

**Inter-agency information sharing/coordination
Meeting on avian influenza**

*Hosted by the International Federation of Red Cross & Red Crescent Societies,
Southeast Asia Regional Delegation, Bangkok*

**1 February 2007 (Thurs), 2 - 5 PM
Imperial Queen's Park Hotel, Bangkok**

Minutes (DRAFT)

Summary minutes:

- The afternoon meeting was attended by INGO, UN, Embassies, Donors, private sectors from country and regional office representatives (a total of 33 participants) and was intended to provide an opportunity for agencies to share information, identify and initiate coordination issues among agencies involved in Avian and Human Influenza preparedness and response.
- The meeting outputs were:
 - o **A global & regional update on H5N1 animal health statistics from FAO, with special emphasis on the latest outbreaks & a briefing on FAO's core activities**
 - o **An overview as of Jan 23rd 2007 on the newest H5N1 outbreaks of human infection disaggregated by country by WHO & the scope of WHO's activities**
 - o **The UN System Influenza Coordinator (UNSIC) Dr. David Nabarro was a guest of honor & he lead the plenary session where he addressed questions and concerns from several organizations**

**Key theme: 2007 Status – Southeast Asia overview & update on the current
AHI situation**

14:15 Opening:

Chair, Nichola Hungerford, Communications Officer, **World Organisation for Animal Health (OIE)**, welcomed us all to the first session of these meetings in 2007. She thanked the speakers, FAO & WHO, and the organizers IFRC. And then Nichola introduced today's theme to start the year with an update on the current animal & human health situation on H5N1. Given we are now in the typical winter influenza season – we will hear from 2 experts on what are the expected trends and what are the actual new developments of outbreaks of H5N1. The meeting agenda was agreed on by all participants – today's topic will feature 2 presentations, 1 from FAO on animal health and 1 from WHO on human health, who will also share with us the scope of their major implementations of activities in different countries. This introduction to today's topic was followed by roundtable introductions from all attendees.

Introductions round table (*see the list of participants at the end of this document*)

- | | |
|---|-------------------------------|
| 1. ADPC | 14. Plan International |
| 2. CDC/TUC | 15. Save the Children, Sweden |
| 3. Coverage | 16. Save the Children, UK |
| 4. ECHO | 17. Siam City Cement |
| 5. European Commission | 18. Sun Valley |
| 6. FAO | 19. UNDP |
| 7. German Red Cross | 20. UN RC |
| 8. International Federation of Red Cross and
Red Crescent Societies (IFRC) | 21. UNEP |
| 9. IOM | 22. UN-OCHA |
| 10. Mahadol University | 23. UNSIC |
| 11. OIE | 24. WHO/SEARO |
| 12. Oxfam | 25. World Vision |
| 13. MedConsult | |

14:20

Experience Sharing

1) Presentation by Dr. Laurence Gleeson, Regional Manager, **Food and Agriculture Organization of the United Nations (FAO)**, Emergency Centre for Transboundary Animal Diseases, Regional Office, Asia & the Pacific (*see attached presentation*)

Avian Influenza Situation Update

Overview: Today I will give an update on the AI situation over the last year, and what new developments in the early part of 2007 have arisen. Specifically for this region of Southeast Asia, I will go in-depth into the current country situation of both Indonesia and Vietnam.

