Ministries of Health, Environment, and Agriculture in the diagnostic and surveillance capacity. In terms of concrete outputs, the project has: (i) facilitated the establishment and meeting of the inter-ministerial committee and the AHI advisory group to discuss the issue of H1N1 virus; (ii) conducted testing and monitoring according to the systematic monitoring plan; and (iii) implemented communications campaign.

The MERCUSOR project contributed to considerable enhancement in the regional capacity to address animal disease issues, in terms of communication, exchange of knowledge and information. The project activities have contributed to preparedness plans of the individual countries and to develop mechanisms and procedures that would facilitate region-wide responses to eventual pandemic. In concrete terms, the project has achieved the following: (i) completed a cost-benefit analysis study of veterinary services (co-financed by OiE) which provides a comprehensive analysis of the impact of animal disease in the region and across South and Central America; (ii) completion of the Harmonization Study which helped to identify the gaps in the norms at a national level and provided recommendations to improve the prevention strategies, early warning and control of AHI and other zoonoses in the member countries of the CAS; (iii) completed a comprehensive diagnosis of all laboratories in the six countries and proposed a legal framework to facilitate the submission and handling of the samples amongst the countries; and (iv) conducted outbreak simulations in **Chile**, **Bolivia**, **Argentina**, **Brazil**, and **Uruguay** with the participation of all the country representatives.

Middle East and North Africa (MNA) Region

AHIF has provided US$17.23 million for nine projects for seven countries and one regional program - Middle East Consortium on Infectious Disease Surveillance (MECIDS). One grant was approved less than six months back. All the grants were made for stand-alone projects and except one, all are recipient executed. All but two grants are active. So far, 53 percent of the grant amount (excluding Morocco) has been disbursed.

Figure 12: Distribution of AHIF Grants by Countries in MNA Region (in US$ million)



The objective of the grant for the **MECIDS** is to generate a sub-regional response to avian influenza by supporting an emerging network of cooperating states and Ministries at a technical level enabling an exchange of information and a coordinated response. The recipients are **Israel**, **Jordan** and **West Bank and Gaza** (WB&G). The cooperation is to be enhanced by strengthening the ability of the **MECIDS** members to improve their detection capacity through better surveillance, improved training in laboratory techniques and epidemiological skills, and the development of a regional plan of action for avian and pandemic influenza preparedness. The project closed in March 2010. It helped prepare and implement a regional preparedness plan with notable success as evident from the recent H1N1 influenza outbreak.

In 2007 and 2008, **MECIDS** carried out a series of national pandemic influenza table top exercises to identify gaps in preparedness and cross sectoral cooperation and to develop a plan of priority actions. In 2008, the **MECIDS** partners carried out a regional exercise to test cross border cooperation and procedures. The regional exercise brought together the public health experts from the **MECIDS** countries as well as representatives from multiple sectors, such as transportation, education and media from the three countries. The project supported the completion of one electronic laboratory based disease surveillance system. The PPG equipment and training was adapted for the H1N1 outbreak and **MECIDS** provided an invaluable response to the crisis. The **MECIDS** secretariat provided open lines of communication between the countries.

Planning and Preparedness

The INAP for **Yemen** has been prepared and discussed at a workshop with key stakeholders. A detailed implementation framework for this Plan has also been completed. In **Egypt** a detailed pandemic preparedness plan has been prepared and proved useful in managing the H1N1 outbreaks. MOA is reported to have started updating the INAP to reflect the experiences from new developments, including the H1N1 pandemic. This activity is supported by FAO. The MOH in **WB&G** developed an updated plan for H1N1 influenza and the flu pandemic with technical support from the WHO. Integration of relevant activities in an updated INAP is pending. SOPs for culling, vaccination and disposal guidelines and training completed.

Animal Health Services

A validation workshop of the draft legal and regulatory framework of national veterinary services for **Djibouti** has been held.

Disease Surveillance, Identification and Response

It is reported that surveillance activities are on-going in **Yemen.** About 500 field staff has been trained in disease surveillance and reporting in 7 governorates in **Egypt** where AI cases are most prevalent. It is reported that surveillance teams are operational in **Djibouti** with 19 field officers producing monthly surveillance reports on domestic poultry and wild bird population. Epidemiological surveillance is on-going at the national level in **Djibouti**. Surveillance Trans-boundary Animal Disease Information (TADinfo) system database software training completed and software installation is in progress in **WB&G**.

Laboratory Capacity for the Detection of HPAI on Animals: In **Egypt**, the diagnostic capacity of the Cairo central laboratory has been significantly improved through the delivery of essential equipment and training on using the equipment. The General Organization of Veterinary Services has also been equipped. The project has improved the capacity of animal health workers and veterinarians at the local/district level to diagnose and report the disease and to provide the basis for an early warning system at the district level. Construction of a national veterinary laboratory in **Djibouti** has been completed and necessary equipment is being procured. Two veterinary laboratories have been upgraded in **WB&G** but the one in **Gaza** is pending due to the political situation. PPE's have been procured. Hospital and laboratory needs assessment have been completed in **WB&G**.

Compensation Schemes

Compensation manuals approved by the Palestinian Authority.

Communication

An AHI hotline has been set up in **Yemen**. The **Djibouti** AHIF project is supporting programs to maintain public awareness of the threat of avian influenza. The project is promoting advocacy and coalition building to sensitize policy makers, media and journalists, local NGOs and the wider population. The national communication strategy for **WB&G** has been drafted and approval pending.

Collaboration between Animal Health and Human Health Sectors

In **Djibouti**, multisectoral coordination has been reported to be inadequate.

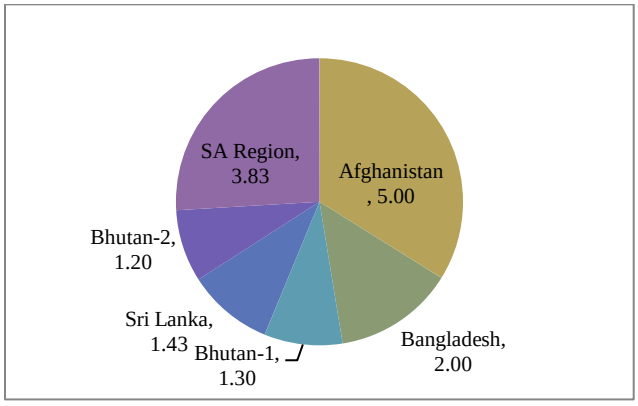
Detection Capacity for H5N1 in Humans

The recent H1N1alert has confirmed **Djibouti**'s adequate preparedness to respond to an influenza pandemic through a rapid mobilization of surveillance teams, swift availability of surveillance kits, and appropriate information campaigns.

