

Responses to Avian Influenza and State of Pandemic Readiness
Synopsis of the Fourth Global Progress Report

October 2008

UN System Influenza Coordinator & the World Bank

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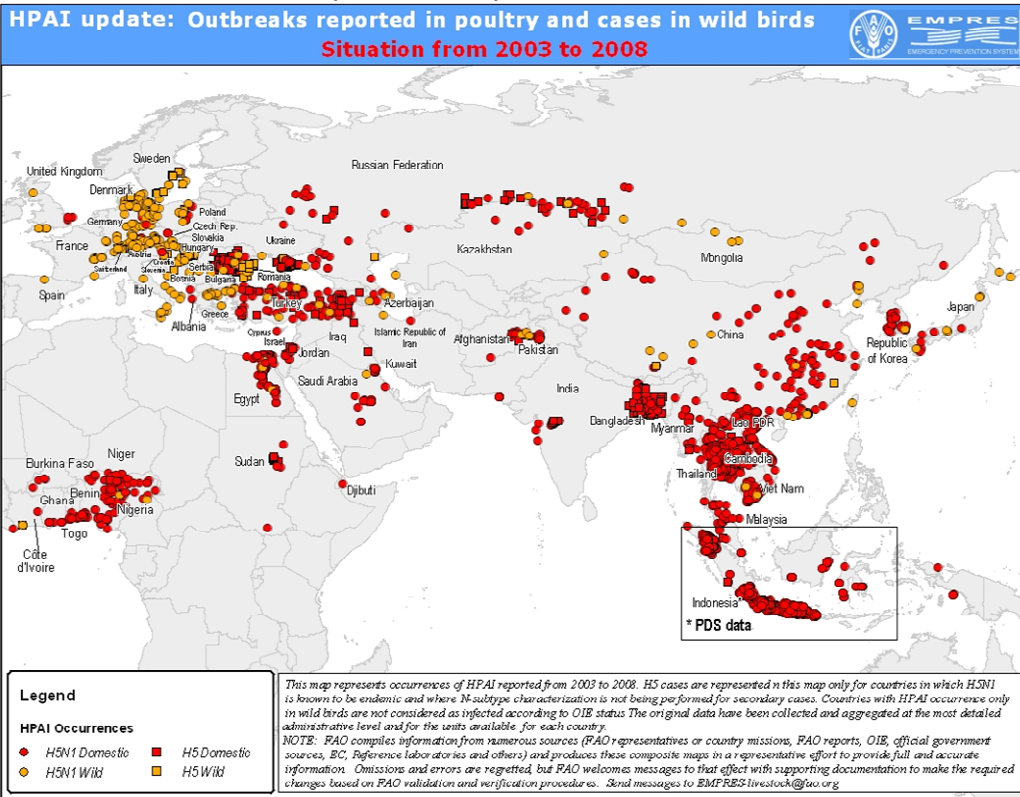
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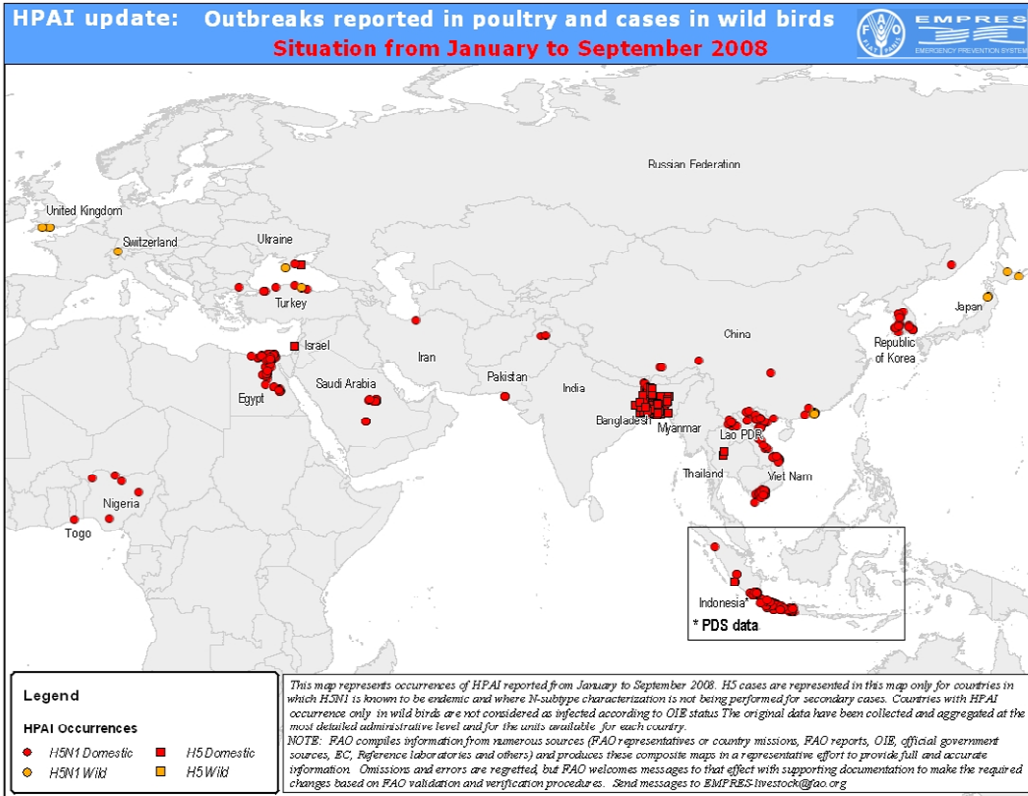
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HPAI Outbreaks Reported in Poultry and Cases in Wild Birds: 2003 to 2008