- Overall the global situation has improved: there is no conclusive evidence of human to human infection, and much has been accomplished in the animal health sector to control and contain the disease from spreading, but there is still much more to do.
- Areas reporting occurrence of H5N1 in poultry and wild birds within 2006 - see map on presentation
- The situation so far this year for the first month of 2007: there have been confirmed poultry outbreaks in Japan & South Korea – these governments have responded quickly and the situation is under control. There have been outbreaks of disease in North Central Thailand near the Lao boarder in duck in 2 provinces – from laboratory investigation, it appears to be the same strain of virus as the July 2006 outbreak. FAO is in talks with Department of Livestock Development to start an evaluation of the surveillance system.
- FAO remains vigilant as H5N1 is still circulating, but by no means is comprehensive
- Situation in Vietnam: The latest outbreak of H5N1 occurred in unvaccinated ducks in southern provinces. Vietnam has reported the government has the situation under control at the moment, but Tet Holidays are approaching which could insight a flare-up – FAO will continue to closely watch the situation.
- Situation in Indonesia: The governor imposed a ‘state of emergency’ and note to ban all poultry raising in urban and near-urban areas in/around Jakarta. In village survey interviews among backyard farms/farmers, there is an active virus in 7-10% of poultry. FAO is concerned about socio-economic backlash, and are continuing active participatory disease surveillance program, by May 2007 FAO will have surveyed 137 out of 440 districts at a cost of 30-40,000 USD per district per year. The costs of continuing this program are enormous, but also very necessary – and in Indonesia the number of autonomous islands in Indonesia is 440. The challenges & the next steps of FAO are to build and maintain trust between partners – which vary widely by country. Communications remains a priority: key messages & information that effectively reach target groups, with actions that are favorable to people’s livelihood & community’s interest.

Q: How did the virus start in Japan & S.Korea?

A: We really don’t know for sure, although a ‘bridge species’ – a resident bird that intermingles with wild birds – has been speculated. We know that in Japan, there was a breakdown of a biosecure water system on a poultry farm where the chlorination methods were breached, which led to contamination with the water supply system on that farm. We are also looking into whether there are birds that may be infected but asymptomatic.

Q: Can you comment on the media report that there are cats infected with H5N1?

A: We have read the media newspaper reports, but have not seen any scientific literature on this alleged development. It is possible for cats to be infected with viruses that infect birds, so cats may be a possible ‘bridge species’ but the numbers are still unclear.

Q: Have there been any studies on the impact of the disease, especially on children, and on livelihoods?

A: FAO has a socio-economic subgroup that is looking into this question, and one of their main questions is addressing how disease control affects access to markets, and there is work underway to measure those impacts. But I don’t know if there have been any broad studies looking at the effects of culling, and particularly the effects on children.

Q: Can you give any examples where there has been animal health follow-up with human health sectors?

A: A disease control program needs to be looked at in totality for the long-term sustainability of animal health in the country, and going forward we need to address bird flu in a holistic approach with partners.

15:00

Experience Sharing

2) Presentation by Dr. Augusto Pinto MD, Medical Officer, Epidemiologist, **World Health Organization (WHO)**, Department of Communicable Diseases Surveillance and Response (CSR), SEARO Sub-Unit Bangkok (*see attached presentation*)

AH5N1 Update to 23 January 2007

- In terms of human cases: as of January 22, there have been a cumulative total of 270 human cases with 164 deaths. In the month of January 2007, there have been 6 human cases and 5 deaths, in 2 countries: Indonesia and Egypt.
- The case fatality rate for the month of January 2007 at global level is around 86%, The case fatality rate for cumulative cases since 2003 is 61%. Indonesia has the highest case fatality rate until now.
- Since 2005 the trend shows an increase of the case fatality ratio
- The number of confirmed cases appearing in clusters is 84/270 (31%), Since 2005 we can see an increasing of number of cases in clusters
- In terms of age groups, the pattern remain unchanged since 2003; in gender breakdown, the Male/Female ratio is 1:1.
- WHO still remains at alert Phase 3
- The WHO strategy has 5 main points:
 1. 1. Reduce human exposure: focus on wet market projects, enhance collaboration between MOH and MOA,, and collaborate with FAO on animal health and risk communication
 2. 2. Strengthening the early warning system and investigation capacities: strengthening early warning systems at country-level. In this region, Thailand has an early warning system in place active in all provinces, and Myanmar will launch theirs in the coming weeks. Strengthening lab capacities is also an integral part of the surveillance & early warning system. Training of rapid response teams are implemented in almost all countries . We are monitoring the impact of these trainings to evaluate if commitment is sustained, and the capacity to maintain ability to carry out prompt investigation and response by the rapid response teams.
 3. 3. Intensify rapid containment options: WHO is working with other partners to get a regional stockpile of Tamiflu in BKK. WHO is also working in close collaboration with the MoH in Thailand to develop an assessment tool for Rapid response and Containment, Guidelines on clinical management are in their phase of finalization which will facilitate the standardization of training on case management., Table top exercise are also finalized to strengthen capacities on rapid response and containment
 4. 4. Build capacity to cope with a pandemic: table top exercises are geared toward increasing capacity at central and peripheral level, WHO is collaborating with MBDS to implement a regional TTX in this region. Risk communication remains always a priority in this area
 5. 5. Coordinate global scientific research and development: WHO is working with State members to strengthen laboratory networks to facilitate the sharing of virus, crucial for future vaccine production
- Overall, the 5-point WHO strategy remains unchanged
- Long-term activities: Review International Health Regulations core capacities, many countries are trying to accelerate use of IHR