South Asia Region (SAR)

AHIF has provided US$14.77 million for six projects in four countries and one regional program. Two grants are co-financed with IDA funds. The regional project (US$3.83 million) approved in March 2010 is focused mainly on training. As of March 31, 2010, 29 percent of the approved amount (excluding the regional grant which has not yet been activated) has been disbursed. **Afghanistan** project closed in March 2010 before the actual closing date due to unsatisfactory performance.

Figure 13: Distribution of AHIF Grants by Countries in SAR (in US$ million)



Planning and Preparedness

Sri Lanka did not update the INAP as there was no outbreak of avian influenza till date. In **Afghanistan** the pandemic plan was field tested during the recent H1N1 outbreak. A draft contingency plan has been prepared. In **Bhutan**, MOA carried out a field simulation based on the earlier desk top simulation which helped to establish the roles and working relationships of the various agencies involved, finalization of the SOPs, which are pending OIE final review. The next step is for **Bhutan** is to revise the National Influenza Pandemic Preparedness Plan (NIPP) based on the findings of the simulation exercise. In Bangladesh a National AI Plan for 2009-2011 has been prepared with technical assistance from FAO and WHO. The Plan is being revised to broaden the scope for all types of influenza. Operational manuals conforming to the guidelines of FAO/OIE and the GPAI are being updated.

Animal Health Services

In **Sri Lanka**, the OIE has evaluated the regulatory and the legislative framework but Department of Animal Production and Health (DAPH) has not yet finished the review of OIE's recommendations. Based on the FAO's assessment of the gaps in the AI related legislation in **Afghanistan**, revisions have been made and recommendations for the way forward for modernizing the legislation have been given to the government. Livestock Act of **Bhutan** including a legal framework for the containment of AI has been reviewed by OIE and suggestion incorporated.

Disease Surveillance, Identification and Response

Migratory bird surveillance is being carried out in the 35 hot-spots (linked with the migratory path of the wild birds) in **Sri Lanka**. Training on sample collection and handling has been provided to DAPH staff. In **Afghanistan**, 8 Emergency Response Teams (ERT) against a target of 20 have been trained and

operational in high risk-zones. About 176 surveillance sites are able to send reports against the planned 200. All these sites are sending reports as well as collecting samples and sending to the national public health laboratory for testing. In **Bhutan**, FAO has trained MOA staff on TADinfo system software and the team has trained key staff at the district level. Department of Livestock (DoL) carries out clinical surveillance in 203 Geogs. However the level of sampling need to be improved to comply with recommended level in NIPP. Bhutan Agriculture and Food Regulatory Authority (BAFRA) managed quarantine facilities and checkpoints appear to be effective in monitoring the movement of illegal poultry and poultry products but more equipment will be needed. MOH has made good progress in establishing systematic surveillance for influenza morbidity and viral strains. ILI surveillance has been established at 11 sites and results from each sentinel site are summarized each month and circulated within MOH. In **Bangladesh**, it is reported that reporting and reaction time for suspected cases of AI has been reduced from 4/5 days to 12 hours. Also physical monthly monitoring under the active surveillance program is on-going in 150 high risk areas. The culling procedures have been revised from 100 percent culling within 1km radius of the infected farm to 1km for commercial farms and 0.5 km radius for backyard poultry.

Laboratory Capacity for the Detection of HPAI on Animals: In **Sri Lanka**, except for the procurement of some test tool-kits, the refurbishment of HPAI diagnostic unit molecular diagnostic laboratory has not yet started. In **Bhutan**, enhancement of the laboratory capacity is on-going.

Compensation Schemes

The compensation program has been updated in **Sri Lanka** and farm registration process has been launched at veterinary range level. DAPH of Sri Lanka has updated the circular on compensation policy and guidelines. A hot line has also been set up.

Box 7: Bhutan: Experience with the recent H5N1 Outbreak

An outbreak of H5N1 was reported in Bhutan early 2010. Nu 115, 376 has been paid as compensation for the culling of poultry and destruction of coops and eggs. "The owners are paid 75 percent of the market rate," said Dr. Basant Sharma, the regional veterinary officer of the DOL. The compensation is paid from the AHIF project. In Bhutan, the avian flu control team has been able to carry out depopulating, decontaminating and disposing of culled birds over large area. The sample of dead birds was sent to India and Thailand for testing. The team has also disinfected vehicles crossing a key bridge.

A Compensation Strategy of Bangladesh has been developed and operational. Payments to affected farmers are being made within four weeks and can be tracked. Post verification has not been carried out yet.

Bio-security

Field level farmers/community leaders training on HPAI prevention, control and bio-security and personal hygiene has been provided in **Sri Lanka**. In **Bhutan**, overall 89 percent of poultry farmers kept birds separate from the living quarters, although in some provinces the percentage need to improve.

Communication

Sri Lanka has not undertaken any extensive communication programs although communications materials that speak of an outbreak are available for widespread dissemination, if and when the need arises. In **Afghanistan**, a national communication strategy for awareness has been prepared in collaboration with UNICEF and posters and brochures distributed. Five women communication teams per zone have been trained on communication methods. About 44 percent of the health workers and 32 percent of the general population in Bhutan know about washing hands after handling poultry to prevent infection. The KAP survey in **Bhutan** provided important inputs into the communication activities and training of health and veterinary workers. The survey found that the effectiveness of messages in television was lower relative to other media. Planning of the training materials for future communication activities will include the findings of the KAP survey. With UNICEF's assistance, **Bangladesh** has prepared the risk communication strategy/action plan which includes key messages for priority audience in each phase of AI pandemic. A risk communication strategy has been approved and adopted by the government but the working group on communication is not fully functional.

Collaboration between Animal Health and Human Health Sectors

Good cross-sectoral collaboration is reported to exist in **Sri Lanka** both at the national and sub-national level. At the national level, a Ministerial Steering Committee meets bi-annually and a multi-sector steering committee holds monthly meetings. At the local level, the extensive reach of public health officers and mid-wives appears to be playing an important role. There is reported to be good collaboration between MOA and MOH in **Bhutan**.