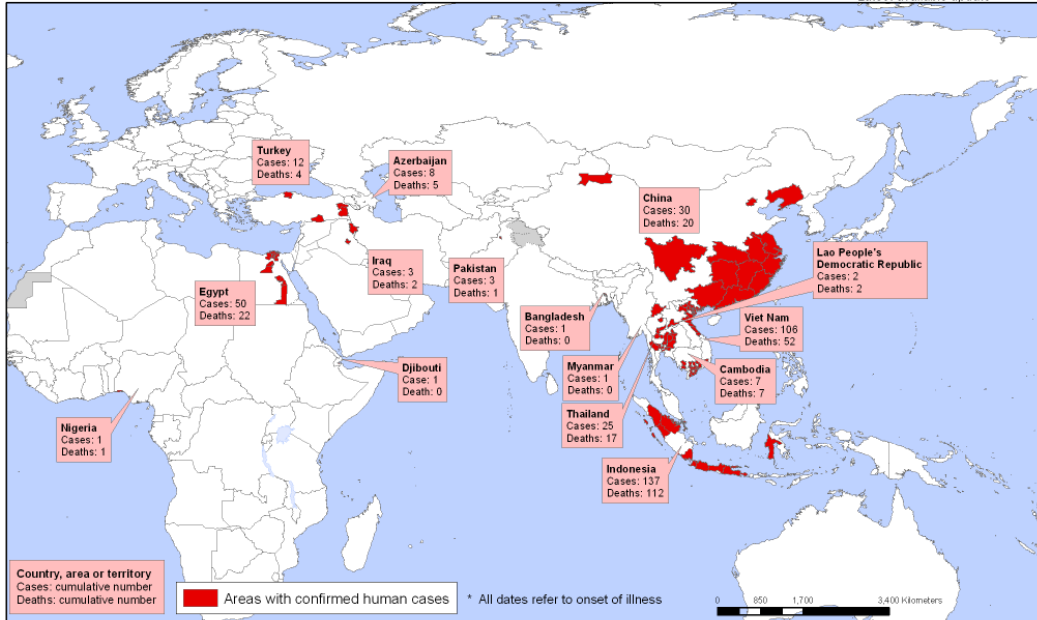
HPAI Outbreaks Reported in Poultry and Cases in Wild Birds: January - September 2008



Affected areas with confirmed human cases of H5N1 avian influenza since 2003, status as of 10.09.2008

