Project Number: 39662
Loan Number:  G-0041
March 2006

REG: Prevention and Control of Avian Influenza in Asia and the Pacific

The project administration memorandum is an active document, progressively updated and revised as necessary, particularly following any changes in project or program costs, scope, or implementation arrangements. This document, however, may not reflect the latest project or program changes.

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## ABBREVIATIONS

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<tr>
<td>ADB</td>
<td>Asian Development Bank</td>
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<tr>
<td>ADF</td>
<td>Asian Development Fund</td>
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<tr>
<td>AIREF</td>
<td>Avian Influenza Response Facility</td>
</tr>
<tr>
<td>ASEAN</td>
<td>Association of Southeast Asian Nations</td>
</tr>
<tr>
<td>CDC</td>
<td>Communicable Disease Control (Project)</td>
</tr>
<tr>
<td>DALY</td>
<td>Disability-adjusted life year</td>
</tr>
<tr>
<td>DMC</td>
<td>Developing member country</td>
</tr>
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<td>EA</td>
<td>Executing Agency</td>
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<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
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<tr>
<td>FAO-RAP</td>
<td>FAO Regional Office for Asia in Bangkok</td>
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<tr>
<td>GMS</td>
<td>Greater Mekong Subregion</td>
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<td>GOARN</td>
<td>Global Outbreak Alert and Response Network</td>
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<td>IA</td>
<td>Implementing Agency</td>
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<td>JSF</td>
<td>Japan Special Fund</td>
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<tr>
<td>OIE</td>
<td>World Organization for Animal Health</td>
</tr>
<tr>
<td>PRC</td>
<td>People’s Republic of China</td>
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<tr>
<td>RSDD</td>
<td>Regional and Sustainable Development Department</td>
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<tr>
<td>SARS</td>
<td>Severe acute respiratory syndrome</td>
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<tr>
<td>SC</td>
<td>Steering Committee</td>
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<tr>
<td>SOE</td>
<td>Statement of expenditures</td>
</tr>
<tr>
<td>SPD</td>
<td>Strategy and Policy Department</td>
</tr>
<tr>
<td>TA</td>
<td>Technical assistance</td>
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<tr>
<td>TASF</td>
<td>Technical Assistance Special Fund</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WHO-EURO</td>
<td>WHO Regional Office for Europe</td>
</tr>
<tr>
<td>WHO-WPRO</td>
<td>WHO Regional Office for Western Pacific Region</td>
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<tr>
<td>WHO-SEARO</td>
<td>WHO Regional Office for Southeast Asia</td>
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</table>
GLOSSARY

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>case fatality rate</td>
<td>The percentage of infected patients who die as a result of the infection</td>
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<tr>
<td>H5N1 avian influenza virus</td>
<td>A strain of highly pathogenic avian influenza virus circulating and considered by WHO as a serious candidate to cause a human influenza pandemic</td>
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<tr>
<td>life years lost</td>
<td>The number of years of life lost because of ill health, compared to the potential life expectancy</td>
</tr>
<tr>
<td>pandemic</td>
<td>A global epidemic</td>
</tr>
<tr>
<td>public good</td>
<td>A good that is difficult to produce for private profit because the market fails to account for its large beneficial externalities. Everyone can benefit from it and it is difficult, if not impossible, to prevent access.</td>
</tr>
<tr>
<td>zoonosis</td>
<td>An animal disease communicable to humans under natural conditions</td>
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NOTE

In this report, "$" refers to US dollars and “€” refers to Euros.
### DESIGN AND MONITORING FRAMEWORK

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<th>Data Sources/Reporting Mechanisms</th>
<th>Assumptions and Risks</th>
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| **Impact**     | - Limited impact on tourism in the region. Nb of tourists in region and each country compared with last year  
- Impact on industrial poultry; production and exports if appropriate; (ii) improved biosecurity and poultry farming practice  
- Impact on backyard poultry farming: (i) maintain backyard poultry where it exists; (ii) improved biosecurity and backyard poultry practices  
- Trends in poverty reduction in affected areas | - FAO reports  
- Reports form Ministry of Agriculture; Ministry of Trade  
- ADO 2009  
- ADB’s poverty reduction progress report 2009 | - No other epidemic affects the region  
- Other natural calamities or/and economic and political problems may affect the trends in economic growth and poverty reduction |
| **Outcome**    | - Number of H5N1 influenza outbreaks in poultry by country and within the country, by areas (provinces, districts)  
- Poultry mortality (including culling) remain below 2004–2005 levels  
- Mechanisms for regional, inter-country coordination in case of influenza pandemic are in place and have been tested | - Reports from OIE, FAO and WHO | - Sufficient resources and coordination mechanism will be in place without undue delay  
- At country level, Project will raise awareness but other resources must be available to implement preparedness plan of action |
| **Outputs**    | - Timely implementation of Project activities at country level by ASEAN and FAO  
- All avian influenza outbreaks are reported  
- Avian influenza outbreaks are reported to central level within 48 hours  
- Trained and well-resourced teams in place to rapidly stamp out any reported outbreaks in all countries by the end of the first year  
- National policy (culling or vaccination) correctly implemented  
- If vaccination, quality assurance of vaccines and | - Reports from ASEAN and FAO  
- Country reports  
- Media reports | - Adequate resources will be available for compensating poultry farmers to encourage quick reporting |
<p>| <strong>Component 1: Regional capacity building</strong> |                                          |                                    |                       |
| 1.1. Strengthened national capacities for containing avian influenza outbreaks through support from ASEAN and FAO |                                          |                                    |                       |</p>
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<tr>
<td>1.2. Strengthened national capacities to prevent H5N1 human influenza and prepare for a potential human influenza pandemic with support from WHO</td>
<td>• Timely implementation of Project activities at country level by WHO (Headquarters, Euro, SEARO and WPRO) • National plans for influenza pandemic preparedness drawn up and resourced in all DMCs by the end of 2006 • Procedures, and trained and well-resourced teams in place to rapidly examine any suspect case(s) of avian influenza in human in all countries by the end of the first year • Procedures / clear instructions established and incase of outbreaks of human cases of AI</td>
<td>• Reports from WHO • WHO • Available national plans of action • Guidelines disseminated by the Ministry of Health or other public authorities • Media reports when suspect cases arise</td>
<td>• Uncertainty of outbreak will not dilute the high level political commitment</td>
</tr>
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**Component 2: Regional coordination**

2.1. Improved coordination between affected/at risk countries and technical agencies for regular exchange of epidemiological information, laboratory specimens, and supplies | • A system for regular sharing of epidemiological and laboratory information in place by the end of 2006. • Regular meetings of border and quarantine officials • Database easily accessible describing regional activities related to Al | • Project progress reports • Reports from ASEAN, FAO and WHO • Database available | • Government and donors will coordinate exchange of information • Government and donors will provide regular updates on support |

2.2. Rapid regional field response and containment capacity | • About 100 national and international professionals based in the region trained by the end of 2006 • All countries and WHO linked through telecommunications systems by the end of October 2006 • Field information management system adopted • A regional global outbreak and response network developed by the end of the project period | • Project progress report • Visit of WHO regional offices and WHO headquarters, with testing of communication links • Instructions from Ministries of Health on Al outbreaks • Reports from GOARN (Global Outbreak Alert and Response Network) | • Appropriate national professionals will be available and willing to participate |

2.3. Enhanced risk communication efforts in all countries | • Messages related to avian influenza risks communicated to different target groups according to WHO and FAO guidelines by the end of the Project | • Reports from WHO and FAO • International and local media | • Countries have resources for well-designed communication activities • Project activities will only complement other donors’ programs (in particular UNICEF/WHO communication program) |
### Design Summary Performance Targets/ Indicators

#### Component 3: Avian influenza response facility
3.1. A flexible and fast-disbursing mechanism in place to address the needs of an evolving and uncertain avian influenza epidemic, particularly to support regional stockpiles of drugs and equipment, national efforts for containing avian influenza outbreaks, and national response to potential pandemic

- Letters of no-objection from all DMCs signed by August 206
- All requests from Governments answered
- Emergency requests answered within 5 working days
- Rapid transfer of funds when requested under AIREF (funds available in country within 10 days)
- If requested, regional stockpiles (drugs, supplies, equipment) established within 30 days if goods are available
- In case of emergency, no legal or administrative constraints on ADB side will delay provision of the requested support for more than 5 days

- No-objection letter available
- Reports from WHO and FAO
- Project progress reports from ASEAN, FAO and WHO
- Reports from the ADB avian influenza secretariat
- Media reports

#### Assumptions and Risks

**Assumptions**
- WHO will be able to quickly develop guidelines and logistics arrangements for regional stockpiles
- ADB resident missions will be able to quickly respond to countries' needs

**Risks**
- Containment of avian influenza outbreaks hampered by lack of resources in low-income countries
- Legal constraints on Governments’ side
- Weak governance / organization of public system is overwhelmed by emergencies

### Component 4: Project administration
4.1. ADB develops capacity to administer an investment project with a number of different implementing agencies

- Disbursement targets for components 1 and 2
- Coordination meetings and review missions

- Internal ADB records
- Feedback from ASEAN, FAO and WHO
- Feedback from other donors working in the region

#### Risks
- ADB cannot contract appropriate consultants (too few specialists available)
- Delays are caused by incompatibility of procurement and consultant guidelines

### Activities with Milestones

#### Component 1: Regional capacity building

**Containing infection at source**
1.1.1. Strengthening the FAO network of expertise on avian influenza
1.1.2. Strengthening ASEAN expertise on avian influenza
1.1.3. Support for strengthening laboratory services and training

**Preventing and preparing for potential pandemic**
1.2.1. Establish regional operational support teams with WHO
1.2.2. Support strengthening of laboratory services and training in infection prevention, case management, epidemiology, emergency preparedness

#### Component 2: Regional coordination

**Strengthening networks**
2.1.1. Support existing mechanisms for improved coordination and exchange of information through meetings, workshops, websites
2.1.2. Support existing regional networks (for avian influenza, first, but ultimately for emerging diseases) related to epidemiology, laboratories, and Information sharing

**Regional capacity for rapid field response and containment**
2.2.1. Development of standard operating procedure;

#### Inputs
- ADB: $28.0 million
- ADF grant: $25 million
- TASF grant: $3 million
- JSF grant: $10.0 million

- Component 1: $12.46 million
- Component 2: $8.34 million
- Component 3: $14.50 million
- Component 4: $0.60 million
- Contingencies: $2.10 million
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<td>2.2.2. Training of a cadre of 100 national and international professionals, adaptation of FIMS</td>
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<td>2.2.2. Training of a cadre of 100 national and international professionals, adaptation of FIMS</td>
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<td>2.2.3. Timely development of global outbreak and response network networks</td>
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<td>2.2.3. Timely development of global outbreak and response network networks</td>
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<td>2.2.4. Field logistics, mobility, and communications to support the rapid response team</td>
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<td>2.2.5. Support for information and communication technology, strengthen the IT network, maintain a regional website through WHO</td>
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<td>Risk communication</td>
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<td>2.3.1. Develop communication plans for different target groups, including governments (for strengthening access to health services)</td>
<td>2.3.1. Develop communication plans for different target groups, including governments (for strengthening access to health services)</td>
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<td>2.3.2. Recruit consultants to help build the capacity of country agencies and organization’s and develop regional and national risk communication strategies</td>
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<td>2.3.3. Develop prototype communication material for national and regional use</td>
<td>2.3.3. Develop prototype communication material for national and regional use</td>
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<td>2.3.3. Develop prototype communication material for national and regional use</td>
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<td>3.1.2. Support urgent needs for containing national avian influenza outbreaks through resident missions</td>
<td>3.1.2. Support urgent needs for containing national avian influenza outbreaks through resident missions</td>
<td>3.1.2. Support urgent needs for containing national avian influenza outbreaks through resident missions</td>
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<td>4.1 Establish a project management infrastructure</td>
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<td>4.1 Establish a project management infrastructure</td>
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<td>4.2 Support project operations with technical partners and affected countries</td>
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<td>4.2 Support project operations with technical partners and affected countries</td>
<td>4.2 Support project operations with technical partners and affected countries</td>
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<td>4.3 Monitor and evaluate project operations</td>
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<td>4.3 Monitor and evaluate project operations</td>
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# GRANT PROCESSING HISTORY

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<th>Establishment of the Avian Influenza Task Force</th>
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<tr>
<td><strong>Fact finding</strong></td>
<td></td>
</tr>
<tr>
<td>• Study: Potential Economic Impact of an Avian Flu Pandemic on Asia</td>
<td>November 2005</td>
</tr>
<tr>
<td>• Copenhagen: WHO Regional Office for Europe (including Central Asian Republics). 2\textsuperscript{nd} Workshop on Pandemic Influenza Preparedness Planning</td>
<td>24–26 October 2005</td>
</tr>
<tr>
<td>• Geneva: Partners’ Meeting for Avian Influenza and Human Pandemic Influenza</td>
<td>7–9 November 2005</td>
</tr>
<tr>
<td>• Jakarta and Kuala Lumpur: ASEAN meetings</td>
<td>5–6 December 2005</td>
</tr>
<tr>
<td>• Singapore: GOARN meeting</td>
<td>7–9 December 2005</td>
</tr>
<tr>
<td><strong>Management review meeting (MRM)</strong></td>
<td>5 January 2006</td>
</tr>
<tr>
<td><strong>Appraisal mission</strong></td>
<td></td>
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<tr>
<td>• Beijing</td>
<td>17–18 January 2006</td>
</tr>
<tr>
<td>• New Delhi</td>
<td>7–8 February 2006</td>
</tr>
<tr>
<td>• Jakarta</td>
<td>9–10 February 2006</td>
</tr>
<tr>
<td><strong>Staff review committee (SRC)</strong></td>
<td>waived</td>
</tr>
<tr>
<td><strong>Grant negotiations (via videoconference)</strong></td>
<td></td>
</tr>
<tr>
<td>• ASEAN Secretariat</td>
<td>14 February 2006</td>
</tr>
<tr>
<td>• FAO</td>
<td>15 February 2006</td>
</tr>
<tr>
<td>• WHO</td>
<td>14 February 2006</td>
</tr>
<tr>
<td><strong>Board circulation</strong></td>
<td>6 March 2006</td>
</tr>
<tr>
<td><strong>Board consideration and approval</strong></td>
<td>14 March 2006</td>
</tr>
<tr>
<td><strong>Grant agreement signing</strong> (condition for effectiveness with each agency separately)</td>
<td></td>
</tr>
<tr>
<td>• ASEAN Secretariat</td>
<td>12 April 2006</td>
</tr>
<tr>
<td>• FAO</td>
<td>28 April 2006</td>
</tr>
<tr>
<td>• WHO</td>
<td>28 April 2006</td>
</tr>
<tr>
<td><strong>Cofinancing arrangement finalized and agreements signed</strong></td>
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</tbody>
</table>
I. PROJECT DESCRIPTION

A. Project Area and Location

1. The Prevention and Control of Avian Influenza in Asia and the Pacific Project (the Project) is a regional project that covers all developing member countries (DMCs) of the Asian Development Bank (ADB) in Asia and the Pacific. The Project will benefit DMCs in Asia and the Pacific Region. It will provide grant support to international organizations to support regional capacity building activities and to strengthen the avian influenza prevention and control activities of various DMCs.

2. Although Project implementation is coordinated by the Avian Influenza (AI) Secretariat established in the Regional and Sustainable Development Department (RSDD) under the guidance of a Steering Committee, the Regional Departments are directly responsible to ensure that the Project addresses the needs of the DMCs with regards to avian influenza and possible influenza pandemic adequately and timely. The Project, although regional in nature and approach, must be of real benefit for ADB Developing Member Countries. The role of the AI Secretariat is to provide adequate, timely and efficient support to the Regional Departments (including Resident Missions) as and when requested.

B. Objectives and Scope

3. The Project is part of the international efforts to respond to the threat of highly pathogenic avian influenza and to prepare for a possible human influenza pandemic, thereby helping prevent, or at least mitigate, possible major social and economic disruptions in Asia and the Pacific region. The project will improve national and regional capacity for surveillance and response to emerging diseases.

4. The project will support regional cooperation activities related to information sharing and communication, laboratory services, and public health procedures. The Project will support regional capacity to respond to a potential pandemic. The Project, designed in close coordination with governments, ASEAN, FAO, WHO, and other regional partners, will be implemented in close collaboration and harmonization with other similar national and international initiatives.

C. Project Components

5. The Project has 4 components:
   1. Regional Capacity Building
   2. Regional Coordination
   3. Avian Influenza Response Facility (AIREF)
   4. Project Management

Component 1: Regional Capacity Building

6. The Project will strengthen the capacity of international organizations to support national activities to control avian influenza, and to prevent, if possible, or prepare for, a human influenza pandemic. Although the financing will be channeled through international organizations, support will focus on activities that directly benefit DMCs and support their national efforts.
1.1 Containing Infection at Source

7. The Project will help contain avian influenza at source by strengthening the capacity of FAO and ASEAN Secretariat to provide adequate support to DMCs’ activities related to avian influenza and the animal health sector. The Project will finance consultants and the procurement of equipment, supplies, drugs, and services for animal health interventions. The Project will help strengthen animal health services in the region and, among others, (i) develop and refine national plans and capacities for containing avian influenza, (ii) develop policies and systems for animal quarantine and vaccination, and (iii) develop guidelines for culling poultry flocks and establishing compensation mechanisms. The financing will support FAO’s regional emergency response team, the Emergency Center for Transboundary Animal Diseases (ECTAD). This support will focus on the ECTAD regional unit in Bangkok and elsewhere in the region.

1.2 Preventing Human Infection and Preparing for a Potential Human Influenza Pandemic

8. The Project will help prepare the region for a potential human influenza pandemic by strengthening WHO’s regional capacity to support countries. The Project will finance consultants and the procurement of equipment, supplies, drugs, and services to help prevent and control a pandemic. Support will be oriented to countries’ needs to protect human health and will, among others, include activities to (i) develop and rehearse pandemic preparedness plans, (ii) strengthen surveillance and case management, and (iii) advise on drugs and medical supplies for human influenza outbreaks.

Component 2: Regional Coordination

9. The Project will help strengthen regional coordination and communication among countries on emerging and communicable diseases among animals and humans. Regional avian influenza communication and planning networks will be developed and expanded, and research and surveillance networks strengthened to coordinate veterinary and biomedical analysis and research. The Project will help finance national advocacy and public information campaigns. Appendix 2 describes regional activities. Funding in component 2 can be allocated to international organizations or directly to participating DMCs when they have sufficient capacity (government agencies, academic institutions, or the private sector) to administer the component themselves, without the support of international organizations.

2.1 Improved Technical Coordination

10. The Project will help improve coordination between affected countries. It will help establish networks to share epidemiological and other scientific information, diagnostic problems and solutions, and laboratory specimens and samples; develop regional research and development projects related to emerging diseases; and strengthen regional reference laboratories if requested, and coordinate responses to avian influenza and emerging diseases. Specifically, this subcomponent will increase technical exchanges of staff and researchers, and regional efforts to develop and manufacture human and animal influenza vaccines and drugs.

2.2 Rapid Field Response and Containment Capacity

11. The Project will help establish a cadre of national and international professionals resident in the region, who can be rapidly mobilized to respond to a human influenza pandemic.
Selected from different countries in the region, they will be trained to lead a pandemic containment response on short notice. The Project will strengthen communication networks in the region to ensure early warning and control of emerging diseases.

2.3 Risk Communication

12. The Project will help DMCs develop and implement risk communication strategies on avian influenza and emerging diseases, ensuring regional coordination and consistency in the messages. In particular, it will support broad civil society involvement (mass media, nongovernment organizations, and community workers) in public communication campaigns and mass education programs on avian influenza. Messages will help the public distinguish between avian influenza, seasonal influenza, and influenza pandemic. The Project will ensure that information campaigns consider the language and culture of the target populations. This effort will support and complement ongoing activities currently being jointly developed by UNICEF and WHO.

Component 3: Avian Influenza Response Facility

13. The Project will expeditiously and flexibly help meet the changing needs of the evolving epidemic by creating an avian influenza response facility (AIREF). The Project will (i) provide critical and urgent financing to contain an avian influenza outbreak, (ii) meet urgent needs for responding to human influenza outbreaks in a pandemic or pre-pandemic scenario, and (iii) support regional stockpiling. Support for regional stockpiles will complement existing efforts by partners to establish stockpiles and will constitute only a small part of the overall contribution. Criteria for accessing AIREF financing, and operational guidelines are in Appendix 3.

14. AIREF financing will be made available to participating DMCs or international organizations, as needed. DMCs will be able to access this funding through a simple application procedure. While all DMCs are eligible to receive financing through this component, priority will be given to those that are at greatest risk from avian influenza, following criteria established by ADB and in consultation with WHO and FAO/OIE. A steering committee, headed by the Director General of the Regional and Sustainable Development Department (RSDD), will guide AIREF implementation. Based on inputs from FAO, WHO, and other technical agencies, the steering committee will decide when to allocate resources. To ensure flexibility in resource allocation, ADB may transfer the resources to its resident missions, country offices, or regional offices under the country director’s authority. Resources may also be transferred directly to an imprest account established by DMCs, following procedures described in page 37 of the Loan Disbursement Handbook (January 2001).

15. AIREF may provide additional support to WHO, FAO, ASEAN, and other international organizations (if they enter into a grant agreement with ADB). International organizations may request urgent financing for activities related to avian influenza prevention and control, such as training workshops, enhancement of regional response teams, and emergency support for country offices.

Component 4: Project Management

16. The Project will be supervised by an avian influenza secretariat located within ADB, including equipment and supplies required for project management. The secretariat will include a small number of consultants. Project resources will be used for workshops and meetings to coordinate with participating DMCs and international organizations. The secretariat will support
regional and national coordination with other partners, as well as project auditing and financial management services. ASEAN, WHO, and FAO will manage their own operations in accordance with their own procedures, subject to agreement with ADB. This will allow ADB to focus on project coordination.

D. Special Features

Regional Cooperation

17. Most initiatives to control avian influenza are specific to countries. However, infectious diseases cannot be stopped from spreading across borders without regional cooperation, and there is a significant gap in funding to improve regional technical capacity and readiness. The Project adopts a regional approach because avian influenza control is a regional public good, and individual governments will need significant support from regional organizations to plan, manage, and implement programs to respond to a pandemic. Regional collaboration will enable each country to draw on the expertise and experience of other countries; joint planning exercises will support action to solve multi-country issues; and pooled resources will enable each country to respond more effectively to avian influenza outbreaks that are beyond their individual capacity.

Flexible Implementation

18. The Project has been designed and will be implemented in coordination with other national and international initiatives and will be used for regional activities in accordance with ADB’s Disaster and Emergency Assistance Policy.¹ ADB will apply its guidelines and procedures flexibly to lower the transaction costs of project implementation and significantly reduce the time for procurement and disbursement. Many of these features have been incorporated in the project design and in the grant agreements, after consultation within ADB and with the implementing agencies.

Preventive Action

19. The Project will directly contribute to the global effort to reduce the risks of an influenza pandemic and, in the medium term, to control emerging diseases. Actions will be taken to reduce the prevalence of influenza among birds and to quickly address influenza outbreaks among humans. The Project will support international efforts to contain the spread of an outbreak and mitigate its impact.

Complementarity with International Efforts

20. ADB is helping interested countries control avian influenza by using savings under the ongoing projects. This Project will work closely with these initiatives. In 2003, in response to the SARS outbreak, ADB financed a team of communicable disease specialists based in the WHO Western Pacific Regional Office in Manila. The Project will build on these relationships. The Project will also complement two investment projects focusing on strengthening the human health surveillance system, the Preventive Health System Support Project in Viet Nam and the Regional Communicable Disease Control Project for the Greater Mekong Subregion (GMS).

ADB will play an important role in improving regional coordination in Asia and the Pacific Region. Currently, FAO, the World Bank, and WHO are leading global efforts to combat avian influenza. This role was recognized at the Beijing Conference, with the regional development banks focusing on financing and coordination at the regional level. ADB will provide coordination for many regional activities, serving as a link among the regional offices of FAO and WHO, DMCs, and other international organizations. ADB also brings important links to economic ministries (such as the Ministry of Finance, Ministry of Planning, and the Central Bank) in many countries. ADB has experience implementing projects and activities with Ministries of Agriculture and Health on a large scale in many DMCs which few other technical agencies have. ADB also has extensive experience with regional cooperation initiatives, such as the GMS Program and other similar regional and sub-regional initiatives. ADB will build upon this experience in coordinating project activities.

II. COST ESTIMATES AND FINANCING PLAN

A. Detailed Cost Estimates

22. The Project is estimated to cost $38 million. Table 1 presents a summary by components. Table 2 presents costs estimates by implementing agency.

Table 1: Cost Estimates by Components  
($ million)

<table>
<thead>
<tr>
<th>Component</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Base Costs</strong></td>
<td></td>
</tr>
<tr>
<td>1. Regional Capacity Building</td>
<td>12.76</td>
</tr>
<tr>
<td>2. Regional Coordination</td>
<td>8.05</td>
</tr>
<tr>
<td>3. Avian Influenza Response Facility</td>
<td>14.50</td>
</tr>
<tr>
<td>4. Project Management</td>
<td>0.80</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>36.11</td>
</tr>
<tr>
<td><strong>B. Contingencies</strong></td>
<td></td>
</tr>
<tr>
<td>1. Price Contingencies(^a)</td>
<td>0.32</td>
</tr>
<tr>
<td>2. Physical Contingencies(^b)</td>
<td>1.57</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>1.89</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>38.00</td>
</tr>
</tbody>
</table>

\(^a\) Estimated at 6.0% of project costs of components 1, 2, and 4.  
\(^b\) Based on the international cost escalation factors for 2005–2009.