Detection Capacity for H5N1 in Humans

Rather than focusing on avian influenza, the capacity building programs have been used to introduce concepts of emergency preparedness and other infectious diseases. The **Sri Lankan** government saw this as an investment that would strengthen overall response capacity. In the health sector, an existing IDA funded project supported the improvement of the surveillance system, including laboratory facilities, training and risk communication materials. Isolation facilities have been constructed. The MOH notes that there are still gaps to be filled, notably the development of a high risk laboratory (BSL3). MOH in **Bhutan** is in the process of strengthening its laboratory capacity and trained health staff to address H1N1 and H5N1 attack. Communication programs are also being prepared to provide information on H1N1 and preventive measures. **Bangladesh** has established web-based disease surveillance in all the 64 districts, 20 wet markets in the capital are under surveillance and linked to the web-based surveillance system. In addition, surveillance of SARI and ILI has also been initiated. Field level staff has also been trained by FAO with USAID fund.

Section 3: Results Framework for AHIF

Rationale

The GPAI program document[10] has a generic results framework for World Bank financed avian and human influenza prevention and preparedness project. Then why is there a need for a separate results framework for AHIF?

AHIF has been uniquely designed to fill the financing gap in the country INAPs. In other words, AHIF funding would be residual to other financing sources. Two points arise from this design feature of AHIF. One is the usefulness of this type of flexible add-on financing source in the global program to fight avian and human influenza and the assessment of this financing arrangement which could be strategic in the deliberation of a possible replication of AHIF model. The other point is the heterogeneity of AHIF project activities since the gaps would differ from country to country. This makes pooling of activities financed and linking outputs and outcomes to AHIF difficult. The suggested AHIF results framework attempts to address these two aspects. The overall AHIF results framework, however, is based on the GPAI but simpler.

Results Chain

The elements of the results chain is outlined in the attached diagram. The focus is on the aggregation of the key results of the AHIF funded projects which is linked with GPAI outcomes and the higher level impact.

The challenge in developing a results framework for AHIF is the issue of attribution. It should be noted that the overall outcome cannot be totally attributed to the AHIF as there are number of other programs which are either co-financed with AHIF projects or stand alone operations with similar objectives. There are the bilateral donors, such as Japan, USA, Sweden, and technical organizations, such as OIE, FAO, WHO and UNICEF which are playing active roles in assisting countries to contain outbreaks or spread of the virus should there be an outbreak. As long as the avian and human influenza preparedness and control programs are harmonized and coordinated and the overall objective is achieved, the issue of attribution should not be too relevant.

Indicators should be based on the following principles:

- To clearly indicate AHIF grant filling in the financing gap identified in the INAP;
- To better reflect the range of activities that the Facility finance at the country level;
- To make the indicators aligned with those of GPAI at the macro and sector levels;
- To effectively link AHIF project inputs and outputs – through the outcomes – to the overall AHI objective.

[10] Program Framework Document for Loans/Credits/Grants in the Amount of US$500 million equivalent for GAPI (December 5, 2005) Annex4

Proposed AHIF Results Framework

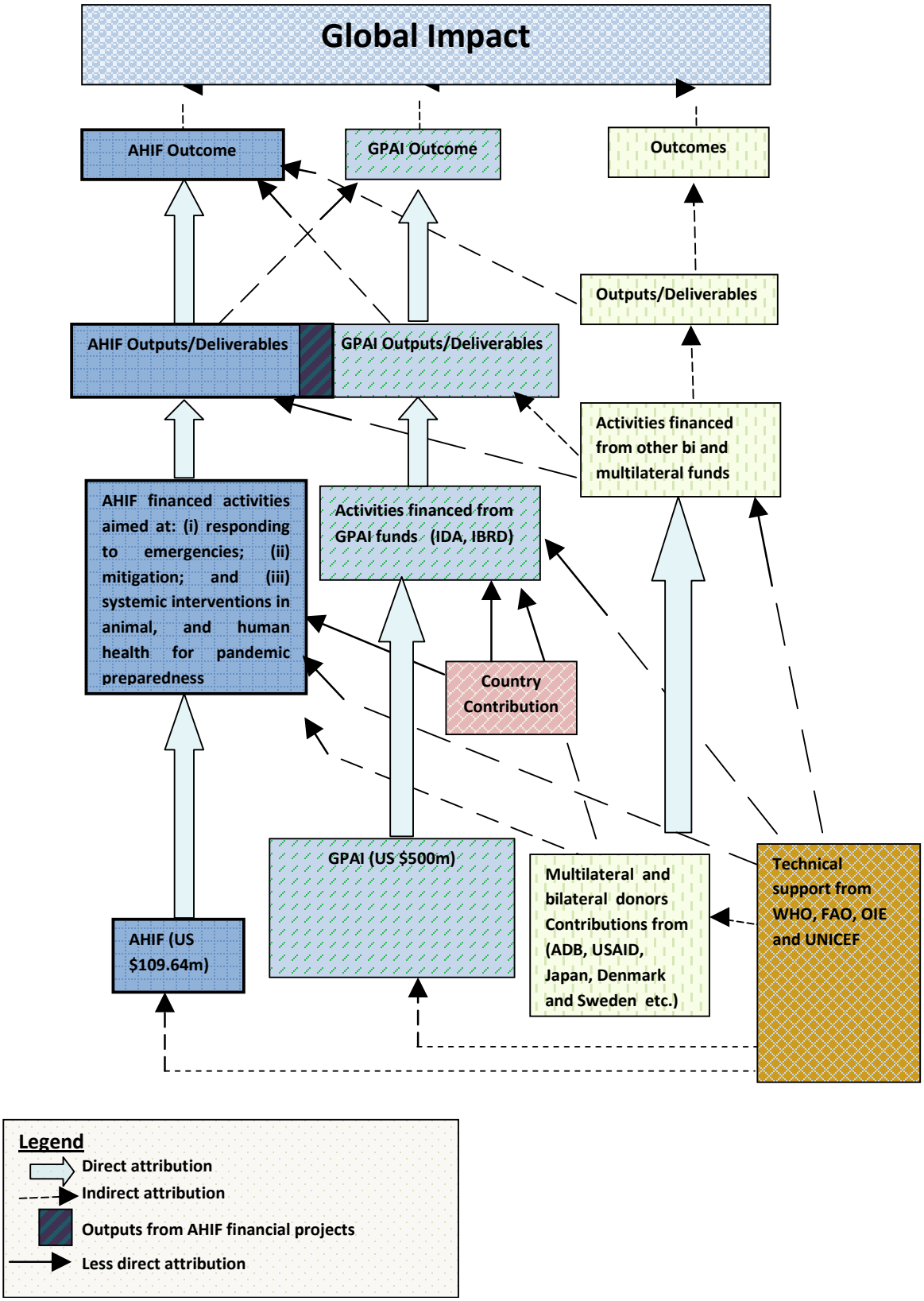
Higher Level Impact: Global burden of disease and loss of productivity reduced; economic and social prospects at the global, regional and national level enhanced.	
Program Level Outcome:	**Program Level Indicators**
1. AHIF contribution was sufficient to close the financing gap identified in the INAPs endorsed by international technical organizations, as appropriate (e.g. FAO, OIE, WHO) and approved by the national governments. 2. Avian influenza prevented or controlled (in countries where outbreaks have occurred); increased human pandemic preparedness; 3. AHIF has been flexible in accommodating support to other zoonoses;	• In aggregate, at least 50% of the financing gap identified in the INAPs has been filled by AHIF; • # of countries able to leverage resources to fill any balance; • # of recipient countries have in place FAO, OIE and WHO endorsed integrated preparedness, control and response plans; • HPAI infection in poultry and humans (if found) confined to the initial area of infection; • # of human deaths due to infection reduced; • # of recipient countries able to reduce the spread of H1N1 infection, where occurred
Intermediate Outcomes	**Output level indicators**
(a)**Animal Health** (if activities supported by AHIF)	
Policy and Planning: National policy framework defined and Integrated national strategy developed to prevent and control HPAI; Disease Surveillance and diagnostic capacity: Strengthened disease surveillance, diagnostic capacity Laboratory Capacity to detect the virus Outbreak: Outbreak containment plans prepared and activated as needed in response to AI outbreak	• # of country specific strategy and policy framework developed, adopted and disseminated; • # of countries with policy framework approved by FAO/OIE • # of countries carried out animal health surveillance to control HPAI; • # of countries carried out periodic monitoring of poultry breeding stock farms • # of countries with laboratories constructed/upgraded and equipped at national and regional levels. • # of countries with contingency plan endorsed by FAO/OIE; • # of countries followed the procedures for culling disposal and post-culling disinfection; and • # of countries provided compensation to affected farmers according to the contingency plan.
(b) **Human Health** (if activities supported by AHIF)	
Public health program planning and coordination enhanced to better manage public health emergencies	• # of countries with inter-institutional and inter-sectoral coordination arrangements defined and put in place; • # of countries with national guidelines for disease monitoring, for influenza surveillance and case management prepared according to international standards; • # of countries with laboratories available for routine influenza diagnosis, rehabilitated and equipped; and • # of countries with at least 75 % of the health personnel trained in influenza virus surveillance and control.