Q: When do you expect the stockpiles of Tamiflu to be functional?

A: We are working with partners to decide on issues surrounding this: geographic location of the warehouse, who is able to logistically mobilize the material and other logistic issues.

Q: Can you comment on the resistance to Tamiflu in Indonesia? And the increasing human infection rate.

A: Genetic analyses of viruses isolated from two patients who died from H5N1 last month (December 2006) in Egypt have found a mutation which suggests the effectiveness of the antiviral, oseltamivir, also known as Tamiflu, may be reduced. It is unclear if the oseltamivir resistance developed after the patients were treated with the drug or if they were infected with a naturally occurring strain which carried the mutation. Investigations are ongoing and assessment is incomplete at this point. This is not a new mutation. It has been found, and the data published, in a patient given oseltamivir in Vietnam in 2006.

Q: Can you please expand further on the effectiveness of Tamiflu? Of those 164 total deaths, how many were treated with Tamiflu?

A: I don't have the full patient information, but the medication needs to be given within 48 hours of exposure to be at peak level of efficacy, and if you look at the slide with the characteristic of confirmed cases, the medium time delayed between the onset and hospitalization, it is at least 4 days. So if Tamiflu is first given at that point, the effectiveness is reduced when Tamiflu is given past the prime.

Q: What sort of activities is the WHO planning to activate in the even of a pandemic and how will you mobilize the Rapid Response Teams?

A: The Rapid Response Teams (RRT) are a national level group who are trained by WHO & CDC to quickly contain any flare-up. Thailand has over 1000 RRT members – one of the highest numbers of RRT – and Myanmar has completed the training of the team leaders and they are now conducting the training of the district level implementers – there is a high commitment at all levels. Building up the national level RRT are essential to quick mobilization. Indonesia has combined their donor funding to complete the 1st training of trainers for the RRT, scheduled for early this year. We are also very interested in the assessment & ongoing monitoring to see how functional these RRT are after the training.

16:00

Plenary Discussion: lead by Nichola Hungerford, Communications Officer, **World Organisation for Animal Health (OIE)**

We are increasingly aware of the need for the animal health sector and human health sectors to work a lot closer. To start off the year, it would be interesting to hear what are your other concerns from around this table, and have they changed in the last year?

- One thing that is concerning is the roles & responsibilities of different NGOs, donors, etc. We coordinate the sharing of information through forums like these, but practically, how will we carry out coordination when we are mobilizing and responding in a pandemic?
- When a pandemic comes, unfortunately there will not be enough resources – you cannot move / shift resources from one country to another, because in a pandemic every country will be effected – there will be nowhere to evacuate to or no way to get necessary supplies across borders. So the best pre-pandemic coordination we can do is pandemic preparedness plans.
- We addressed pandemic preparedness planning in one of the earlier meetings, it would be interesting to follow-up & have organizations bring in/share/present their preparedness plans, and to have the private sector like IBM who presented a few months back report where are they now.

Guest Speaker: Dr. David Nabarro, United Nations System Influenza Coordinator joined the plenary session – he was fully welcomed by the group, and thanked everyone for allowing him the chance to address this inter-agency group. Dr. Nabarro was said he was thankful for the ongoing information sharing, such as this group and thanked the IFRC for hosting.

