

**Meeting minutes of the Avian influenza (AI)
coordination meeting
1 March 2006
Bangkok, Thailand**

Summary minutes:

- The meeting was initiated by the International Federation of Red Cross and Red Crescent Societies, Regional Delegation for Southeast Asia (IFRC).
- The half-day meeting attended by INGO and UN regional office representatives (a total of 20 participants) and was intended to provide opportunity for agencies to share information, identify and initiate coordination issues among agencies involved in Avian Influenza.
- The key outputs of the meeting were:
 - update on the latest situation in regard to Avian Influenza from WHO
 - update by agencies on their AI activities and preparedness;
 - discussion on key coordination issues
 - decided to continue such coordination meetings on monthly basis, similar format, for the time being hosted by IFRC.

Participants *(see the attachment for more details)*

- WHO Thailand - 2
- Unicef EAPRO -1
- Plan international -2
- ADRA, ARO -1
- Save the children UK -1
- Save the children Sweden -1
- Oxfam, East Asia -2
- Mercy Malaysia - 1
- World vision International, WV Thailand -2
- Family health international -1
- UNDP Regional Center - 1
- FHI Thailand -1
- UNRC Office -1
- International Federation of Red Cross & Red Crescent Societies - 4

Detailed minutes:

1) Opening (by Dr. Grete Budsted):

Main focus of this meeting: what level of coordination we would like to have? How?

2) Update from WHO by Dr. Somchai Peerapakorn, National Officer, WHO Thailand *(see attached slides)*

3) Q&A on WHO presentation:

Q: Will SEA will be hardest hit, in the view what has happened in Africa?

A: SEA will be epicentre, because of proximity and close interaction between poultry and people. In Asia, the virus has been circulating for many years. It is new to Africa. But it does not mean that Africa can not be epicentre.

Q: Save the children works have a special concern for children. Number of children who have got infected with AI? **A:** Nearly half of the cases in most of countries (eg children 0- 19 y.o.)

Q: World vision: most deaths in adults in Thailand over 55 y.o, is this true?

A: It is natural that children and elderly will die first. In WW 1 pandemic case, most of cases were in army, hence more deaths in young people.

Q: We know in many developing countries pp do not wear masks, etc. Yet transmission happens in backyards, not in industrial poultry units. Why it is the case? **A:** Industry has more ability to raise their biosecurity level. It is may be also related why children are getting more infected than others.

Q: Is this spread by excrements? **A:** Ongoing discussion in scientific community whether migratory birds are involved in spread across countries. Migratory birds migrate only in certain times of the year. But chickens “travel” more than migratory birds. Migratory birds do have some role in across border spread, but not it is not clear the extent of this role.

Q: Dr. Navarro gave media interview recently saying that we are 2 mutations away from the human pandemic occurring. Comments? **A:** Scientists are studying the virus virility. It is difficult to say.

Q: AI is not food-borne, details? **A:** AI is not food-borne in the sense from table to mouth. But in the way of getting to table food can get infected (handling, butchering, feathering, etc.) – the exposure is there.

Q: General flu kills 1-2 million people anyway. Where the past two pandemics with death toll of 1-2 millions really pandemics? **A:** It depends on ability of virus. Next pandemic can be just another bad flu season, may be not.

Q: Is person who survived disease will be immune for next one given the frequency of virus mutations? **A:** No, depends on virus strain at that time. That’s the reason why flu vaccines are not effective for consecutive flu seasons.

4) Updates from organizations

IFRC Planning for Avian Influenza:

- Identified as a priority
- Have been working on prevention programmes in SE Asia, mainly working with public health information, biosecurity re backyard farming, assisting with surveillance and reporting
- Main resource is volunteers trained in disaster management, health etc. to get information to communities.
- Developing a strategic action plan looking at preparedness and response
- Trying to define what will happen and this will guide preparations
- Plan ready in about 2 weeks – will be shared with all present
- ABC asked the Federation to organize a workshop on media reporting on AI, will be organized jointly with WHO.