(c) **Public Awareness and Information** (if activities supported by AHIF)	• # of countries with public information on the recommended practices for prevention and control of HPAI among main target groups (e.g. poultry producers and their families, school children, developed, tested and disseminated; • # of countries with evidence of at least 80% of the target groups demonstrate awareness following dissemination of messages;
Information and communication services developed to support response to outbreak.	• # of countries with communication materials developed, tested and disseminated for use in public information campaigns, designed to reduce the risk of, and provide a measure of control during a health emergency;

Monitoring and Reporting

It is important that from now on reporting on AHIF projects is based on verifiable performance indicators linked to AHIF outcomes. TTLs would need to develop project specific results framework based on the above and begin reporting from the next round of reports in the GRM system.

AHIF Results Chain



Section 4: Conclusion

Implementation of the AHIF financed projects is relatively more challenging considering the average size of the grants . The projects are mostly multi-sector requiring huge amount of coordination among various implementing agencies and Ministries. The AHIF projects implemented by agencies under the Ministries of Livestock/Animal Health in most of the recipient countries are relatively weak, under-funded and have been generally neglected for years. Many of these implementing agencies are not familiar with World Bank's procurement and financial management procedures which are applicable for projects financed by the AHIF or IDA. Strengthening technical capacities as well as changing behaviors and practices require medium to long-term engagement with the recipient countries. (In contrast, capacities of Ministry of Health are stronger.) Despite the challenges, AHIF has been able to achieve satisfactory results overall in a short-time period.

AHIF's support to carry out rapid assessments and preparation of INAPs have proved to be quite useful not only in getting various stakeholders together to deliberate on the actions but also for knowledge sharing and awareness building. Concretely, the plans provided strong justification for increased resource allocation by central governments to strengthen livestock and animal health agencies.

Overall there is been extensive involvement of animal health and human health agencies, media, schools, within the country as well as external to work towards the HPAI control and pandemic planning. The involvement of civil society and NGOs has been less. It is not clear from the monitoring reports the extent of involvement of the private poultry producers in the planning and preparedness exercise.

The assessments of the veterinary services by the international technical agencies have helped to highlight the need for strengthening the animal health services for combating the threat of the pandemic flu. However, many of the national regulatory frameworks for animal health services developed under the project remains to be fully endorsed by several national governments. One reason may be that in countries which have not been affected by the virus, the governments have not felt the urgency to focus on this area.

Overall surveillance for animal diseases, including HPAI has improved in the recipient countries. Laboratory capacities and epidemiological capacity has been improving. In countries affected by the virus, there are reports of participatory disease surveillance initiatives with the local communities involved to take measures to contain the disease. Surveillance programs in many countries are yet to be carried out effectively or to start.

Compensation schemes have been successful in limited number of countries. The issues are mainly reporting, adequacy of the compensation, transparent and quick compensation process. It would be useful to share experiences to learn and improve. In countries where there has been no outbreak, government is not keen to develop a policy and make adequate budget provision.

Reporting on bio-security measures has been minimal. Few countries reported initiation of bio-security arrangements mainly related to communication awareness of risks and good practices to poultry owners and producers. In backyard poultry production by poor households, this is a major challenge which needs to be addressed.