23. All contingencies in the Project will be managed by ADB. This may be allocated to international organizations and DMCs to support on-going activities that need additional funds because of unforeseen changes in project design and implementation, or changes in prices.
Table 2: Cost Estimates by Implementing Agency
($ million)

<table>
<thead>
<tr>
<th>Item</th>
<th>ADB</th>
<th>ASEAN</th>
<th>FAO</th>
<th>WHO</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Base Costs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Regional Capacity Building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Support Containing Infection-at-Source</td>
<td>168</td>
<td>4,920</td>
<td></td>
<td></td>
<td>5,088</td>
</tr>
<tr>
<td>b. Support for Preventing for Potential Pandemic</td>
<td></td>
<td></td>
<td>7,668</td>
<td></td>
<td>7,668</td>
</tr>
<tr>
<td><strong>Subtotal (1)</strong></td>
<td>168</td>
<td>4,920</td>
<td>7,668</td>
<td></td>
<td>12,756</td>
</tr>
<tr>
<td>2. Regional Coordination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Improved Technical Coordination</td>
<td>700</td>
<td>170</td>
<td>1,570</td>
<td>225</td>
<td>2,665</td>
</tr>
<tr>
<td>b. Rapid Field Response and Containment Capacity</td>
<td>600</td>
<td>4,586</td>
<td></td>
<td></td>
<td>5,186</td>
</tr>
<tr>
<td>c. Risk Communication</td>
<td>200</td>
<td></td>
<td></td>
<td>-</td>
<td>200</td>
</tr>
<tr>
<td><strong>Subtotal (2)</strong></td>
<td>1,500</td>
<td>170</td>
<td>1,570</td>
<td>4,811</td>
<td>8,051</td>
</tr>
<tr>
<td>3. Avian Influenza Response Facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14,500</td>
</tr>
<tr>
<td><strong>Subtotal (3)</strong></td>
<td>14,500</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Project Management</td>
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<tr>
<td><strong>Subtotal (4)</strong></td>
<td>800</td>
<td></td>
<td>800</td>
<td></td>
<td>800</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>16,800</td>
<td>338</td>
<td>6,490</td>
<td>12,479</td>
<td>36,107</td>
</tr>
<tr>
<td><strong>B. Contingencies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Price Contingencies</td>
<td>320</td>
<td></td>
<td></td>
<td></td>
<td>320</td>
</tr>
<tr>
<td>2. Physical Contingencies</td>
<td>1,573</td>
<td></td>
<td></td>
<td></td>
<td>1,573</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>1,893</td>
<td></td>
<td></td>
<td></td>
<td>1,893</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>18,693</td>
<td>338</td>
<td>6,490</td>
<td>12,479</td>
<td>38,000</td>
</tr>
</tbody>
</table>

ADB = Asian Development Bank, ASEAN = Association of Southeast Asian Nations, FAO = Food and Agriculture Organization, WHO = World Health Organization.
B. Financing Plan

24. ADB will provide a total of $38 million to support the Project as follows: (i) a grant of $25 million from ADF; (ii) a grant of $10 million from the Japan Special Fund (JSF), financed by the Government of Japan; and (iii) a grant of $3 million from ADB’s Technical Assistance Special Fund (TASF). Table 3 outlines the financing plan by source, and Table 4 describes the financing plan by destination.

<table>
<thead>
<tr>
<th>Item</th>
<th>Base Costs</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ADF Grant</td>
<td>TASF Grant a</td>
<td>JSF Grant</td>
<td>Total Cost</td>
</tr>
<tr>
<td>A.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Regional Capacity Building</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Support Containing Infection-at-Source</td>
<td>3,501</td>
<td>187</td>
<td>1,400</td>
</tr>
<tr>
<td>b.</td>
<td>Support for Preventing for Potential Pandemic</td>
<td>5,276</td>
<td>281</td>
<td>2,110</td>
</tr>
<tr>
<td>Subtotal (1)</td>
<td>8,777</td>
<td>468</td>
<td>3,511</td>
<td>12,756</td>
</tr>
<tr>
<td>2.</td>
<td>Regional Coordination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Improved Technical Coordination</td>
<td>1,352</td>
<td>772</td>
<td>541</td>
</tr>
<tr>
<td>b.</td>
<td>Rapid Field Response and Containment Capacity</td>
<td>3,156</td>
<td>768</td>
<td>1,262</td>
</tr>
<tr>
<td>c.</td>
<td>Risk Communication</td>
<td>-</td>
<td>200</td>
<td>-</td>
</tr>
<tr>
<td>Subtotal (2)</td>
<td>4,508</td>
<td>1,740</td>
<td>1,803</td>
<td>8,051</td>
</tr>
<tr>
<td>3.</td>
<td>Avian Influenza Response Facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subtotal (3)</td>
<td>9,700</td>
<td>600</td>
<td>4,200</td>
</tr>
<tr>
<td>4.</td>
<td>Project Management</td>
<td>800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal (4)</td>
<td>800</td>
<td></td>
<td></td>
<td>800</td>
</tr>
<tr>
<td>Subtotal</td>
<td>23,785</td>
<td>2,808</td>
<td>9,514</td>
<td>36,107</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>Contingencies</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Price Contingencies b</td>
<td>205</td>
<td>33</td>
<td>82</td>
</tr>
<tr>
<td>2.</td>
<td>Physical Contingencies c</td>
<td>1,010</td>
<td>159</td>
<td>404</td>
</tr>
<tr>
<td>Subtotal</td>
<td>1,215</td>
<td>192</td>
<td>486</td>
<td>1,893</td>
</tr>
</tbody>
</table>

| Total | 25,000 | 3,000 | 10,000 | 38,000 |

ADF = Asian Development Fund, JSF = Japan Special Fund, TASF = Technical Assistance Special Fund.

a No country may receive more than $2 million from TASF or JSF (combined) directly from this Project.
b Based on the international cost escalation factors for 2005–2009.
c Estimated at 6.0% of Project Costs of components 1, 2, and 4.
Source: ADB estimates.
### Table 4: Financing Plan by Destination
($'000)

<table>
<thead>
<tr>
<th>Item</th>
<th>ADF Grant (^a)</th>
<th>TASF Grant (^b)</th>
<th>JSF Grant</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food and Agriculture Organization</td>
<td>4,488</td>
<td>231</td>
<td>1,771</td>
<td>6,490</td>
</tr>
<tr>
<td>World Health Organization</td>
<td>8,630</td>
<td>445</td>
<td>3,404</td>
<td>12,479</td>
</tr>
<tr>
<td>Association of Southeast Asian Nations</td>
<td>234</td>
<td>12</td>
<td>92</td>
<td>338</td>
</tr>
<tr>
<td>Asian Development Bank</td>
<td>11,648</td>
<td>2,312</td>
<td>4,733</td>
<td>18,693</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25,000</strong></td>
<td><strong>3,000</strong></td>
<td><strong>10,000</strong></td>
<td><strong>38,000</strong></td>
</tr>
</tbody>
</table>

*ADF = Asian Development Fund, JSF = Japan Special Fund, TASF = Technical Assistance Special Fund.*

\(^a\) ADF grants may only be allocated directly to ADF-eligible countries. International organizations will receive a blend of ADF, TASF, and JSF to allow them to operate under components 1 and 2 in both ADF-eligible and other countries.

\(^b\) No country may receive more than $2 million from TASF or JSF (combined) directly from this Project.

*Source: ADB estimates.*
III. IMPLEMENTATION ARRANGEMENTS

1. Project Management

   A. Executing and Implementing Agencies

25. **Executing Agency.** Consistent with the Project’s regional approach and the need for rapid implementation and fund disbursement, the Project will be administered by ADB directly, through a small avian influenza secretariat will be established in RSDD. The secretariat will ensure overall project supervision and provide strategic guidance to implementing agencies. It will also handle the Project’s administrative aspects and coordinate closely with the implementing agencies and with other development partners and technical agencies.

26. **Implementing Agencies.** The ASEAN Secretariat, FAO, and WHO will implement most of the activities under components 1 and 2, in coordination with ADB. They will implement the project activities in accordance with their organizational focus and capabilities. Each international organization will have its own project management structure (see appendix 1). Component 3 will be managed directly by ADB through the avian influenza secretariat.

27. The ASEAN Secretariat will collaborate with national governments and other concerned agencies within ASEAN for the implementation of the ASEAN sub-project (see Appendix 1.1). The ASEAN Secretariat will be assisted by an international consultant. The ASEAN Secretariat will help organize regional workshops to support ASEAN member countries' efforts for preventing and preparing for a potential human influenza pandemic.

28. **For the FAO sub-project,** the Animal Health Service (AGAH) and Emergency Operations Service (TCEO) Emergency Centre for Transboundary Animal Diseases (ECTAD) under the supervision of the Chief of AGAH and the operational responsibility of the Chief of TCEO, in FAO Headquarters in Rome, will coordinate project implementation. The overall responsibility for financial management of the project will rest with the FAO, with primary responsibility being with its headquarters in Rome and secondary responsibility being with the FAO Regional Office for Asia in Bangkok (FAO-RAP). Project management will be based at the FAO-RAP, which will be responsible for logistical and operational support for the regional coordination and information management. Technical support of the project will be provided by the focal points in RAP from the ECTAD decentralized unit in Bangkok. Technical backstopping of the project will be through ECTAD based within the Emergency Prevention System for Transboundary Animal and Plant Pest Diseases (EMPRES) programme of the Animal Health Service in FAO Headquarters (see Appendix 1.2). FAO will ensure close collaboration with OIE, WHO, and ASEAN.

29. **For the WHO sub-project,** the Epidemic Pandemic Alert and Response Unit, in the Communicable Diseases Cluster in the WHO Headquarters in Geneva will coordinate project implementation. The Regional Offices for Europe (EURO, in Copenhagen), Southeast Asia (SEARO, in New Delhi) and the Western Pacific (WPRO, in Manila) will be responsible for implementing their part of the WHO sub-project as per the Grant Agreement, but coordination and official reports and communication between ADB and WHO will be through the WHO Headquarters in Geneva (see Appendix 1.3). However, to facilitate timely information sharing, ADB will be included in all communications from the regional offices regarding avian influenza and emerging infectious diseases including (but not limited to) outbreak updates and reports; relevant mission and travel reports by consultants; and meeting and workshops proceedings.
30. ADB will manage the Project’s component 3 (AIREF) through the avian influenza secretariat. Financial resources under the component 3 will be transferred as necessary to participating DMCs, ASEAN, FAO, WHO, and other qualified international organizations. Financial management and control procedures will follow ADB procedures (see Appendix 3). The ADB country and regional directors may be authorized by the steering committee to directly procure equipment, services, and supplies financed under component 3. They may also disburse emergency funds to governments for high-priority activities such as surveillance in an area with an outbreak or support for quarantine enforcement.

B. Project Management Organization

Steering Committee

31. The Director General, RSDD will chair a steering committee that will provide overall direction for Project implementation. Members of the committee will comprise the Director Generals of ADB’s five Regional Departments and of the Strategy and Policy Department, and the chair of the Health Sector Community of Practice (see Appendix 4). The steering committee will meet every 3 months. In case of an emergency request, the steering committee will be called on short notice and a decision should be taken within 4 days of receiving the request.

Avian Influenza Secretariat

32. The avian influenza secretariat will be established in the Gender, Social Development and Civil Society Division (RSGS) of RSDD, with the Principal Health Specialist, RSGS, as Project Secretary. The secretariat will include two long-term staff consultants (one international and one domestic) and be supported by various experts according to the needs. The secretariat will facilitate regional and national coordination with DMCs, international organizations and other partners, and assist DMCs, Regional Departments and Implementing Agencies with monitoring, evaluation, auditing and financial management of Project activities. Project resources will be used for workshops and meetings to develop regional coordination. The AI secretariat will provide available information to the Regional Departments in a timely manner, and will facilitate mobilization and utilization of resources, including from AIREF, under the guidance of the steering committee.

Regional Departments and Resident Missions

33. The Regional Departments will provide the necessary support to the Avian Influenza Secretariat to facilitate implementation of the Project activities in their region and the countries they cover. Requests for assistance to a country, especially using AIREF resources, will be transmitted to the Secretariat through the concerned Regional Departments. The Regional Departments will ensure timely sharing of information with the avian influenza secretariat.

34. The Country Directors should ensure that a representative of the Resident Mission participate in donors coordination meetings for avian influenza at the country level. While it has been agreed that the World Bank was leading coordination at the country level, it is important that ADB be ready to provide emergency assistance, mobilizing AIREF resources, when needed. The Country Directors should ensure that the government is informed of the availability of emergency resources to fight avian influenza. Requests for emergency assistance from the country should be channeled through the Resident Mission / Country Director. The Country Director will ensure that other donors and representatives of the technical agencies (FAO and
WHO) have been consulted, and that the request is technically appropriate and that there is no overlapping interventions with other donors. When possible, Resident Missions should be ready to assist DMCs in (i) assessing needs and identifying gaps in resources, and in preparing proposals for AIREF assistance; (ii) implementing activities including procurement and financial management; and (iii) implementing other capacity building activities. If needed, Resident Missions can contact the avian influenza secretariat (through the concerned Regional Departments) for technical support.

2. **Agreements with DMCs as Project Beneficiaries**

   A. **No-Objection Letter**

35. ADB is not authorized to finance activities in the territories of a member country if that member country objects to such activities. Consequently, ADB as Executing Agency will request each member country to sign a No-Objection Letter to ADB financing project activities in its territory. For several activities from components 1 and 2 of the Project, ADB will provide grant financing directly to ASEAN Secretariat FAO and WHO. Before conducting activities in a DMC, each participating organization (Implementing Agency – i.e., ASEAN Secretariat, FAO and WHO) shall receive confirmation from ADB that the No-Objection Letter has been received from that particular DMC. This is clearly indicated in the RRP paragraph 86. A sample No-Objection Letter is attached in Appendix VI (A).

36. The ADB’s avian influenza secretariat will draft the No-Objection Letter in collaboration with OGC, and forward the draft to the Regional Departments for appropriate follow-up with the Governments.

   B. **Grant Agreement**

37. Under component 3 of the Project, DMCs have access to the Avian Influenza Response Facility directly or through the implementing agencies. If a Government submits an emergency request and Project funds are directly transferred to the Government, the Government will have to sign a Grant Agreement with ADB. The sample Grant Agreement is attached in Appendix VI (B). Assistance using AIREF resources can also be provided through the implementing agencies. If this emergency assistance through implementing agencies is provided to a particular country, the beneficiary country will need to have signed a no-objection letter (see above, paragraph 35).

IV. **IMPLEMENTATION SCHEDULE**

38. The Project will be implemented from March 2006 to August 2008. The detailed implementation schedule is in Appendix 5.

V. **CONSULTANT RECRUITMENT**

39. Most consultants will be selected and engaged by the Implementing Agencies (ASEAN Secretariat, FAO and WHO) or by participating DMCs. ADB will engage two long-term individual consultants (one international, one domestic) for the Avian Influenza Secretariat, and short-term individual consultants as needed. ADB may also contract, if requested, consultants directly for

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the use of DMCs and international organizations. The Project will finance an estimated 650 person-months of consulting services through components 1, 2, and 4. Additional consultants may be recruited under component 3 (AIREF). An indicative list of required expertise is described below in Table 5.

40. International organizations will use their own recruitment procedures to recruit short- and long-term individual consultants financed by the Project. ADB financing may only be used for staff directly supporting the objectives and goals of this Project. If needed and if approved by the avian influenza secretariat with approval of the Steering Committee, implementing agencies in DMCs may be authorized to select and engage consultants in accordance with ADB’s Guidelines on the Use of Consultants or other procedures acceptable to ADB. Consistent with ADB’s Disaster and Emergency Assistance Policy, ADB will ensure that selection and engagement of consultants is done flexibly and on time. If requested by international organizations or DMCs, ADB may recruit consultants directly to work with the international organization or DMC.

41. Given the importance to respond quickly to changing needs of the region, and to facilitate work with potential cofinanciers and with international organizations with a diverse membership, the selection and engagement of consultants will be permitted from ADB member and nonmember countries.

Table 5: Indicative List of Consulting Services

<table>
<thead>
<tr>
<th>Description</th>
<th>Person Months</th>
<th>Outline TOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADB</strong></td>
<td></td>
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<tr>
<td><strong>Project Management</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Regional Coordinator               | 30            | Team Leader based in AI Secretariat  
Supervise consultants in AI Secretariat  
Public health specialist  
Support overall project coordination  
Support ADB staff with administration of AIREF |
| Training and Capacity Building Specialist | 6             | Provide technical inputs to AI Secretariat on capacity building and training activities                                                   |
| Livestock Specialist               | 6             | Provide technical advice on animal health policy issues                                                                                   |
| Legal Adviser                     | 3             | Short-term consultancy at early stage of project  
Focus on International Health Regulations  
Review legal content of guidelines developed |
| Project Administration Specialist  | 30            | Based in AI Secretariat  
Support overall project implementation  
Assist in procurement process, including preparation of necessary bidding documents  
Assist in financial management, including necessary financial reports  
Organize meetings/workshops and prepare reports |
| **Technical Consultants**          |               |                                                                                                                                          |
| Needs assessment Specialist        | 3             | Validate regional and country needs assessment in coordination with countries and donors  
Support ADB Country Offices |
| Emergency Relief Specialist        | 6             | Develop preparedness plan for enforcement officials, including police and the army                                                       |
Design and implement a training module for preparedness for these individuals

| Outbreak Response Specialists | 6 | Capacity building for management of health impacts and economic loss by individuals in contact with infected animals (e.g., cullers) Track the pace of mutation or transmission of the virus among animals Expert in emergency response situations |

**ASEAN**

**Project Management**

| Regional Coordinator | 24 | Technical coordinator of AI and AI-related activities Assist ASEAN secretariat in the implementation of the ASEAN sub-project |

**FAO**

**Project Management**

| Regional Coordinator | 30 | Coordinate activities, disease control efforts, and technical advice Coordinate/harmonize regional approaches for early detection and reporting |

**Administration Support**

| Administration Support | 30 | Support and coordinate administrative tasks |

**Technical Consultants**

| Veterinary Public Health Specialist | 24 | Develop disease control strategies, assist with preparedness plans Advise on animal health standards, disease control, veterinary public health, poultry industry regulation and rehabilitation, and socioeconomic aspects of disease control and prevention |

| Veterinary Laboratory Specialist | 12 | Surveillance activities for animals: design surveillance system, review guidelines, prepare software, and analyze results of data collected Develop training for animal health workers based in identification of gaps |

| Field Epidemiologist | 48 | Surveillance activities for animals: design surveillance system, review guidelines, prepare software, and analyze results of data collected Develop training for animal health workers based in identification of gaps |

| Livelihood Specialist | 3 | Establish a compensation framework for mitigating loss of income and livestock Review existing insurance systems to help countries integrate a compensation package into an existing system of insurance Review capacity of health and animal workers in delivering compensation Develop appropriate regulations and guidelines for implementing a scheme |

| Bio-security Specialist | 3 | Manage outbreak in animals Assess existing quarantine systems and identify ways of improving bio-security on farms and in markets Interpret surveillance results Develop guidelines and research measures for enhanced bio-security preparedness |

| GIS/MIS Specialist | 3 | Develop data analysis and capacity to better understand |
| ICT Specialist | 6 | Disseminate technical information  
Develop/maintain website, technical bulletins, etc. |
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>WHO</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>WHO/Headquarters</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Manager and Network Engineer</td>
<td>6</td>
<td>Manages ICT resources and capacity</td>
</tr>
<tr>
<td>Web Systems Engineer</td>
<td>12</td>
<td>Develop and maintain WHO public website.</td>
</tr>
<tr>
<td><strong>WHO/SEARO</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Technical Consultants</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Laboratory Specialist/Coordinator | 24 | Prepare equipment lists for upgrading laboratories for better collection and diagnosis of specimens  
Capacity building for testing and diagnosis |
| Veterinary Public Health Specialist | 24 | Animal doctor specialized in animal vaccinations  
Review regional/country stockpile for vaccinations for animals, and identify procurement needs  
Develop guidelines for drug regulations |
| Field Epidemiologist | 48 | Surveillance activities for humans: design surveillance system, review guidelines, prepare software, and analyze results of data collected |
| Logistics and Human Resource Coordinator | 24 | Animal doctor specialized in animal vaccinations  
Review regional/country stockpile for vaccinations for animals, and identify procurement needs  
Develop guidelines for drug regulations |
| Risk communication specialist | 24 | Develop risk communication strategy and prototype materials |
| **WHO/WPRO** | | |
| **Technical Consultants** | | |
| Field Epidemiologist | 48 | Surveillance activities for humans: design surveillance system, review guidelines, prepare software, and analyze results of data collected |
| Laboratory Specialist/Coordinator | 24 | Prepare equipment lists for upgrading laboratories for better collection and diagnosis of specimens  
Capacity building for testing and diagnosis |
| Veterinary Public Health Specialist | 24 | Animal doctor specialized in animal vaccinations  
Review regional/country stockpile for vaccinations for animals, and identify procurement needs  
Develop guidelines for drug regulations |
| Logistics and Human Resource Coordinator | 24 | Animal doctor specialized in animal vaccinations  
Review regional/country stockpile for vaccinations for animals, and identify procurement needs  
Develop guidelines for drug regulations |
| Technical Specialists | 12 | Specialists in Infection Control Specialist and Clinical Management |
WHO/EURO

<table>
<thead>
<tr>
<th>Role</th>
<th>Duration</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiologist</td>
<td>24</td>
<td>Surveillance activities for humans: design surveillance system, review guidelines, prepare software, and analyze results of data collected</td>
</tr>
<tr>
<td>Laboratory Specialist/Coordinator</td>
<td>12</td>
<td>Prepare equipment lists for upgrading laboratories for better collection and diagnosis of specimens</td>
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<tr>
<td></td>
<td></td>
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<tr>
<td>Veterinary Public Health Specialist</td>
<td>12</td>
<td>Animal doctor specialized in animal vaccinations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review regional/country stockpile for vaccinations for animals, and identify procurement needs. Develop guidelines for drug regulations</td>
</tr>
</tbody>
</table>

VI. PROCUREMENT

42. Procurement by ASEAN, FAO, and WHO, will be done according to each agency’s procurement policies, in accordance with the Grant Agreement signed between ADB and each agency. For the procurement of goods by FAO and WHO, FAO and WHO guidelines will be used, as appropriate, to procure pharmaceutical and laboratory products to ensure a balance between protecting intellectual property rights, equity, quality, and economy.

43. When support is directly provided to a DMC, in accordance with the Agreement signed between ADB and the concerned DMC, a national implementing agency (or agencies) for procurement will be jointly identified by the participating DMC and ADB. Procurement of goods and services by the concerned DMC will follow ADB’s Guidelines for Procurement and the processes outlined in ADB’s Disaster and Emergency Assistance Policy. Subject to agreement by the DMC and ADB, international shopping procedures or local competitive bidding, with procedures acceptable to ADB, may be used for contracts of $200,000 or more. Direct purchase may be used for contracts worth less than $200,000. This allows more flexibility to meet the DMC’s needs. Subject to agreement by ADB, the DMC may use FAO and WHO guidelines, as appropriate, to procure pharmaceutical and laboratory products.

44. Given the importance of responding quickly to the region’s changing needs, and of facilitating work with potential cofinanciers and with international organizations with a diverse membership, the procurement of goods and services will be permitted from both ADB member and non-member countries.3

VII. DISBURSEMENT PROCEDURES

45. For the implementing agencies (ASEAN Secretariat, FAO and WHO), an initial transfer of ADB funds will be made as soon as the Grant Agreement with the concerned implementing agency has been signed. Disbursement will follow the procedures described in the Grant Agreement Article IV, and Schedule 2, paragraph 4.

46. Separate account(s) and records. Article IV of the Grant Agreement requires the implementing agency to keep accurate and systematic separate accounts and records in

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3 Pursuant to Chapter III, Article 14 (ix) of ADB’s Charter, the Board of Directors, by a vote of Directors representing more than two thirds of the total voting power of members, has authorized procurement of goods and services from ADB non-member countries in appropriate circumstances.
respect of the Project, sufficient to establish accurately the costs and expenditures under the Project.

47. The Grant proceeds allocated to each Implementing Agency (ASEAN Secretariat, FAO and WHO) will be drawn down on the basis of the estimated expenditures of up to 12 months. For the first transfer of funds, each Agency will submit to ADB a written application setting out a forecast of the requirements for the use of the Grant Proceeds to be drawn down, in accordance with the activities that ADB has agreed to finance under the Project as described in the attachment to Schedule 5 of the Grant Agreement describing the activities of each Agency under the Project.

48. Subsequently, the amounts, which have been draw down from the grant proceeds, will be replenished (or liquidated) against (i) statement of expenditures (SOE) categorized according to the Table attached to Schedule 2 of the Grant Agreement, and (ii) the certified annual Project financial report showing the source and use of the Grant proceeds. Subsequent drawn downs will also require a written application setting out a forecast of the requirements for the use of the Grant proceeds of be drawn down. Application for partial replenishment can be sent to ADB when needed as long as (i) appropriate SOE are simultaneously submitted; (ii) the certified annual Project financial report (if already applicable) has been submitted to ADB; and (iii) the total amount drawn down from the Grant proceeds and not yet justified by SOE does not exceed the estimated expenditures for the next 12 months.

49. If DMC is directly supported by the Project and receive directly grant proceeds (under Project components 2 and 3) after signing a Grant Agreement with ADB, the DMC will establish an imprest account at a bank acceptable to ADB upon Grant effectiveness. Detailed arrangements for establishing and operating the imprest account will be in accordance with ADB’s Loan Disbursement Handbook, as amended from time to time. The initial amount to be deposited in the imprest account will be no more than 12 months’ estimated expenditures. Replenishment of advances will be supported by a statement of expenditures, and ADB may require invoices and receipts, as indicated in the grant agreement. Total disbursement will be up to the maximum amount agreed by the implementing agency and ADB. To facilitate disbursement, the ADB Resident Missions will execute disbursements for the DMCs directly participating in the implementation of components 2 and 3.

VIII. PROJECT PERFORMANCE MONITORING AND EVALUATION

50. ADB will carry out project performance monitoring and evaluation in accordance with the baseline indicators and the monitoring targets that have been incorporated into the design and monitoring framework. A document on lessons identified will be prepared upon project completion. As the avian influenza threat is changing, indicators may also be modified. The avian influenza secretariat will monitor the overall avian influenza situation and provide periodic updates to ADB management.