Oxfam

Started working on AI in 2005, looking at internal procedures for own staff, travel restrictions etc. Now looking more at programmes, resourced within HQ in Oxford.

Save the Children - Sweden

Hasn't really done anything yet.

Save Children UK

Internal emergency preparedness

Stocking up on Tamiflu for staff and immediate family members

Encouraging country officers to develop preparedness for AI within emergency plans

WV Regional Office

Started plans in 2005, now developing preparedness guidelines within region and 17 countries in Asia-Pac

Elements of plans:

- (1) Safety of staff (10,000 staff in the region) Stockpile Tamiflu for 30% of staff (not incl. families). Now have 1,500 boxes. Stockpiling of protective equipment and training in hygiene
- (2) Considering how programmes can continue
- (3) 400 long term development programmes (10-15 yrs) – aim to build communities resilient to Avian Influenza - need to review micro-enterprise programmes, because many of these have an extensive focus on poultry.
- (4) Early warning response – train communities and own staff to be active agents and play an active response with the plans of local authorities
- (5) Communication – forming consortium with other agencies, eg. Indonesia and 3 others. If there's a regional consortium would be happy to be part of it.

WV Thailand

Has been working within a network comprising WV, Min of Public Health, Min of Livestock and chain of chicken feeders eg. suppliers to McDonalds. These partners would call urgent meeting in case an emergency response is needed.

Family Health International Thailand

No programmes of AI, only HIV/AIDS

Unsure of response at this stage – just focussing on own organisation first.

Trying to expand and working more with govt in the future.

Mercy Malaysia

Tripartite partnership govt/private/civil society.

Working with various ministries: eg Health, Education

There is Committee established to review human cases – only 2 so far.

Working in involving the poultry industry in planning for response

Response would include: dissemination, education, prevention measures through schools, healthcare systems etc.

Volunteers would be deployed for dissemination and education, possibly medical volunteers and preparedness programmes.

ADRA Regional Office

Working in 15 countries, there is new emergency coordination manager appointed to address this issue

Trying to gather information on AI and disseminate it to regional offices

In US, there a person who is working just of AI– writing articles, web news etc for worldwide distribution

Survey of countries in region: Priority would be for staff. This has not moved forward yet. Also community awareness in Vietnam and Nepal. 4 countries looking at “SED” – Vietnam, China and others, starting to work with local govt. Still collecting information.

Plan

High priority given to AI. Has formed an International Taskforce to take on views of different regions, run by HQ: Disseminates updated information to enable preparation of strategic plans. In Asia, 12 countries eg Cambodia, Vietnam has joined national taskforces, and Plan is lobbying in India to set up a plan.

Believes that Watsan, Education & other programmes could integrate AI planning.

Staff has been trained in basic measures, there has been some Tamiflu purchased as well as masks and gloves. But who should receive the Tamiflu? Staff, children, beneficiaries etc? This is an ethical question which needs to be considered.

There is no motivation for household to provide information about AI because of the fear of culling poultry. Surveillance of birds being undertaken by local govt.

UNICEF

Working on AI as part of UN country team – WHO, FAO etc. have a joint response. UNICEF taking lead in communications. Activities include programme communication, behaviour change strategies, producing and distributing materials to govt, communities etc on risk communication. Have already produced materials: CREATE – way of getting info out quickly in emergencies. It is a package of pamphlets, brochures, ads etc for country offices to use as basis for own country materials.

Working with country offices to develop materials, key messages and with govts on communication plans.

Re children, involved in emergency preparedness programming.

WHO

Aim is to keep people aware of the importance of AI threat.

Has worked with Thai govt on Thai national plan – serves as a good model for other countries.

Plan ranges from monitoring poultry to responding to a human pandemic.