Project reports have highlighted the increasing number of communication campaigns and the increased awareness of the general public about the avian influenza. UNICEF studies on behavioral change indicate that changes in behavior have been marginal and in many cases not in proportion to the human and financial resources invested in the area of communication. As mentioned earlier, changing behavior is a long-term process and measures have to be taken to continue with the messages.

Several projects closed prior to the actual closing date due to the lack of national commitment. In some of these countries, there is evidence of outbreaks or are vulnerable to outbreaks. Serious considerations have to be given how to get the national governments to focus on this issue.

A positive outcome of the projects has been the recipient country's ability to contain the widespread outbreak of the recent H1N1 flu virus outbreak. It was reported that countries which have been affected by the H1N1 flu virus, the system responded quickly and efficiently. This is a good testimony of the level of preparedness of the countries to contain and prevent HPAI.

There has been modest improvement in monitoring and reporting, however there is room for further improvement. TTLs have to revisit the performance indicators based on the simple results framework provided in this report and report bi-annually on the status. Recognizing the drawback of the GRM system, it is proposed that every bi-annual report in the GRM should attach a results framework for the project.

Annex 1: Avian and Human Influenza Facility Projects: Status as of March 31, 2010

Table 1: Distribution of AHIF Grants by Countries, Grant Amount, Other Cofinanciers, Implementation Status and Disbursement.

				CoFinancing			Implementation Status		Disbursement
Region	Countries	Grant Amount	Activation Date	AHI	PHRD	IDA/IBRD	Active	Closed	
AFR	Cameroon	1.27	10/28/2008	1.27			X		0.79
9 countries	Congo	1.00	9/22/2008	1.00				X	0.72
	Liberia	0.09	12/29/2006	0.09				X	0.09
	Malawi	1.00	8/9/2007	1.00				X	0.20
	Mauritania	0.03	4/10/2007	0.03				X	0.03
	Mozambique	0.10	9/19/2007	0.10				X	0.09
	Sierra Leone	0.09	1/10/2007	0.09				X	0.08
	Uganda 1	0.09	5/24/2007	0.09				X	0.09
	Uganda 2	2.00	12/8/2008	2.00		10	X		0.00
	Zambia	1.00	1/25/2007	1.00				X	0.84
EAP									
7 countries	Cambodia	2.00	8/13/2008	2.00	3.00	6.00	X		0.41
	China 1	2.65	4/19/2007	2.65			X		2.40
	China 2	3.50	12/10/2008	3.50			X		0.00
	Indonesia	10.00	9/13/2007	10.00	5.00	-		X	2.35
	Laos 1	2.00	12/25/2006	2.00	2.00	4.00	X		1.36
	Laos 2	2.40	1/24/2008	2.40	-	-	X		0.70
	Mongolia	4.66	9/24/2008	4.66			X		2.17
	Myanmar	1.31	8/12/2008	1.32			X		0.73
	Vietnam	10.00	4/19/2007	10.00	5.00	20.00	X		3.35
ECA									
7 countries	Armenia	2.00	7/162007	2.00	6.25	0.80	X		1.99
	Georgia	1.60	2/13/2007	1.60	1.40	7.00		X	1.54
	Kyrgyz Republic	1.15	10/21/2008	1.15	1.00	4.00	X		0.87
	Moldova	1.00	6/27/2007	1.00	8.00	0.50		X	1.00
	Tajikistan	1.50	4/2/2007	1.50	-	5.00		X	1.49
	Turkmenistan	1.97	8/5/2008	1.97			X		1.35
	Uzbekistan	2.96	6/27/2007	2.96				X	2.94
LCR									
4 countries	Belize	0.50	12/11/2008	0.50			X		0.00
1 regional	Dominican Rep.	1.00	6/15/2009	1.00			X		0.12
	Honduras	0.30	9/17/2008	0.30			X		0.05
	Mercosur[1]	0.50	8/10/2007	0.50				X	0.43
	Mexico	1.70	3/25/2010				X		0.00

[1] Argentina, Brazil, Uruguay, Chile, Bolivia, Paraguay

				CoFinancing			Implementation Status		Disbursement
Region	Countries	Grant Amount	Activation Date	AHI	PHRD	IDA/IBRD	Active	Closed	
AFR	Cameroon	1.27	10/28/2008	1.27			X		0.79
9 countries	Congo	1.00	9/22/2008	1.00				X	0.72
	Liberia	0.09	12/29/2006	0.09				X	0.09
	Malawi	1.00	8/9/2007	1.00				X	0.20
	Mauritania	0.03	4/10/2007	0.03				X	0.03
	Mozambique	0.10	9/19/2007	0.10				X	0.09
	Sierra Leone	0.09	1/10/2007	0.09				X	0.08
	Uganda 1	0.09	5/24/2007	0.09				X	0.09
	Uganda 2	2.00	12/8/2008	2.00		10	X		0.00
	Zambia	1.00	1/25/2007	1.00				X	0.84
EAP									
7 countries	Cambodia	2.00	8/13/2008	2.00	3.00	6.00	X		0.41
	China 1	2.65	4/19/2007	2.65			X		2.40
	China 2	3.50	12/10/2008	3.50			X		0.00
	Indonesia	10.00	9/13/2007	10.00	5.00	-		X	2.35
	Laos 1	2.00	12/25/2006	2.00	2.00	4.00	X		1.36
	Laos 2	2.40	1/24/2008	2.40	-	-	X		0.70
	Mongolia	4.66	9/24/2008	4.66			X		2.17
	Myanmar	1.31	8/12/2008	1.32			X		0.73
	Vietnam	10.00	4/19/2007	10.00	5.00	20.00	X		3.35
ECA									
7 countries	Armenia	2.00	7/162007	2.00	6.25	0.80	X		1.99
	Georgia	1.60	2/13/2007	1.60	1.40	7.00		X	1.54
	Kyrgyz Republic	1.15	10/21/2008	1.15	1.00	4.00	X		0.87
	Moldova	1.00	6/27/2007	1.00	8.00	0.50		X	1.00
	Tajikistan	1.50	4/2/2007	1.50	-	5.00		X	1.49
	Turkmenistan	1.97	8/5/2008	1.97			X		1.35
	Uzbekistan	2.96	6/27/2007	2.96				X	2.94
LCR									
4 countries	Belize	0.50	12/11/2008	0.50			X		0.00
1 regional	Dominican Rep.	1.00	6/15/2009	1.00			X		0.12
	Honduras	0.30	9/17/2008	0.30			X		0.05
	Mercosur[1]	0.50	8/10/2007	0.50				X	0.43
	Mexico	1.70	3/25/2010				X		0.00