51. Mid-term evaluation review will be undertaken one year after grant effectiveness to assess effectiveness of strategies, and recommend redesign of project and reallocation of project resources as necessary.

IX. REPORTING REQUIREMENTS

ADB’s AI Secretariat

52. The AI Secretariat in ADB will prepare quarterly report that will reflect implementation status of the Project including the progress of those components and activities implemented by the ASEAN secretariat, FAO, and WHO. The report will summarize (i) key activities that have been planned and carried out, (ii) initial outcomes and possible impact of Project activities, (iii) delays and problems encountered and actions taken to resolve them, and (iv) coordination with other organizations. The quarterly report will be submitted to the steering committee for their review and endorsement before circulation to the ADB Board. The quarterly report will also be disseminated to the Implementing Agencies, Resident Missions and DMCs, and other partners.

53. One year after grant effectiveness, the AI secretariat will prepare a mid-term report, which will be used during the mid-term evaluation review.

54. Within 3 months of physical project completion, the AI secretariat will prepare a project completion report.

Implementing Agencies

55. The reports of the ADB’s AI Secretariat will be based on the reports of the Implementing Agencies and participating DMCs. The ASEAN Secretariat, FAO and WHO will keep ADB informed as frequently as possible, through the AI secretariat, on their various initiatives related to avian influenza. ADB will be included in the communications, newsletter, press release, mailing lists related to avian influenza and Emerging Infectious Diseases, and issued by the ASEAN Secretariat, FAO and WHO (including separate information and data disseminated independently by the WHO Regional Offices of EURO, SEARO and WPRO). This includes, but is not limited to, outbreak updates and reports, and relevant mission and travel reports by consultants and meeting and workshop reports.

56. All Implementing Agencies (ASEAN Secretariat, FAO and WHO) will submit a more comprehensive technical report every 6 months after grant effectiveness based on a review of the plan of action, and a financial report every 12 months.

57. FAO will produce and submit to ADB the following reports: (i) inception report- international project consultants will prepare detailed workplans including the timing of each activity and modalities of project execution; (ii) progress reports- assess the extent to which project activities have been carried out, the outputs produced and progress towards objectives realized with suggestions for any corrective actions; and (iii) final report- contain complete review of activities undertaken, major results obtained, outputs delivered, problems encountered, progress towards achieving objectives of the project and impact on the beneficiaries, recommendations and lessons, and guiding principles for future interventions. A mid-term interim financial report will be submitted to ADB after the first 9 months of the project implementation along with the request for further disbursements, and a final financial report will cover the overall project activities.

58. When a DMC is a direct beneficiary of Grant proceeds after signing a separate Grant Agreement with ADB, the minimum reporting requirements will be similar: (i) regular, timely, comprehensive and transparent information on avian influenza in the country; (ii) a
comprehensive technical report every 6 months; and (iii) a financial report every 12 months. These requirements will be described in the Grant Agreement with the concerned DMC.

59. ADB understands that reporting may be delayed due to emergency and difficult circumstances (such as outbreaks and influenza pandemic). In this case, if a formal report cannot be provided, transparency and immediate sharing / dissemination of information remain essential.

X. AUDITING REQUIREMENTS

60. As per Grant Agreements article IV, section 4.02, the Implementing Agencies will apply sound accounting and auditing standards according to internationally accepted practices. Funds managed directly by ADB will be subject to same audit and reporting requirements as other resources managed by ADB.

61. The ASEAN Secretariat, FAO, and WHO will carry out audits on time, using their own established procedures, acceptable to ADB, and submit to ADB certified copies of audited project accounts, financial statements, and the auditor’s reports.

62. Implementing agencies in DMCs directly supported by the Project will also provide ADB with an audited report, following internationally accepted practices. They will submit to ADB certified copies of audited project accounts, including the imprest accounts, statements of expenditures, and financial statements, the auditor’s reports and opinions, and a management letter together with a report of actions taken to improve financial management. The auditor’s report or opinion must confirm that the (i) proceeds of the ADB’s grant have been utilized as stated in the grant agreement; (ii) compliance has been met with all the covenants contained in the grant agreement; and (iii) financial information complies with regulations and statutory requirements.
## XI. GRANT COVENANTS

### A. ASEAN SECRETARIAT

<table>
<thead>
<tr>
<th>Project accounts</th>
<th>Grant Agreement Reference</th>
<th>Covenants</th>
<th>Time-bound Compliance</th>
</tr>
</thead>
</table>
| Auditing of the Project accounts | Article IV Section 4.02 Para. (a) | The ASEAN Secretariat shall  
(i) maintain, or cause to be maintained, separate accounts for the Project;  
(ii) have such accounts and related financial statements audited annually, in accordance with appropriate auditing standards consistently applied, by independent auditors whose qualifications, experience and terms of reference are acceptable to ADB;  
(iii) furnish to ADB, as soon as available but in any event not later than 6 months after the end of each related fiscal year, certified copies of such audited accounts and financial statements and the report of the auditors relating thereto (including the auditors' opinion on the use of the Grant proceeds and compliance with the financial covenants of this Grant Agreement), all in the English language;  
(iv) furnish to ADB a certificate on the use of the ADF resources for ADF-eligible borrower DMCs as specified in Section 3.01 of this Grant Agreement; and  
(v) such other information concerning such accounts and financial statements and the audit thereof as ADB shall from time to time reasonably request. | At Grant effectiveness  
Ongoing  
6 months after end of fiscal year  
6 months after end of fiscal year |

| Discussion of reports | Article IV Section 4.02 Para. (b) | The Recipient shall enable ADB, upon ADB’s request, to discuss the Recipient’s financial statements for the Project and its financial affairs related to the Project from time to time with the auditors appointed by the Recipient pursuant to Section 4.02(a), and shall authorize and require any representative of such auditors to participate in any such discussions requested by ADB, provided that any such discussion shall be conducted only in the presence of an authorized officer of the Recipient unless the Recipient shall otherwise agree. | As requested |

<p>| Procurement of goods | Article IV Section 4.03 | The Recipient shall enable ADB’s representatives to inspect the Project, the goods financed out of | As requested |</p>
<table>
<thead>
<tr>
<th>Activities in ADB’s DMCs</th>
<th>RRP paragraph 86</th>
<th>ASEAN Secretariat shall commence activities in the territory of a DMC upon advice of ADB.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project scope and use of Grant proceeds</td>
<td>Schedule 5 Para. 2</td>
<td>ASEAN Secretariat shall be the implementing agency and shall implement the Project in accordance with detailed arrangements described in Attachment 2 to this schedule 5, which may be amended from time to time by agreement between ADB and the ASEAN Secretariat. ASEAN Secretariat shall implement the Project in close coordination with ADB. ASEAN Secretariat shall ensure to implement the project as described in the ASEAN sub-project description, and ensure to deliver project outputs within agreed costs and within approved project schedule.</td>
</tr>
<tr>
<td>Environment Resettlement Indigenous people Vulnerable groups</td>
<td>RRP paragraph 122</td>
<td>If emerging needs require new Project activities during implementation that may have an impact on environment, resettlement, indigenous people, or other vulnerable groups, ASEAN Secretariat, will inform ADB and will prepare and submit to ADB for approval plans, before requesting financing for that particular activity.</td>
</tr>
</tbody>
</table>
## B. Grant Covenants: FOOD AND AGRICULTURE ORGANIZATION

<table>
<thead>
<tr>
<th>Grant Agreement Reference</th>
<th>Covenants</th>
<th>Time-bound Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Article IV Section 4.02 Para. (a)</td>
<td>FAO shall (i) keep accurate and systematic accounts and records in respect of the Project in such form and detail as are customary in its profession and are sufficient to establish accurately that the costs and expenditures under the Project have been duly incurred; (ii) ensure that all financial transactions are recorded in a separate account established for the purposes of this Grant Agreement; (iii) have such accounts and related financial statements audited biennially, in accordance with appropriate auditing standards consistently applied, by auditors appointed by FAO whose qualifications, experience and terms of reference are acceptable to ADB; (iv) furnish to ADB, within 6 months after the end of each related biennium certified copies of audited financial statements of FAO and the reports of the auditors related to that and not later than 6 month after the end of each fiscal year certified financial reports by Director of Finance of FAO, all in the English language; (v) furnish to ADB a certificate on the use of the ADF resources for ADF-eligible borrower DMCs; (vi) furnish to ADB such other information concerning such accounts and financial statements and the audit thereof as ADB shall from time to time reasonably request.</td>
<td>At Grant effectivenesness Ongoing</td>
</tr>
<tr>
<td>Article IV Section 4.02 Para. (b)</td>
<td>FAO shall provide ADB annually with a certified statement of expenditures on the use of the Grant proceeds disbursed by ADB during the previous 12 months, within 3 months after the end of the year. Such statements of account shall be in Dollars. Each biennium and after the Project completion date, FAO shall provide ADB with a statement of expenditure on the use of the total disbursed amount of the Grant, together with an extract from FAO’s accounts as submitted for audit to the external auditor whose certificate will appear in FAO’s biennial financial report.</td>
<td>Each biennium</td>
</tr>
<tr>
<td>Discussion of reports</td>
<td>Article IV Section 4.02 Para. (c)</td>
<td>FAO will enable ADB, upon ADB’s request, to discuss FAO’s financial statements for the Project and its financial affairs related to the Project from time to time with Director of Finance, FAO or other officer designated by the Director of Finance</td>
</tr>
</tbody>
</table>

| Activities in ADB’s DMCs | RRP paragraph 86 Grant Agreement Schedule 2 attachment 2 | FAO shall commence activities in the territory of a DMC upon advice of ADB. |  |

| Project scope and use of Grant proceeds | Schedule 5 Para. 2 and Attachment 2 | FAO shall be the implementing agency and shall implement the Project in accordance with detailed arrangements described in Attachment 2 to schedule 5, which may be amended from time to time by agreement between ADB and FAO. FAO shall implement the Project in close coordination with ADB. FAO shall ensure to implement the project as described in the FAO sub-project description, and ensure to deliver project outputs within agreed costs and within approved project schedule. |  |

| Environment Resettlement Indigenous people Vulnerable groups | RRP paragraph 122 | If emerging needs require new Project activities during implementation that may have an impact on environment, resettlement, indigenous people, or other vulnerable groups, FAO will inform ADB and will prepare and submit to ADB for approval plans, before requesting financing for that particular activity. |  |
### C. WORLD HEALTH ORGANIZATION

<table>
<thead>
<tr>
<th>Grant Agreement Reference</th>
<th>Covenants</th>
<th>Time-bound Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project accounts</strong></td>
<td>WHO shall (i) keep accurate and systematic separate accounts and records in respect of the Project in such form and detail as are customary to WHO and are sufficient to establish accurately the costs and expenditures under the Project; (ii) have such accounts and related financial statements audited biannually, in accordance with appropriate auditing standards consistently applied, by WHO’s auditors or auditors’ appointed by WHO, whose qualifications, experience and terms of reference are acceptable to ADB; (iii) furnish to ADB, as soon as available but in any event not later than 6 months after the end of each related biennium certified copies of such audited accounts and financial statements and the report of the auditors relating thereto, and not later than 6 months after the end of each fiscal year certified financial reports by Chief of Accounts of WHO, all in the English language; (iv) furnish to ADB such other information concerning such accounts and financial statements and the audit thereof as ADB shall from time to time reasonably request.</td>
<td>At Grant effectiveness Ongoing 6 months after end of each related biennium</td>
</tr>
<tr>
<td><strong>Audited financial reports</strong></td>
<td></td>
<td>As requested</td>
</tr>
<tr>
<td><strong>Interim financial statement</strong></td>
<td>The income and expenditure recorded in respect of the Project shall be indicated in the WHO financial reports submitted to the World Health Assembly on an annual and biennial basis. An interim financial statement of income and expenditure shall be provided to ADB on a 6 monthly basis. A certified statement of income and expenditure shall be provided by WHO on annual basis, and after settlement of all obligations for activities started by WHO prior to completion or early termination of this Grant Agreement.</td>
<td>Every 6 months annually</td>
</tr>
<tr>
<td><strong>Certified statement of expenditures on the use of Grant proceeds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Audited reports</strong></td>
<td>All contributions to WHO are subject to its internal and external auditing procedures. The external auditors’ certification of accounts and audit report is made available to the World Health Assembly on a biennial basis. WHO shall provide one copy to ADB.</td>
<td>biennially</td>
</tr>
<tr>
<td>Certification on the use of ADF resources</td>
<td>WHO shall also furnish to ADB a certificate on the use of ADF resources for ADF-eligible borrower DMCs as specified in Section 3.01 of this Grant Agreement.</td>
<td></td>
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<tr>
<td>------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Discussion of reports</td>
<td>WHO and ADB agree that WHO will enable ADB, upon ADB’s request to discuss WHO’s financial statements for the Project and its financial affairs related to the Project from time to time with the officials or authorized representatives of WHO.</td>
<td></td>
</tr>
<tr>
<td>Activities in ADB’s DMCs</td>
<td>WHO shall commence activities in the territory of a DMC upon advice of ADB.</td>
<td></td>
</tr>
<tr>
<td>Project scope and use of Grant proceeds</td>
<td>WHO shall be the implementing agency and shall implement the project in accordance with detailed arrangements described in Attachment 3, which may be amended from time to time by agreement between ADB and WHO. WHO shall implement the Project in close coordination with ADB and shall commence activities in the territory of a DMC upon advice of ADB. WHO shall ensure to implement the project as described in the WHO sub-project description, and ensure to deliver project outputs within agreed costs and within approved project schedule.</td>
<td></td>
</tr>
<tr>
<td>Environment Resettlement Indigenous people Vulnerable groups</td>
<td>If emerging needs require new Project activities during implementation that may have an impact on environment, resettlement, indigenous people, or other vulnerable groups, WHO will inform ADB and will prepare and submit to ADB for approval plans, before requesting financing for that particular activity.</td>
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</tbody>
</table>
XII. KEY PERSONS INVOLVED IN THE PROJECT

A. ADB

Steering Committee

Bindu N. Lohani
Director General, Regional and Sustainable Development Department
(Chair, Steering Committee)

Rajat M. Nag
Director General, Mekong Regional Department

Philip C. Erquiaga
Director General, Pacific Regional Department

Kunio Senga
Director General, South Asia Department

Satish H. Rao
Director General, East and Central Asia Department

Director General, Southeast Asia Department

Kazu Sakai
Director, Strategy and Policy Department

Indu Bushan
Chair, Health Community of Practice

Gender, Social Development and Civil Society Division (RSGS)
Regional and Sustainable Development Department (RSDD)

Robert J. Dobias
Director, RSGS
Email: rjdobias@adb.org

Jacques Jeugmans
Principal Health Specialist, RSGS
Email: jjeugmans@adb.org

Michelle H. Tan
Operations Assistant, RSGS
Tel. (632) 6326392
Fax No. (632) 6362409
Email: mhtan@adb.org

Avian Influenza Secretariat

Jacques Jeugmans
Principal Health Specialist, RSGS
B. Implementing Agencies

**ASEAN Secretariat**

Wilfrido V. Villacorta  
Deputy Secretary-General  
Tel. (6221) 726-2991; 724-3372  
Fax No. (6221) 739-8234; 724-3348/3504  
Email: wilfrido@aseansec.org

IR. Azmi Mat Akhir  
Director, Resources Development  
Special Assistant to Secretary-General of ASEAN  
Tel. (6221) 724-3372; 726-2991 ext. 319  
Fax No. (6221) 739-8234; 724-3504  
Email: azmi@aseansec.org

**Food and Agriculture Organization (FAO) of the United Nations**

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Sr. Operations Officer  
Emergency Operations Service  
Emergency Operations and Rehabilitation Division  
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00100-Rome, Italy  
Tel. (39) 0657053290  
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Email: Cristina.Amaral@fao.org

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Assistant Director-General  
Communicable Diseases Cluster  
World Health Organization  
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Ludy Suryantoro  
Programme Officer  
Epidemic Pandemic Alert and Response (PER)
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Fax No. +880 2 815 6018 - 19
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Email: adbprm@adb.org

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Fax No. +675 321 0407
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Fax No. +63 2 683 1030

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Fax No. +86 10 6642 6606
Email: adbprcm@adb.org

South Pacific Regional Mission (SPRM)
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Fax No. +992 372 244900

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23rd Floor, The Offices at Central World, 999/9 Rama 1 Road
Wangmai, Pathumwan, Bangkok 10330 Thailand
Tel. +66 2 263 5350
Fax No. +66 2 263 5301
XIII. ADB ANTICORRUPTION POLICY

63. Consistent with its commitment to good governance, accountability, and transparency, ADB reserves the right to investigate, directly or through its agents, any alleged corrupt, fraudulent, collusive, or coercive practices relating to the Project. To support these efforts, relevant provisions of ADB’s *Anticorruption Policy*\(^5\) are included in the grant regulations and the bidding documents for the Project. In particular, contracts financed directly by ADB in connection with the Project shall include provisions specifying the right of ADB to audit and examine the records and accounts of all contractors, suppliers, consultants, and other service providers as they relate to the Project.

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Project Organization

A. Project Management Structure in ADB

![Indicative Fund Flow Diagram]

Government Ministries and Programs

Indicative Fund Flow Diagram

WHO
Regional Office

FAO
Regional Office

ADB
Resident Missions

ASEAN
Secretariat

Other
International
Agency
(Regional
Office)

Other
International
Agencies
(Country Offices)

WHO
Country Offices

FAO
Country Offices

Chair, Health CoP

Principal Health Specialist
Project Secretary

Regional Coordinator

Training and Capacity Building Specialist

Project Administration Specialist

Director General (RSDD)

Strategy and Policy Department (SPD)

Director General
(Regional Departments)

Avian Influenza Secretariat (in RSGS)

Notes:
1. Withdrawal application for approval by ADB for liquidation and replenishment of the imprest fund account.
2. ADB remits funds for replenishment to the imprest fund account (']}'account) maintained in the designated depository bank. Separate account established for ADF IX Grant Fund, JSF Grant Fund, and TASF Grant Fund.
3. AIREF established from imprest fund accounts for Component 3 (quick disbursement).
4. Payments in cash or kind to regional technical partners from the imprest fund account to support Components 1 and 2 – from AIREF if approved by Steering Committee.
5. Payments in cash or kind to countries, through ADB resident missions or its equivalent, from the imprest fund account to support components 1 and 2 – from AIREF if approved by Steering Committee.
6. Dollar payments to suppliers or contractors for supplies, equipment, drugs or consulting services from the AIREF.

B. ASEAN Organization Chart
C. FAO Organization Chart
D. WHO Organization Chart
### Project Implementation Schedule

<table>
<thead>
<tr>
<th>Description</th>
<th>Year1</th>
<th>Year2</th>
<th>Year3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
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<td>Q1</td>
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<td>Q3</td>
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<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
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</tbody>
</table>

#### Component 1: Support to Country Responses through Regional Agencies

1.1. Containing infection-at-source

- Strengthen the FAO network of expertise on avian influenza
- Strengthen the ASEAN expertise on avian influenza
- Support for strengthening laboratory services and training

1.2. Preventing and preparing for potential pandemic

- Establish regional operational support teams with WHO
- Strengthen laboratory services and training infection prevention, case management, epidemiology, and emergency preparedness

#### Component 2: Regional Cooperation

2.1. Improve technical coordination

- Meetings, workshops, websites
- Support regional networks for epidemiology, laboratory, and information sharing

2.2. Rapid field response and containment capacity

- Development of standard operating procedures
- Training of a cadre of 100 professionals
<table>
<thead>
<tr>
<th>Description</th>
<th>Year1 Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Year2 Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Year3 Q1</th>
<th>Q2</th>
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<tbody>
<tr>
<td>Adaptation of FIMS</td>
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<tr>
<td>Development of GOARN networks</td>
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<tr>
<td>Field logistics, mobility and communications to support response teams</td>
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<tr>
<td>Support for ICT, IT network, website maintenance</td>
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<tr>
<td><strong>Component 3: Regional Avian Influenza Emergency Facility</strong></td>
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<tr>
<td>Support regional stockpiles (WHO)</td>
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<tr>
<td>Support country resident missions for AI outbreaks</td>
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<td>Support response needs to a pandemic, if necessary</td>
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<td><strong>Component 4: Project Management</strong></td>
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<tr>
<td>Operation of Avian Influenza Secretariat</td>
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<tr>
<td>Operation of regional partners (ASEAN, FAO, WHO)</td>
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<tr>
<td>Implementation support</td>
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<tr>
<td>Monitoring and evaluation</td>
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</table>

ASEAN = Secretariat of the Association of the Southeast Asian Nations, ICT = information and communication technology, IT = information technology, FAO = Food and Agriculture Organization, FIMS = financial information management system, GOARN = Global Outbreak Alert and Response Network, WHO = World Health Organization.
Source: ADB estimates.

Emergency assistance, as needed
Appendix 3: Partners’ Sub-projects

Partners’ Sub-projects

A. ASEAN

The ASEAN Sub-Project Description

Introduction

1. The emergence of the Highly Pathogenic H5N1 Avian Influenza (HPAI) as an important zoonotic disease in the region requires cooperation and coordinated effort. The outbreaks of HPAI have already resulted in tremendous negative impacts on the poultry industry and disrupted trade and economic development in the region, and they pose a significant threat to public health. The ASEAN Ministers of Agriculture and Forestry (AMAF) at the 26th Annual Meeting in October 2004 established an ASEAN HPAI Taskforce to formulate a coordinated approach to prevent, control, and eradicate HPAI in the region. The ASEAN Health Ministers (AHMM) are also monitoring the human health implications of HPAI through the Senior Officials Meeting on Health Development (SOMHD) and the ASEAN Expert Group on Communicable Diseases (AEGCD). Operational work plans and programs have been formulated to coordinate national and regional responses.

2. The 27th AMAF Meeting (29 September 2005, Tagaytay City, the Philippines) endorsed the “Regional Framework for the Control and Eradication of HPAI in ASEAN” proposed by the ASEAN HPAI Taskforce. The Framework covers eight (8) strategic areas over a period of three years from 2006 to 2008 to prevent, control and eradicate the disease. The eight areas of cooperation will be each coordinated by the following Member Countries:

- Disease surveillance (Thailand)
- Effective containment measures (Malaysia)
- Stamping out and vaccination policy (Indonesia)
- Diagnostic capabilities (Thailand)
- Establishment of disease free zones (Malaysia)
- Information sharing (Singapore)
- Emergency Preparedness Plans (Malaysia)
- Public Awareness (Philippines)

3. The human health aspect of avian influenza is addressed through the ASEAN Plus Three Emerging Infectious Diseases (EID) Program, which was adopted by the ASEAN Health Ministers and their counterparts from the People’s Republic of China, Japan and the Republic of Korea in April 2004 (on the occasion of the 7th ASEAN Health Ministers Meeting and the First ASEAN Plus Three Health Ministers Meeting). Regional coordination for early warning and response through information networking (coordinated by Indonesia), laboratory diagnostics (coordinated by Malaysia) and epidemiological surveillance (coordinated by Thailand) is in place. The ASEAN Plus Three EID Program has completed its first phase and will commence implementation of a second phase in mid-2006.

4. The Work Plan for Control and Eradication of HPAI in ASEAN Region was developed and agreed at the 3rd Meeting of the ASEAN HPAI Task Force (4-6 January 2006, Kuala Lumpur). The Work Plan has an indicative funding requirement of $94,792,000, and comprises 14 project proposals covering the 8 components of the Regional Framework for the Control and Eradication of HPAI in ASEAN. To coordinate the implementation of the Work Plan and ensure
synergy of effort with the ASEAN Plus Three EID Programme, a regional project coordination unit will be implemented.

5. Recognizing that the spreading avian influenza epidemic may lead to a potential human influenza pandemic and threatens the lives of millions of people, the prevention and control of avian influenza is a global responsibility that requires close collaboration and coordinated efforts among governments, communities and businesses with the active participation of appropriate regional and international organizations. ADB and ASEAN recognize the need for a well-coordinated multi-agency and multi-sectoral approach to prevent, control, and eradicate HPAI in the region. Coordination is also essential to ensure complementary efforts in current and planned activities among ASEAN Member Countries and ASEAN's Dialogue Partners, and with international organizations including the World Health Organization (WHO), the World Organization for Animal Health (OIE), the Food and Agriculture Organization of the United Nations (FAO), and the World Bank (WB).

**ADB-ASEAN COLLABORATION**

6. ADB and the ASEAN Secretariat have decided to join their efforts to help their member countries fight avian influenza. In this context, part of the resources available under the ADB project “Prevention and Control of Avian Influenza in Asia and the Pacific” will be used to support selected activities of the ASEAN Secretariat, hereafter called “the ASEAN Sub-project”. ADB will provide a grant to the ASEAN Secretariat to implement the ASEAN Sub-project.

**OBJECTIVE AND SCOPE of the ASEAN SUB-PROJECT**

7. The primary objective of the ASEAN Sub-project is to strengthen the capacity of the ASEAN Secretariat to facilitate and monitor the implementation of the ASEAN’s Work Plan for Control and Eradication of HPAI in ASEAN Region. It will also promote collaborative arrangements among various initiatives in the region and beyond to enhance understanding and sharing of experiences in the control of HPAI. The activities of the ASEAN Sub-project are summarized in Table 1.

**Table 1: ACTIVITY FRAMEWORK**

<table>
<thead>
<tr>
<th>Activities</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>Budget (USD)</th>
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<tr>
<td></td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Consulting services</td>
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<tr>
<td>Field visits and regional workshops</td>
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<tr>
<td>Technical reports</td>
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<tr>
<td>Financial reports</td>
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<tr>
<td>Information sharing</td>
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<tr>
<td>Final report</td>
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</tbody>
</table>
8. The ASEAN Sub-project comprises activities under Components 1 and 2 of the ADB “Prevention and Control of Avian Influenza in Asia and the Pacific” Project.