Try to work with other partners, FAO UNICEF, RC. There was a workshop with the US CDC and Thai Min of Public Health to organise a regional Health Ministry meeting in Asia on AI (but changes in Thai govt have disrupted this process, so have to wait)

Regional inter-agency coordinator on AI, Anne Ancia:

The focus is on supporting national initiatives, esp prevention through maintaining animal health, early detection and treatment

Now trying to bring programming into multi-dimensional level – need to involve other ministries as well as just Min of Health and Agriculture.

Other UN Agencies are now involved as focal points. Joining forces to support the development of national plans.

Plans are expanding into response and recovery.

In 10 countries, Thailand, Laos, Cambodia, Vietnam, China, Malaysia, Myanmar, Bangladesh Mongolia and one other.

Missions are providing support in Cambodia, Laos and Vietnam.

Need to think about what can be done, with what money and who can do it?

In many countries, they don't have capacity to cope alone and NGOs must step forward and identify expertise and roles to contribute. This will be critical.

Issues are: Prevention of animal disease, early detection of human cases, looking at the development of the virus to find treatment/vaccine, preparing for a response.

UN is finalising a doc called Pandemic Preparedness Guidelines, which is now ready for approval.

In terms of regional coordination, UNOCHA is getting additional support to facilitate such coordination issues in the future, started to compile a regional database of organizations involvement on AI.

Discussion on agency updates:

Oxfam: Is Tamiflu for only 30% of staff enough?

WV: No it's not enough, will increase if more becomes available – it's a funding and supply issue.

Oxfam: Are now asking staff to source themselves where they can. There is funding to buy Tamiflu for AsiaPac region.

Plan: Need to cautious about relying too much on Tammiflu. It is only effective when taken within first 2 days of infection, getting delivery of the treatment in time is crucial. WHO guidelines say people must monitor themselves for symptoms within the fist 10 days – a bit of a contradiction, because by then Tammiflu will be ineffective.

6) Future coordination issues:

Grete Budsted: Key issues derived from the today's discussions:

- (1) How to take care of staff? Volunteers? What kind of protection are orgs responsible for?
- (2) Risk communication and messaging.
- (3) Biosecurity – what is being done?
- (4) Senarios – preparedness for response? What should we be preparing for?

- Oxfam: We are already dealing with impact of culling of chickens – so should include this b/c it affects livelihoods.

- Should invite medical companies to meetings. Establish partnerships with companies. What supply is out there? Answer: Should not be dealing pharmaceuticals companies in these meetings should leave to UN/WHO.

- Comment from WHO: Cannot focus too much on medication because Tammiflu might not even work on the virulent strain. Focus should be on communication during a crisis– need to work on setting up a system in advance, to avoid confusion over the types of information is circulating. Process of communicating will be important.

- Save the Children: Possible formation of Sub-group for communication?

- All INGOs should ensure that they are coordinating with country level national plans. Avoid setting up parallel systems.

- Donors – how should they fit in? Could be invited to meeting as well. Donors such as ECHO etc welcome regional coordination. World Bank has a trust fund for AI response.

- IFRC - Coordination with govt, National Societies are members of national committees. Sometimes they are the only civil society rep.

- Plan: They are also involved in several countries.

- UNOCHA will do the website for inter-agency coordination. UN is working on contact list.

Country level coordination is already happening more at country level, for ex. consortiums of agencies.

Agreed format of next coordination:

- Meeting such as this are useful. Need to have it on monthly basis.
- IFRC to host for time being.
- Have each meetings around specific themes. For ex, main theme for next meeting – communication and “messaging” – community based dissemination, media, key message and UNICEF to present CREATE toolkit and WHO with key messages.
- Suggestion to share all information, materials, ask the group for feedback, raise specific questions.

Immediate follow up issues:

- IFRC (Amgaa Oyungerel) will circulate the meeting minutes + invitation for next meeting.
- Anne Ancia, UN Coordinator on AI, will provide a list of all UN focal points on AI in all countries, contact list of organizations on AI + list of websites through IFRC mailing list for this meeting.
- Recommend IFRC some other organizations, contacts that should be included on invitee list for next meetings.