Areas with confirmed human cases of H5N1 avian influenza since 2003 *

Status as of 10 September 2008
Latest available update



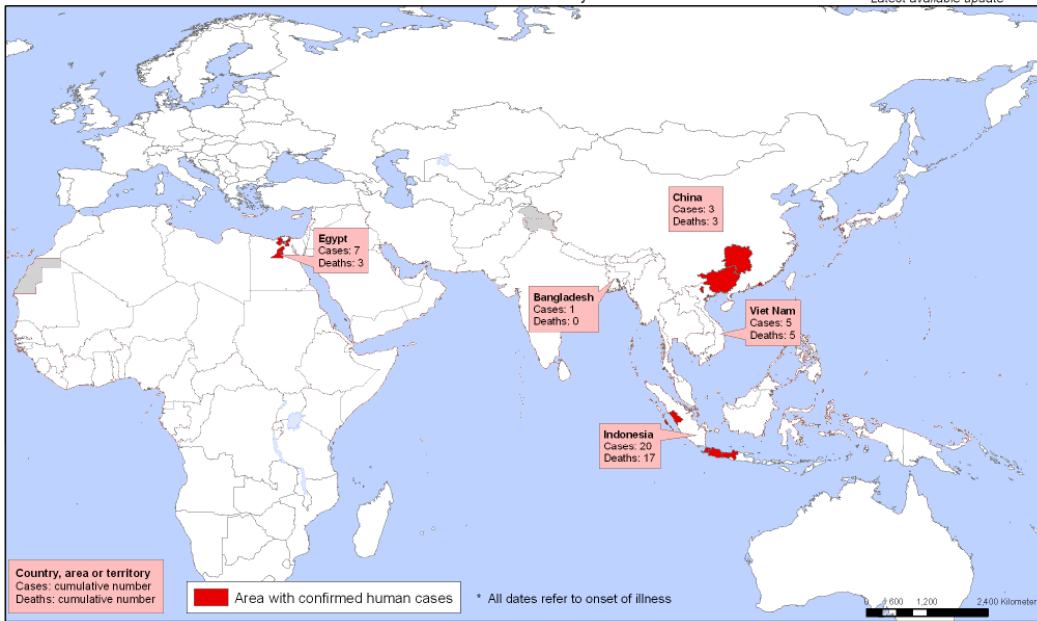
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2008. All rights reserved

Data Source: WHO
Map Production: Public Health Information and Geographic Information System (GIS)
World Health Organization

Affected areas with confirmed human cases of H5N1 avian influenza since 1 January 2008, status as of 10.09.2008

Areas with confirmed human cases of H5N1 avian influenza since 1 January 2008 *

Status as of 10 September 2008
Latest available update



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2008. All rights reserved

Data Source: WHO
Map Production: Public Health Information and Geographic Information System (GIS)
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Introduction

1. The United Nations System Influenza Coordinator (UNSIIC) and the World Bank agreed to produce this a *Fourth Global Progress Report on Responses to Avian Influenza and State of Pandemic Readiness* in response to requests from participants at the New Delhi International Ministerial Conference on Avian and Pandemic Influenza which took place during December 2007. The report focuses on progress with responses to avian influenza and with pandemic preparedness between June 2007 and June 2008. Where data allow, the report looks back over the last three years. It also i) describes international financial assistance provided to date; ii) assesses national capacities to respond to HPAI and prepare for the next influenza pandemic; iii) analyzes implications of this progress for animal and human health and iv) recommends some key next steps. Both the full report and this synopsis are being made available to delegates at the International Ministerial Conference on Avian and Pandemic Influenza in Sharm El-Sheik, Egypt in October 2008.
2. The report is based primarily on analyses of data provided by 148 countries in response to a survey questionnaire distributed by UN System Influenza Coordinator (UNSIIC) in June 2008. Most of the responses were sent to UNSIIC by contact points within national authorities. These data were complemented with information from case studies, interviews with key informants and written reports from UN system bodies and the World Organisation for Animal Health (OIE)¹. The Animal Health section of the report is also based on a report on countries' capacity to prevent, detect and respond to Highly Pathogenic Avian Influenza (HPAI) prepared by FAO as a contribution to this Fourth Global Progress Report. As in previous years, the information on pledges, commitments and disbursement in support of avian and human influenza control and pandemic preparedness was prepared by the World Bank following the analysis of statistics obtained from donor agencies using a standardized format.²
3. The data were disaggregated according to regions (using the World Bank regional classifications), according to countries' experience with HPAI (differentiating countries where poultry have been infected from those that have not reported infections) and according to average country income levels (using the World Bank classifications of countries by income). The data obtained by UNSIIC is presented in the text as either data and/or reports "from national authorities": these have not been independently assessed by any international organization.