9. Under Component 1 of the Project (Capacity Building at the Regional Level), an international consultant will be recruited to assist in the technical coordination and communication among ASEAN Member Countries as well as with other stakeholders. The consultant will be stationed at the ASEAN Secretariat in Jakarta and/or within the territory of one of the ASEAN Member Countries on a full-time basis, and will report to the Director, Bureau of Resources Development (BRD) as well as the ASEAN Secretariat’s Overall Coordinator on Avian Influenza. The consultant will work closely with the Natural Resources Unit (NRU). Detailed terms of reference will be prepared by the ASEAN Secretariat in consultation with ADB.

10. Under Component 2 of the Project (Regional Coordination and Communication) the ASEAN Secretariat will organize regional workshops (tentatively, 3 workshops) to support ASEAN Member Countries’ efforts against HPAI and for preventing and preparing for a potential human influenza pandemic.

**KEY OUTPUT**

11. The key output of the project will be a comprehensive report on the various initiatives against HPAI undertaken by major stakeholders in the ASEAN member countries and in the region, with clear recommendations to improve coordination and ensure complementarity and synergy among the significant initiatives to control and eradicate HPAI in ASEAN.

**COST ESTIMATES AND FINANCING PLAN**

12. The total cost of the ASEAN Sub-project is estimated at $338,000 to cover the following:

   - Under Project component 1: one long-term consultant for a total amount of $168,000
   - Under Project component 2: Organization of three (3) regional workshops for a total amount of $170,000

13. The ASEAN Secretariat will cover the administrative costs estimated at $4,000

**IMPLEMENTATION ARRANGEMENTS**

14. The ASEAN Sub-project will be implemented over 2 years, from March 2006 to February 2008. The Sub-project will be implemented by the ASEAN Secretariat in collaboration with concerned agencies within ASEAN. The ASEAN Secretariat will liaise with national governments and agencies concerned, arrange and conduct regional workshops and provide necessary administrative support.

15. The ASEAN Secretariat will ensure that the selection of consultants will be carried out in accordance with the ASEAN Secretariat’s “Standard Operating Procedures (SOP) For ASEAN Secretariat Recruitment of Consultants”. The candidate for consultant for the project will not be only limited to ASEAN Nationals, in view of the need to coordinate with various international organizations and to facilitate work with potential co-financiers.
**REPORTING**

16. To ensure coordination, avoid duplication and improve complementarity, the ASEAN Secretariat shall keep ADB informed on the efforts and various initiatives of ASEAN and ASEAN member countries related to avian influenza, both for animal and human health.

17. In the spirit of information sharing, ADB will be included in communications from the ASEAN Secretariat regarding AI and EID including (but not limited to) outbreak updates and reports; and would also be provided with relevant mission and travel reports by consultants; and meeting/workshop reports.

18. The ASEAN Secretariat will regularly report to ADB on the status of project implementation. The formal reporting (in accordance with the schedule described in Table 1) will consist of:

i) a technical report, to be submitted to ADB every six months. This progress report will be based on a review of the Project activities and their impact on the avian influenza epidemic in the region. The report will also contain an assessment of the needs, particularly for regional coordination and collaboration.

ii) a financial report, to be submitted annually to ADB.

19. Additionally, the ASEAN Secretariat will submit Final Report to the ADB (upon the completion of the final activity under the Agreement), which will include an up-to-date overview of initiatives undertaken to control and prevent AI in ASEAN as mentioned in the “KEY OUTPUT”. This Final Report will also include a certified financial report that will detail out the expenditures and unexpended balance at the end of the project.

**DESIGN AND MONITORING FRAMEWORK**

<table>
<thead>
<tr>
<th>Design Summary</th>
<th>Performance Targets/Indicators</th>
<th>Data Sources/Reporting Mechanisms</th>
<th>Assumptions and Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td>Economic growth in the region remains as projected in <em>Asian Development Outlook</em> (ADO)</td>
<td>ADO 2009 ADB’s poverty reduction progress report 2009</td>
<td>Assumptions</td>
</tr>
<tr>
<td></td>
<td>Trends in poverty reduction do not slow down</td>
<td></td>
<td>No other epidemic affects the region</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other natural calamities or/and economic and political problems may affect the trends in economic growth and poverty reduction</td>
</tr>
<tr>
<td>Outcome</td>
<td></td>
<td></td>
<td>Assumptions</td>
</tr>
</tbody>
</table>
### Appendix 3: Partners’ Sub-projects

<table>
<thead>
<tr>
<th>Design Summary</th>
<th>Performance Targets/Indicators</th>
<th>Data Sources/Reporting Mechanisms</th>
<th>Assumptions and Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Containing infection at source from H5N1 avian influenza</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- Enhanced preparedness for a potential human influenza pandemic in Asia and the Pacific region</td>
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<tr>
<td><strong>Outputs</strong></td>
<td><strong>Component 1: Regional capacity building</strong></td>
<td><strong>Component 2: Regional coordination</strong></td>
<td><strong>Component 3: Capacity for immediate and effective response to HPAI outbreaks</strong></td>
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<tr>
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<tr>
<td><strong>Component 1: Regional capacity building</strong></td>
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<tr>
<td>1. Strengthened national capacities for containing avian influenza outbreaks through support from ASEAN</td>
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<tr>
<td>2. Strengthened national capacities to prevent H5N1 human influenza and prepare for a potential human influenza pandemic with support from WHO</td>
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<tr>
<td><strong>Component 2: Regional coordination</strong></td>
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<tr>
<td>1. Improved coordination and communication among affected ASEAN countries and technical agencies</td>
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<tr>
<td><strong>Component 3: Capacity for immediate and effective response to HPAI outbreaks</strong></td>
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<tr>
<td>1. A flexible and fast-disbursing mechanism in place to address the needs of an evolving and uncertain avian influenza epidemic, particularly to support regional stockpiles of drugs and equipment, national efforts for containing avian influenza outbreaks, and national response to potential pandemic</td>
<td></td>
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</table>

### Design Summary

- Containing infection at source from H5N1 avian influenza
- Enhanced preparedness for a potential human influenza pandemic in Asia and the Pacific region

### Performance Targets/Indicators

- Number of H5N1 influenza outbreaks in poultry; poultry mortality remain below 2004–2005 levels in the region
- Response mechanisms for human influenza pandemic are in place in the region

### Data Sources/Reporting Mechanisms

- Reports from ASEAN

### Assumptions and Risks

- Sufficient resources and coordination mechanism will be in place without undue delay
- Adequate resources will be available for compensating poultry farmers to encourage quick reporting
- Uncertainty of outbreak will not dilute the high level political commitment
- Government and donors will coordinate exchange of information
- Government and donors will provide regular updates on support

### Outputs

- **Component 1: Regional capacity building**
  - 1. Strengthened national capacities for containing avian influenza outbreaks through support from ASEAN
  - 2. Strengthened national capacities to prevent H5N1 human influenza and prepare for a potential human influenza pandemic with support from WHO

### Assumptions

- Workshop and meetings held to ensure involvement of ASEAN member countries and other stakeholders
- Regular meetings of border and quarantine officials

### Project progress report from ASEAN

- Government and donors will provide regular updates on support

### Risks

- ASEAN will be able to quickly develop guidelines and logistics arrangements for regional supplies and respond to the needs of affected countries
- ADB resident missions will be able to quickly respond to countries’ needs

- Regional stockpile of drugs and equipment established by the end of 2006
- Avian influenza outbreak containment efforts not constrained by lack of administrative budget in low-income countries
### Design Summary

<table>
<thead>
<tr>
<th>Performance Targets/Indicators</th>
<th>Data Sources/Reporting Mechanisms</th>
<th>Assumptions and Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Quick support provided for early action to contain the pandemic</td>
<td>• Project progress reports from ASEAN</td>
<td>• Containment of avian influenza outbreaks hampered by lack of resources in low-income countries</td>
</tr>
</tbody>
</table>

### Component 4: Project administration

4.1. Develop capacity to manage technical coordination and communication among ASEAN member countries

- Workshops and meetings held to ensure involvement of all ASEAN member countries and other stakeholders

### Assumptions

- All parties remain willing and committed to active participation in the planning and implementation in spite of development of competing priorities with time

### Activities with Milestones

#### Component 1: Regional capacity building

- Containing infection at source
  1.1.1. Strengthening the FAO network of expertise on avian influenza
  1.1.2. Strengthening ASEAN expertise on avian influenza
  1.1.3. Support for strengthening laboratory services and training

- Preventing and preparing for potential pandemic
  1.2.1. Establish regional operational support teams with WHO
  1.2.2. Support strengthening of laboratory services and training in infection prevention, case management, epidemiology, emergency preparedness

#### Component 2: Regional coordination

- Strengthening networks
  2.1.1. Support existing mechanisms for improved coordination and exchange of information through meetings, workshops, websites
  2.1.2. Support existing regional networks (for avian influenza, first, but ultimately for emerging diseases) related to epidemiology, laboratories, and Information sharing

- Regional capacity for rapid field response and containment
  2.2.1. Development of standard operating procedure;
  2.2.2. Training of a cadre of 100 national and international professionals, adaptation of FIMS
  2.2.3. Timely development of global outbreak and response network networks
  2.2.4. Field logistics, mobility, and communications to support the rapid response team
  2.2.5. Support for information and communication technology, strengthen the IT network, maintain a regional website through WHO

- Risk communication
  2.3.1. Develop communication plans for different target groups, including governments (for strengthening access to health services)
  2.3.2. Recruit consultants to help build the capacity of country agencies and organization’s and develop regional and national risk communication strategies
  2.3.3. Develop prototype communication material for national and regional use

#### Component 3: Avian influenza regional facility

- 3.1.1. Support regional stockpiles established by WHO
- 3.1.2. Support urgent needs for containing national avian influenza outbreaks through

### Inputs

- ADB: $28.0 million
  - ADF Ggrant: $25 million
  - TASF grant: $3 million
- JSF grant: $10.0 million
- Component 1: $12.46 million
- Component 2: $8.34 million
- Component 3: $14.50 million
- Component 4: $0.60 million
- Contingencies: $2.10 million
resident missions
3.1.3. Support urgent responses

**Component 4: Project management**
4.1 Establish a project management infrastructure
4.2 Support project operations with technical partners and affected countries
4.3 Monitor and evaluate project operations

---

### Table of Schedule 2 to Grant Agreement

**ALLOCATION AND WITHDRAWAL OF GRANT PROCEEDS**
*(Prevention and Control of Avian Influenza in Asia and the Pacific Project)*

<table>
<thead>
<tr>
<th></th>
<th>ADF</th>
<th>TASF</th>
<th>JSF</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percentage Allocation</strong></td>
<td>69.2%</td>
<td>3.6%</td>
<td>27.3%</td>
<td></td>
</tr>
<tr>
<td>1 Consulting services (including travel)</td>
<td>116</td>
<td>6</td>
<td>46</td>
<td>168</td>
</tr>
<tr>
<td>2 Equipment</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3 Drugs, Protective Clothing, and Supplies</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>4 Information, Communication, Data Management</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5 Training, Research and Development, Meetings, Conferences, and Exchanges</td>
<td>118</td>
<td>6</td>
<td>46</td>
<td>170</td>
</tr>
<tr>
<td>6 Incremental Cost, Administration, Logistics, and Supply Management</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>234</td>
<td>12</td>
<td>92</td>
<td>338</td>
</tr>
</tbody>
</table>

*Exclusive of taxes. Amounts are in thousands dollars.*
B. FAO

FAO Sub-Project Description

Introduction

1. As part of its response to the highly pathogenic avian influenza (HPAI) epizootic in Asia in early 2004, FAO committed US$1.2 million to establish three regional networks of national diagnostic laboratories and teams undertaking surveillance activities, to support infected countries in Southeast, East and South Asia. With persistence of the disease in Asia, FAO is seeking support to strengthen and support such networks.

2. HPAI outbreaks were first identified in rapid succession in six Asian countries (Vietnam, Thailand, PR China, Lao PDR, Cambodia and Indonesia) in December 2003 and early 2004. Since then it is reported infrequently in Cambodia and Lao PDR could have become free of the disease. In China and Vietnam the disease has become endemic and widespread and has persisted despite concerted control efforts. Both countries are currently running vaccination campaigns, having failed to contain the disease by stamping out and/or targeted vaccination. In Thailand, the disease has been well controlled within the large commercial sector but has persisted in the backyard poultry sector. In Indonesia, attempted control by relying mainly on vaccination and partial stamping out has not been successful. HPAI virus continues to circulate in the region, threatening the poultry industry, livelihoods and food security of poor farmers and jeopardizing public health.

3. The regional networks are designed to improve the quality of surveillance and diagnosis by providing technical support to national staff engaged in this work in each country. Regular meetings will allow the interchange of information and knowledge and identify strengths and weaknesses in national systems so that support can be focused on areas of need and solutions provided based on shared experience. The networks will also establish the capacity for undertaking social, economic and policy assessment at national and regional levels. The regional networks will be operated through specific regional programmes developed with the guidance of a regional coordinator, who will be responsible for ensuring continuity of activity and harmonization of approach.

4. The assistance proposed in this project is designed to be proactive, within the general concept and framework of GF-TADs. Early warning networks, emergency response, timely disease reporting and feedback, the epidemiology of wild bird-domestic bird interactions and improvements in laboratory diagnostic capacity, are critical elements in the disease management strategies. The project will also provide a platform for interaction with the OIE/FAO avian flu laboratory networks (OFFLU) for harmonization of AI diagnostic techniques, provision of test reagents, training of laboratory personnel and confirmation of laboratory test results on AI.

Objectives

5. The Project will: (a) support international efforts to reduce the prevalence of avian influenza among poultry and the vulnerability of the human population to influenza; and (b) reduce the social and economic disruption due to avian and human influenza outbreaks in the
region. The Project will help in accomplishing these goals by supporting activities at the country and regional level for containing avian influenza and preventing and preparing for a human influenza pandemic. The Project will be implemented in close coordination with other national and international initiatives.

6. The overall goal of the project is to minimise extension of the current avian influenza panzootic in Asia, by assisting countries to control avian influenza within the poultry producing sectors and by preparing non-infected countries for the rapid detection of, and effective response to incursions of the disease.

Components:

**Component 1 – Capacity Building at the Regional Level**

7. This component will strengthen the capacity of the Recipient to provide adequate support to DMCs against avian influenza and to the animal health sector in general. Support will focus on activities that directly benefit DMCs in the region and support their national efforts for detecting and containing the infection-at-source in animals.

8. FAO has established an Emergency Centre for Transboundary Animal Disease (ECTAD) Unit in FAO Headquarters, to coordinate the response at the global and regional level. In support of the main Headquarters ECTAD, a Regional Support Unit has been established in the Regional Office for Asia and the Pacific in Bangkok to coordinate HPAI disease control efforts in the region, to harmonize the approach to control strategies and to provide technical advice to regional and national initiatives for avian influenza prevention, detection, preparedness and control. The plan is to strengthen this Unit to support disease control efforts in infected countries and preparedness activities in other countries in the region that are considered particularly at risk.

9. The main activities of this component will include:

- provide technical advice to regional and national initiatives for avian influenza prevention, detection, preparedness and control;
- coordinate and harmonize technical approaches to HPAI control and prevention between countries;
- provide technical advice and develop information and communication strategies at the regional level including information on personal protection for farmers and animal health workers;
- strengthen regional capabilities for economic and policy analysis related to HPAI occurrence and its control;
- assist with the process of national planning and response;
- provide technical expertise in support of the planning processes for national HPAI control and emergency preparedness, national surveillance design, definition of policies and methodologies.
Component 2 – Regional Coordination and Communication

10. This component will strengthen regional cooperation and communication among DMCs on avian influenza and emerging diseases.

11. In early 2004, FAO set up three regional networks of national diagnostic laboratories and teams to undertake surveillance activities to support infected countries in Southeast, East and South Asia.

12. The underlying principles of the regional multifaceted approach to HPAI prevention and control and networking are (i) early warning and disease intelligence based on transparent information sharing to detect report and control outbreaks before they become widespread; (ii) tracking potentially dangerous changes in the virus and (iii) rapid response capacity.

13. The project will provide support to strengthen and sustain such networks of epidemiology teams and laboratories at many levels including field, central/national and regional. The regional networks will be operated through specific regional programmes developed with the guidance of the regional coordinator, who will be responsible for ensuring continuity of activity and harmonization of approach.

14. The main activities of this component will include:

- implement specific support for the activities of lead regional laboratories and epidemiology teams;
- develop linkages with Regional Organizations e.g. ASEAN Sectoral Working Group on Livestock (ASWGL); as well as national and international animal health organizations involved in HPAI control;
- conduct strategic and technical meetings;
- provide training tools and training;
- procure equipment (laboratory equipment and consumables, and data processing) and logistic support to the poorest countries;
- collect disease information data and analyze and disseminate;
- create mechanisms and develop tools to enhance and perpetuate the process of exchanging information and experience on HPAI control including surveillance and diagnosis;
- communicate epidemiological analyses to support the effective implementation of HPAI control programs, focusing on strengthening early detection and response and biosecurity.

Component 3 – Capacity for immediate and effective response to avian influenza outbreaks

15. This component will address the changing needs of the evolving epidemic in an expeditious and flexible manner and assist countries to mount an immediate and effective response to avian influenza outbreaks through mobilisation of technical and operational support. This component is not specifically budgeted in this programme but it is foreseen that, especially with newly diagnosed outbreaks in poor countries, there will be a need to purchase at short notice supplies to permit a rapid response to prevent spread of infection and thus protect the remainder of the country and surrounding countries. Provision of financing under this Component will be needs-based and will include the following activities:
• provide equipment, vaccine and other consumables for rapidly containing an avian influenza outbreak;
• assist government authorities in the rapid implementation of disease control particularly in newly infected countries.

Component 4 – Project Management

16. This Component will include:

• support for workshops and meetings required for the Project coordination with participating DMCs and international organizations; and
• coordination efforts with other partners at regional and country levels.

Expected main outputs

17. Successful implementation of the project will result in the following major outputs:

• a harmonised regional approach will be established to achieve early detection and reporting through regional coordination centres;
• a proficiency testing system will be implemented for national veterinary laboratories with the support of the World Organization for Animal Health (OIE)/FAO network of International reference Laboratories and Collaborating Centres for Avian Influenza (OFFLU);
• sustainable networks will be established, bringing together veterinary officials and experts from the national diagnostic laboratories and epidemic-surveillance teams and to build their capacity to support the above;
• data analysis and disease intelligence capacity will be strengthened to understand better the epidemiology of the disease and prepare risk maps to allow implementation of targeted surveillance and control programmes;
• epidemiological capacity will be enhanced to revise strategies and improve the effectiveness of disease control activities;
• a review of methodologies for social, economic and policy assessment of HPAI in the light of available data will be conducted;
• funds available to assist countries to mount an immediate and effective response to avian influenza incursion will be available.

18. The above achievements will lead to:

• improved disease monitoring through training in surveillance, early reporting, rapid field and laboratory diagnosis, long-term monitoring and the generation of sound epidemiological information;
• improved understanding of the regional dimension of the epidemic;
• effective control and recovery strategies for the poultry sectors, especially for smallholders and other vulnerable stakeholders;
• Improved disease control and prevention capacity through effective disease surveillance.
• effective responses to other transboundary and newly emerging diseases other than HPAI, which might potentially threaten public health;
• adoption of HPAI control strategies that are sustainable and socially equitable and are realistically budgeted;
• enhanced transparency and mutual confidence in disease information exchange;
• consolidated networking;
• provision of a forum for decision makers (e.g., chief veterinary officers); and
• capacity building and development of a cadre of regional experts for mutual support.

Implementation arrangements

Location and duration

19. Project management will be based at the FAO Regional Office for Asia in Bangkok (RAP) while activities will be implemented in ADB’s regional member countries. The project will be implemented over a 30 month period.

Organizational set-up

20. The project will be executed by the Animal Health Service (AGAH) and Emergency Operations Service (TCEO) Emergency Centre for Transboundary Animal Diseases (ECTAD) under the supervision of the Chief of AGAH and the operational responsibility of the Chief of TCEO.

21. The overall responsibility for financial management of the project will rest with the FAO, with primary responsibility being with its headquarters in Rome and secondary responsibility being with the FAO-RAP.

22. FAO-RAP will be responsible for logistical and operational support for the regional coordination and information management. Technical support of the project will be provided by the focal points in RAP from the ECTAD decentralized unit in Bangkok.

23. Technical backstopping of the project will be through ECTAD based within the Emergency Prevention System for Transboundary Animal and Plant Pest Diseases (EMPRES) programme of the Animal Health Service in FAO Headquarters.

24. The project will be implemented in close collaboration with OIE, WHO and ASEAN.

Recruitment of project personnel

24. Technical support for the project will be provided through consultants contracted by the technical partners or by participating countries, using FAO procedures in accordance with standards of the United Nations. Consultants will be recruited primarily on an individual basis with selection based on technical criteria to support the operations and administration of the Project. If firms are required, technical specialization quality- and cost-basis selection will be used. The technical partners and participating countries will directly supervise most consulting services. The FAO personnel will have a role of coordination and technical assistance.

26. Two Project Coordinators based in Rome (ECTAD Headquarters) and RAP (Bangkok) will be recruited for 30 months. They will coordinate project activities respectively at global and regional level and provide technical support as and when needed.
27. Three Regional Coordinators – RC (epidemiologist) will be responsible for implementation of the regional networks for diagnosis and epidemiosurveillance. The RCs will be stationed at the FAO Offices in China (East Asia), India (South Asia) and in Bangkok (South East Asia).

28. An animal health economist will be based in RAP (Bangkok) to provide support and policy guidance for development of HPAI control strategies and to provide economic, social and policy perspectives.

29. In addition to the above, it is planned to deploy the following expertise:

<table>
<thead>
<tr>
<th>Description</th>
<th>No</th>
<th>Person months</th>
<th>Total</th>
<th>Outline TOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterinary Public Health Specialist</td>
<td>2</td>
<td>12</td>
<td>24</td>
<td>Develop disease control strategies, assist with preparedness plans; Advise on animal health standards, disease control, veterinary public health, poultry industry regulation and rehabilitation, and socioeconomic aspects of disease control and prevention</td>
</tr>
<tr>
<td>Veterinary Laboratory Specialist</td>
<td>1</td>
<td>12</td>
<td>12</td>
<td>Develop and implement a testing system for national veterinary laboratories</td>
</tr>
<tr>
<td>Field Epidemiologist</td>
<td>2</td>
<td>24</td>
<td>48</td>
<td>Surveillance activities for animals: design surveillance system, review guidelines, prepare software, and analyze results of data collected; Develop training for animal health workers based in identification of gaps</td>
</tr>
<tr>
<td>Livelihood Specialist</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>Establish a compensation framework for mitigating loss of income and livestock; Review existing insurance systems to help countries integrate a compensation package into an existing system of insurance; Review capacity of health and animal workers in delivering compensation; Develop appropriate regulations and guidelines for implementing a scheme</td>
</tr>
<tr>
<td>Bio-security Specialist</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>Manage outbreak in animals; Assess existing quarantine systems and identify ways of improving bio-security on farms and in markets; Interpret surveillance results; Develop guidelines and research measures for enhanced bio-security preparedness</td>
</tr>
<tr>
<td>GIS/MIS Specialist</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>Develop data analysis and capacity to better understand epidemiology of the disease in animals; Prepare risk maps; Collect disease information, data collection, analyze and disseminate</td>
</tr>
<tr>
<td>ICT Specialist</td>
<td>1</td>
<td>6</td>
<td>6</td>
<td>Disseminate technical information; Develop/maintain website, technical bulletins, etc.</td>
</tr>
<tr>
<td>Regional Coordinator</td>
<td>1</td>
<td>30</td>
<td>30</td>
<td>Support to project management; Coordinate activities, disease control efforts, and technical advice; Coordinate/harmonize regional approaches for early detection and reporting</td>
</tr>
<tr>
<td>Administration Support</td>
<td>1</td>
<td>30</td>
<td>30</td>
<td>Support to project management Support and coordinate administrative tasks</td>
</tr>
</tbody>
</table>


Flexibility

30. The activities and relevant allocation of resources have been defined based on the present situation in the countries and by taking into consideration funds available and pledged by different donors to FAO. They are based on an estimate of the funds availability at country level for the planned activities.

31. At project inception, a detailed work plan will be prepared and financial resources will be reallocated taking into consideration possible further adjustments to be made in the course of the project life, according to emergency needs and donors contributions. Procurement needs of the project will be identified and a detailed procurement plan for these needs will be prepared during project implementation and the procurement plan will be updated every six months.

32. In the course of the second year, a review based on the performance indicators identified at the inception of the project will be carried out jointly by FAO, the donor and the governments concerned to assess progress against the work plan, make suggestions for possible re-orientation and identify needs for a potential extension of project activities.

Monitoring, evaluation and information

Monitoring and Evaluation

33. FAO will be responsible for constant monitoring of project activities with the support of the counterpart and implementing partners. The Technical Divisions of FAO will provide technical guidance for the monitoring and assessment of the project. FAO establishes a simple internal monitoring system defining the performance indicators for further evaluations. On the basis of this information, FAO staff will regularly review project progress recognize problems encountered and recommend solutions to these.

Reporting

34. Standard FAO monitoring and evaluation guidelines will be followed. These include measurable indicators, reviews and evaluation reports of the project impact. The Technical Divisions of FAO will provide technical guidance for the monitoring and assessment of the project.

35. The project will produce the following narrative reports:

(i) **Inception report:** At inception, the International Project Consultants will prepare detailed work plans including the timing of each activity and modalities of project execution. This report will be forwarded to ECTAD at FAO headquarters for operational clearance for final submission to ADB.