[1] Argentina, Brazil, Uruguay, Chile, Bolivia, Paraguay

Region	Countries	Grant Amount	Activation Date	Cofinancing			Implementation Status		Disbursement
				AHI	PHRD	IDA/IBRD	Active	Closed	
MNA									
7 countries	Djibouti	2.11	11/7/2006	2.11				X	1.19
1 regional	Egypt	7.14	11/13/2007	7.41			X		3.69
	Middle East[3]	0.98	3/14/2007	0.98				X	0.98
	Morocco	0.89	Pending	0.89			X		0.00
	Syria	1.32	Pending	1.32			X		0.00
	Tunisia	0.65	8/21/2009	0.65			X		0.10
	West Bank	3.00	10/13/2006	3.00			X		2.57
	Yemen 1	0.06	4/30/2007	0.06				X	0.05
	Yemen 2	1.08	3/20/2009	1.08			X		0.10
SAR									
4 countries	Afghanistan	5.00	8/10/2007	5.00	-	8.00		X	0.65
1 regional	Bangladesh	2.00	10/15/2007	2.00	-	16.00	X		0.48
	Bhutan 1	1.30	2/21/2008	1.30			X		1.30
	Bhutan 2	1.20	12/9/2008	1.20			X		0.00
	SA Region[4]	3.83	Pending	3.84			X		0.00
	Sri Lanka	1.43	4/14/2008	1.43			X		0.70

[3] Jordan, Israel, West Bank Gaza
[4] Afghanistan, Bhutan, Nepal, Sri Lanka, Bangladesh, Pakistan

Table 2: Composition of AHIF Grant Portfolio.

	AFR			EAP			ECA			LCR			MNA			SAR		
Grant Type	**#**	**Amount**	**Disbursed**	**#**	**Amount**	**Disbursed**	**#**	**Amount**	**Disbursed**	**#**	**Amount**	**Disbursed**	**#**	**Amount**	**Disbursed**	**#**	**Amount**	**Disbursed**
1. Stand Alone	9	4.68	2.95	4			2			5			9			4		
RE	4	4.27	2.56	4	12.12	5.3	2	4.93	4.3	5	4.00	0.6	8	17.17	8.62	4	7.77	2
BE	5	0.41	0.39										1	0.06	0.05			
1. Cofinance RE	1	2.00	0.00	5	26.40	8.17	5	7.25	6.89							2	7.00	1.13
Total	**10**	**6.68**	**2.95**	**9**	**38.52**	**13.47**	**7**	**12.18**	**11.19**	**5**	**4.00**	**0.6**	**9**	**17.23**	**8.67**	**6**	**14.77**	**3.13**
Geographical Focus																		
Country-Based	10	6.68	2.95	9	38.52	13.47	7	12.18	11.19	4	3.5	0.18	8	16.25	7.7	5	10.94	3.13
Regional										1	0.5	0.43	1	0.98	0.98	1	3.83	0
Total	**10**	**6.68**	**2.95**	**9**	**38.52**	**13.47**	**7**	**12.18**	**11.19**	**5**	**4.00**	**0.61**	**9**	**17.23**	**8.68**	**6**	**14.77**	**3.13**

Table 3: Disbursement Performance of Projects under Implementation for More than Three Years

Region	Grants (#)	Approved Amount (US$ Million	Disbursed Amount (US$ Million)	% Disbursed
AFR	6	2.31	1.34	58.0
EAP	5	26.65	9.87	37.0
ECA	5	9.06	8.97	99.0
LCR	1	0.5	0.43	86.0
MNA	5	13.29	8.47	63.7
SAR	1	5.00	0.65	13.0
Total	**23**	**57.00**	**30.00**	**52.3**

Table 4: Disbursement Performance of Projects under Implementation for Less than Three Years

Region	Grant (#)	Approved Amount (US$M)	Disbursed Amount (US$M)	Disbursement %
AFR	4	4.37	1.61	36.8
EAP	3	10.60	2.90	27.4
ECA	2	3.12	2.22	71.2
LCR	4	3.50	0.18	5.1
MNA	4	3.94	0.20	5.1
SAR	5	9.80	2.50	25.5
Total	**22**	**35.33**	**9.61**	**27.2**

Annex 2: Definitions of DO and IP Ratings

One of the key features of reporting in the GRM system is an assessment of the performance of the grants by the TTLs in terms of achieving the grant DO and IP through a six point rating system. This feature is consistent with the reporting on closed loans and credits financed by the World Bank.[11] The ratings for DO are based on the following definitions:

- *Highly Satisfactory (HS)* – Grant objectives achieved; good practice;
- *Satisfactory (S)* – Grant objectives achieved with no shortcomings;
- *Moderately Satisfactory (MS)*– Grant objectives achieved with moderate shortcomings;
- *Moderately Unsatisfactory (MUS)*– Significant deficiencies in few key areas which impeded achievement of objectives;
- *Unsatisfactory (US)* – Significant shortcomings in several key areas which impeded achievement of objectives; and
- *Highly Unsatisfactory (HUS)* – Severe shortcomings in the achievement of the grant objectives.

The ratings for the grant IP are based on the following definitions:

- *Highly Satisfactory (HS)* – Grant achieved or exceeded all of the major expected outputs;
- *Satisfactory (S)* – Grant achieved almost all major outputs with only minor shortcomings;
- *Moderately Satisfactory (MS)* – Some shortcomings which could have jeopardized achievement of one or more outputs, but problems were resolved;
- *Moderately Unsatisfactory (MUS)* – Significant deficiencies in few key areas which could have jeopardized grant objectives and/or undermine the Bank's fiduciary role;
- *Unsatisfactory (U)* – Significant shortcomings which could not be resolved, and one or more outputs could not be achieved; and
- *Highly Unsatisfactory (HUS)* – Significant deficiencies that limited or jeopardized the achievement of grant outputs.

[11] This rating system is not applicable for Bank-executed Japan World Bank Partnership grants.