The World-Wide Avian and Human Influenza Situation and the Risk of an Influenza Pandemic

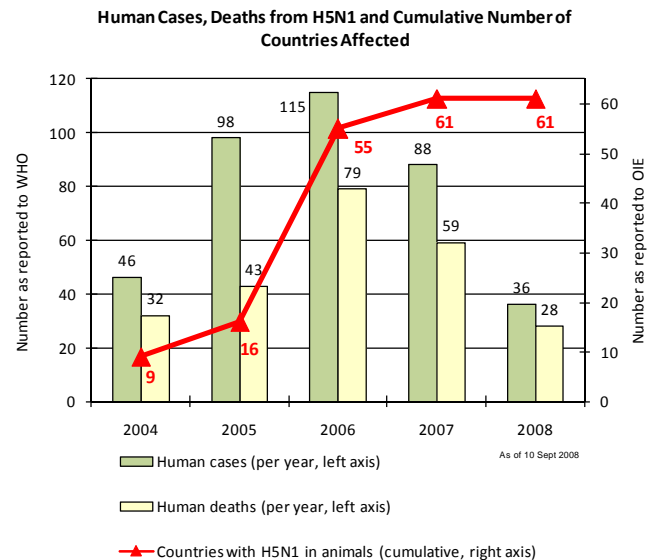
4. An analysis of the situation world-wide between January and June 2008 indicates fewer outbreaks of Highly Pathogenic Avian influenza (HPAI) and fewer infected countries compared to the same period in 2006 and 2007. From January –September 2008, no countries were newly infected (4 countries were newly infected in the first six months of 2007) and only 20 countries have experienced outbreaks so far (25 countries reported outbreaks in 2007).³

¹ These included contributions from the Pandemic Influenza Contingency (PIC) Team based in the Office for the Coordination of Humanitarian Affairs (OCHA), the UN Food and Agricultural Organisation (FAO), the World Health Organisation (WHO), the UN Children's Fund (UNICEF) and other partners.

² Pledges, Commitment and disbursement are as of 30 April 2008

³ As of 10 September 2008, EMPRES/ GLEWS

- Sporadic human infections with highly pathogenic avian influenza A(H5N1) viruses continue to occur. As of 10 September 2008, since late 2003, a total of 387 human cases had been reported to the World Health Organisation (WHO), with 245 deaths in 15 countries in Africa, Asia and Europe. To date in 2008 there have been 36 human cases and 28 deaths (occurring predominantly in Indonesia although Egypt, China and Vietnam continue to experience cases and deaths). Bangladesh is the only new country in 2008 to experience a human case.



- Analysis of data by national authorities reveals that several countries that detected HPAI infections or re-infections in 2007 and 2008 have now succeeded in eliminating infection thanks to implementation of effective surveillance, prompt detection and rapid responses.⁴ However the virus is still entrenched in several countries and the threat of further outbreaks of HPAI in poultry (and sporadic cases in humans) persists. These findings suggest that (a) HPAI control succeeds when strategies are properly implemented and (b) sustained vigilance and continued investment in both surveillance and capacity to respond to HPAI is required world-wide. The threat of an influenza pandemic remains unchanged.

Status of International Financial Assistance

- The gap between the amount of external assistance required for control of HPAI and pandemic preparedness and the amount pledged each year by bi-lateral donors, the European Commission and multilateral development banks, has increased since 2005. This means that the funds available have been well below the amount needed. Although there has been continued support from major donor nations, the number of pledging donors has declined, from 35 at the Beijing conference (2006), to 17 at the Bamako conference (2006), and to 9 at the New Delhi conference (2007).
- Against total pledges of \$2.7 billion, donors have reported commitments of \$2.0 billion, of which \$1.5 billion has been disbursed. Of this disbursement, 59% was in cash or loans and 41% was in-kind. Commitments amount to over 74% of the total pledged, while 72% of the committed amount has been disbursed. Such high commitment and disbursement rates within two and half years of the establishment of the financing framework reflect the exceptional commitment of the donors and the efficient movement of grant funds. However, loan funds from the multilateral development banks and grants from the Avian and Human Influenza multi-donor financing facility based at the World Bank have been disbursed more slowly: generally they support longer term activities that are financed and implemented by national governments, and their negotiation through budget and planning processes typically takes many months.