(ii) **Progress reports:** Regular progress reports will be prepared, assessing in a concise manner, the extent to which the projects’ scheduled activities have been carried out, the outputs produced and progress towards objectives realized with suggestions for any corrective actions if need be. These reports will be forwarded to ADB Steering Committee.
(iii) **Final Report**: After the closure of the project, FAO will prepare a Final Report in accordance with FAO Trust Fund procedures and with the donor's guidelines and procedures. The report will contain a complete review of activities undertaken, major results obtained, the outputs delivered, problems encountered, progress towards achieving the specific objectives of the project and impact on the beneficiaries, A section on recommendations and lessons learned, presenting guiding principles for future interventions, will be included.

36. A mid-term interim financial final report will be submitted to the donor after the first nine months of the project implementation along with the request for further disbursements, and a final financial report will cover the overall project activities.

37. FAO will ensure that the contribution is recorded in the account of FAO and reported according to FAO financial reporting systems.
## Work plan

<table>
<thead>
<tr>
<th>Activity</th>
<th>PY1</th>
<th>PY2</th>
<th>PY3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Component 1. Capacity building at the regional level</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment Chief Technical Adviser</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment Support staff (secretary, driver, accountant, labor)</td>
<td>x</td>
<td></td>
<td></td>
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<tr>
<td>Recruitment Technical Advisor (Economics and Social Impact)</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Recruitment of Technical Advisors (ECTAD HQ)</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment National Advisors</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment of Consultants (Policy, Epidemiology, Laboratory)</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Inception workshops</td>
<td>x</td>
<td></td>
<td></td>
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<tr>
<td>Regional coordination workshops and meetings</td>
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<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Technical support services</td>
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<td>x</td>
<td></td>
</tr>
<tr>
<td>Project review</td>
<td></td>
<td>x</td>
<td>x</td>
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<tr>
<td>Final evaluation</td>
<td>x</td>
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</tr>
<tr>
<td><strong>Component 2. Regional Co-ordination and Communication</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify Lead laboratory and assess needs for strengthening</td>
<td>x</td>
<td></td>
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<tr>
<td>Identify national laboratories and establish network with lead laboratory</td>
<td></td>
<td>x</td>
<td></td>
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<tr>
<td>Procure equipment for laboratories</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Design and implement epidemiological studies</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Evaluate regional and national preparedness and response plans and ensure harmonization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct workshops to exchange and compare epidemiological and surveillance information and economic and policy analyses and advice</td>
<td></td>
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</tr>
<tr>
<td>Training in laboratory diagnostics and epidemiology</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td><strong>Component 3. Capacity for immediate and effective response to HPAI outbreaks</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess regional and national resources and needs for response capacity</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Develop list of equipment and personnel requirements for rapid response and develop rapid supply chain for the region</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Conduct simulation exercises to test capacity to respond effectively</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess national legislation for ability to enforce compliance with control procedures and/or encourage compliance with compensation</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Workshops with government agencies to assist with national preparedness for rapid response</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Component 4. Project Management</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct workshops and meetings with ECTAD HQ, Regional and National staff to ensure Project coordination and management</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Conduct workshops and information sessions with other partners at regional and national level</td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>
Appendix 3: Partners’ Sub-projects

Budget

38. The project costs by location and budget line is given in the tables below.

<table>
<thead>
<tr>
<th>Allocation</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consulting Services (including travel)</td>
<td>1,915,000</td>
<td>1,915,000</td>
<td>978,000</td>
<td>4,808,000</td>
</tr>
<tr>
<td>Equipment</td>
<td>106,000</td>
<td>106,000</td>
<td>54,000</td>
<td>266,000</td>
</tr>
<tr>
<td>Training, Research and Development, Meetings, Conferences and Exchanges</td>
<td>250,000</td>
<td>250,000</td>
<td>110,000</td>
<td>610,000</td>
</tr>
<tr>
<td>Incremental Cost, Administration, Logistics and Supply Management</td>
<td>322,000</td>
<td>322,000</td>
<td>162,000</td>
<td>806,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,593,000</strong></td>
<td><strong>2,593,000</strong></td>
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<th>Allocation</th>
<th>ECTAD HQ</th>
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<td>Incremental Cost, Administration, Logistics and Supply Management</td>
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DESIGN AND MONITORING FRAMEWORK

<table>
<thead>
<tr>
<th>Design Summary</th>
<th>Performance Targets/Indicators</th>
<th>Data Sources/Reporting Mechanisms</th>
<th>Assumptions and Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced social and economic disruption due to avian and human influenza outbreaks in Asia and the Pacific.</td>
<td>• Economic growth in the region remains as projected in Asian Development Outlook (ADO)</td>
<td>• ADO 2009 ADB’s Poverty Reduction Progress Report 2009</td>
<td>• No other epidemic affects the region</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Other natural calamities or/and economic and political problems may affect the trends in economic growth and poverty reduction</td>
</tr>
<tr>
<td>Outcome</td>
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<tr>
<td>• Containing infection at source from H5N1 avian influenza</td>
<td>• Number of H5N1 influenza outbreaks in poultry and poultry mortality remain below 2004-2005 levels in the region</td>
<td>• Reports from FAO</td>
<td>• Sufficient resources and coordination mechanism will be in place without undue delay</td>
</tr>
<tr>
<td>Outputs</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Design Summary</td>
<td>Performance Targets/Indicators</td>
<td>Data Sources/Reporting Mechanisms</td>
<td>Assumptions and Risks</td>
</tr>
<tr>
<td>----------------</td>
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</tr>
<tr>
<td><strong>Component 1: Capacity Building at the Regional Level</strong>&lt;br&gt;1.1. Strengthened national capacities for containing avian influenza outbreaks through support from FAO</td>
<td>• Improved surveillance systems for avian influenza&lt;br&gt;• Trained and well resourced teams in place to rapidly stamp out any reported outbreaks in all countries by the end of the first year</td>
<td>• Reports from FAO</td>
<td>• Adequate resources will be available for compensating poultry farmers to encourage quick reporting</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1.2. Strengthened national capacities for preventing H5N1 human influenza by controlling avian influenza at its source in poultry</td>
<td>• National plans for avian influenza preparedness prepared, rehearsed and resourced in all DMCs by the end of 2006.&lt;br&gt;• A lead regional laboratory with full AI diagnostic capacity and a national laboratory in each DMC capable of diagnosis of avian influenza to H5 level by the end of 2006.</td>
<td>• Reports from FAO</td>
<td>• Uncertainty of outbreak will not dilute the high level political commitment</td>
</tr>
<tr>
<td><strong>Component 2: Regional Coordination and Communication</strong>&lt;br&gt;2.1. Improved coordination between affected countries and technical agencies for regular exchange of epidemiological information, laboratory specimens, and supplies</td>
<td>• A system for regular sharing of epidemiological and laboratory information in place by the end of 2006.&lt;br&gt;• Regular meetings of border and quarantine officials</td>
<td>• Project progress reports from FAO</td>
<td>• Government and donors will coordinate exchange of information&lt;br&gt;• Government and donors will provide regular updates on support</td>
</tr>
<tr>
<td>2.2. Rapid field response and containment capacity at regional level</td>
<td>• A cadre of about 100 national and international professionals trained by the end of 2006.&lt;br&gt;• All countries and FAO linked through telecommunication systems by the end of September 2006.&lt;br&gt;• Field information management system adapted&lt;br&gt;• A regional Emergency Centre for Transboundary Animal Diseases (ECTAD) developed by the end of the project period.</td>
<td>• Project progress report from FAO</td>
<td>• Appropriate national and international professionals will be available and willing to participate</td>
</tr>
<tr>
<td>Design Summary</td>
<td>Performance Targets/ Indicators</td>
<td>Data Sources/ Reporting Mechanisms</td>
<td>Assumptions and Risks</td>
</tr>
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<td>--------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------</td>
<td>------------------------</td>
</tr>
</tbody>
</table>
| 2.3. Enhanced risk communication efforts in all countries                      | • Messages related to AI risks communicated to different target groups according to FAO guidelines by the end of the Project. | • Reports from FAO                                                                                   | • Countries have resources for well-designed communication activities  
• Target groups have access to veterinary services |
| **Component 3: Capacity for immediate and effective response to HPAI outbreaks** |                                                                                                 |                                                                                                     | **Assumptions**        |
| 3.1. A flexible and fast-disbursing mechanism in place to address the needs of an evolving and uncertain avian influenza epidemic, in particular to support rapid regional access to vaccines, supplies and personal protective equipment for containing AI outbreaks and national response to outbreaks. | • Regional stockpile or streamlined access to supplies and equipment established by the end of 2006.  
• AI outbreaks containment efforts not constrained by lack of administrative budget in low-income countries  
• Quick support provided for early action to contain the AI outbreaks | • Reports from FAO  
• Project progress reports                                                                 | **Risks**  
• Containment of AI outbreaks hampered by lack of resources in low income countries |
| **Component 4: Project management**                                             |                                                                                                 |                                                                                                     | **Assumptions**        |
| 4.1. Develop capacity to manage project to ensure co-ordination of staff at HQ, Regional and National offices.  
4.2. Manage co-ordination with partners and government agencies                  | • Workshops and meetings held to ensure involvement of all parties during planning, implementation and analysis phases | • Reports on workshops and minutes of meetings.                                                     | **Assumptions**        |
|                                                                                                                                          |                                                                                                     |                                                                                                     | **Assumptions**        |
|                                                                                                                                          |                                                                                                     |                                                                                                     | **Assumptions**        |
|                                                                                                                                          |                                                                                                     |                                                                                                     | **Assumptions**        |
Activities with Milestones

Component 1: Capacity Building at Regional Level
Containing infection-at-source
1.1.1. Strengthening the FAO network of expertise on avian influenza
1.1.2. Support for strengthening laboratory services and training

Component 2: Regional Coordination and Communication

Strengthening networks
2.1.1. Support existing mechanisms for improved coordination and exchange of
information—meetings, workshops, websites
2.1.2. Support existing regional networks (for avian influenza, first, but ultimately for
emerging diseases) related to (i) epidemiology (ii) laboratory (iii) Information sharing

Regional capacity for rapid field response and containment
2.2.1. Development of standard operating procedure;
2.2.2. Training of a cadre of 100 national and international professionals
2.2.3. Timely development of ECTAD networks
2.2.4. Field logistics, mobility and communications to support the rapid response team
2.2.5. Support for Information and Communication Technology, strengthening IT network,

Risk Communication
2.3.1. Develop communication plans for different target groups, including Governments (for
the needs for strengthening national veterinary services)
2.3.2. Recruit consultants to help build the capacity of country agencies, organizations and
develop regional/country risk communication strategies
2.3.3. Develop prototype communication material for use at national and regional levels

Component 3: Capacity for immediate and effective response to HPAI outbreaks
3.1.1. Support rapid regional access to vaccines and supplies.
3.1.2. Support urgent needs for containing AI outbreaks at country level through
strengthened national and regional resources.

Component 4: Project Management
4.1. Establish project management infrastructure
4.2. Provide support to project operations with partners and government agencies
4.3. Monitor and evaluate project operations

Inputs
- ADB: $28.0 million
  - ADF Grant: $25 million
  - TASF Grant: $3 million
- JSF Grant: $10.0 million
- Component 1: $12.46 million
- Component 2: $8.34 million
- Component 3: $14.50 million
- Component 4: $0.60 million
- Contingencies: $2.10 million

Table of Schedule 2 to Grant Agreement

<table>
<thead>
<tr>
<th>ALLOCATION AND WITHDRAWAL OF GRANT PROCEEDS*</th>
<th>(Prevention and Control of Avian Influenza in Asia and the Pacific Project)</th>
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<tr>
<td></td>
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<td>3 Drugs, Protective Clothing, and Supplies</td>
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<td>4 Information, Communication, Data Management</td>
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<td>5 Training, Research and Development, Meetings, Conferences, and Exchanges</td>
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<td><strong>Total</strong></td>
<td>4,488</td>
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*Exclusive of taxes.
WHO Sub-Project Description

Executive Summary

1. From 7–9 November 2005, a meeting on avian influenza and human pandemic influenza was jointly convened by WHO, the Food and Agriculture Organization, the World Organisation for Animal Health, and the World Bank. The meeting reviewed the status of highly pathogenic H5N1 avian influenza in animals and assessed the related risks to human health, including those that would arise following the emergence of a pandemic virus. Concern about the consequences of such an event steered discussions, on human health matters, towards consideration of two main sets of actions. These were aimed at (1) preventing the emergence of a pandemic virus or, should this prove impossible, delaying the initial international spread of a pandemic, and (2) preparing all countries to cope with a pandemic in ways that reduce morbidity and mortality and also mitigate economic and social disruption. Participants agreed that the threat of a pandemic was of shared and significant concern for all countries, and that actions to prevent a pandemic or mitigate its consequences were likewise a shared responsibility of all countries.

2. Apart from taking stock of the current situation and related threats to human and animal health, the meeting aimed to make an inventory of precise needs, establish priorities, and map out ways to meet them. Mechanisms for matching these needs with rapid, adequate, and flexible funding were also explored. Discussions benefited from first-hand accounts from a diversity of countries either directly affected by outbreaks in poultry and sporadic human cases or considered at high risk. Expressions of need were open, candid, and frequently alarming; the consequences for international public health of inadequate capacity to detect and report human cases were appreciated by all. Efforts to find solutions were characterized by an exceptional spirit of determination and global solidarity before a shared threat. Scenarios of events during the first influenza pandemic of the 21st century painted a grim picture for human health the world over, the survival of existing development projects, and the health of the global economy, with losses expected to reach around US$ 800 billion during the first year of a pandemic.

3. In seeking solutions to what was widely perceived to be an emergency situation, participants agreed on two main guiding principles. First, use of existing infrastructures and mechanisms, including those for region-wide collaborative actions, was the most rational, predictable, and expedient way to improve capacity to respond to both the present situation and a pandemic. Region-wide approaches, in particular, could be used to find efficient solutions to similar epidemiological situations and needs, compelled by the immediacy of a threat that can rapidly affect neighbouring countries. Second, to the extent possible, the introduction of emergency measures should be combined with longer-term measures aimed at strengthening institutional capacities, as such an approach would leave the world better able to defend itself against the certainty of other emerging and epidemic-prone infectious diseases. Country plans, based on immediate and longer-term needs as perceived by national authorities, were considered the foundation for funding proposals that aim to strengthen collective defences against the pandemic threat.

4. Participants at the Geneva meeting reached a number of conclusions and agreed on a 12-point action plan. Concerning human health matters, four main opportunities to act were
identified: reduce high-risk behaviours associated with human infections; improve the detection, investigation, and reporting of human cases and, in so doing, strengthen the early warning system; contain an emerging pandemic virus; and increase pandemic preparedness. A fifth item—considered by many participants to be the most pressing need for adequate preparedness—concerned world capacity to manufacture sufficient quantities of pandemic vaccines and antiviral drugs, at sufficient speed, and to make these interventions broadly accessible to all countries.

5. As a follow up from the Geneva meeting, the International Pledging Conference on Avian and Human Pandemic Influenza was convened in Beijing, China on 17-18 January 2006 under the co-sponsorship of the World Bank, the European Commission, the Government of the People’s Republic of China, and in close coordination with the World Health Organization (WHO), Food and Agriculture Organization (FAO) and World Organization for Animal Health (OIE).

6. The conference was attended by representatives from more than 100 countries around the world and representatives of international technical and financing agencies, organizations, the private sector and civil society. The conference was organized to promote, mobilize, and help coordinate financial support from the donor community for the national, regional and global response to highly pathogenic avian influenza (HPAI) and to support efforts at all levels to prepare for a possible human influenza pandemic. One significant note from this meeting is a clear message for the World Health Organization (WHO) to take a leading role in combating the avian influenza particularly the human pandemic influenza.

7. In addition, the Beijing conference recognized with one particular satisfaction the World Health Assembly’s adoption of the International Health Regulations in May, 2005; emphasize that the implementation of the Regulations must reflect the real threats to international public health in the 21st century, including a possible influenza-related pandemic; and call for the earliest possible voluntary compliance with applicable articles in advance of the June 2007 entry into force of the new Regulations.

8. Both the Geneva and Beijing meetings had created a truly global awareness of the importance of pandemic preparedness and the role of international cooperation in responding to a universally shared threat. The meetings had also built political consensus and shaped the agenda for Technical Agency such as WHO to response effectively to current Avian Influenza crisis. The World Health Organization (WHO) has been consistently introducing five actions form on the basis of the five-pronged strategic plan which was set out to increase country preparedness for a potential human influenza pandemic. The plan aims to achieve two overarching objectives:

- to ensure full exploitation of all opportunities to prevent the H5N1 virus from developing the ability to ignite a pandemic and, should this effort fail,
- to ensure that measures are in place to mitigate the high levels of morbidity and mortality and social and economic disruption that can be expected during the next pandemic.

9. Each strategic action has a goal that contributes to these larger objectives.
### Strategic action

| 1 | Reduce human exposure to the H5N1 virus | Reduce opportunities for human infection and, in so doing, reduce opportunities for a pandemic virus to emerge |
| 2 | Strengthen the early warning system | Ensure that affected countries, WHO, and the international community have all data and clinical specimens needed for an accurate risk assessment |
| 3 | Intensify rapid containment operations | Prevent the H5N1 virus from further increasing its transmissibility among humans or delay its international spread |
| 4 | Build capacity to cope with a pandemic | Ensure that all countries have formulated and tested pandemic response plans and that WHO is fully able to perform its leadership role during a pandemic |
| 5 | Coordinate global scientific research and development | Ensure that pandemic vaccines and antiviral drugs are rapidly and widely available shortly after the start of a pandemic and that scientific understanding of the virus evolves quickly |

10. The plan sets out expected results over the next two years and gives indicators for measuring progress. It also identifies eight institutional capacities that will be strengthened by the proposed strategic actions. Apart from preparing the world to cope with the present emergency situation, the strengthening of these capacities will improve the world’s ability collectively to defend itself against many other emerging and epidemic-prone diseases.

11. In implementing the above strategic action plans, it is imperative for the World Health Organization to work closely with its partner to take all possible actions to prevent the emergence of a possible human influenza pandemic and to prepare all sectors for possible pandemic. One concrete collaboration that WHO has established in the region is the close working relations with the Asian Development Bank (ADB). Both institutions has developed strong partnership in the emerging infectious diseases such as SARS outbreak. Having established a close relationships with the Asian Development Bank, WHO is stepping up together with its partner agreed to In response to the current situation as well as to the global effort in combating with Avian Influenza and Human Pandemic Influenza, the Asian Development Bank and the World Health Organization has stepped up for close collaboration and agreed to work together in the Asia Pacific region. The impact of Avian Influenza is great, therefore it is a great challenge for both ADB and WHO to overcome the threat of this pandemic.

**Background**

**Assessment of the pandemic threat**

12. WHO and international experts believe that the world is now closer to another influenza pandemic than at any time since 1968, when the last of the previous century’s three pandemics began. The highly pathogenic H5N1 strain of avian influenza virus, which has been circulating in poultry in parts of Asia since mid-2003, has fulfilled all requirements for the start of a pandemic save one: an ability to spread, efficiently and sustainably, among humans. Opportunities for the
The need for calculated emergency actions

15. Neither the timing nor the severity of the next pandemic can be predicted with any certainty. At the same time, however, the present threat to international public health is sufficiently serious to call for emergency actions calculated to provide the greatest level of protection and preparedness as quickly as possible. Over the past two years, H5N1 has shown itself to be a tenacious virus for poultry and a treacherous one for humans. In humans, the virus causes very severe disseminated disease affecting multiple organs and systems, leading to the rapid clinical deterioration of patients and high mortality. More than half of those infected have died. While it cannot be known if the virus will retain its present virulence when it acquires the ability to spread easily among humans, it is prudent to plan for a pandemic that might rival that of 1918, in which at least 50 million lives were lost.

16. The most reliable, predictable, and expedient way to immediately improve the world’s defences against pandemic influenza is to build on existing structures and mechanisms that have worked well in recent public health emergencies. At the same time, all concerned should
keep in mind that no health emergency on the scale of a severe influenza pandemic has confronted the international community for several decades.

**A two-fold task: prevention and preparedness**

17. In responding to this significant and shared threat, the principal tasks facing the international community are twofold: (1) to seal off all possible opportunities for the virus to improve its pandemic potential and (2) to be prepared for a pandemic should these efforts fail.

18. Apart from forestalling a pandemic or delaying its international spread, strategic actions in the first group will improve the early warning system and this, in turn, serves better preparedness. Each day gained following the emergence of a pandemic virus – if rapidly detected – allows the production of around 5 million doses of a pandemic vaccine. Each added day gives countries more time to adapt routine health services to an emergency situation. Time gained also allows WHO to predict patterns of further spread and issue appropriate alerts.

19. Opportunities to intervene pre-emptively are reflected in three of the five strategic actions outlined in this document:

1. Reduce human exposure to the H5N1 virus
2. Strengthen the early warning system
3. Intensify rapid containment operations

20. Preparedness activities are covered in the remaining strategic actions:

4. Build capacity to cope with a pandemic
5. Coordinate global science and research, particularly as this pertains to the availability of a pandemic vaccine and antiviral drugs

**WHO Overall Objectives**

21. The principal objectives of this strategic action plan are twofold:

- to ensure full exploitation of all opportunities to prevent the H5N1 virus from developing the ability to ignite a pandemic and, should this effort fail,
- to ensure that measures are in place to mitigate the high levels of morbidity and mortality and social and economic disruption that can be expected during the next pandemic.

22. In pursuit of these objectives, the plan gives priority to five strategic actions. Each of these strategic actions has its own goal that contributes to the larger objectives.

<table>
<thead>
<tr>
<th>Strategic action</th>
<th>Goal</th>
</tr>
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<tbody>
<tr>
<td>1 Reduce human exposure to the H5N1 virus</td>
<td>Reduce opportunities for human infection and, in so doing, reduce opportunities for a pandemic virus to emerge</td>
</tr>
<tr>
<td>2 Strengthen the early warning system</td>
<td>Ensure that affected countries, WHO, and the international community have all data and clinical specimens needed for an accurate risk assessment</td>
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</tbody>
</table>
Appendix 3: Partners’ Sub-projects

<table>
<thead>
<tr>
<th></th>
<th>Intensify rapid containment operations</th>
<th>Prevent the H5N1 virus from further increasing its transmissibility among humans or delay its international spread</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Build capacity to cope with a pandemic</td>
<td>Ensure that all countries have formulated and tested pandemic response plans and that WHO is fully able to perform its leadership role during a pandemic</td>
</tr>
<tr>
<td>5</td>
<td>Coordinate global scientific research and development</td>
<td>Ensure that pandemic vaccines and antiviral drugs are rapidly and widely available shortly after the start of a pandemic and that scientific understanding of the virus evolves quickly</td>
</tr>
</tbody>
</table>

23. The plan also sets out expected results over the next two years as a focus for these actions and gives indicators for measuring progress in meeting the goals.

24. Implicit in meeting these goals are several capacities at national and international levels:

1. to conduct surveillance for human cases in countries experiencing poultry outbreaks
2. to detect imported or exported cases
3. to confirm diagnosis
4. to undertake field investigations of cases and interpret the findings
5. to identify populations at heightened risk of infection and introduce protective measures
6. to detect the earliest epidemiological signals that the virus may be increasing its transmissibility among humans
7. to intervene rapidly and adequately when this occurs
8. to produce sufficient quantities, at sufficient speed, of vaccines and antiviral drugs as measures for mitigating morbidity and mortality during a pandemic, and make these interventions widely available.

25. Proposed strategic actions aim to strengthen these capacities. Apart from preparing the world to cope with the present emergency situation, the strengthening of these capacities will improve the world’s ability collectively to defend itself against many other emerging and epidemic-prone diseases.

WHO Framework

WHO: “incalculable human misery”

26. Based on experiences during past pandemics, such an event would cause incalculable human misery. As the SARS experience so vividly demonstrated, outbreaks of new infectious diseases in a closely interconnected and interdependent world could have major social, political, and economic consequences in addition to their heavy toll on human health. Unlike SARS, however, a pandemic would rapidly affect populations, social infrastructures, and economies in all countries, painting a grim picture for the whole world.
27. WHO has identified four broad areas which could help to select the best actions and interventions to the threat of this pandemic. First, ways needed to be found to prevent and contain the spread of the highly pathogenic H5N1 virus among birds and from birds to humans. Second, countries needed to be better equipped to detect cases in both humans and birds, confirm the diagnosis, and report the findings. Here, prompt and transparent sharing of information was important, as was compensation to farmers for lost birds. Third, research and development were urgently needed to address the problem of inadequate supplies of vaccines and antiviral drugs. A related need was for an operational plan for the rapid deployment of antiviral drugs following the first signs of improved transmissibility among humans. Finally, the importance of risk communication to all societies and preparedness plans in every country should be kept in mind throughout the discussions. Strategies for ensuring business and societal continuity should be part of these plans.

28. Above all, interventions and actions put forward in the coming days should meet urgent needs in the present emergency, but also contribute to the longer-term goal of strengthening national, regional, and global capacity for public health.

WHO: the operational response – now and during a pandemic

29. One of WHO actions in response to the current Avian Influenza crisis to provide its partner with an assessment of the pandemic threat and described requirements and capacities for mounting an adequate response. The risk of a pandemic was considered great and likely to persist. In humans, the H5N1 virus caused severe disseminated disease affecting multiple organs and systems; more than half of those infected had died. As no virus of the H5 subtype had ever circulated widely among humans, vulnerability to a pandemic caused by such a virus would be universal.

30. The world had received an unprecedented warning that a pandemic could be imminent, and had been given an equally unprecedented opportunity to prepare. That opportunity could also be used to make fundamental improvements in national and international systems for dealing with all epidemic-prone infectious diseases. WHO had, in the past decade, developed systems, networks, and partnerships to operate as early warning systems and provide a rapid and coordinated response. That strengthened capacity was supported by a clear mandate, a decentralized emergency response capacity, and considerable experience in outbreak investigation and containment. By drawing on institutions linked together in the Global Outbreak Alert and Response Network (GOARN), WHO could deploy the world’s best experts to an outbreak site within 24 hours. It should, however, be remembered that past pandemics had shaped human history; the magnitude of a pandemic would dwarf experiences during the control of localized outbreaks or outbreaks with limited international spread.