- Overview of UNSIC: there are essentially 4 parts to my work: 1. to make sure UN responds in a coordinated way 2. to maintain interdepartmental support funding for countries 3. to build bridges between UN and other actors 4. to help prepare the UN itself to maintain essential services in the event of pandemic.
- In preparing for the next influenza pandemic, we are preparing for a potentially enormous humanitarian crisis with 30-40% absenteeism. Humanitarian groups are essential and will provide some of the first waves of on the ground aid. The US government is exploring funding options, but so far we have not found a mechanism to transfer money to NGOs who are carrying out important services. We are looking into ways to prioritize easy access to funding for integrated programming, advocate on behalf of the good work NGOs are doing – NGOs are multisectoral, and work across borders, at the community level, and work at a practical level,
- I will take a few questions from different organizations. What would you be requesting from UNSIC in terms of cash, support, cooperation, or in ways can I be helpful?
- Q: Donna Robinson, from MedConsult, a private company with pharmaceutical interests: What is UNSIC advising in terms of annual seasonal flu vaccines and what is the status of any pre-pandemic vaccination production?

A: Vaccination is a WHO core business, so I do not want to speak for WHO. But with Dr. Pinto's permission I can say that seasonal vaccinations are recommend. WHO does not have a formal view on pre-pandemic vaccinations – this is an evolving subject – and we are not sure of its efficacy, and they are in no way proven to a total protection at this time.

- Q: Dan Collison, from Save the Children UK: In terms of pandemic preparedness plans, what does UNSIC recommend both for the organization's own plans and plans for the communities we work in?
- A: We are asking all organizations that have the capacity to work with communities to help mobilize pandemic preparedness plans. Preparing communities is a small investment with potentially enormous impacts – getting communities prepared for social distancing, encouraging healthy habits in line with key

communication messages, and other easy practical methods – will help now, and potentially the critical barrier in a pandemic situation. A round of preparedness work – called table top exercise – at the community level would help evaluate capacity in a pandemic situation, and identify areas for further improvement. These plans should go through the exercise to internally evaluate staff, identification and functionality of essential services – you could even consider doing a table top exercise at this meeting to find out how we all would function in a scenario Phase 5. Simulation exercises are a good base and entry point to include partners from different sectors including animal & human health, civil society, and private sectors.

- Q: Molly Schmidt, from the IFRC Regional Health Unit, Bangkok: Many organizations have developed key prevention & protection messages, and some organizations have been working jointly on this. How does UNSIC suggest to keep communications and key messages consistent across organizations, yet adaptable to the linguistic & cultural customs, and practical to communities so they are effective?

A: UNICEF has now released messages & materials on their website, which are downloadable and accessible to all. UNICEF has different versions that can be customized to the communities you are working in. Also the UN portal has a website www.influenzia.un.org with shared information. Key messages also have impact on livelihood issues, and the key communications might change depending on the Phase of alertness. On 13 February, we will be discussing what those messages might be during a full scale pandemic on the live webcast, which is open to all.

- Greg Vaz, from Oxfam: Mapping capacities of NGOs before we are in a pandemic situation would increase coordination, and help to mobilize more efficiently. Does UNSIC have a global mapping or tool to help organizations map their capacities, type of work, and geographical locations?

A: Sam Worthington of Interaction has said it best – mapping now will be our vehicle to improved coordination. Interaction has undertaken the task of mapping capacities of NGOs, their type of advocacy work, and they have released a website that enables different organization to upload information in a standardized format – so that anyone from donors to organizations can visually see details on a global map. Also we are working with the Federation on this to try and capture the nations' own internal capacities.