⁴ FAO/ AGAH Programming Unit: FAO Contribution to the UNSIC report January – June 2008

9. Countries in East and South Asia together received \$460 million, or 56% of commitments to date; countries in Eastern Europe and Central Asia received \$184 million, or 22% of total commitments; and countries in Sub-Saharan Africa and the Middle East and North Africa received \$167 million, or 20% of total commitments.
10. Less than 1% of the \$1.7 billion of grant funding pledged by bilateral donors and the European Commission remains to be committed, leaving only \$125 million available for commitment. Grant finance will continue to be needed to sustain critical capacities and actions in the medium to longer term.
11. There is a risk that this decline in resources pledged, especially for countries with the greatest remaining needs, could undermine the sustainability of the investments made to date. In order to build on the initial emergency response and successes achieved to date – both in responding to outbreaks in infected countries and in building capacity in infected and non-infected countries – there is a need to meet the longer term funding needs and gaps.

Statistics Derived from National Authorities' Reports to UNSIC

Capacity to Reduce the Threats of Avian Influenza to Animals and Humans

- 96% of National Authorities (NAs) report that they have a National Action Plan which integrates a response to avian influenza and preparedness for the next pandemic. Further efforts are needed to ensure that these plans are based on risk analysis for identification of surveillance priorities.
- 72% of NAs have consulted international technical agencies when forming their National Action Plans for avian and human influenza, 61% have consulted with entities in the private sector and 64% with scientific experts.
- 75% of NAs report that their countries' surveillance systems are operational and capable of detecting HPAI in animals.
- 70% of NAs report that they have adequate access in-country to laboratories capable of detecting HPAI in animals. Many countries in Africa and the Americas report reliance on access to regional and international laboratories. National laboratory capacities are more advanced in countries where HPAI infections have been reported.
- 60% of NAs report that poultry owners whose birds have been culled in order to control HPAI can access compensation, and that procedures for administering compensation schemes have been implemented. Countries which have experienced HPAI outbreaks in poultry and/or countries with higher income levels are more likely to have such a scheme in place.
- 28% of NAs report undertaking assessments of the impact of HPAI control measures on people's livelihoods. 8% have implemented schemes which assist households whose economic status has been affected by the suspension of poultry rearing, market shocks or movement controls.
- 17% of NAs report that biosecurity has improved in all four poultry sectors (Industrial, Commercial, Semi-Commercial and Village/ Backyard). In many cases these measures are taken forward through raising awareness of biosecurity amongst poultry owners and producers.
- 84 national authorities from 170 OIE members have requested an Evaluation of the Performance of their Veterinary Services (PVS): 65 evaluations have been completed.
- 56% of NAs report that a formal mechanism is in place for the sharing of information on HPAI between Animal and Human Health sectors and is being used when outbreaks occur.
- 85% of NAs indicate that a national communications campaign has been launched to enable people to understand the risks of HPAI and to prevent transmission to humans.

Preparedness for Mitigating the Impacts of the Next Influenza Pandemic

- 97% of NAs report that they have developed national Pandemic Influenza preparedness plans, but globally only 70% have endorsed the plan at the top executive level of government.
- 53% of NAs report that their plans have been tested during the past 12 months, but only 25% report having done this at the national and local level; and only 38% report having incorporated lessons learned into plan revisions.
- 70% of NAs report national endorsement for pharmaceutical responses, this is proportionally higher for countries with experience of H5N1 infection and those with higher country income levels.
- Whilst 90% of NAs report plans to implement public health and social distancing measures, only 30% globally report logistical and legislative provisions in place. 26% report that in the event of an outbreak they plan to close national borders.
- 42% of NAs report planning (including the identification of extra resources) for increased health system capacity during a pandemic.
- In 2007 50% of NAs had planned for the continuity of essential services during a pandemic: by 2008, the figure had reached 69%. However, only 40% report that they have developed specific plans for different sectors.
- 35% of NAs have addressed disadvantaged or vulnerable groups in their planning.

Note: 148 countries (mostly national authorities) responded to the UNSIC data gathering exercise. These results are based on self-reported data which has not been independently verified and therefore may differ from other assessments. A more detailed analysis of the data and other relevant material is available in the full report. The regions mentioned here refer to World Bank classifications.

