

**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*

**September 6, 2007, 2-5 p.m.
Imperial Queen's Park Hotel, Bangkok**

Theme: National Experience on AHI from Cambodia and Bangladesh

Chair: Annu Lehtinen, Regional Avian and Human Influenza Coordinator,
UNSCIC, Asia Pacific Regional Hub

1400-1410 hrs.

Welcome Address

- Participants introduced themselves.
- Meeting agenda was informed.

Organizations Present:

- | | |
|------------------------------|----------------------------|
| 1. UNICEF | 11. UNEP/CMS |
| 2. FAO | 12. French Red Cross |
| 3. ADPC | 13. American Red Cross |
| 4. EC Delegation | 14. IOM |
| 5. UNSIC | 15. Unilever Thailand |
| 6. WHO/SEARO | 16. Wetlands International |
| 7. UN-RC | 17. ADRA Asia |
| 8. IFRC | 18. Care |
| 9. Save the Children, Sweden | 19. UNSIC-ADB |
| 10. AED | |

1410-1450 hrs.

Presentation: Cambodia Pandemic Preparedness and AI Coordination: Status, Challenges and Next Steps, by Peter Linner, UN Coordination Specialist, Cambodia

- In Cambodia, more than 90% of poultry is owned by backyard farmers who depend on this for livelihood.
- The first outbreak was in December 2003 and about 23,000 poultry died or have been culled since then. 7 human cases were confirmed. The latest case was in April 2007.
- There are a number of API key actors in Cambodia, such as, government, the UN agencies, NGOs and other donors. There is a National Committee for Disaster Management (NCDM) led by the Prime Minister in collaboration with the UN Crisis Management Team for UN Pandemic Planning. A multisectoral national working group on pandemic preparedness is meeting regularly, chaired by the NCDM.
- The tasks of the UN AHI focal point in Cambodia are mainly to support the coordination of avian and pandemic influenza preparedness and response, both for the UN and for the national response
- The main current activities of animal and human health covers the areas of disease surveillance and reporting (AI Hotline), investigation and response, strengthening of veterinary service as well as case management and infection control.
- The issues of information, education and communication are integrated into animal and human health strategies by having massive awareness campaigns to public. The highlighted focus is to change *from awareness to behavior change*.
- Due to being large and dynamic NGO community, there is a need to map many NGO players to clarify who is doing what and where. Medicam (NGO umbrella) has created a database for this purpose which in the future can be extended to other sectors as well. Medicam will need continuous financing to support this database.
- The goals of the National Pandemic Planning Process were set in May 2006.
- False assumptions in Cambodia, arising from that planning process, were that disaster response legislation, emergency policy, institutional funding were in place.

- Impediments of AI and pandemic planning preparedness have been weak capacity in ministries, a history of fragmented project approaches, low absorption capacity and low political leverage of NCDM.
- Using existing DM structures has both pro and con outcomes. The advantages are mainstreaming Pandemic Plan and harmonization, agency brand name, existing networks, national ownership and direct line of command. The disadvantages are comfort zones, brand name, inflexibility and not health-oriented.
- The current operations/activities are, for example, National AHI Plan endorsed by the PM, Working Group Pandemic Planning, early engagement with education and defense sectors, pandemic focal points, integration between DM and PP and UN/Govt. AHI Partnership Forum.
- The Pandemic Planning (PP) of Cambodia focuses on national policies based on local planning.
- The next steps for PP are to start *local level planning*, orient and train national pandemic focal points, extend working group on PP with pandemic focal points to start process of a multisectoral operational pandemic health and legislation study.
- The first provincial pandemic planning will be held in Siem Reap. In this regard, it is required for governors to prepare operational multi-sector response plan and provincial teams to know specific functions and available resource. The NCDM and the UN will play supporting role.
- The success in Cambodia will depend on several factors: coordination structure according to needs, strong government commitment, active UN Resident Coordinator and Office as central pillar in the coordination, using existing governmental structures, constant focus on mainstreaming AI for sustainability and a skilled and harmonious UN team and other partners.

Q&A

Q: (Children aspect—Question from Save the Children, Sweden) Does the UN Pandemic Plan in Cambodia focus on children? Does the UN provide pandemic information through educational materials for teachers and children? Have the children been included in the local planning? Regarding hotline, does the UN have information for children and do they have links to the adult communication materials?

A: Although about 99% of the Cambodian pandemic plan focuses on adult awareness, children remain a key issue for awareness of UN agencies. So far, UNICEF in collaboration with the Ministry of Education of Cambodia has been organizing a number of AI activities for children in school and developing AI school package included the AI action plan, education template and pandemic-sharing component in the education curriculum. As the key focus is to raise awareness to behavior change, UNICEF has developed a framework affected to behavior. The distance-learning infrastructure is also provided.

