

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

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

**5 October, 2006 (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 38 participants) and was intended to provide an opportunity for agencies to share information, identify and initiate coordination issues among agencies involved in Avian Influenza.
- The meeting outputs were:
  - o Knowledge on the success strategy of HPAI and human cases prevention and control in Vietnam
  - o The key factors of prevention and control in Vietnam for animal and human health
  - o Lessons learned that can be shared and used in other countries
  - o The medium to longer term issues that still need to be tackle by Vietnam to ensure the present relative control of the situation can be maintained in a longer term and on a sustainable way
  - o **Action Point: the IEC material booth was a successful start. Participants appreciated the opportunity to see educational and communication materials from other organizations targeted in specific languages and cultures from around the region. Please continue to bring your IEC materials for sharing.**

**Key theme: Country Focus – Vietnam's avian and human influenza prevention and control measures and preparedness activities**

**14:05 Opening:**

The group was welcomed by the Chair, Anne Ancia, UNSIC Inter-agency Regional Coordinator on Avian and Human Influenza for Asia and the Pacific, followed by roundtable introductions from all attendees. A special introduction was made to the new IFRC regional health coordinator, Anette Cramer, who joined the SEA Regional Delegation last month. Thank you to the organizers, International Federation. Today's program will feature 2 representatives from NGOs operating in Vietnam who will share their scope of activities on AH1 from both the human health perspective and the animal health perspective.

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

- |                          |   |
|--------------------------|---|
| 1. AVSF                  | 17. WHO/SEARO   |
| 2. AED                   | 18. CDC / ThaiMoPH  |
| 3. ADB                   | 19. International Federation of Red Cross and Red Crescent Societies (IFRC) |
| 4. Australian Embassy    | 20. American Red Cross  |
| 5. CARE Vietnam          | 21. UNICEF  |
| 6. Coverage              | 22. IEIP-TUC  |
| 7. Embassy of Japan      | 23. VVAF  |
| 8. Plan International    | 24. Rockefeller Foundation  |
| 9. Oxfam                 | 25. OIE   |
| 10. Save the children    | 26. Nestle  |
| 11. FAO                  | 27. Siam City Cement  |
| 12. UNSIC                | 28. Sun Valley  |
| 13. WFP                  | 29. McDonalds   |
| 14. IOM                  | 30. IRC   |
| 15. Kenan Institute Asia |   |
| 16. ADPC                 |   |

**14:15**

## Updates and News from the round table

The Bellagio Principles and Checklists, organized by Johns Hopkins University, Presented by Dr. Katherine Bond, Rockefeller Foundation. (*see attached handouts*)

- Produced statement and checklist – a useful tool, called the Bellagio Principle concerning disadvantaged populations during outbreak pandemics. Dr. David Nabarro of UNSIC supported, distributed by CARE and other organizations.
- General Principal: at times of health emergencies, disadvantaged populations have disproportionate number of affected. The statement and checklists help to determine the extent to which this is taking place, what measures need to be considered, what containment issues need to be addresses.
- Attached is a brief description with background on the Bellagio meeting, along with information on where to download the statement and checklists.
- The entire collection of documents can be downloaded individually from our website: <http://www.hopkinsmedicine.org/bioethics/bellagio>

## Experience Sharing

1) Presentation by Patrice Gauiter, Agronomes & Veterinaires Sans Frontieres (AVSF), Country Representative for Vietnam & Coordinator for Animal Health & Production in Asia, (*see attached presentation*)

Overview: learning from Vietnams experiences in the prevention & control of HPAI. AVSF is a small NGO. Documents available on [www.livestockworkinggroup.org](http://www.livestockworkinggroup.org) and [www.avsf.org](http://www.avsf.org)

Background on AVSF – expertise and areas of focus:

- 90% of our work focuses on animal health. Annual budget ~800k Euros/year for SEA, 40 staff in the region, 14 vets (livestock professions) from within the region. Main support from Swiss & French governments, USAID, World Bank, ABD, private sector. Main activities are training for private vets, NGO, paravets directly working at grassroots level directly and indirectly, budget and methodological support linking, and small scale livestock development

History of HPAI outbreaks in Vietnam: it's becoming more and more localized in highest avian density areas