31. In addition to its alert and response networks, WHO had been conducting global influenza surveillance since 1947 through a network of specialized influenza laboratories. Apart from maintaining constant monitoring of circulating influenza viruses throughout the world and vigilance for novel subtypes and strains, laboratories in the network were providing critical diagnostic and analytical support to countries affected by the current outbreaks. All of those networks and mechanisms would underpin WHO’s operational support during a pandemic.

32. WHO’s International Health Regulations (2005) – the only internationally-agreed legal instrument governing the response to infectious diseases of international concern – had recently been revised and greatly strengthened, making it an appropriate instrument for use under the unique conditions of the 21st century. Many participants asked that a procedure for
immediate voluntary compliance with relevant provisions in the revised regulations be worked out and put forward for consideration by the WHO Executive Board at its meeting in January 2006. That proposal was accepted.

33. As rapid intervention using the WHO stockpile of antiviral drugs would probably be the last opportunity to forestall a pandemic or delay its international spread, several participants saw a need to do everything possible – immediately – to give that intervention the best chances of success. To identify countries at greatest risk of outbreaks in wild birds or poultry, research on the role of migratory birds in spreading the virus was urgently needed. A better understanding of that role would ideally yield precise information on the species involved, their exact migratory routes, and the timing of their anticipated arrival in different parts of the world. Such information, which could be mapped, would give countries advance warning and help them devise protective measures targeted at wetland areas at greatest risk. Advance warning, supported by appropriate surveillance and a swift response, could help reduce the risk that the virus would establish endemcity in even larger geographical areas.

34. Equitable access to vaccines and antiviral drugs should be viewed as a shared responsibility of all countries. To address this complex problem, proposals were made to establish an expert group tasked to explore all avenues and issues. Those could include support from public-private partnerships with industry, pre-qualification of manufacturers, the engagement of foundations, technology transfer, better use of untapped manufacturing capacity in the developing world, and consideration of relevant articles from the TRIPS agreement and the Doha Declaration. For antiviral drugs, licensing, storage, liability, and prescribing issues should also be addressed. In this connection, WHO is committed to provide the technical framework for uniting science, industry, and the public sector in that complex task.

35. The importance of strong laboratory diagnostic capacity as a support to outbreak detection and investigation was repeatedly emphasized. Greater proficiency in the use of recommended confirmatory tests was equally important. Such capacity underpinned any call to improve global surveillance and gather rapid and reliable disease intelligence. WHO also aimed to expand the number and geographical reach of laboratories in networks maintained by the international agencies. However, WHO recognized the need for network laboratories to comply with standardized requirements.

WHO PROJECT

Human Pandemic Influenza Preparedness Plan

Historical Background: ADB-WHO Collaboration

36. ADB has been active in the health system in a number of countries in the Asia and Pacific Region. This has included support to national and regional efforts to control communicable diseases and strengthening health surveillance and food safety. In providing those support to countries, ADB and WHO has worked closely at both the global and regional levels. As one of WHO’s partners, ADB has helped WHO by providing financial support for technical assistance as well as grant which proved to be crucial in implementing a large project. One of the most relevant collaboration on large project is ADB’s effort in supporting WHO during SARS outbreak in 2003. In this project, ADB provided support to WHO, at the regional level and offered support to affected countries, both with technical assistance (TA) resources (grants). This fruitful collaboration had cemented strong commitment by both institutions to work together in reducing any potential human pandemic influenza which indirectly affect the
economic growth thereby preventing social and economic disruption in the Asia and Pacific region.

**WHO-ADB Project Description**

37. WHO is a six level Organization which each Office has significant autonomy. The project between WHO and ADB is set activities ADB has been active in the health system in a number of countries in the Asia and Pacific Region. This has included support to national and regional efforts to control communicable diseases and strengthening health surveillance and food safety. In providing those support to countries, ADB and WHO has worked closely at both the global and regional levels. As one of WHO’s partners, ADB has helped WHO by providing financial support for technical assistance as well as grant which proved to be crucial in implementing a large project. One of the most relevant collaboration on large project is ADB’s effort in supporting WHO during SARS outbreak in 2003. In this project, ADB provided support to WHO, at the regional level and offered support to affected countries, both with technical assistance (TA) resources (grants). This fruitful collaboration had cemented strong commitment by both institutions to work together in reducing any potential human pandemic influenza which indirectly affect the economic growth thereby preventing social and economic disruption in the Asia and Pacific region.

38. WHO Regional Activities related to Influenza Pandemic Preparedness and Response - WPRO, SEARO, EURO:

   **Laboratory Networking (WPRO & SEARO)**

   Objective: To strengthen laboratory capacity by developing and maintaining a regional laboratory network to support diagnosis and antiviral resistance monitoring

39. Accurate diagnosis of avian influenza infection depends on collection of good quality clinical specimens and their safe transport to a diagnostic laboratory. In addition, the international transport of specimens has specific logistic and regulatory requirements that must be met. Diagnostic accuracy also depends on measuring results against an agreed standard through the application of quality assurance methods. In some situations, external verification by international influenza collaborating centers is required. During the pre-pandemic phase, more specialized studies on circulating animal and human influenza viruses contribute to understanding the evolution of a pandemic strain and vaccine production. In addition to confirmation of diagnosis, the laboratory network can also play a role in antiviral resistance monitoring. These laboratory networks need to be supported.

   **Regional Meeting to develop Standard Operating Procedures ($ 50,000)**

40. A 3-day meeting among national laboratory heads and international influenza reference laboratories including representation from IATA and major international courier services is proposed to agree on guidelines and standard operating procedures concerning specimen collection, storage, transport, testing, and reporting of results.
International Shipment of specimens ($ 75,000)

41. There is need for financial support to cover costs of international shipment of specimens (e.g. courier services, purchase of appropriate packing materials and containers).

Development of training material and hands-on training courses for national laboratory professionals ($ 100,000)

42. Two five day courses to impart hands-on training to laboratorians from the Asia Pacific region subsequent to development of common protocols shall be conducted in a WHO reference laboratory (e.g. WHO Influenza Collaborating Centers in Australia, Hong Kong, Japan) to ensure uniformity in testing techniques and facilitating the establishment of a network of laboratory personnel.

Pandemic Preparedness Plans (WPRO and SEARO)

Objective: To develop and test implementation of national and regional interventions in response to various phases (pandemic alert and pandemic).

43. In addition to measures implemented within countries, there is need to develop a common protocol for dealing with cross-border issues (travelers and goods). Individual country and regional plans need to be tested to gain experience in implementing them and identify components that need to be improved.

Country Missions to Member States to refine multi-sectoral national pandemic preparedness plans ($ 200,000)

44. Member States shall be supported to refine their draft national pandemic preparedness plans through country missions. These missions shall be a follow-up of the missions already sent to several countries by SEARO and WPRO.

Joint Border Planning Meetings ($ 150,000)

45. Bilateral and multi-country meetings between concerned government officials (e.g. Thailand-Myanmar, India-Nepal, Bangladesh-India, Bhutan-India, Lao PDR and other Mekong Basin countries, Cambodia-Viet Nam, China-Mongolia, Malaysia-Thailand) are recommended to agree on procedures that will and will NOT be implemented in common land borders.

Regional Meeting of Airport Managers, Quarantine Officers ($ 50,000)

46. A meeting among international airport managers and national quarantine officers is recommended to agree on common procedures to implement during various phases (pandemic alert period and during pandemic) in accordance with WHO influenza-specific recommendations, IHR provisions and other international agreements.

Pandemic Response "Mock" Exercises ($ 150,000)

47. There is a need to test national and multi-country pandemic response plans in order to identify areas that need to be revised or strengthened and for critical staff to be familiar with their roles.
The following activities are suggested:

i. Development of tools (guidelines, modules, desktop exercises) for national exercises and multi-country exercises
ii. External consultants to assist in conducting and assessing national exercises
iii. Conducting multi-country exercises followed by debriefing workshops among key participants

Information Exchange through Programme Managers’ Meetings ($ 200,000)

48. Annual meetings of the national influenza programme managers and national laboratory focal points shall be convened to assess the progress and exchange information to improve implementation of national preparedness plans.

Development of Strategies for Rapid Intervention during Pandemic Alert Phases (EURO)

Objective: To develop feasible operational strategies to implement field interventions, e.g. mass chemoprophylaxis, that aim to control localized outbreaks (areas with increased human-to-human transmission of possible pandemic strain) and monitor the effects.

49. Since the ‘window of opportunity’ for intervention will likely be narrow, the success of such a strategy will critically depend on making arrangements in advance. It will also depend on the rapid detection of such an event through enhancing the early warning component of surveillance. Key actions to prepare for this eventuality will include the development of a framework for an intervention plan that will likely need to be adapted for each setting (i.e. be ‘country-specific’).

50. Other key actions will include the procurement and ‘pre-positioning’ of stockpiles to strategic locations. Member states will play a critical role in the detection of significant events and in the implementation of plans.

51. A generic plan will be informed by modeling based on a likely scenario. This will be adapted to specific settings. Plans will need to address how to link early detection to rapid response in the most timely manner and will need to cover operational as well as technical considerations.

Recruitment of consultant team (epidemiologist, logistician, experienced public health field manager) to develop an operational strategy in collaboration with health authorities in currently affected (with human cases of H5N1) countries ($ 30,000).

Regional Operations Support Team based at WPRO, SEARO, EURO

Objective: To have a team of experts in various fields to coordinate and facilitate implementation of regional activities critical to pandemic preparedness and response

52. WHO regional offices (WPRO, SEARO and EURO) have limited staff available for epidemic preparedness and response activities. Member States are expected to request more than the usual support from WHO in preparing for and responding to an influenza pandemic. There is a need for regular WHO staff to be augmented by staff focused on coordinating and
implementing key areas related to influenza pandemic preparedness and response. (WPRO US 2.925 million, SEARO US$ 3.2 million and EURO US$ 763000)

Summary WHO Regional activities:

<table>
<thead>
<tr>
<th>Description</th>
<th>WPRO US$</th>
<th>SEARO US$</th>
<th>EURO US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory Networking</td>
<td>113000</td>
<td>113000</td>
<td>0</td>
</tr>
<tr>
<td>Pandemic Preparedness Plans</td>
<td>375000</td>
<td>375000</td>
<td>0</td>
</tr>
<tr>
<td>Development of Strategies for Rapid Intervention</td>
<td>0</td>
<td>0</td>
<td>30 000</td>
</tr>
<tr>
<td>Regional Operations Support Team</td>
<td>2925000</td>
<td>3200000</td>
<td>763000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3438000</strong></td>
<td><strong>3663000</strong></td>
<td><strong>793000</strong></td>
</tr>
</tbody>
</table>

WHO/HQ Rapid Field Response and Containment Operations.

Epidemic and Pandemic Alert and Response Operations

53. WHO leadership of the global public health response to pandemic influenza is implemented through its network of Country Offices, Regional Offices and Headquarters, in partnership with Member States.

54. To strengthen strategic response capacity in advance of pandemic influenza, WHO is accelerating the development and implementation of WHO Event Management System (EMS) to provide Organization-wide secure web-based system for communications, GIS, data exchange and risk assessment, operations planning and implementation. EMS will support integrated regional operations management, coordinated global and regional intelligence, monitoring, and information management, including GIS, and coordinated information dissemination, public health information and advice and risk communications.

55. WHO is urgently strengthening existing outbreak alert and response mechanisms to improve the ability of international and national responders to work quickly, seamlessly and effectively together, to ensure that responders are adequately trained, educated and equipped, and to strengthen operational mechanisms to ensure assistance to countries and regions can be provided as quickly as possible.

56. The implementation of this program could be beneficial for many other situations in the medium and long term. In essence, WHO views this program as one component of a broader effort to strengthen the ability of countries and regions to respond to the immediate but also future disease threats of international concern in the context of the IHR 2005.

Strategic Activities

1. Urgent strengthening WHO/GOARN capacity and readiness to support countries through the deployment of field teams and national 'first responders' for influenza-related cluster investigations and outbreak control.
   - Development of SOPs: technical guidelines and operational protocols
   - Training course for cadre of 100 national and international outbreak response
   - Field exercise
2. Adaptation of Field Information Management System (FIMS) for investigation of clusters of cases with integrated management of case, contact, laboratory and clinical data, to deliver accurate and consistent information to public health staff on the epidemiology, investigation, treatment and control of outbreaks of avian influenza infection in humans.

3. Timely development of WHO/GOARN virtual networks for epidemiology, social mobilization, clinical management and logistics to ensure support to member states and field teams.

4. Field logistics, mobility and communications to support rapid outbreak response field operations, including supporting the rapid delivery of emergency medical supplies, vaccine and antivirals.

5. Standard operating procedures for the procurement and mobilization of vaccine and supplies, drugs and medical equipment, deployment of specialist outbreak response equipment, including personal protective equipment, outbreak response logistics capacity and field experience.

6. Accelerated expansion of GOARN partnership and development of regional SOPs, including trigger mechanisms and capacity for rapid response.

7. Project administration and operational management.

WHO proposes a pilot 3 year program where people with a wide variety of professional skills from both H5N1 "affected" and "unaffected" countries will be brought together to train together to form several regionally-based acute infectious disease response teams. Each team will have a designated team leader as well as pre-designated members each with essential skills and clearly defined roles and responsibilities. The teams will train as a group and will be provided training and additional skills, resources and experience to handle a wide variety of acute avian or pandemic influenza outbreak situations.

The preformed teams will be mobilized when a country requests assistance from WHO.

Each teams will include representatives from countries currently affected by H5N1, and representatives of major international technical organizations and WHO. In a very real sense, each team will represent both the country requesting assistance as well as the international community. Teams will use standard operating procedures (SOPs) that will be known by countries and the team ahead of time, including SOPs related to the handling of sensitive information, and SOPS covering the relationship of the team to national authorities and to WHO country and regional offices. Use of SOPS will help countries to know in advance what can be expected from such assistance. Conceptually, this project can be considered an active application of existing GOARN operations. One specific feature will be training of IHR principles to promote more rapid use and dissemination of these concepts. It is envisaged that the resulting cadre of outbreak responder will be national and international resources, and provide
significant additional regional and global capacity for responding to public health emergencies of international concern.

**Specific Actions**

1. WHO will engage partners from Member States, Collaborating Centres, GOARN and technical and operational institutions, UN agencies and international NGOs to urgently adapt existing tools, methodologies and modify current SOPs for rapid team deployment to deliver the specific objectives of the proposal.

2. A small technical working group of (~10-12 people) with a variety of backgrounds from WHO (including SEARO and WPRO), UNICEF and some major technical agencies will form a dedicated working group and work for 3 weeks to draft a more advanced proposal.

3. A second group of 10-12 people will work for ~3 months to develop a core teaching curriculum, including all materials and field SOPS. This curriculum and materials will be sent for rapid review to countries in Asia and partners.

4. While the technical issues are being worked out, WHO will invite representatives from the Ministries of Health and Agriculture from the affected countries in Asia to determine which countries wish to be engaged in this initial phase and to develop standard Terms of Reference under which these teams will operate.

5. The first training course will take place in April 2006.

6. WHO will invite affected Asian countries and major global technical agencies to nominate a total of ~12 mid and senior level staff to undergo training. Candidates must also have established professional skills (e.g., in epidemiology, communications, medicine, veterinary medicine, logistics etc). Candidates and their sponsoring Agency or Organization also must agree that the person will complete the training and will be allowed to participate in responses, when mobilized by WHO, for a period of 2 years to be accepted. WHO will be responsible for selecting candidates. The teams each will be composed of staff from multiple countries and will train together as a team for 2 weeks.

7. Training will cover several topics such as: 1) how to establish and revise outbreak response goals depending on circumstances; 2) clinical, epidemiological and laboratory aspects of influenza; 3) International Health Regulations; 4) development and use of standard protocols; 5) how to handle different outbreak situations including when unexpected events occur.; 6) individual roles and responsibilities; and 7) how to be a good team member and a good international representative in a host country.

8. Initially, the goal of the program will be to form and train 3 teams and then an internal and external review will be conducted to determine if changes in training should be made.

9. Once sufficient 5 teams for Asia have been established, training of teams for other regions will start, beginning with AFRO and EMRO followed later by PAHO and EURO.
10. Once the training courses have been well established, it is possible that the training courses will be held in various regions rather than Geneva.

**Network CONNECTIVITY**

57. It is important that the Organization have in place reliable data and voice communications tools now to help preventative programmes which rely heavily on health experts sharing information and knowledge on a global basis.

58. Communications (data, email, voice and video conferencing) will be vital in managing and containing a pandemic. In disaster situations, normal methods of communication tend to overload quickly, and only private communications systems - like the Global Private Network (GPN) - are able to guarantee connectivity.

**Summary WHO Regional activities:**

<table>
<thead>
<tr>
<th>Description</th>
<th>WHO/HQ US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid Field containment Operations</td>
<td>4,586,000</td>
</tr>
</tbody>
</table>

| TOTAL                                 | 4,586,000  |

59. **Reporting Mechanism**

- WHO/HQ will be responsible for the delivery of Annual technical report and Financial report.

- Each Regional Offices will prepare direct quarter report to ADB with copy WHO/HQ

- Any changes from the planned activities described above is subject to the approval of ADB through WHO/HQ for report coordination.
### WHO - Component 1 - Regional Operations Support Team

<table>
<thead>
<tr>
<th>No</th>
<th>Activity</th>
<th>Type</th>
<th>2006</th>
<th>2007</th>
<th>Budget (USD)</th>
<th>Resp. RO</th>
<th>Indicators</th>
<th>Target</th>
</tr>
</thead>
</table>
| 1  | Recruitment of consultants for technical support to Member States  
   - 4 Epidemiologists for 2 years  
   - 1 veterinary public health specialist for 2 years  
   - One Risk Communication Specialist for 2 years  
   - One Laboratory Specialist/Coordinator for 2 years  
   - One Logician and Human Resource Coordinator for 2 years  
   - One Logistician and Human Resource Coordinator for 2 years  
   - One Risk Communication Specialist for 2 years  
   - One Laboratory Specialist/Coordinator for 2 years  
   - One Logician and Human Resource Coordinator for 2 years  
   - One Logistician and Human Resource Coordinator for 2 years  
   - One Risk Communication Specialist for 2 years  
   - One Laboratory Specialist/Coordinator for 2 years  
   - One Logician and Human Resource Coordinator for 2 years  
   - One Logistician and Human Resource Coordinator for 2 years  
   - One Risk Communication Specialist for 2 years  
   - One Laboratory Specialist/Coordinator for 2 years  
   - One Logician and Human Resource Coordinator for 2 years  
   - One Logistician and Human Resource Coordinator for 2 years  
   - One Risk Communication Specialist for 2 years  
   - One Laboratory Specialist/Coordinator for 2 years  
   - One Logician and Human Resource Coordinator for 2 years  
   - One Logistician and Human Resource Coordinator for 2 years  
   - One Risk Communication Specialist for 2 years  
   - One Laboratory Specialist/Coordinator for 2 years  
   - One Logician and Human Resource Coordinator for 2 years  
   - One Logistician and Human Resource Coordinator for 2 years  
   - One Risk Communication Specialist for 2 years  
   - One Laboratory Specialist/Coordinator for 2 years  
   - One Logician and Human Resource Coordinator for 2 years  
   - One Logistician and Human Resource Coordinator for 2 years  
   - One Risk Communication Specialist for 2 years  
   - One Laboratory Specialist/Coordinator for 2 years  
   - One Logician and Human Resource Coordinator for 2 years  
   - One Logistician and Human Resource Coordinator for 2 years  
   - One Risk Communication Specialist for 2 years  
   - One Laboratory Specialist/Coordinator for 2 years  
   - One Logician and Human Resource Coordinator for 2 years  
   - One Logistician and Human Resource Coordinator for 2 years  
   - One Risk Communication Officer for 2 years  
   - Short term technical specialist 6 x six months  | Consultant | X | X | | 3,200,000 | SEARO | - All procedures and funding in place for recruitment (TOR, post description, advertisement etc)  
   - Consultants providing appropriate technical support to member states monitored according to individual workplans  | All eight consultants recruited by June 2006 |
| 2  | Recruitment of consultants for technical support to Member States  
   - 2 Epidemiologists x 2 years  
   - One Laboratory Specialist x 2 years  
   - One Veterinary Public Health Specialist x 2 years  
   - One Logician and Human Resource Coordinator for 2 years  
   - One Risk Communication Officer for 2 years  
   - Short term technical specialist 6 x six months  | Consultant | X | X | X | X | X | 2,925,000 | WPRO | - All procedures and funding in place for recruitment (TOR, post description, advertisement etc)  
   - Consultants recruited and in place.  
   - Consultants providing appropriate technical support to member states monitored according to individual workplans  | All six consultants recruited by June 2006  
   - Six short term technical experts recruited as needed during 2006-2007 |
<table>
<thead>
<tr>
<th>No</th>
<th>Activity</th>
<th>Type</th>
<th>2006</th>
<th>2007</th>
<th>Budget (USD)</th>
<th>Resp. RO</th>
<th>Indicators</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Country Missions to member states to refine and assist with implementation of multi-sectoral national pandemic preparedness plans</td>
<td>Country Technical Assistance</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>• Missions undertaken by expert team to 11 countries</td>
<td>All missions completed by December 2007</td>
</tr>
<tr>
<td>2</td>
<td>Country Missions to member states to refine and assist with implementation of multi-sectoral national pandemic preparedness plans</td>
<td>Country Technical Assistance</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>• Missions undertaken by expert team to 10 countries</td>
<td>All missions completed by December 2007</td>
</tr>
<tr>
<td>3</td>
<td>Joint Border Planning Meetings</td>
<td>Consultation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>• Multisectoral consultations with stakeholders from bordering countries undertaken</td>
<td>Three border meetings by March 2007</td>
</tr>
<tr>
<td>4</td>
<td>Pandemic Response “Mock” Exercises: Developing and adapting exercise materials</td>
<td>Contractual</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>• All necessary modules, guidelines, desktop exercises, scenarios developed</td>
<td>Complete package of materials developed by June 2006</td>
</tr>
<tr>
<td>5</td>
<td>Pandemic Response “Mock” Exercises: Training of trainers</td>
<td>Training</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>• 30 trainers trained</td>
<td>All trainers trained by September 2006</td>
</tr>
<tr>
<td>6</td>
<td>Pandemic Response “Mock” Exercises: Conducting exercises in countries</td>
<td>In-country exercises</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>• Technical assistance provided to 10 countries for undertaking mock exercises</td>
<td>At least one exercise per country undertaken in 10 countries before June 2007</td>
</tr>
<tr>
<td>7</td>
<td>Pandemic Response “Mock” Exercises: Conducting exercises in countries</td>
<td>In-country exercises</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>• Technical assistance provided to 11 countries for undertaking mock exercises</td>
<td>At least one exercise per country undertaken in 11 countries before June 2007</td>
</tr>
<tr>
<td>No</td>
<td>Activity</td>
<td>Type</td>
<td>2006</td>
<td>2007</td>
<td>Budget (USD)</td>
<td>Resp. RO</td>
<td>Indicators</td>
<td>Target</td>
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<td>-----------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>8</td>
<td>Information exchange through Programme Managers' meetings</td>
<td>Consultation</td>
<td>X</td>
<td>X</td>
<td>50,000</td>
<td>SEARO</td>
<td>• Objectives for meeting agreed;</td>
<td>Consultations held to assess progress and exchange information concerning implementation of national preparedness plans end of each year</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Participants identified;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Programme developed</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Information exchange through Programme Managers' meetings</td>
<td>Consultation</td>
<td>X</td>
<td>X</td>
<td>50,000</td>
<td>WPRO</td>
<td>• Objectives for meeting agreed;</td>
<td>Consultation held to assess progress and exchange information concerning implementation of national preparedness plans end of each year</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Participants identified;</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Programme developed</td>
<td></td>
</tr>
</tbody>
</table>
## WHO - Component 3 - Laboratory Networking

<table>
<thead>
<tr>
<th>No</th>
<th>Activity</th>
<th>Type</th>
<th>2006</th>
<th>2007</th>
<th>Budget (USD)</th>
<th>Resp. RO</th>
<th>Indicators</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Development of lab training curriculum and material in modular forms</td>
<td>Contractual</td>
<td>X</td>
<td></td>
<td>10,000</td>
<td>Joint WPRO &amp; SEARO activity Lead by WPRO</td>
<td>• Training material for field staff for proper collection, storage and shipment of infectious material to establish diagnosis</td>
<td>Training material in place for field staff in all countries for proper collection, storage and shipment of infectious material to establish diagnosis by mid-2006</td>
</tr>
<tr>
<td>2</td>
<td>Development of standard operating procedures for all laboratory activities</td>
<td>Contractual</td>
<td>X</td>
<td></td>
<td>10,000</td>
<td>Joint WPRO &amp; SEARO activity Lead by WPRO</td>
<td>• Standard Operating Procedures for laboratory staff to establish diagnosis</td>
<td>SOPs developed for all lab related activities for use in all countries at all levels by end 2006</td>
</tr>
<tr>
<td>3</td>
<td>Bi-regional workshop to finalize the SOP (1x15x3days)</td>
<td>Workshop</td>
<td>X</td>
<td></td>
<td>30,000</td>
<td>Joint WPRO &amp; SEARO activity Lead by WPRO</td>
<td>• Standard Operating Procedures for laboratory staff to establish diagnosis</td>
<td>SOPs developed for all lab related activities for use in all countries at all levels by end 2006</td>
</tr>
<tr>
<td>4</td>
<td>Hands on training course on lab techniques in avian influenza and orientation on training modules as well as review of NIC in a WHO CC for SEAR countries (1x15x10days)</td>
<td>Training</td>
<td>X</td>
<td></td>
<td>50,000</td>
<td>SEARO</td>
<td>• Number of laboratory professionals in place to diagnose outbreaks in all the countries by the end of 2006</td>
<td>15 laboratory staff from all SEAR national laboratories trained in lab diagnosis of avian influenza by end 2006</td>
</tr>
<tr>
<td>No</td>
<td>Activity</td>
<td>Type</td>
<td>2006</td>
<td>2007</td>
<td>Budget (USD)</td>
<td>Resp. RO</td>
<td>Indicators</td>
<td>Target</td>
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</tr>
<tr>
<td></td>
<td>Hands on training course on lab techniques in avian influenza and orientation on training modules as well as review of NIC in a WHO CC for WPR countries (1x15x10days)</td>
<td>Training</td>
<td>X</td>
<td></td>
<td>50,000</td>
<td>WPRO</td>
<td>• Number of laboratory professionals in place to diagnose outbreaks in all the countries by the end of 2006</td>
<td>Laboratory staff from 15 WPR national laboratories trained in lab diagnosis of avian influenza by end 2006</td>
</tr>
<tr>
<td>5</td>
<td>Strengthening of national capacity to ship around 75 clinical samples to WHO Reference Lab as per SOP</td>
<td>Supplies and Equipment</td>
<td>X X X X X X</td>
<td></td>
<td>75,000</td>
<td>Both WPRO and SEARO</td>
<td>• Mechanism for shipment of infectious clinical material to WHO Reference Laboratories using standard bio-safety practices and material</td>
<td>Mechanism in place in all countries for shipment of infectious clinical material to WHO Reference Laboratories using standard bio-safety practices and material till end of 2007</td>
</tr>
</tbody>
</table>