Status of Responses to Avian Influenza and of Pandemic Preparedness

Capacity to Reduce the Threats of Avian Influenza to Animals and Humans

12. **Many national authorities have developed and implemented national strategies to control HPAI and plan for pandemics: prevention, surveillance and response have benefited when private sector entities are engaged.** Throughout the world, countries have developed national plans to address threats posed by avian influenza to poultry and humans - irrespective of whether they have actually faced outbreaks. Often, this has been done in a consultative way involving various stakeholders. There has been a high level of engagement by international actors to support HPAI control and pandemic planning (UN technical agencies, donor organizations and regional bodies); however, the involvement of the private sector has been less than optimal.
13. **The good health of a nation's animals can best be secured through the integration of disease prevention and control, transparent systems for diagnosis and notification, adequate investment in animal health services and high level political commitment to ensuring that animals are healthy.** In practice, the capacity and performance of animal health services remains sub-standard in many countries; governance structures are not adequate, engagement with the private sector is insufficient, response capacity is lacking and budgets are generally too low. As awareness of the threat of emerging infectious diseases at the animal human interface becomes more apparent, there is increasing emphasis on prevention (as opposed to more expensive control programmes). Processes are now in place to scale up national capacities for animal health, with the OIE Performance of Veterinary Services assessment tool (OIE PVS) is increasingly being used as a basis for assessing service performance and upgrade requirements. Donor agencies and the World Bank are using OIE criteria as a pre-requisite for support to national authorities' programmes for investing in better animal health.
14. **Many countries face economic, technical, and human resource constraints to effective surveillance, identification and reporting of HPAI. These constraints need to be overcome at the local level if national systems are to be effective.** Worldwide surveillance for animal diseases, including HPAI, has improved substantially in the past 3 years with around 75% of countries now reporting capacity to detect HPAI. National laboratory and epidemiological capacity has increased significantly and has been complemented with global support to surveillance systems through international networks and early warning mechanisms. In a number of infected countries, local – and often participatory - disease surveillance schemes have been introduced and have mobilized communities to mitigate threats to their own animal and human health and socio-economic welfare. All these achievements have undoubtedly increased global vigilance and detection capacity for HPAI, the threat of a pandemic and other emerging infectious diseases at the animal-human-interface. However, gaps still remain: too many surveillance schemes are still in the planning phase, and the planning of some of these many have not been established on the basis of conducted risk assessments for the identification of priority areas.
15. **There is a continuing need to encourage prompt reporting of disease in animals to national authorities, and to ensure responses that are both socially and economically sustainable.** The lack of functioning compensation schemes serves as a major disincentive for poultry holders to

report HPAI or other infectious animal diseases. A significant number of new compensation schemes have been established to encourage reporting, but administrative arrangements for these to work are essential. National authorities should ensure that institutional and budgetary provisions are made, and that compensation schemes can be sustained. Very few countries have implemented livelihood support schemes to provide assistance for households affected by the impact of control measures, and only a few countries have conducted assessments to understand the impact of their control measures.

16. **Significant efforts are still needed to improve biosecurity, and this requires a multi-sectoral approach that is implemented throughout the poultry chain with the involvement of private entities, and the engagement of animal health, production, communication and socio-economic specialists. The focus should be on biosecurity measures that are sustainable and likely to be embraced at the local level.** Good biosecurity enables poultry owners to protect their birds and reduces the spread of disease. Biosecurity standards in poultry production systems are currently insufficient, even in commercial production systems (Sector 1). So far measures have been predominantly launched in HPAI infected countries, mostly concerned with communicating awareness of risks and good practice to poultry owners and producers. Complete biosecurity in poultry production is a long-term objective that will require political commitment from national authorities as well as ownership from the private sector. Implementing biosecurity measures is especially challenging and costly for small scale and backyard farmers. Countries with lower incomes will need significant financial and technical support to increase biosecurity standards. The better implementation of biosecurity measures is a priority for all countries, regardless of whether they have experienced an HPAI outbreak or not.
17. **Full implementation of International Health Regulations (2005) will enable a predictable public health response to the spread of HPAI and other infectious diseases within the human population. Low income countries will need significant support to enable them to meet all requirements.** Last year's entering into force of the IHR (2005) was an important achievement in the development of human health capacities for detection, reporting and responding to Avian and Pandemic Influenza. At this point, most countries are still in the process of assessing their capacity and developing national action plans⁵. Major achievements thus far relate to the building of an infrastructure that will support this implementation process; further progress with the actual implementation of action plans can be expected in the next few years.
18. **Long term approaches to behaviour change communication are needed, particularly approaches that are tailored to people's social, economic and cultural backgrounds.** Communication for behavior change remains an essential complementary component to every aspect of avian and human influenza activities. An increasing number of communication campaigns has been reported, and awareness of the avian and pandemic influenza threat is high. Communities need to be provided with the knowledge and the means to put recommendations into practice. Ensuring communities place their trust in authorities, and the control measures they advocate, will be crucial for enabling people to protect themselves from, and limit the potential consequences of, HPAI and other emerging infectious diseases. Recent