16:45

Briefings – open to all organizations:

1. ADPC – we have a number of activities underway: 1) ADPC is organizing an Asia Conference on Laboratory Biosafety and Biosecurity in Bangkok, April 17-19, 2007 at (www.Asiabiosafetyandsecurity.org). The registration is free and there are travel grants available to participating delegates; 2) we are hosting an exercise management course with APEC to assist those organizations; 3) we will host a free open forum for agencies & donors on Protecting Staff Capacity: Effective Management of Staff Stress in Humanitarian Organizations, 20 February 2007, Bangkok - in collaboration with Antares Foundation, UNICEF, and Thammasat University of Public Health.
2. On February 13, from 2.00-5.00AM EST, the World Bank in collaboration with the UN, FAO, OIE, IFPRI and developing country partners, will convene an inter-regional knowledge sharing seminar on Avian and Human Pandemic Influenza Compensation Policies: Issues and Good Practice. This is the third in a series of inter-regional knowledge and learning seminars on issues that are of high priority when dealing with AHI preparedness. The seminar will be led by co-authors from the interagency team comprising of World Bank, FAO, OIE, and the IFPRI that developed the "Enhancing Control of Highly Pathogenic Avian Influenza in Developing Countries through Compensation" report. The co-authors will present and discuss the key findings of the report, including (a) The Identification of Beneficiaries; (b) Establishing Losses; (c) Setting the Level and Timeliness of Compensation; (d) Promoting Awareness, Communication and Capacity Building; (e) Organizing Payment and Accountability; and (f) The Way Forward. The seminar will provide an opportunity for countries, agencies and donors to engage in a substantive discussion around some of the main issues arising in this complex policy area. Select countries have been invited to contribute their experience, in addition to local representatives from civil society, the private sector, the donor community, NGOs, and government and technical agencies who will have an active role in the seminar.

The list of panelists include:

- United Nations -- Dr. David Nabarro, Sr. UN System Influenza Coordinator, United Nations;
- World Bank - Christopher Delgado, Strategy & Policy, Adviser, Agriculture & Rural Development;
- Patricia Mc Kenzie, Sr. Financial Management Specialist, and Cornelis de Haan, Consultant;
- FAO - Anni McLeod, Senior Officer, Livestock Policy;
- OIE - Dr. Bernard Vallat, Director General (TBC);
- IFPRI - Clare Narrod, Senior Research Fellow; and

- AHI Specialists and Senior Officials from Nigeria, Romania, Vietnam, Indonesia and Kenya.

The list of participating sites along with their local equivalent times is given below:

Interactive Sites (two-way connection):

1. Washington, D.C., (Studio MC-C2-123), 2:00 - 5:00 AM
2. Abuja, Nigeria (WB Office), 8:00 AM - 11:00 AM
3. Bucharest, Romania (DLC), 9:00 AM - 12:00 PM
4. Hanoi, Vietnam, (DLC), 2:00 PM - 5:00 PM
5. Jakarta, Indonesia (WB Office), 2:00 PM - 5:00 PM
6. Nairobi, Kenya (WB Office), 10:00 AM - 1:00 PM

Presenters only:

7. New York, U.S.A. (by audio), 2:00 AM - 5:00 AM
8. Paris, France (DLC), 8:00 AM - 11:00 AM
9. Rome, Italy, (DLC), 8.00 AM - 11.00 AM

Observer Sites (one-way video connection):

10. Addis Abba, Ethiopia (DLC), 10:00 AM - 1:00 PM
11. Vientiane, Lao PDR, (WB Office), 2:00 PM - 5:00 PM
12. Bangkok, Thailand, (DLC) 2:00 PM - 5:00 PM
13. Tokyo, Japan (DLC), 4:00 PM - 7:00 PM

The seminar will be webcast live on the Bank's Avian Flu website at <http://vcg01.worldbank.org/vc/> and footage of the event will be indexed and archived for your application and use.

16:45

Any Other Business

Led by: Molly Schmidt, Regional Health Program Officer, Southeast Asia Regional Delegation, Bangkok
International Federation of Red Cross and Red Crescent Societies