Q: Is there a mechanism or follow-up action from the pandemic Hotline?

A: Normally, the answers in the hotline are general information. The Ministry of Health in Cambodia nominated a person to be responsible for the hotline. During the outbreak, the health workers will be contacted and do the investigation.

Q: Are there any trainings in local community?

A: Yes, the trainings will focus on health workers who will be influential in raising local awareness and knowledge sharing.

1450-1530 hrs.

The AHI Bangladesh Experience, by Jennifer Finch, AI Project Officer, UNICEF, Bangladesh

(No powerpoint presentation)

- Background of Bangladesh :
 - Large and densely populated country with poor hygiene and biosecurity and very porous borders
 - Large backyard and commercial poultry farming industry
 - Military backed caretaker government – in essence all the ministries are being run by a small number of advisors.
 - Corruption continues to be rife through the government/system
 - Powerful poultry associations with more than 5 million people employed in the industry.
- AI Situation in Bangladesh:
 - The first outbreak in poultry was in March 2007. The subsequent outbreaks have been based on reports as there is no active surveillance.
 - To date, 52 commercial farms have been confirmed in 17 Districts as having H5N1
 - There has been no outbreak since July 2007

- The AI issue is not regarded as national priority with many other competing priorities in a country with 50% population living below the poverty level.
- At the same time, the UN also has other competing issues eg the recent floods
- AI National Plan in Bangladesh
 - Was developed by WHO, FAO and Government of Bangladesh
 - There are systems in place but these have not been adhered to since the first outbreak.
 - Ministry of Fishery and Livestock is the lead Government Department until such time as there is a human case, then the lead role will switch to the Ministry of Health.
 - Communication strategy was approved in early 2007, but since the first outbreak the strategy has not been able to be implemented in its entirety. Very limited use of mass media was allowed after the initial outbreak and as a result, the Bangladeshi people have had limited access to awareness raising. The result is that communication efforts have had to be innovative.
 - There are a number of key stakeholders involved in AI activities – FAO, WHO UNICEF, USAID, World Bank, number of NGOs
- Update of UN activities
 - FAO:
 - Has been concentrating on developing surveillance system, capacity building in laboratories and developing an epidemiology unit
 - Challenges: many organizations involved but this is not consistent, streamlined or coordinated. The World Bank is also setting up a team and systems that will further duplicated efforts.
 - WHO:
 - Currently providing clinical training through a cascaded TOT model in preparation for a pandemic, setting up and resourcing an isolation ward in major hospital in Dhaka. Further training will also be provided to nursing staff.
 - Challenges: the relationship and information sharing between the livestock and health sectors during an outbreak and follow up of at risk cases by Government Civil Surgeons
- UNICEF Communication Activities:
- These have all happened as a joint venture with other UN agencies and other members of technical working group
 - Number of printed material and electronic material developed in order to raise awareness. None of the electronic material has been approved for airing on TV
 - Journalist Training across the country ongoing
 - Training health rapid response and frontline workers to reach 28 million people
 - Training package developed for small-scale and backyard farmers
 - Comprehensive pilot of folk theatre, including research to determine effectiveness undertaken
 - NGOs Mapping of those involved in AI related activities
 - Currently developing material for Pandemic Alert phase
 - Campaign for migratory birds being finalised
 - KAP baseline survey complete
- Challenges:
 - Main challenge: lack of commitment from the government
 - Other challenges:
 - Coordination and duplication of many players
 - No single point contact /no focal point
 - Attempt to continue keeping AI issue at forefront (because there have been no recent outbreaks)
 - National plan is not strong. Needs commitment and review.

Q&A

Q: As there is difficulty in accessing media in Bangladesh, how can information disseminate to public?

A: Even though there are still significant amounts of ignorance for information on pandemic, the Bangladeshi people have their own way to access to media.

Suggestion: There should be strong incentive to inform people about eating poultry.

1550-1615 hrs.

Brief overview of highly pathogenic avian influenza and wild birds, by Dr. Taej Mundkur, Wetlands International, India and Member, UN Scientific Task Force of AI

Background of Wetlands International: It is an independent, not-for-profit and global organization supported by Government membership. It works globally, regionally and nationally to achieve the conservation and wise use of wetlands, their resources and biodiversity as a contribution to sustainable development. The head office is in the Netherlands.