- 3 main waves: number in millions of dead and culled birds during the 3 waves of HPAI in VN between Dec 03 and Aug 06: 59mil, 2mil, 4mil (dead and culled all combined)
- estimated poultry density in Vietnam, Cambodia, Laos is concentrated in certain areas – this makes localized outbreak easier to handle
- It was difficult to prevent the 1<sup>st</sup> outbreak, but in the subsequent waves it has been easier to prevent secondary outbreaks
- The source of 1<sup>st</sup> outbreak is still in question. Possible factors include: environment, imports, silent carriers
- Challenges during the 1<sup>st</sup> wave: mainly affected medium to large scale poultry producers, sanitation increased but economic impact increased as well. Reported loss of consumer confidence. Vicious circle – switch to cattle, and increase in animal movement, hence increase in foot and mouth disease.
- Bureaucracy within reporting, new disease within the community, takes time to get knowledge out and key prevention messages to the communities

Decrease in clinical outbreaks in Vietnam during 2<sup>nd</sup> and 3<sup>rd</sup> waves. Why? Disease is either coming from environment or movement. Source is still in question, but clinical outbreaks have reduced. Successes:

- Virus is moving less – detection is quicker – key action of success
- Targeted culling not mass culling
- Animal movement is better managed
- Improved communication between animal health coordinators: from central, regional, provincial, district – chain of vet services in VN has improved – strengthened the linkages. 3 years ago this was difficult. Now, chain of communication is clear with good coverage and no. of practioners / stakeholders involved.
- Farmers and stakeholder have learned by doing, learning from their mistakes. Key to listen to advice from community level actors.

Remaining challenges:

- It's very likely a decrease in clinical outbreak will continue. Will still have clinical outbreaks though – why? In this region, we still have very uncontrolled animal movement. Illegal import of poultry, cattle, (i.e. Huge surplus of poultry in China in March – these poultry were easy to transport to neighboring countries). Not possible to achieve complete control

- Challenge: improve the ways farms respond. Suspected farmers can usually tell you where the disease is coming from and going before clinical indications surface. At least a strong indication. Then, can use target culling, not mass culling per X kilometer, (only now when fairly under control. Not possible in 1st wave)
- Challenge: Better advice to animal health workers with small producers and backyard farms
- Challenge: Role of silent carriers (i.e. Ducks). Unmonitored movement, the percentages, and their role as a carrier is still unclear. No scientific evidence points directly to ducks as the exact source of AI infection in poultry. But some ducks have tested positive. So role is unclear. Much more research is needed.
- Conclusion: AI is bringing enormous funding, added value of INGOs to help the governments, being aware of logistics and technical aspects of vaccinations in poultry and culling issues.

**Q:** Michael – FAO – Are there any early indications of the impact of vaccination campaign practiced in Vietnam?

**A:** Not enough data from reports on efficacy yet. AVSF is not recommending vaccination. We're not against vaccination, but waiting on FAO to get efficacy report out. AVSF is focusing on other aspects.

**Q:** Maureen – WHO – From your experience in Vietnam, can you summarize the big changes between 2004 and now? Also, what do you see now as the amplifiers of transmission – what are other potential amplifiers in transmission?

**A:** Vietnam has seen 3 main changes in response to AI: 1) The control measures: 2004 international guidelines on mass culling recommended a 3km radius. But vaccination strategy has changed: it has decreased every year as Vietnam has achieved capacity to respond. 3) Capacity of government to engage grassroot animal health workers in discussion has improved.

2<sup>nd</sup> question, animal movement is difficult to stop. But people are talking more, greater awareness, of animal movement. Increase in funding for projects with animal health workers – it took 2 years to get down to the real constraints – initially started with laboratory and computerized reporting, now its down to a practical level.

**Q:** Kate Bond – Rockefeller foundation – Where are the gaps and opportunities for workforce development planning? Improved bio-security in small farms and wet markets? What has worked?

**A:** Dissemination of information to the animal health workers is crucial. Booklet targeted at animal health workers, produced in many languages, but difficult to find funding. Key to strengthen the training to the workforce (i.e. curriculum) to the animal health workers, but I'm a veterinarian and cannot comment on the human health aspect.

**A:** Live bird market control is a way to restrict AI and other diseases, but in general markets could be improved. However, animal movement and control is the real question.

**Q:** Philip Brant – ADB consultant – who are the private providers? Are these the same category as animal health workers?

**A:** Mainly the animal health workers are government workers working with the backyard & small-scale farms. In Vietnam, there are hardly any private vets. Medium and large scale farmers do not fall within these categories.