**WHO - Component 4 - EURO Regional Operations Support Team**

<table>
<thead>
<tr>
<th>No</th>
<th>Activity</th>
<th>Type</th>
<th>2006</th>
<th>2007</th>
<th>Budget (USD)</th>
<th>Resp. RO</th>
<th>Indicators</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recruitment of consultants for technical support to Member States</td>
<td>Consultant</td>
<td>X X</td>
<td>X X</td>
<td>763,000</td>
<td>EURO</td>
<td>• All procedures and funding in place for recruitment (TOR, post description, advertisement etc) • Consultants providing appropriate technical support to member states monitored according to individual workplans</td>
<td>All three consultants recruited by June 2006</td>
</tr>
<tr>
<td>1</td>
<td>1 Senior Staff for 2 years 1 veterinary public health specialist for 1 year 1 Laboratory Specialist/Coordinator for 1 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Country Missions to member states to refine and assist with implementation of multi-sectoral national pandemic preparedness plans</td>
<td>Country Technical Assistance</td>
<td>X X X X X X</td>
<td>X X X</td>
<td>30,000</td>
<td>EURO</td>
<td>• Missions undertaken by expert team to 5 countries</td>
<td>All missions completed by December 2007</td>
</tr>
</tbody>
</table>
### WHO - Component 5 – Information and Communications Technology

<table>
<thead>
<tr>
<th>No</th>
<th>Activity</th>
<th>Type</th>
<th>2006</th>
<th>2007</th>
<th>Budget (USD)</th>
<th>Resp. RO</th>
<th>Indicators</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ensure network connectivity is in place to key offices in affected countries via WHO's Global Private Network (GPN).</td>
<td>Installation and Equipment</td>
<td>X</td>
<td>X</td>
<td>X 488,100</td>
<td>HQ, EURO, SEARO and WPRO</td>
<td>• Percentage of designated countries with GPN connectivity and services for responding to a pandemic in Asia Pacific region</td>
<td>25 additional countries connected to the GPN.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X 270,600</td>
<td>HQ, EURO, SEARO and WPRO</td>
<td>• Percentage of designated countries with spare equipment in place</td>
<td>Spare equipment in place in 25 of the designated WHO Country Offices.</td>
</tr>
<tr>
<td>2</td>
<td>Ensure sufficient equipment spares are in place for GPN continued operations.</td>
<td>Equipment</td>
<td>X</td>
<td>X</td>
<td>X 350,000</td>
<td>HQ</td>
<td>• Contract with satellite communications service provider.</td>
<td>Equipment and contract in place for expanded satellite services.</td>
</tr>
<tr>
<td>3</td>
<td>Strengthen satellite earth station communications to support additional network traffic during a pandemic.</td>
<td>Installation, Equipment and Contractual</td>
<td>X</td>
<td>X</td>
<td>71,400</td>
<td>HQ</td>
<td>• Percentage of designated countries that will have access to spare bandwidth.</td>
<td>Spare bandwidth access available for the 25 designated countries.</td>
</tr>
<tr>
<td>4</td>
<td>Arrange for spare bandwidth needed for emergencies</td>
<td>Contractual</td>
<td>X</td>
<td>X</td>
<td>150,000</td>
<td>HQ</td>
<td>• Number of Initial Field Response Kits procured and prepared for deployment.</td>
<td>Three Initial Field Response Kits prepared.</td>
</tr>
<tr>
<td>5</td>
<td>Procure necessary ICT equipment to support field operations.</td>
<td>Equipment</td>
<td>X</td>
<td>X</td>
<td>191,900</td>
<td>HQ</td>
<td>• Contract with Web content caching service provider.</td>
<td>Web content caching services in place.</td>
</tr>
<tr>
<td>6</td>
<td>Enhance WHO Web services to handle expected exponential increase in Web traffic.</td>
<td>Contractual</td>
<td>X</td>
<td>X</td>
<td>368,000</td>
<td>HQ</td>
<td>• All procedures and funding in place for recruitment of staff or for service contract.</td>
<td>Staff recruited by April 2006 for a term of one year.</td>
</tr>
</tbody>
</table>
## WHO - Component 6 - Rapid Response and Containment Operations

<table>
<thead>
<tr>
<th>No</th>
<th>Activity</th>
<th>Type</th>
<th>2006</th>
<th>2007</th>
<th>Budget</th>
<th>Responsible</th>
<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>• Development of Standard Operation Procedures; technical guidelines and operating protocols</td>
<td>Consultant</td>
<td>X X X X</td>
<td>X X X X</td>
<td>200,000</td>
<td>WHO/HQ</td>
<td>• A detailed operational protocol for responding to early detection of pandemic activity using standard operating procedures</td>
<td>To recruit a consultant to review SOPs by 2nd quarter of 2006</td>
</tr>
<tr>
<td></td>
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<td>Qtr 1  Qtr 2  Qtr 3  Qtr 4  Qtr 1  Qtr 2  Qtr 3  Qtr 4</td>
<td></td>
<td></td>
<td></td>
<td>• Engage partners from Member States, Collaborating Centers, GOARN and technical and operational institutions, UN agencies &amp; NGOs, to urgently adapt existing tools, methodologies</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>• Train international field teams and national front line public health staff for influenza-related cluster investigations and outbreak control</td>
<td>Training</td>
<td>X X X X</td>
<td>X X X X</td>
<td>1,200,000</td>
<td>WHO/HQ</td>
<td>• Training course for cadre of 100 national and international outbreak response.</td>
<td>To conduct 3 training course within 2006-2007. To recruit training manager to review the curriculum needed by third quarter of 2006.</td>
</tr>
<tr>
<td></td>
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<td>Qtr 1  Qtr 2  Qtr 3  Qtr 4  Qtr 1  Qtr 2  Qtr 3  Qtr 4</td>
<td></td>
<td></td>
<td></td>
<td>• To establish and revise outbreak response goals include; clinical, epidemiological and laboratory aspect of influenza, International Health Regulations (IHR), development and use of standard protocols.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>• Field exercise: international &amp; national field exercise</td>
<td>Training in country exercise</td>
<td>X X X X</td>
<td>X X X X</td>
<td>200,000</td>
<td>WHO/HQ</td>
<td>• With the SOP and the result of the above training, WHO would like to conduct field exercise in country</td>
<td>To conduct pilot exercise in WHO/HQ which followed by regional field exercise foreseen in 3rd quarter 2006.</td>
</tr>
<tr>
<td>4</td>
<td>• Field Information Management System</td>
<td>Information technology</td>
<td>X X X X</td>
<td>X X X X</td>
<td>300,000</td>
<td>WHO/HQ</td>
<td>• Adaptation of Field Information Management</td>
<td>To recruit one staff to</td>
</tr>
<tr>
<td>No</td>
<td>Activity</td>
<td>Type</td>
<td>2006</td>
<td>2007</td>
<td>Budget in USD</td>
<td>Responsible Indicator</td>
<td>Target</td>
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<td>Qtr 1</td>
<td>Qtr 2</td>
<td>Qtr 3</td>
<td>Qtr 4</td>
<td>Qtr 1</td>
<td>Qtr 2</td>
</tr>
<tr>
<td>5</td>
<td>(FIMS) for investigation of clusters of cases.</td>
<td>Region and country assistance</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>WHO/GOARN virtual networks.</td>
<td>Region/ country assistance</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>6</td>
<td>Field logistics, mobility and communications</td>
<td>Region/ country assistance</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>No</td>
<td>Activity</td>
<td>Type</td>
<td>2006</td>
<td>2007</td>
<td>Budget In USD</td>
<td>Responsible</td>
<td>Indicator</td>
<td>Target</td>
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<td>Qtr 1</td>
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<td>Qtr 3</td>
<td>Qtr 4</td>
<td>Qtr 1</td>
<td>Qtr 2</td>
</tr>
<tr>
<td>7</td>
<td>Accelerated expansion of GOARN partnership and development of regional SOPs, including trigger mechanisms and capacity for rapid capacities</td>
<td>Global country assistance</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>No</td>
<td>Activity</td>
<td>Type</td>
<td>2006</td>
<td>2007</td>
<td>Budget in USD</td>
<td>Responsible</td>
<td>Indicator</td>
<td>Target</td>
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<td>---------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>8</td>
<td>Laboratory network for diagnosis</td>
<td>Region/ Country assistance</td>
<td>X  X  X</td>
<td>X  X  X</td>
<td>400,000</td>
<td>WHO/HQ</td>
<td>● Laboratory network for diagnosis of high consequence pathogens, or those requiring special techniques; setting up international regional laboratories for reference/confirmation; development of new diagnostics/distribution of reagents; setting standards for biosafety and biosecurity</td>
<td>To recruit laboratory expert in 2nd quarter. To conduct Training and consultation to agree process for linking regional networks in WPRO/SEAR O and Central Asia</td>
</tr>
</tbody>
</table>

Approved ADB funding for SEARO
Approved ADB funding for WPRO
Approved ADB funding for HQ
Approved ADB funding for Euro

Total USD 12,479,000
### WHO - ALLOCATION AND WITHDRAWAL OF GRANT PROCEEDS

*(Thousand of Dollars)*

**(Prevention and Control of Avian Influenza in Asia and the Pacific Project)**

<table>
<thead>
<tr>
<th></th>
<th>ADF</th>
<th>TASF</th>
<th>JSF</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Regional Capacity Building</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Consulting services (including travel)</td>
<td>4,922</td>
<td>254</td>
<td>1,942</td>
<td>7,118</td>
</tr>
<tr>
<td>1.2 Equipment</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1.3 Drugs, Protective Clothing, and Supplies</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1.4 Information, Communication, Data Management</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1.5 Training, Research and Development, Meetings, Conferences, and Exchanges</td>
<td>380</td>
<td>20</td>
<td>150</td>
<td>550</td>
</tr>
<tr>
<td>1.6 Incremental Cost, Administration, Logistics, and Supply Management</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>5,302</td>
<td>273</td>
<td>2,092</td>
<td>7,668</td>
</tr>
<tr>
<td><strong>Regional Coordination</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 Consultants, Staff, Travel</td>
<td>298</td>
<td>15</td>
<td>117</td>
<td>430</td>
</tr>
<tr>
<td>2.2 Equipment</td>
<td>236</td>
<td>12</td>
<td>93</td>
<td>341</td>
</tr>
<tr>
<td>2.3 Drugs, Protective Clothing, and Supplies</td>
<td>62</td>
<td>3</td>
<td>25</td>
<td>90</td>
</tr>
<tr>
<td>2.4 Information, Communication, Data Management</td>
<td>802</td>
<td>41</td>
<td>316</td>
<td>1,160</td>
</tr>
<tr>
<td>2.5 Training, Research and Development, Meetings, Conferences, and Exchanges</td>
<td>1,411</td>
<td>73</td>
<td>557</td>
<td>2,040</td>
</tr>
<tr>
<td>2.6 Incremental Cost, Administration, Logistics, and Supply Management</td>
<td>519</td>
<td>27</td>
<td>205</td>
<td>750</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>3,327</td>
<td>172</td>
<td>1,313</td>
<td>4,811</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8,630</td>
<td>445</td>
<td>3,404</td>
<td>12,479</td>
</tr>
<tr>
<td><strong>Percentage Allocation</strong></td>
<td>69.2%</td>
<td>3.6%</td>
<td>27.3%</td>
<td></td>
</tr>
</tbody>
</table>
Regional Coordination

DETAILS OF REGIONAL ACTIVITIES

1. The Project aims to minimize the social and economic disruption caused by avian and human influenza outbreaks in Asia and the Pacific. The prevalence of avian and human influenza will be reduced by (i) strengthening national capacities for containing and preventing avian and human influenza outbreaks; (ii) enhancing regional cooperation and communication through support to regional networks, information exchange, and risk communication strategy; and (iii) supporting regional stockpiles of drugs and equipment. Regional activities will be implemented by regional partners that have a network of technical expertise in place, namely Association of Southeast Asian Nations (ASEAN), Food and Agriculture Organization (FAO), and World Health Organization (WHO). This appendix outlines details of activities in Component 2: Regional Cooperation. The indicative activities in this appendix are taken from WHO and FAO proposals submitted to ADB at the time of project preparation.

A. Subcomponent 2.1: Improved Technical Coordination

2. While individual countries prepare or update their human influenza pandemic preparedness plans, additional efforts are required to strengthen activities to address regional issues (e.g., management of borders, establishment of regional networks, etc.). Support to regional networks help to (i) control or prevent the virus or disease in already infected regions in Asia, and prepare regions at new risk of the virus or disease as it spreads beyond the region. Regional networks help support coordination of early warning, and disease surveillance and disease diagnosis at subregional levels. The Project will support WHO and FAO in developing and strengthening regional activities under this subcomponent. Subcomponent 2.1 seeks to improve coordination between affected countries and technical agencies for regular exchange of epidemiological information, laboratory specimen, and supplies.

a. Strengthening Laboratory Networks

3. **Regional Laboratory Networking (WHO).** The purpose of this activity is to strengthen laboratory capacity by developing and maintaining a regional laboratory network to support diagnosis and antiviral resistance monitoring. The Project will support WHO activities that lead to improved capacity building at the regional level. A list of indicative activities includes:

   (i) Development of standard operating procedures (SOPs). A regional meeting to agree on guidelines and SOPs concerning specimen collection, storage, transport, testing, and reporting of results. Participants include national laboratory heads, international influenza reference laboratories, representatives from international airlines and courier services.

   (ii) Costs to cover the international shipment of specimens, such as courier services, purchase of appropriate packing materials and containers.

   (iii) Development of training material and training courses for national laboratory professionals. Training courses to ensure uniformity in testing techniques and facilitating the establishment of a network of laboratory personnel. Participants include laboratory technicians from Asia and the Pacific region to develop common protocols. Course will be conducted in a WHO reference laboratory.
(e.g., WHO influenza collaborating centers in Australia; Hong Kong, China; and Japan).

4. **Regional Networks of National Diagnostic Laboratories and Epidemi-Surveillance Teams (FAO).** The purpose of this activity is to support regional networks of national diagnostic laboratories and epidemi-surveillance teams for the control and prevention of avian influenza. The presence of H5N1 virus in Southeast Asia continues to threaten the poultry industry and public health of humans. It puts at risk other regions that come in contact with infected birds through trade or migratory flyways. Coordination is needed at many levels, including field and central/national level, among veterinary diagnostic laboratories and epidemiology teams. Regional networks provide technical support to national staff to help improve the quality of surveillance and diagnosis. One national laboratory and one epidemi-surveillance team will be chosen to lead the regional group. According to FAO, this approach has proven to be successful in other circumstances, such as the rinderpest eradication campaigns in Asia and Africa.

5. The Project will help support FAO activities aimed at

(i) promoting and coordinating harmonized regional approaches for early detection and reporting through regional coordination centers;

(ii) developing and implementing a proficiency testing system for national veterinary laboratories with the support of the OIE-FAO International Reference Laboratories and Collaborating Centers for Avian Influenza (OFFLU);

(iii) establishing sustainable networks, bringing together veterinary officials and experts from the national diagnostic laboratories and epidemi-surveillance teams and build their capacity to support the above;

(iv) developing data analysis and disease intelligence capacity in order to better understand the epidemiology of the disease and prepare risk maps to allow implementation of targeted surveillance and control programs; and

(v) applying improved epidemiological capacity to revise strategies and improve the effectiveness of disease control activities.

6. Specific activities include development of linkages with regional organizations and national and international animal health organizations, conducting strategic and technical meetings, providing training tools and training, procuring equipment, information and data collection and management, enhancing exchange of information and sharing of lessons learned in influenza control, supporting the planning for national avian influenza control and emergency preparedness, and support for the implementation of avian influenza control programs.

7. Specific activities might include workshops, institutional capacity building, training, studies, information sharing with international agencies, and recommendations to regional organizations and survey design institutes. The Regional Support Unit for East Asia will coordinate activities and ensure that an appropriate level of technical assistance is provided. Indicative areas for study include trade impacts of outbreaks in the region, structure of poultry markets, livelihoods, poverty and gender impacts of control measures adopted, direct costs of control measures adopted, assumptions underlying control strategies including perceptions of risk and veterinary services capacity, and/or potential benefits over time from control measures.
B. Subcomponent 2.2: Regional Field Response and Containment Capacity

8. Subcomponent 2.2 seeks to (i) strengthen rapid field response and containment capacity at the regional level, and (ii) support pandemic influenza preparedness through information and communication technology (ICT).

9. **Rapid Response and Containment (WHO).** The importance of rapid response capabilities for infectious diseases and other emergencies is highlighted by the recent emerging infectious diseases and preparations for future infectious diseases. Pooling of experience, expertise and resources is essential for cost-effectiveness given the great deal of uncertainty about the future course of avian influenza at present. Global tools, such as the Global Outbreak Alert and Response Network (GOARN) and the International Health Regulations (IHR), have been developed to facilitate more effective international responses. While some recent outbreak responses for avian influenza have proceeded well, others have been relatively disjointed.

10. The Project will support WHO activities aimed at:

(i) strengthening regional and national capacities for surveillance, rapid containment of avian influenza breakouts, human influenza surveillance, case identification and management through training; and

(ii) improving coordination between countries and technical agencies for regular exchange of epidemiological information, laboratory specimens, and supplies.

11. Specific activities might include the following:

(i) Strengthening WHO/GOARN capacity and readiness to support countries through field teams and national responders. This requires (a) developing standard operating procedures for technical guidelines and operational protocols; (b) conducting a training course for cadre of 100 national and international outbreak response; and (c) undertaking a field exercise.

(ii) Adapting a field information management system (FIMS) to deliver accurate and consistent information to public health staff on the epidemiology, investigation, treatment and control of outbreaks of avian influenza infection in humans.

(iii) Developing WHO/GOARN virtual networks for epidemiology, social mobilization, clinical management and logistics for support to countries and field teams.

(iv) Implementing field logistics, mobility and communications to support rapid outbreak response in field operations (e.g., delivery of emergency medical supplies, vaccines and antivirals).

(v) Developing SOPs for procurement and mobilization of vaccine and supplies, drugs and medical equipment, deployment of specialist outbreak response equipment, outbreak response logistics capacity and field experience.

(vi) Accelerating the expansion of GOARN partnership and developing regional SOPs (e.g., trigger mechanisms and capacity for rapid response).

12. WHO, in partnership with individual countries, will rely on its network of country and regional offices, and headquarters to implement a global public health response to a possible
human influenza pandemic. WHO proposes to form regionally-based acute infectious disease response teams, which will be mobilized when a country requests assistance from WHO.

13. **ICT for Pandemic Influenza Preparedness (WHO).** Preparing for a pandemic of avian influenza requires that resources and capacities are organized to be able to meet the expected health threats of people in affected or at-risk countries. ICT is a core function and service for emergency response; therefore, consideration should be given in preparing the following areas—telecommunications, facilities, equipment, systems, and staffing.

14. **Network Connectivity.** Reliable data and voice communications tools are helpful to deliver preventative programs, which rely heavily on health experts sharing information and knowledge. Different modes of communication (e.g., data, email, voice and video conferencing) will help deliver key messages in countries and the region; and thus, assist in managing and containing a possible pandemic. The WHO has been developing and implementing a network over the past 2 years to help guarantee connectivity during times of emergency. This network has connected some 82 countries worldwide, and there are plans to reach another 60 over the next 6 months. This network provides data, voice, and video.

C. **Subcomponent 2.3: Risk Communication**

15. **Risk Communication Strategy.** UNICEF and WHO will take the lead in the implementation of risk communication. ADB will only complement risk communication efforts in Asia and the Pacific region.
OPERATIONAL GUIDELINES FOR AVIAN INFLUENZA RESPONSE FACILITY (AIREF)

A. Background

1. The project is part of the international effort to respond to the threat of highly pathogenic avian influenza and to prepare for a possible human influenza pandemic. The project is designed as a flexible response to emergencies and emergency requests from Developing Member Countries (DMCs), in close coordination with regional partners, and will be implemented in a harmonized way with other national and international initiatives. In keeping with the spirit of complementarity, the project focuses on regional cooperation and emphasizes flexibility in implementation and coordination with international efforts. The regional approach is justified because avian influenza control is a regional public good and individual governments will need to coordinate their answers. Regional organizations must be ready to provide adequate support to the governments to plan, manage, and implement programs to respond to a pandemic. Flexible implementation translates into flexible application of ADB guidelines and procedures to reduce the transaction costs of project implementation and significantly reduce the time for procurement and disbursement. The Project will be an instrument in improving coordination of regional activities. It will serve as a link among regional offices of the Food and Agriculture Organization (FAO) and the World Health Organization (WHO), developing member countries (DMCs) and other international organizations.

2. The project comprises four components: (i) regional capacity building, (ii) regional coordination, (iii) avian influenza response facility; and (iv) Project management.

3. The avian influenza response facility (AIREF) is an important component of the Project, which aims to (i) provide essential and urgent financing to contain an avian influenza outbreak, (ii) meet urgent needs for responding to human influenza outbreaks in a pre-pandemic or pandemic scenario, and (iii) support regional stockpiling. AIREF financing is available to all DMCs and to international partners.

B. Utilization of AIREF Resources

4. AIREF resources amount to $14.5 million. This will be used to address emergency needs for preventing and controlling avian and human influenza in DMCs. In accordance with the RRP, AIREF resources will be used specifically for the following type of activities:

Emergency Containment of Avian Influenza Outbreaks

5. The global strategy to control avian influenza and prevent a human influenza pandemic starts with controlling the infection at source and effectively containing avian influenza outbreaks among poultry. The FAO and the World Organization for Animal Health (OIE) recommend culling of all domestic birds in areas where infection due to a Highly Pathogenic Avian Influenza (HPAI) virus – at this time, the A/H5N1 virus – is suspected or has been confirmed. Strict measures of control are also required, including quarantine of the affected area. In some circumstances, when the HPAI virus (H5N1) has become entrenched and avian influenza has become endemic, poultry vaccination is an alternative.
6. Emergency containment of avian influenza outbreaks, either through culling of poultry, quarantine, or emergency vaccination of poultry requires planning and preparedness. As soon as an avian influenza outbreak is reported, the government has to deploy teams to contain it. The window of opportunity for effectively containing the outbreak is usually small. However, even when plans are ready, there may be delays in undertaking containment measures due to lack of training, poor planning, and lack of financial resources to implement the plan and cover logistics and operational costs.

Emergency Containment of Human Influenza Outbreaks

7. Human influenza pandemic is likely to start within small clusters with limited human-to-human transmission but the spread will remain localized for sometime during which virus will adapt to humans. This corresponds to phase 4 (highly localized clusters) and phase 5 (larger clusters, still localized) of the WHO’s global surveillance system. In these circumstances, WHO considers that the countries will have a window of about 20 days to stop a human influenza pandemic. It is important that countries be ready to react and that preparedness action plan be developed early, with clear instructions for all stakeholders.

Regional Stockpiles

8. Procurement and stockpiling of essential drugs, supplies and equipment at the regional level to fight a possible human influenza pandemic is a cost effective option. WHO supports stockpiling of antiviral drugs (Tamiflu or Oseltamivir), essential antibiotics, and personal protective equipment (PPE). Japan has recently signed an agreement with ASEAN to stockpile Tamiflu and PPE for the region in Singapore. Stockpiling of other items may also be considered, according to recommendations of technical agencies (WHO and FAO).

C. Implementation Arrangements

Criteria in the Allocation of Funds

9. The approval and processing of grant funds start only after receipt of proposals or requests for assistance from the individual governments of developing member countries. A developing member country is considered eligible for financing from AIREF resources when that country manifests any of the following: (i) has outbreak of avian flu among poultry, and human infections are being detected; (ii) has outbreak of avian flu among poultry, but no human infection; and (iii) is at risk because the region or neighboring countries are already infected or, suspect cases which are under investigation.

Requirements for Accessing AIREF Resources

10. Requests for assistance amounting to not more than $100,000 will be reviewed and approved by the Director/RSGS with technical advice from AI Secretariat. Copy of the request will be circulated electronically to the steering committee members who may provide recommendations about the assistance being requested. Requests with cost estimates exceeding $100,000 will be circulated to the steering committee with an assessment of the
request prepared by the AI Secretariat. The steering committee will decide upon receiving the secretariat assessment.

The following guidelines will help expedite approval of proposals and transfer of funds:

**Preparation and Submission of Proposals**

11. The government requesting assistance will prepare and submit to ADB a proposal duly signed or endorsed by a government official, preferably a cabinet secretary. The request will be endorsed by the ADB Country Resident Mission. The proposal will completely describe:

- Goals and objectives
- Components and activities
- Expected outputs and results
- Implementation schedule
- Plan of monitoring and indicators
- Budget with details of services, equipment, and materials required
- Implementing agency – responsible authorities

12. Preparation of proposals by the governments will be done in coordination with development partners and technical agencies working in the country to avoid overlapping or duplication of assistance. ADB Resident Mission will facilitate donors’ coordination at the country level.