- The cycle of influenza viruses in nature is categorized into two groups: high and low pathogenicity.
- The ongoing high path H5N1 was found in Asia/Africa and Europe in 2003-2007.
- The migration strategies of waterbirds vary by species, age, sex, individual, season and weather.
- On the basis of worldwide research, there is an increased understanding of the behaviour of the high path H5N1, but much remains to be learned. According from the study, there is susceptibility of wild birds to H5N1 because:
 - Food habits of wild birds contracting H5N1 – mainly scavenging/predatory (raptor) species, flocking species
 - Limited information on species in wild, highlighting the need for strategic sampling.
 - Some species appear more susceptible, like swans in Europe and Mongolia, Barheaded Goose in China and Mongolia.
 - Ongoing experimental work on ducks in captivity, have shown that while most birds die when exposed to the high path H5N1, some survive and have the ability to infect other birds in close proximity.
 - More research urgently needed (field surveillance for virus in different groups of birds, ages, different locations and seasons).
 - Barheaded Goose *Anser indicus* distribution in non-breeding period (5% of the world population was lost during 2005 China outbreak)
 - Most species have a generally north south migration, with the northern areas being the breeding sites. However, distribution and migration of Asian Openbill *Anastomus oscitans* is different. Where birds breeding near Bangkok have been recorded to migrate to the Sundarbans (India/Bangladesh).
 - Major waterbird flyways in the Asia-Pacific: Central Asian flyway, West/Central Pacific flyway, East Asian-Australasian flyway. (The overlap of flyways with common breeding and staging sites where birds traveling different flyways is one mechanism by which viruses could be transported between species and individuals. But there is no proof that high path H5N1 has reached Europe through such movements)
- Wetlands International has been working in collaboration with FAO, USGS and CIRAD and others in the field to study :
 - Migration through marking waterbirds by using satellite transmitter, neck collar, leg flags, metal bands.
 - Examining detailed migration patterns of selected species; e.g. Eurasian Wigeon *Anas penelope*
 - Testing for presence of H5N1 virus in wild birds
 - Monitoring of waterbird distribution and areas of concentration
- “Education of public and authorities to understand that draining of wetlands and culling of wild birds will not prevent the spread of HPAI, as outlined by FAO, OIE, WHO, Ramsar Convention and CMS.”
- Additionally, Wetlands International has been working in a coordinatory role in collaboration with a wide range of partners at the global and regional level:
 - With members and observers from the UNEP, WHO and OIE has been participating in the UNEP/CMS and FAO led Scientific Task Force on Migratory Species and Avian Influenza with a series of activities, meetings and seminars. Outputs:
 - Brochure: “AI and Wild Birds: What is their actual role in the spread of the virus?”
 - AI web developed by UNEP/AEWA and maintained by UNEP/CMS (www.aiweb.info)
 - Asia Pacific Working Group on Migratory Waterbirds and AI, as a communication and coordination forum for groups in the region
- Key sectors to be involved in AI study/control: poultry and animal husbandry, human health, environment (forestry) with support and involvement of NGOs, Technical Institutions, Inter-governmental Agencies.
- Important to recognize the need for long term funding support for building of local capacity and activities for wild bird surveillance, field monitoring and migration study. This requires increasing budget allocations in national AI prevention and control strategies being developed with support of international agencies and organisations.

Q&A:

Q: Since it was concluded by several leading international organizations that the AI diseases were mainly from wild birds, rather than domestic ones, should this kind of information be updated and re-disseminated to public?

A: There are a number of vectors for the transmission of H5N1 and it remains a poultry disease that appears to be largely spread through activities linked to the poultry industry, its production, marketing and trade. The lack of adequate, accurate and timely information has often wrongly implicated wild birds, particularly after migratory waterbird species were a major victim in Qinghai Lake in China in 2005 and in Europe the following year. There is an urgent need to update information being disseminated and for this to be based on ongoing studies and surveillance. Hence it is important for new data to be made available and shared in a timely manner. Updated information can be found from the website of Wetlands International as well as AI WEB and GAINS.

Suggestion: The AI Inter-Coordination Meeting paves a good way for providing updated and realistic information to the participants.

1615-1630 hrs.

Plenary Discussion

- The Chairman requested all participants to submit feedback on this meeting mechanism and preferred 2008 structure: Are these efficient meetings with clear objectives? Does the meeting frequency fit all requirements of participants? Would you like to see a revised format? In non-emergency times, are monthly or quarterly meeting most appropriate? The feedback should be forwarded to Molly Schmidt of the IFRC at molly.schmidt@ifrc.org.
- This topic will again be addressed in next months' meeting to try and finalize the group consensus

Information sharing:

- The International Disaster Response Law Unit of the IFRC has been working on legal study during pandemic.
- The WHO is developing the AI database and would like to give to four participants for feedback (limited CD on hand).
- UNSIC Office has been developing website: www.influenza.un.org to share information and update event calendar.

AOB

- The topic the October meeting is agreed to be: non-health aspects of pandemic preparedness.
- The chair for October is currently open, and any volunteers are welcome