1. General suggestions for future meetings:
 - Improve on the structure of the agenda & have a brief space for updates & developments at the beginning, followed by the regular meeting structure. And include an open Q&A to organizations sitting in this room on pandemic planning (i.e. we at X are working on Y, are their other organizations who are doing it this way?)
2. Open Topics for future meetings:
 - The role of CDC in the region and surveillance (TUC) and laboratory capacity was again recommended as a priority topic. Perhaps they could chair it too.
 - Take on Dr. Nabarro's suggestion of doing a table top exercise with the organizations at this meeting in a crisis, with potential telecommunications breakdown – a regional NGO/UN/donor/private simulation – then taking the results back to our own organizations
 - To complement the interaction website, do a mapping exercise in this region from the organizations who attend this meeting that may not be captured on the Interaction map (i.e. the European and other non-US registered organizations)
 - Broader and legal implications (economic and social) and/or risk analysis, and business continuity. Insurance companies (Int'l SOS) could be invited to speak.
 - Country focus – Indonesia, Myanmar
 - Invite the private sector company like Sun Valley who deal with chickens on a daily basis, and a big courier company like TNT or DHL to see what they are doing & how they are preparing.
3. Next meeting, 1 March 2007:
 - Dr. Mark Simmerman from CDC has volunteered to chair the March meeting. Since the topic of laboratory capacity and surveillance was so strongly suggested again, this topic was chosen to be the theme for March. CDC has offered to be 1 presenter. The IFRC will coordinate with the CDC / TUC on this.

List of participants:

Inter-agency information sharing/coordination Meeting on avian influenza			
	Participant List - February 1 2007		
#	Organization	Name	Title
1	ADPC	Jonathan Abrams	Team Leader, Public Health in Emergencies
2	CDC/ThaiMoPH	Dr. Mark Simmerman	Epidemiologist, International Emerging Infections Program
3	Coverage	Andrew Durieux	Director
4	ECHO	Dr. Cesar Arques	Regional Sector Expert for Health
5	European Commission	Filip De Loof	Programme Officer
6	FAO	Dr. Robyn Alders	Technical Advisor on Avian Influenza
7	FAO	Dr. Laurence Gleeson	Regional Manager, Asia & the Pacific
8	FAO	Domingo "Jim" Caro	Communications Officer
9	FTM Mahidol University	Daisuke Nonaka	ACIPAC
10	German Red Cross	Dr. Oleg Blinikov	Health Delegate
11	IFRC	Molly Schmidt	Regional Health Programme Officer
12	IOM	Dr. Predrag Bajcevic	Migration Health Physician
13	IRC	Liviu Vedrasco	Health Coordinator Avian Influenza
14	OIE	Nichola Hungerford	Communications Officer
15	OXFAM	Josephine Hutton	Regional Humanitarian Coordinator, AHI Focal Point
16	OXFAM	Greg Vaz	
17	MedConsult	Dr. Donna M. Robinson	Managing Director
18	Plan International	Shehline Ahmed	Plan Asia Regional Health Advisor
19	Save The Children, Sweden	Inger Ostergren	Regional Program Manager
20	Save the Children, UK	Daniel Collison	Regional Programme Manager, SE&E Asia Regions
21	Siam City Cement	Mark Stirling	Group OH&S Manager
22	Sun Valley (Thailand) Ltd.,	Dr. Boonprom Enkvetchakul	Senior Manager - Bird Quality Assurance of Agriculture
23	UN Residence Coordinator Office	Barbara Orlandini	Manager, Inter-Agency Support Unit
24	UNDP	Nescha Teckle	CPR Team Leader UNDP Regional Centre in Bangkok
25	UNEP	Douglas Hykle	Co-ordinator / Senior Convention on Migratory Species Advisor
26	UN-OCHA	Ingo Neu	Senior Planning Officer
27	UNSIK	Koji Nabae	Avian and Human Influenza Regional Coordinating Officer
28	US AID	Sudarat Damrongwatanapokin, D.V.M., Ph.D.	Regional Animal Health Advisor, USAID/Regional Development Mission-Asia
29	WHO	Dr. Augusto Pinto	Office of the WHO Representative to Thailand, Medical Epidemiologist

30	WHO	Dr. Chadia Wannous	Health Leadership Service Officer, Communicable Disease Surveillance (CSR), South East Asia Regional Office (SEARO), Sub Unit-Bangkok
31	WHO	Chadin Tephaval	Communications Officer
32	WVI	Dr. Sri Chander	Regional Health Advisor
33	WVI	Kobchai Tanpaitoonditi	Government Liason