13. Submission of the government’s proposals may be coursed through the ADB Resident Mission or sent directly to ADB headquarters (but the Resident Mission will still have to endorse the proposal to ensure country level coordination). The ADB resident mission will make the initial review to ensure that the proposals reflect complementarity of activities with other initiatives supported by other development partners. Ideally, a representative of the ADB Resident Mission should participate in the meetings of the Avian Influenza task force established by the Government. The proposal will be submitted to the AI Secretariat.

14. While the proposal is being assessed and discussed in headquarters, the Government will discuss and agree on the funds flow arrangement, with the assistance of the Resident Mission if needed. Depending on the services, equipment or materials required (as defined in the proposal), the Government and the resident mission will decide which funds flow mechanism is more efficient. The resident mission will rapidly inform the AI secretariat of decisions regarding this matter to enable early preparation of support documentation requirements.

15. The Government will designate an AI coordinator with whom ADB can immediately coordinate and discuss any issues or concerns regarding the processing of approval and transfer of funds. The coordinator will also be assigned by the government to oversee the implementation and completion of the proposal.
Approval and Processing of Funds

16. A short review of the proposals will be made by the AI secretariat to assess the technical aspects of the proposal, establish the regional impact, and assess resource requirement. At this point, the AI secretariat will make an initial decision of the viability of the proposals. If there are concerns relative to any aspect of the proposals, the AI secretariat will contact the Government through the resident mission and settle issues immediately.

17. AI secretariat will submit the proposals for endorsement by Director/RSGS (if costs estimated at less than $100,000) or by the steering committee (if costs estimated to be beyond $100,000).

Funds Flow Arrangements

18. Mechanisms for funds flow will have been decided during the preparation of the proposal. Determinant of appropriate mechanism for funds flow will be the efficiency of the Governments in establishing an appropriate disbursement procedure and the complexity of the expenditures outlined in the proposal. If the Government decides to set up an imprest account, this will need early preparation from their end. Even before approval of the proposal, the Government will have already a bank account specifically for the project.

19. Given the element of emergency in all activities for avian flu, it may be a better option to course the funds through the ADB resident mission. The concerned resident mission will facilitate procurement and other contracting activities, and manage the funds accordingly.

Lead Time of Processing

20. The AI secretariat will facilitate the approval and processing of the proposals at the ADB headquarters. For proposals not more than $100,000, approval and transfer of funds should only take 2 days. However, if the requesting government decides to adopt imprest account as mode of disbursement the processing may take longer.

<table>
<thead>
<tr>
<th>Milestone</th>
<th>$100,000</th>
<th>More than $100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and approval</td>
<td>2 days</td>
<td>5 days</td>
</tr>
<tr>
<td>Funds transfer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Resident mission</td>
<td>1 day</td>
<td>1 day</td>
</tr>
<tr>
<td>- Imprest account</td>
<td>5 days</td>
<td>5 days</td>
</tr>
</tbody>
</table>

Implementation Monitoring and Reporting

21. Resident missions will continuously monitor the progress of the various activities being supported through AIREF. Written reports submitted by the governments will be coursed through the resident mission with copies to regional directors. Issues and problems during implementation will be taken up with the resident mission; however, the AI secretariat will be immediately notified. To facilitate reporting and exchange of information, electronic mails will be encouraged.
22. For projects worth less than $100,000, the expected reports will include (i) a report detailing completed activities, outputs and results, and updated indicators; and (ii) financial reports that will include statements of expenditures and disbursements.

23. Governments implementing projects of more than $100,000 will provide (i) progress report specifying what has been achieved and pending activities, (ii) final report detailing completed activities, outputs and results, and updated indicators; (iii) financial reports that will include expenditures and disbursements. (Audited financial statements may be requested for significant amounts.)

D. Support for Regional Stockpiles

24. Establishment of regional stockpiles of drugs, supplies and equipment will be more effective when done through the technical agencies (FAO and WHO). When warranted, WHO and FAO will submit requests with report for the need to support the stockpiles of developing member countries. Approval for such requests will be made by the steering committee upon technical advice by the AI secretariat. A grant agreement between the technical agency and ADB, and the concerned DMC will be entered into.
Sample Agreements with DMCs

A. No-Objection Letter from DMCs for Project activities in the country

No Objection Letter

[Insert ADB letterhead]

[Insert Date]

[Name, designation and address of the relevant Government official]

Dear [___]:

Subject: Assistance for Prevention and Control of Avian Influenza

The Asian Development Bank (ADB) considers that controlling avian influenza among poultry and strengthening preparedness to control a possible human influenza pandemic needs urgent attention and the support of all concerned. ADB recognizes that the prevention of avian and human influenza is a public good that requires regional cooperation. In this regard, ADB approved a regional project, REG: Prevention and Control of Avian Influenza in Asia and the Pacific Project (the "Project"), the relevant parts of which will be implemented by ADB or in partnership with the Association of Southeast Asian Nations (ASEAN) Secretariat, the Food Agriculture Organization (FAO) of the United Nations, and the World Health Organization (WHO). The Project may provide financial assistance to ADB member countries, either directly to your Government or through ASEAN, FAO and WHO, in the form of grants, for capacity building, regional coordination and emergency support for the prevention and control of avian and human pandemic influenza in the region.

In order to provide financial assistance to carry out the above activities, please confirm that the Government of [Please insert the name of the country] has no objection to ADB financing the activities under the Project in [Please insert the name of the country] by countersigning in the space indicated below.

Please retain one copy of this letter for your records and return one copy, duly signed, to ADB.

Yours sincerely,

[Division Director]
No objection on behalf of the Government

________________________
Name

________________________
Designation

________________________
Date
B. Grant Agreement between ADB and DMC (direct support)

GRANT NUMBER ____-_____ (SF)

GRANT AGREEMENT
(Special Operations)
(Prevention and Control of Avian Influenza in Asia and the Pacific Project)

between

[insert the name of DMC]

and

ASIAN DEVELOPMENT BANK

DATED ______________

GAS:______
GRANT AGREEMENT
(Special Operations)

GRANT AGREEMENT dated ______________________________ between ________________________(hereinafter called the Recipient) and ASIAN DEVELOPMENT BANK (hereinafter called ADB).

WHEREAS

(A) the Recipient has applied to ADB for a grant for the purposes of the Project described in Schedule 1 to this Grant Agreement; and

(B) ADB has agreed to provide the grant to the Recipient from ADB’s Special Funds resources upon the terms and conditions hereinafter set forth;

NOW THEREFORE the parties agree as follows:

ARTICLE I
Grant Regulations; Definitions

Section 1.01. All provisions of the Special Operations Grant Regulations of ADB, dated 7 February 2005 (hereinafter called the Grant Regulations), are hereby made applicable to this Grant Agreement with the same force and effect as if they were fully set forth herein.

Section 1.02. The definitions set forth in the Grant Regulations are applicable to this Grant Agreement unless the context requires otherwise. In addition, the following terms have the following meanings:

(a) "ASEAN Secretariat" means the Association of Southeast Asian Nations Secretariat;

(b) “DMC” means the developing member country of ADB;

(c) “Executing Agency” for the purposes of, and within the meaning of, the Grant Regulations means ADB, acting through an Avian Influenza Secretariat, which is responsible for the carrying out of the Project;

(d) "FAO" means the Food and Agriculture Organization;

(e) "international technical agencies" or “international organizations” means ASEAN Secretariat, WHO and FAO;

(f) “region" means Asia and the Pacific;
Appendix 6: Sample Agreements with DMCs

(g) “regional technical agencies” means regional offices of international technical agencies;

(h) “Special Funds” for the purposes of this Grant Agreement means the Asian Development Fund (hereinafter called ADF), the Technical Assistance Special Fund (hereinafter called TASF) and the Japan Special Fund (hereinafter called JSF); and

(i) “WHO” means the World Health Organization.

ARTICLE II

The Grant

Section 2.01. ADB agrees to make available to the Recipient from ADB’s Special Funds resources, on terms and conditions set forth in this Grant Agreement, an amount of [insert the amount] as follows:

(a) an amount of _____________;

(b) an amount of ______________; and

(c) an amount of _________________.

ARTICLE III

Use of Proceeds of the Grant

Section 3.01. The Recipient shall cause the proceeds of the Grant to be applied to the financing of expenditures on the Project in accordance with the provisions of this Grant Agreement.

Section 3.02. The goods and services and other items of expenditure to be financed out of the proceeds of the Grant and the allocation of amounts of the Grant among different categories of such goods and services and other items of expenditure shall be in accordance with the provisions of Schedule 2 to this Grant Agreement, as such Schedule may be amended from time to time by agreement between the Recipient and ADB.

Section 3.03. Except as ADB may otherwise agree, all goods and services to be financed out of the proceeds of the Grant shall be procured in accordance with the provisions of Schedule 3 and Schedule 4 to this Grant Agreement.

Section 3.04. Withdrawals from the Grant Account in respect of goods and services shall be made only on account of expenditures relating to

(a) goods which are produced in and supplied from and services which are supplied from such member countries of ADB as shall have been
specified by ADB from time to time as eligible sources for procurement, and

(b) goods and services which meet such other eligibility requirements as shall have been specified by ADB from time to time.

Section 3.05. The Grant Closing Date for the purposes of Section 8.02 of the Grant Regulations shall be 28 February 2009 or such other date as may from time to time be agreed between the Recipient and ADB.

ARTICLE IV

Particular Covenants

Section 4.01. In the carrying out of the Project and operation of the Project facilities, the Recipient shall perform, or cause to be performed, all obligations set forth in Schedule 5 to this Grant Agreement.

Section 4.02. (a) The Recipient shall (i) maintain, or cause to be maintained, separate accounts for the Project; (ii) have such accounts and related financial statements audited annually, in accordance with appropriate auditing standards consistently applied, by independent auditors whose qualifications, experience and terms of reference are acceptable to ADB; (iii) furnish to ADB, as soon as available but in any event not later than 6 months after the end of each related fiscal year, certified copies of such audited accounts and financial statements and the report of the auditors relating thereto (including the auditors' opinion on the use of the Grant proceeds and compliance with the financial covenants of this Grant Agreement as well as on the use of the procedures for imprest account/statement of expenditures), all in the English language; and (iv) furnish to ADB such other information concerning such accounts and financial statements and the audit thereof as ADB shall from time to time reasonably request.

(b) The Recipient shall enable ADB, upon ADB's request, to discuss the Recipient's financial statements for the Project and its financial affairs related to the Project from time to time with the auditors appointed by the Recipient pursuant to Section 4.02(a) hereabove, and shall authorize and require any representative of such auditors to participate in any such discussions requested by ADB, provided that any such discussion shall be conducted only in the presence of an authorized officer of the Recipient unless the Recipient shall otherwise agree.

Section 4.03. The Recipient shall enable ADB's representatives to inspect the Project, the goods financed out of the proceeds of the Grant, and any relevant records and documents.
ARTICLE V

Effectiveness

Section 5.01. A date ninety (90) days after the date of this Grant Agreement is specified for the effectiveness of the Grant Agreement for the purposes of Section 9.04 of the Grant Regulations.

ARTICLE VI

Miscellaneous

Section 6.01. The _________________ of the Recipient is designated as representative of the Recipient for the purposes of Section 11.02 of the Grant Regulations.

Section 6.02. The following addresses are specified for the purposes of Section 11.01 of the Grant Regulations:

For the Recipient

_____________________________
_____________________________
_____________________________

Cable Address:

_____________________________
_____________________________

Telex Number:

_____________________________

Facsimile Number:

_____________________________

For ADB

Asian Development Bank
P.O. Box 789
0980 Manila, Philippines

Cable Address:

ASIANBANK
MANILA
Telex Numbers:

29066 ADB PH (RCA)
42205 ADB PM (ITT)
63587 ADB PN (ETPI)

Facsimile Numbers:

(632) 636-2444
(632) 636-2409.

IN WITNESS WHEREOF the parties hereto, acting through their representatives thereunto duly authorized, have caused this Grant Agreement to be signed in their respective names and to be delivered at the principal office of ADB, as of the day and year first above written.

[RECIPIENT]

By ____________________________
Authorized Representative

ASIAN DEVELOPMENT BANK

By ____________________________
Appendix 6: Sample Agreements with DMCs

SCHEDULE 1

Description of the Project

1. The Project will (a) support international efforts to respond to the threat of highly pathogenic avian influenza and to prepared for a possible human influenza pandemic; and (b) help prevent possible social and economic disruption due to avian and human influenza outbreaks in the region. The Project will help to achieve these goals by supporting activities at country and regional level for containing avian influenza and preventing and preparing for human influenza pandemic. The Project will support activities that benefit DMCs in the region and will be implemented in close coordination with other national and international initiatives.

2. The Project has the following components:

Component 1 – Regional Capacity Building

This Component includes:

(a) **Containing Infection-at-Source**

(i) Strengthen the capacity of ASEAN Secretariat to provide adequate support to DMCs against avian influenza and in the animal health sector in general; and

(ii) Strengthen the capacity of FAO to provide adequate support to DMCs against avian influenza and in the animal health sector in general.

(b) **Preventing Human Infection and Preparing for Potential Human Influenza Pandemic**

Strengthen the capacity of WHO to support DMCs at the regional level by financing consultants and the procurement of equipment, supplies, drugs and services as required.

Component 2 – Regional Coordination

This Component will include, but is not limited to, the following activities:

(a) **Improved Technical Coordination**

(i) support the establishment of networks to share epidemiological and other scientific information, diagnostic problems and solutions, laboratory specimen and samples as appropriate;

(ii) help develop regional research and development projects related to emerging diseases;

(iii) strengthen regional reference laboratories, if requested;

(iv) coordinate responses to avian influenza and emerging diseases;

(v) increase technical exchanges of staff and researchers; and

(vi) support regional efforts to develop and manufacture human and animal influenza vaccination and drugs.
(b) **Rapid Field Response and Containment Capacity**

(i) support efforts to establish a cadre of national and international professionals resident in the region, who could be rapidly mobilized to respond to a human influenza pandemic; and

(ii) strengthen communication networks in the region to ensure early warning of emerging diseases.

(c) **Risk Communication**

(i) If required, support the activities of the international organizations and DMCs to develop and implement appropriate risk communication strategies on avian influenza and emerging diseases.

**Component 3 – Avian Influenza Response Facility**

This Component will address the changing needs of the evolving epidemic in an expeditious and flexible manner through the establishment of the Avian Influenza Response Facility. Provision of financing under this Component will be needs-based and will include, but not limited to, the following activities:

(i) provide critical and urgent financing need for rapidly containing an avian influenza outbreak;

(ii) meet urgent needs for responding to human influenza outbreaks during a pandemic or pre-pandemic scenario; and

(iii) support for regional stockpiling.

**Component 4 – Project Management**

This Component will include, but is not limited to:

(i) support for workshops and meetings required for the Project coordination with participating DMCs and international organizations; and

(ii) coordination efforts with other partners at regional and country levels.

3. The Project includes provision of consulting services. The Project is expected to be completed by 31 August 2008.
SCHEDULE 2

Allocation and Withdrawal of Grant Proceeds

General

1. The table attached to this Schedule sets forth the Categories of goods, services and other items to be financed out of the proceeds of the Grant and the allocation of amounts of the Grant to each such Category (hereinafter called the Table). (Reference to "Category" or "Categories" in this Schedule is to a Category or Categories of the Table [and reference to "Subcategory" or "Subcategories" in this Schedule is to a Subcategory or Subcategories of a Category].)

Percentages of ADB Financing

2. Except as ADB may otherwise agree, the items of the Categories [and Subcategories] listed in the Table shall be financed out of the proceeds of the Grant on the basis of the percentages set forth in the Table.

Reallocation

3. Notwithstanding the allocation of Grant proceeds set forth in the Table,

   (a) if the amount of the Grant allocated to any Category appears to be insufficient to finance all agreed expenditures in that Category, ADB may, by notice to the Recipient, (i) reallocate to such Category, to the extent required to meet the estimated shortfall, amounts of the Grant which have been allocated to another Category but, in the opinion of ADB, are not needed to meet other expenditures; and (ii) if such reallocation cannot fully meet the estimated shortfall, reduce the withdrawal percentage applicable to such expenditures in order that further withdrawals under such Category may continue until all expenditures thereunder shall have been made; and

   (b) if the amount of the Grant then allocated to any Category appears to exceed all agreed expenditures in that Category, ADB may, by notice to the Recipient, reallocate such excess amount to any other Category.

Imprest Account

4. Except as ADB may otherwise agree, the Recipient shall establish immediately after the Effective Date, an imprest account at a commercial bank acceptable to ADB. The imprest account shall be established, managed, replenished and liquidated in accordance with ADB's "Loan Disbursement Handbook" dated January 2001, as amended from time to time, and detailed arrangements agreed upon between the Recipient and ADB. The initial amount to be deposited into the imprest account shall not exceed the equivalent of twelve months estimated expenditures. [Total disbursement will be up to the maximum amount agreed between ADB and the Recipient.]

Retroactive Financing

5. Withdrawals from the Grant Account may be made for reimbursement of reasonable expenditures incurred under the Project, including but not limited to contracting
consultants, before the Effective Date, but not earlier than 3 months prior to the Effective Date, subject to a maximum amount of 10% of the Grant amount.
## TABLE

### ALLOCATION AND WITHDRAWAL OF GRANT PROCEEDS

(Prevention and Control of Avian Influenza in Asia and the Pacific Project)

<table>
<thead>
<tr>
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<th>Item</th>
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<th>ADB FINANCING</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Amount Allocated* $</td>
<td>Percentage of Total</td>
</tr>
<tr>
<td></td>
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<td>6</td>
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<td>Total</td>
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SCHEDULE 3

Procurement

1. Except as ADB may otherwise agree, the procedures referred to in the following paragraphs of this Schedule shall apply in the procurement of goods and services to be financed out of the proceeds of the Grant. In this Schedule, the term "goods" includes equipment and materials; the term "services" does not include consulting services.

2. Procurement of goods and services shall be subject to the provisions of the "Guidelines for Procurement under Asian Development Bank Loans" dated November 2004 (hereinafter called the Guidelines for Procurement), as amended from time to time, which have been furnished to the Recipient. In view of the urgency of activities to be covered under the Project and in accordance with ADB's Disaster and Emergency Assistance Policy (2004), the Guidelines for Procurement may be flexibly interpreted.

3. Procurement of goods and services shall be made without any restriction against, or preference for, any particular supplier or contractor or any particular class of suppliers or contractors.

International Shopping

4. (a) Each supply contract for equipment or materials estimated to cost the equivalent of $100,000 or more but less than $1,000,000 shall be awarded on the basis of international shopping as described in Chapter III of the Guidelines for Procurement.

(b) The first draft invitation to bid and related bid document shall be submitted to ADB for review and approval. Each subsequent draft invitation to bid and related bid document, which must be based on the first draft invitation to bid and related bid document approved by ADB, need not be submitted to ADB for approval before they are issued.

Local Procurement

5. Notwithstanding preceding paragraph, local competitive bidding may be used for contracts estimated to cost the equivalent of $200,000 or more (other than minor items), where appropriate and following procedures acceptable to ADB.

Direct Purchase

6. Equipment or supplies estimated to cost, in the aggregate, the equivalent of less than $200,000, may be procured on a direct purchase basis through procedures acceptable to the ADB.

Procurement of Drugs and Vaccination

7. Procurement of drugs and vaccination shall be done in accordance with WHO and FAO guidelines.
Advance Procurement Action

8. Given the urgency of the Project, ADB has approved advance action prior to the Effective Date, up to but not including the award of contracts for the procurement of goods and services. Notwithstanding approval of such advance action, the Recipient shall ensure that procurement of all such goods and services is carried out in accordance with the provisions of this Schedule.

Procurement From Non-Member Countries

[9. In view of the need to coordinate with other international organizations and to facilitate work with potential co-financiers, the procurement of goods and services shall be open to suppliers in both ADB member and non-member countries.]*

Industrial or Intellectual Property Rights

10. (a) The Recipient shall ensure that all ADB-financed goods and services procured (including without limitation all computer hardware, software and systems, whether separately procured or incorporated within other goods and services procured) do not violate or infringe any industrial property or intellectual property right or claim of any third party.

   (b) The Recipient shall ensure that all ADB-financed contracts for the procurement of goods and services contain appropriate representations, warranties and, if appropriate, indemnities from the contractor or supplier with respect to the matters referred to in subparagraph (a) of this paragraph.

* Subject to approval of the ADB Board of Directors
SCHEDULE 4

Consultants

1. The services of consultants shall be utilized in the carrying out of the Project. The terms of reference of the consultants shall be as determined by agreement between ADB and the Recipient.

2. The selection, engagement and services of the consultants shall be subject to the provisions of this Schedule and the provisions of the "Guidelines on the Use of Consultants by Asian Development ADB and Its Borrowers" dated January 2005 (hereinafter called the Guidelines on the Use of Consultants), as amended from time to time, which have been furnished to the Recipient, or other procedures acceptable to ADB.

3. The consultants shall be selected and engaged as a firm by [_______] using the quality-and-cost-based selection (QCBS) method in accordance with the following procedures.

   (a) Invitation for technical and financial proposals. The invitation to submit technical and financial proposals (hereinafter called the Request for Proposals or RFP) and all related documents shall be approved by ADB before they are issued. For this purpose, three copies of the draft RFP, the names of consultants to be short-listed, the proposed criteria for evaluation of both proposals, a draft consultancy contract, and other related documents shall be submitted to ADB. A period of at least 45 days shall be allowed for submission of full technical proposals, 35 days for simplified technical proposals and 21 days for biodata proposals. A copy of the final RFP as issued, together with all related documents, shall be furnished to ADB for information promptly after issuance. The validity period for the technical and financial proposals as provided in the RFP shall usually not exceed three months from the date specified for submission of the technical and financial proposals. The approval of ADB shall be obtained for any request to extend such validity period. Except as ADB may otherwise agree, the validity period, including any extensions, shall not exceed a maximum total period of six months. If the contract is not signed within the validity period in accordance with the Guidelines on the Use of Consultants, the selection shall be invalid and the selection and engagement process as provided in this paragraph shall be followed again.

   (b) Evaluation and scoring of technical proposals. Immediately after the technical proposals have been evaluated and scored, approval of ADB shall be obtained to the evaluation and scoring of the technical proposals. For this purpose, ADB shall be furnished with three copies of the technical proposals.

   (c) Public opening of financial proposals. The financial proposals of the firms whose technical proposals meet the minimum qualifying technical score shall be opened publicly after adequate notice is given to such firms or their representatives to attend the opening of the financial proposals.

   (d) Evaluation and scoring of financial proposals and ranking of technical and financial proposals. After the financial proposals have been evaluated and scored, the ranking of the technical and financial proposals shall be made. Before negotiations are started with the first-ranked consultants, approval of ADB shall be obtained to the evaluation and scoring of the financial proposals and the ranking of the technical and
financial proposals. For this purpose, ADB shall be provided with three copies of (i) the evaluation and scoring of the financial proposals and (ii) the ranking of the technical and financial proposals.

(e) **Execution of contract.** After the conclusion of negotiations but before the signing of the contract, ADB shall be furnished with the contract as negotiated for approval. Promptly after the contract is signed, ADB shall be furnished with three copies of the signed contract. If any substantial amendment of the contract is proposed after its execution, the proposed changes shall be submitted to ADB for prior approval.

4. Individual consultants shall be selected and engaged by [_____] in accordance with the following procedures:

(a) A list of the candidates together with their qualifications and their ranking and a draft contract shall be furnished to ADB for approval before the selection of consultants.

(b) Promptly after the contract is signed, ADB shall be furnished with the evaluation of the candidates and a brief justification for the selection, together with three copies of the signed contract.

(c) If any substantial amendment of the contract is proposed after its execution, the proposed changes shall be submitted to ADB for prior approval.

5. Given the urgency of the Project, ADB has approved advance action prior to the Effective Date, up to but not including the award of contracts for consulting services. Notwithstanding approval of such advance action, the Recipient shall ensure that engagement of consultants is carried out in accordance with the provisions of this Schedule.

6. [In view of the need to coordinate with international organizations and to facilitate work with potential co-financiers, the contracting of consultants shall be from both ADB member and non-member countries.]*

7. The Recipient shall ensure that all ADB-financed contracts with consultants contain appropriate representations, warranties and, if appropriate, indemnities from the consultants to ensure that the consulting services provided do not violate or infringe any industrial property or intellectual property right or claim of any third party.

---

* Subject to approval of the ADB Board of Directors
SCHEDULE 5

Execution of Project and Operation of
Project Facilities; Financial Matters

1. ADB, acting through the Avian Influenza Secretariat, shall be the Executing Agency for the Project. The Executing Agency will, among other things (i) provide overall supervision of the Project and strategic guidance; (ii) support workshops and meetings required for the Project coordination with participating DMCs and international organizations; and (iii) support coordination efforts with other partners at country and regional levels.

2. [Insert the name of the implementing agency] shall be the Implementing Agency and shall implement the Project in accordance with detailed arrangements described in Attachment to this Schedule [to be provided by the Recipient], which may be amended from time to time by agreement between ADB and the Recipient. The Recipient shall implement the Project in close coordination with ADB.

3. A Steering Committee will be established to coordinate activities under the Project. Unless otherwise decided by ADB, the Steering Committee will be headed by the Director General, Regional and Sustainable Development Department of ADB and will comprise directors general of ADB’s regional departments and Strategy and Policy Department. The Steering Committee will meet every three months or more frequently if needed, to give guidance in the Project implementation, policy dialogue, and building regional capacity and cooperation.

4. The Project is expected to have no significant impact on environment, resettlement, indigenous people, or other vulnerable groups. If emerging needs require new Project activities during implementation that may have an impact on environment, resettlement, indigenous people or other vulnerable groups the Recipient will inform ADB and will prepare and submit to ADB for approval plans, prior to requesting financing for that particular activity.