Annex 3: Selected Examples of AHIF Grants in Closing the Financing Gap

In **Cambodia**, the financing gap in the INAP is explicitly recorded in the Technical Annex of the project document. The AHIF grant (US$2 million) covers less than 10 percent of the estimated financial gap of $29.3 million. Including the H1N1 virus threat and the exhaustion of resources available for IEC, the financing gap has increased since the time of project preparation.

The **Vietnam** Integrated National Operational Program for the Avian and Human Influenza 2006 - 2010 (The Green Book) outlined a comprehensive, albeit ambitious program with an estimated budget of around US$250 million for the five-year period. The government has received assistance through a number of projects financed by bilateral and multilateral donors with a total estimate of US$ 130 million. The AHIF grant of US$10million helped to to fill in the financing gap in implementing the government's integrated national operational program in the period of 2006-2010.

Given that the **Afghanistan** AHIF project has so far utilized a small percentage of available financing, it is unclear whether there was indeed a financing gap. Clearly more funds were allocated than the project could spend due to capacity constraints. However, the Government has very limited resources for investing in development or even in emergencies. Most projects in Afghanistan are fully financed by donors either through the budget or outside the budget. This project is no exception and the financing plan included only external resources (IDA Grant and AHIF Grant).

During the AI outbreak in **Georgia**, there was a significant gap in the financing of relevant activities. The AHIF grant helped to build capacity of regional AI emergency offices were strengthened, through providing necessary equipment: vehicles, disinfectant, protective gears. In the health sector artificial pulmonary ventilators were purchased and distributed to pediatric hospitals to increase their capacity to respond to the outbreak.

The **Tajikistan** AHIF grant was provided to fill in the financing gap in the country's action plan. The IDA Grant for the project was approved by the Board on June 29, 2006 and became effective on October 18, 2006. However, due to a need for additional resources to support the country's diagnostic capacity and establishment of the Compensation Fund, the project received co-financing in the amount of US$1.5 million from the AHIF.

In **Bhutan**, there were no loan/credit funds available at the time the project was prepared. So these funds clearly filled a financing gap.

In **Dominican Republic**, financial gap was assessed during the preparation of the INAP. The AHIF grant was designed to fill in the financial gap.

The AHIF grant for **Djibouti** grant provided necessary resources to fill in the financing gap and address imminent needs in control and surveillance activities as well as providing the necessary resources for epidemiological and laboratory capacities

The **Egypt** AHIF grant filled only a small gap in the overall country action plan. However, the grant contributed significantly in filling the gap in equipment requirements by the General Organization of Veterinary Services (GOVS) as well as the Cairo Central Laboratory

It would not have been possible for the veterinary services to fulfill their various other compulsory mandates, while at the same time maintaining **Tunisia** free of H5N1 and providing surveillance and diagnostic services. The grant from AHIF therefore enabled the first responders to strengthen their

capacity and improve preparedness, while also allowing them to continue to perform and finance their other mandatory functions.

Annex 4: Some Key Lessons from Closed AHIF Projects

Coordination and Government leadership	• Coordination of activities among international organizations was a challenge during the assessment of the country's preliminary action plan, but the trust and good will of the partners earned from the experience expected to be substantial capital in future collaboration. (Sierra Leone, Liberia) • Donor coordination is critical given the objective (Mauritania); • In the present context of weak capacity in Mozambique's public sector, setting up new institutions entails high transaction costs. Efforts should be made to work with the existing institutions. (Mozambique) • Governmental leadership and commitment as well as intensive cooperation and coordination among key governmental institutions and donors are essential for successful implementation of complex, multi-sectoral projects. (Georgia) • Commitment from government is important as attention is often diverted to high profile activities such as animal disease control, HIV/AIDS and malaria control. This grant was implemented by three Ministries but coordination was not satisfactory as the reporting structure remained parallel and did not converge at one central authority. These factors delayed implementation. (Zambia) • Client ownership is a key premise for successful implementation of donor funded activities. (Moldova) • There was a rough start for a multi-sector project in the country due to inadequate multi-agency collaboration, including international agencies. This issue was resolved when the Project Management Unit (RRA) hired Component Coordinators; In addition, the Project had a Focal Point from each involved agency (MOH, SES, MSVD, Central Republican Veterinary Laboratory and Institute of Zoology. (Uzbekistan)
Project management experience	• Technical specialists working at line Ministries often lack project management skills. A short training on project implementation and on the steps that need to be taken to achieve each objective of the AI action plan should be held for key government staff. (Yemen)
Technical capacity in the country	• The rapid assessment exercise helped to identify the gaps between activities in the government's own action plan and proposals in INAP. This demonstrated that technical support from international institutions is required for effective implementation of national AHI programs especially those in developing countries with limited skills and expertise on control of such epidemics; (Uganda)
Partnership with civil society and donors	• Most of the national partner organizations, either public or private, understand the importance of preparedness for AI and are keen to be part of it. However, their sustained collaboration depends on well coordinated approach. The AI Technical and Coordination Committee are not fully committed. Active support and assistance has to come from specialized NGOs and development partners. (Mozambique)
Public Service Policy	• Past experience with Veterinary Services (and the animal epidemiological system) in Mozambique shows that capacity building investments will vanish quickly if the government does not formally commit to set and sustain minimum structure and staffing at national and local level. (Mozambique)
Resources	• Implementation of the Zambian Avian Influenza National Response Plan has been hampered by a lack of funds and the funds allocated under this grant have been too little to bring the level of preparedness to acceptable levels. The veterinary services remain in poor state and large amounts of money are required to bring them to minimum acceptable standards. (Zambia)
Regional cooperation	• Given the tensions in the region, MECIDS decision-making process has proven to be invaluable and has allowed the partners to conduct activities in a manner appropriate to the regional political situation. The executive board takes decisions by consensus, with equal membership from each MECIDS country.
Contracting international organizations	• Before a decision is taken for a joint implementation of projects of this nature where international agencies are provided with the privilege of being an implementing technical agency, a unified contract format has to be developed by the agencies involved to avoid exposing the client countries to such a situation that causes delays in the implementation of project. (Tajikistan)
Conflict and Post conflict countries	• Management of multisectoral project revealed difficulties in post conflict countries due to lack of good coordination. World Bank rules are still largely unknown by Government of Congo.