**15:15**

### **Experience Sharing**

2) Presentation by Nguyen Diep Hoa, Academy for Educational Development (AED), Vietnam, National communications officer (*see attached presentation*)

- Overview: I will share about Vietnam Avian Influenza Communication and Outreach Activities
- Emphasis on disease prevention and control in birds (i.e. enclose/cages, and quarantine new poultry before introduction to flock)
- Target Audience: rural small backyard farmers, animal and human health workers, motivators working at community level
- End of 2005, we conducted baseline KAPS survey to identify gaps in poultry farmer understanding of AI and communication channels preferred. Key findings: awareness of AI was generally high, but specific knowledge on AI was low (i.e. transmission factors, clinical characteristics of the disease), almost 100% of interviewee said AI could not happen – meaning low perceived risk, moderate prevention behaviors but much room for improvement
- Goals and approaches: building partnerships, advocacy and capacity building, increase awareness (i.e. via training of gatekeepers, mass media, interpersonal communications, community-based activities, public relations)

- Partners: government partners play a key role in AI prevention in Vietnam. We cooperate with Ministry of Agriculture and Rural Development, Ministry of Culture and Information, Min of Health (Center for Health Education has a very large network from central to district level – in each province there is a local center that belongs to the government system).
- Partners: International partners, civil society partners, INGO partners
- We work in 3 main areas: 1) capacity building and 2) communication campaigns 3) Interpersonal communication.
- Capacity building: we work with the media to provide training workshop for media and information officers, organize workshops for journalist and civil society and mass organizations in Vietnam, produce an AI information packet provided to journalist.
  - Work in cooperation with the Vietnam Red Cross: Provided training in communication planning through a workshop
  - Vietnam Women’s Union: Provided training in communication planning through 2 workshops with participation from all VWU’s provincial representatives, and plan to host ToT this coming November.
  - For health workers: provided ToT for 50 health workers at the provincial level in 4 provinces in July and provided training on AI communication for nearly 4,000 village health motivators
- Communication campaign: our plan has 2 phases. Phase I (Dec 2005 March 2006) and Phase II (Mar 2006 – present):
- Phase I (Dec 05-March06) we have done 2 radio spots on quarantine and enclosing, 2 posters (20,000 each) distributed at provincial level.
- Example of poster: key messages ‘separate new poultry for at least 2 weeks’. And ‘poultry must be enclosed in a fenced area’. We are in the process of revising to update with adult cartoons. We consulted with partners from VN department for animal health, who advise farmers to raise only 1 type of poultry: either chickens or ducks, but not both.
- Feedback: Many hospitals have expressed interest in receiving these posters to place in their preventive medicine centers.
- Phase 2 (March 2006-present) we are revising two TV spots
- Interpersonal communication: Communications via CARE, AVSF, and government agencies, and continue public disseminations.
  - Leaflet “preventing bird flu in poultry and humans” 100,000 distributed in 4 provinces.
  - Provide training on AI communication to 4,000 village health workers and motivators,
  - Produced booklet “guidelines for the prevention of AI in Poultry and Humans” in cooperation with the VN Woman’s Union and the Center of Health Education.
  - Vietnam Red Cross has produced a similar booklet where the content is the same, but VNRC’s version has only pictures , but not drawings – targeting on RC motivators.
  - The village health workers play a very important role in preventing AI, but they are not paid and are volunteers. This is a challenge, especially not compensating for traveling cost when the volunteer goes from village to village to spread the key messages.
  - Training and communication targets: to farmers, leaflets on bio-security, commune health workers and village health motivators, including women’s union working at commune level, training on IEC material production to partners including focus on field-pre testing
- Lessons learned: effective IEC materials require field-pre testing consultation with target group. And sharing materials with others avoids duplication or errors.
- Challenges: staying current on policies, cluttered media environment with confusing reports, emphasis on chickens only and largely ignore ducks

Questions, Answers, and Comments:

**Q:** Kim Johnson – KIAAsia – When do you expect to see behavior change from your key messages?

**A:** Measuring behavior change is very difficult. There are so many messages on AI from different organizations, measuring the impact from your key messages in isolation is a difficult task. The number of key messages out there is also sometimes it’s confusing. 80% of farmers are small-scale poultry backyard farmers in VN. We plan to conduct a second KAP survey three months before the project ends to see if there are some behaviour changes under the communication interventions..

**Q:** Philip Brant – what is the general impact of your work on limiting the spread of AI?

**A:** Increase capacity building and changes in farmers’ practices is an area we will continue to focus on. We have developed future activities to track the impact (e.g. 6 month follow-up on current farming practices...).