⁵ According to the IHR's obligations for States Parties to meet the requirements regarding their national surveillance and response systems within five years of each state party's entry into force.

studies have however reaffirmed that translating awareness and knowledge into actual behavior change remains challenging.

19. **To ensure that the present gains are not lost, stakeholders from all relevant thematic and organizational backgrounds are encouraged to further sustain and cement their collaboration built around HPAI and use this for a range of activities and other disease threats.** International, regional and national stakeholders from various thematic and organizational background have come together to jointly prevent, prepare and respond to the threat of HPAI in animals and humans. In particular, there has been an unprecedented collaboration of the animal and human health sectors. Networks have been formed, which can be built upon not just for future avian and pandemic influenza action, but other emerging infectious diseases at the animal-human-interface. Emerging infectious diseases are significantly correlated with socio-economic, environmental and ecological factors, and in turn require coherent and connected approaches to prevention and control.

Preparedness to Mitigate the Impact of the Next influenza Pandemic

20. **It is now important to consolidate achievements in pandemic planning, and make the plans operational by further advocating, endorsing, testing, systematic reviewing of plans with lessons learned, and integrating plans into existing disaster management structures.** There is now worldwide recognition of the need to prepare for an influenza pandemic. This is a significant achievement considering that, only 5 years ago, the world was largely unaware of and unprepared for the threat. Between June 2007 and June 2008, substantial and significant progress has been made in pandemic preparedness. The number of countries that have developed a pandemic preparedness plan has increased once again, and more countries have conducted simulation exercises of their plans. However, many plans remain unendorsed at the highest political level and lessons from simulations are not being included in plan revisions. This indicates that many plans are not legally or logistically feasible.
21. **National authorities need to ensure (a) that necessary logistical and legislative provisions are made for social distancing measures, and (b) that pharmaceutical control strategies are implementable.** A combination of social distancing and pharmaceutical measures is the most effective means for containing (or at least limiting) the spread of pandemic influenza. Not all countries are currently prepared to apply both types of response. Social distancing measures are included in the pandemic plans of the majority of countries (irrelevant of national income levels); some of these countries have yet to establish the logistical and legislative provisions required. Pharmaceutical interventions have been planned by a smaller number of responding countries (of which the majority are high-income countries), however, the quality and feasibility of these strategies – as well as the availability of vaccines and antivirals – is unconfirmed. A combination of both pharmaceutical and social distancing measures will thus most likely only be available to higher income countries.
22. **National Authorities should ensure that they have planned for the maintenance of essential services during a pandemic. This will require increased engagement with the private sector on planning assumptions, responsibilities and expectations.** Although some individual countries have made significant progress in pandemic planning for essential services beyond the health sector, this area of planning is still very limited in most countries with a lack of sector specific planning. Multi-sectoral planning for the continuity of essential services is generally low, but correlates clearly with countries' income levels (higher country income equals higher levels of

preparedness). The engagement of civil society and the private sector is still relatively minor, despite their importance for sustainable multi-sectoral planning.