Annex 5: **Sample of Results Reported in GRMs**

Cambodia	• Regular training meetings with Village Animal Health Workers held; • Training of human health care workers and the development of materials for use by health care providers and Village Health Workers carried out expeditiously; Scope of this training expanded to cover H1N1 flu virus in late-2009. About 1366 health care workers at all levels received training in 2009; • Although the consulting services contracts with FAO and WHO have not yet been signed, excellent coordination between MAFF and FAO and between MoH and WHO has been achieved. These two Implementing Agencies have worked together with FAO and WHO to respond quickly and effectively to outbreaks of animal and human illness, and this collaboration will be expanded in 2010 when the consulting services contracts are finalized.
Lao PDR	• Compensating farmers for culled poultry; • Training and surveillance.
Vietnam	• Capacity of the veterinary networks from central to local levels improving in the following areas: (a) better quality of disease surveillance; (b) strengthened laboratory capacity for AI analysis; (c) improved bio-security conditions of local live bird markets, slaughterhouses, and small poultry farms; (d) improved vaccination programs; and (f) better emergency outbreak containment; • Capacity of the human health sector improving in (a) technical quality and function of the surveillance and response system; (b) technical quality and efficiency of the curative system; (c) strengthened behavior change communication; and (d) strengthened preventive health system at local level; • Coordination between the animal and human health sectors improving at both central and local levels (i.e., holding regular meetings; and conducting joint simulation exercises at district level).
Bhutan	• Effective border controls; • Knowledge of health care and veterinary staff about prevention of AI is generally improved in some areas, but needs improvement in others; • Knowledge on case management was satisfactory. Surveillance in both Ministries has been strengthened.
Cameroon	• Capacity of 145 local communication leaders and 197 teachers and NGOs members are improved; • Institutional arrangements for preventing and fighting against emergency situations reinforced through a more effective coordination amongst concerned ministries, NGOs, private sector, poultry farmers and development partners; • The rapid response capacity on avian and human influenza is strengthened through: (i) trainings; (ii) equipment and office supply; (iii) transportation facilities; and the upgrading of national and regional labs; • In addition to the awareness campaigns, more than 900 poultry farmers are trained on biosecurity.
Djibouti	• Public health surveillance teams are fully operational; • The human epidemiology laboratory has been upgraded and equipped with modern equipment; • The animal epidemio-surveillance team is fully operational with 19 active field officers monitoring domestic poultry and wild birds population and producing monthly surveillance reports; • The national veterinary laboratory has been upgraded; • The legal and regulatory framework of national veterinary services has been updated and adopted.
Dominican Republic	• Facilitated the establishment and meeting of the inter-ministerial committee and the advisory board on AHI; Conducted testing and monitoring of AHI according to the systemic monitoring plan; and • Conducted public communications campaigns to address concerns from the general population and producers regarding AHI.
Egypt	• Enhanced diagnostic capacity of the Cairo central laboratories thus allowing better and more comprehensive analysis of surveillance samples from the field; • Increased the mobility of the veterinary services in the main governorates affected by AI, thus allowing more effective disease surveillance and reporting; • Improved the capacity of animal health workers and veterinarians at the local/district level to diagnose and report the disease and to provide the basis for an early warning system at the district level.
Indonesia	• No new outbreaks in 9 provinces as a result of the reinforcing the continuity and sustainability of the Local Disease Control Centers/Participatory Disease Surveillance and Response system.
Mongolia	• High level of participation in the learning and training activities which demonstrates the commitment of veterinary services at all levels to improve their performance, including: (a) 173

	participants from different states and Divisions have participated in 3 Surveillance planning workshop; (b) 137 participants have attended Risk Assessment and Risk Reduction workshops held at 3 locations; (c) 27 participants have completed Risk assessment and GIS training; • Preparation of training material and methods of surveillance training is completed and field testing is continuing; • Compensation strategy completed and 17 LBVD officials and 33 poultry farmers have been trained in their use. As part of the compensation strategy MOLF has appropriated 20 million Kyats for compensation to farmers during emergencies. There have not been reported outbreaks since November 2007; • Preparedness of the LBVD to handle any potential H5N1 outbreaks in the future has become possible due to substantial capacity building and procurement of necessary equipment since 2007; • Epidemiology courses in University of Veterinary Science (UVS) introduced, and two LBVD staff sponsored for two years Masters Degree study in Chulalongkorn University in Bangkok; • Improved sectoral collaboration and joint response through drills and joint planning sessions.
Uzbekistan	• Awareness of public and institutional awareness of AI and measures to mitigate it increased; • MSVD and MOH staff at central and regional level trained and equipped in HPAI surveillance and monitoring systems; • SOPs developed and written for all appropriate sectors at all administrative levels; • Compensation Fund Strategy developed and formally adopted by the Government of Uzbekistan and health staff in dealing with an AI outbreak.
Turkmenistan	• AI related dissemination materials printed and distributed; • Central and regional veterinarians, as well as Ministry of Nature Protection staff provided with necessary equipment to enable effective surveillance, monitoring and HPAI reporting; • SES and Infectious Disease Hospital staff provided with necessary equipment to enable effective surveillance, monitoring and HPAI reporting.
Afghanistan	• Review of existing AI related legislation completed and recommendations for the way forward for modernizing the legislation have been given; • Training of Trainers has been conducted in disease detection, diagnoses and reporting, as well as sample collection and submission and training manuals have been prepared for rapid response and containment measures as well as personal safety and human health measures; • A national communication strategy for awareness rising has been prepared in collaboration with UNICEF; • Disease surveillance system is operational and surveillance sites report regularly; • An emergency preparedness and response unit established within the MOH; • Health workers have been trained in case management; and • PPEs are stocked in central and provincial facilities.
Bangladesh	• Enhanced awareness about HPAI among various stakeholders; • Improved surveillance and diagnostic; • Reduced emergency response time and setting up of a compensation fund following the country strategy and guidelines for A.
Georgia	• Regional AI emergency offices have been equipped (Vehicles, disinfectant, protective gears) and proven to be effective; • Neonatal ventilators were purchased for 7 hospitals to increase their capacity; • Relevant staff across various sectors has been trained.
Moldova	• A modernized virology laboratory with capacity for diagnosis of avian influenza established; • A fully functional intensive care unit for patients infected with avian influenza and other types of influenza established; • A computerized epidemiological surveillance system with national reach; • Increased awareness in the country about avian influenza and other influenza diseases.