23. **Countries and regional organizations should engage in cross-border pandemic preparedness planning with their neighbours so as to limit potential impacts and tensions across borders and to ensure strategic coherence and interoperability during a pandemic.** So far cross-border pandemic preparedness is not addressed sufficiently. As a pandemic will have cross border impacts, transparent and collaborative cross-border preparation is needed to achieve interoperability during a pandemic. This is particularly relevant for the implementation of social distancing measures, which in some countries' planning involves border-closures and travel restrictions that could have wider reaching socio-economic impacts.
24. **Successful pandemic preparedness increases the resilience of national institutions in the face of other emergencies: national authorities are encouraged to integrate pandemic planning into national disaster management structures so as to increase sustainability and broaden benefits.** The integration of pandemic planning into national disaster management structures is essential for ensuring efficiency and sustainability of preparedness efforts. Many countries report some integration, but this is mostly limited to the national level structures.
25. **Reports from National Authorities in wealthier countries suggest that they are better prepared than those in poorer countries: given the interdependence of countries when responding to a pandemic, preparedness within poorer countries will be a critical element of the world's readiness for the next pandemic.** While there has been worldwide progress with development of pandemic preparedness plans, there are also great disparities in preparedness among countries. Political and financial commitment to pandemic readiness tends to be greater in countries that have experienced HPAI outbreaks and countries supported through regional political bodies. Three major categories of country preparedness can be identified:
 1. Wealthier industrialized countries that have deepened and developed multi-sectoral pandemic preparations, in sectors other than health.
 2. Middle-income countries that have developed the animal health, communications and human health components of their national plans, but have yet to prepare for continuity in sectors beyond health, including the provision of essential services, to mitigate the economic and social impacts of pandemic.
 3. Low-income countries that have not, during the past year, had the resources needed to advance their level of pandemic preparedness. They seek significant financial and technical support from international actors. They also anticipate putting pandemic preparedness within the context of wider crisis preparations.
26. **It is essential that national pandemic preparedness efforts be undertaken jointly by all stakeholders – representatives of public sector bodies (both local and national), private entities, civil society and red cross or red crescent societies, media organizations and faith groups.** Pandemic preparedness efforts are designed to ensure continuity of essential services so as to mitigate the impact of an influenza pandemic. Reports from National Authorities reveal the importance of engaging all stakeholders in pandemic preparedness.
27. **International organizations should continue to monitor the global state of pandemic readiness and seek ways to support poorer countries so that they can contribute adequately to the global effort.** Pandemics are *global* threats. Effective pandemic preparedness means that all

countries are prepared to a minimum standard, using compatible protocols, and institutional arrangements that are tailored to the capacities and needs of each country. Poorer countries will require significant financial and technical support to reach this standard: their pandemic preparedness efforts will help them to realize other development goals.

28. **The threats posed by HPAI over the last 5 years have stimulated exceptional cross-disciplinary, cross sector and cross boundary working practices.** These offer a range of long term benefits, and have included:
- Unprecedented collaboration amongst professionals in the animal and human health sectors at all levels;
 - Institutional arrangements at the national and local level that bring stakeholders together: these have fostered cross disciplinary understanding and information sharing;
 - Cross border and regional collaboration on preparations and response;
 - Recognition that emerging infectious diseases are a worldwide threat to health security;
 - The mobilization and implementation of multi-sectoral responses; and
 - The potential for Pandemic Preparedness to contribute to resilience in the face of a range of other hazards that threaten national infrastructure and essential services.

Next Steps

1. **Authorities from all countries should:**
 - (a) **continue to generate and disseminate knowledge about the potential threats of HPAI and other animal diseases, and approaches to pandemic preparedness;**
 - (b) **maintain vigilance so that existing and emerging pathogens are quickly identified and contained;**
 - (c) **encourage transparency, increased investment, and political commitment to animal health services so as to ensure animal as well as human health security; and**
 - (d) **ensure that surveillance, preparation and response measures are continually integrated, tested, reviewed and updated.**
2. **The desired level of pandemic preparedness should be agreed among all concerned entities at national level (with the help of international entities). Progress against this standard should be carefully recorded – at national and local level, testing should be repeated at intervals and the deficiencies identified should be systematically remedied.**
3. **During 2009, protocols, frameworks and indicators for longer term multi-sectoral pandemic preparedness should be developed, and mechanisms proposed for them to be funded adequately (as part of multi-hazard disaster preparedness) within the context of the International Health Regulations (2005).**
4. **Nations should take urgent steps to agree on, and pursue, a strategic framework for the better prevention of, preparation for and response to the health, social, economic and political impacts of infectious disease outbreaks and pandemics emerging at the animal-human-ecosystem-interface.**