16:20

**Plenary Discussion**, Led by: Anne Ancia, UNSIC Inter-agency Regional Coordinator on Avian and Human Influenza for Asia and the Pacific

- Today we have the pleasure of having with us CARE Vietnam representative. I will ask her to give us some insight into the on-the-ground situation in Vietnam .
- Helene Cunat, CARE Vietnam: our model is community-based with focus on IEC. Vietnam has a framework for coordination activities & integrated approach: national steering committee, and infrastructure and network down to commune level (AI committees) & they gather mass organizations. Facilitation and communication skills are also important to the community-level AI committees. In this regard, VN has had successes. There has been a lot done in terms of raising awareness. Behavior change needs various approaches – sometimes a message is not followed because it negatively affects the farmers’ livelihoods – so multiple alternatives that achieve the same end result are needed. Within the animal health, in VN they have been working to strengthen not only capacity from central to commune level, but also strengthening their own multi-sectoral communication.
- Kim Spurway, VVA: it would be good to continue to coordinate our efforts. We are supporting the Vietnam MoH and MoA to develop early warning and surveillance systems. By setting up surveillance systems and increasing the burden of health workers, I’m wondering what is their capacity and how we can support that. Does anyone have any experience or positive models of animal and human sectors collaborating?
- Koji Nabae, UNSIC: attended the Apex Seminar on data control. Vietnam is one of the few who implement a vaccination policy (others in the region: China, VN, and Indonesia). VN government provides compensation only for farmers who vaccinate – used as a motivation. FAO and OIE are studying efficacy on vaccination. If people are interested, I’m willing to share documents from that seminar.
- Anne Ancia, UNOCHA: we have been seeing more and more sustainable and longer-term approach initiatives. How we can keep strengthening capacity – what are the key messages coming from Asia. In Asia, we are not in an AI emergency response mode anymore, and we are learning how to involve other organizations.
- Save the children – we agree, but we are also focusing on pandemic preparedness. We can only work on capacity building when we have a plan.
- Jonathan Abrams, ADPC: last week we ran a workshop and one observation is that the 4 countries represented and their experiences differ widely. This varying pattern is similar for all Asian countries: some similarities but also some different approaches.
- Chadin Tephaval – WHO: there is nothing very systematic in regards to AI on animal health and human health working together. Increasingly ministries of health and agriculture are realizing their approach has to be multi-sector and include the private sector as well. The private sector wants to hear reassurances from the government that essential services will be maintained in a pandemic state. But the utilities are not generally a part of the government discussions because when AI is mention it is automatically considered a health issue. So the right people have not been at the table.
- Mary Henderson – UNICEF: in regards to animal and human health, behavior change is an entry point into that kind of collaboration. Also, I’d like to highlight some handouts from presentations that I’ve put on the table for circulation. If you want more information on VN country specific activities, Chander Badlow is our UNICEF VN contact.
- Anette Cramer – International Federation of RCRC – a positive takeaway message is that VN has a strong structure in that the government is everywhere. At commune level, the animal and human health person is often the same person. That should guide us in our community-based approach as there is a common entry point.
- Koji Nabae – UNSIC – also within the health sector, there is a lack of coordination not just for AI. Recently I was visiting another country where there was a Dengue outbreak. Communication across health is a common theme for any health emergency.
- Jonathan – comment briefly about observations in Cambodia. There are 2 forums where animal and human health come together – one is similar to this meeting. It’s important that organizations and sectors have the opportunity to work independently and yet sharing their models and information. These are opportunities to build relationships between sectors.
- Anne Ancia – As we’ve seen and heard here today, countries learn from outbreaks. It often comes from learning by doing, as AVSF was saying in his presentation today. In Indonesia, on 15 Sept we had a meeting on AI, there was expressed a need for the Ministry of Health and Agriculture to link in terms of surveillance. AI is giving us very good opportunities to catch this chance and learn by doing.

IOM, IRC willing to present. And to have WHO talking about

16:45

**Any Other Business**

Led by: Molly Schmidt, Regional Health Program Officer, IFRC

The Vietnam NGO Resource Center has updated their contact list. It is a very detailed matrix for NGOs operating in VN along with contact details and target populations and areas. Please find the matrix attached with these minutes. If your organization is not on the list, and would like to be added, please contact:

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Next month's topic was decided by the group at the August. The proposed November theme will be on AI and displaced populations. The topic was confirmed at October's meeting. Two speakers volunteered to present: IOM and IRC. It was also expressed a briefing on the guidelines possibly from WHO or Thailand MoH would be interesting. The RHU will work on the agenda with the speakers. IRC also volunteered to chair the November meeting, given their experience in migrant and displace populations.

The topic for the December meeting was still in question. It was expressed that another country specific meeting on Indonesia would be of interest to the group. If obtaining 2 speakers traveling from Indonesia, we need to start preparing for it in advance.

*CORRECTION: please note these corrections to September's minutes*

From: Arunee Chaisingh, Department of Livestock Development, Ministry of Agriculture

Re: compensation for the first and second wave.

1. The number of cases in wave 1: 190, wave 2: 1539
2. The no. of culled poultry in wave 1: 30 M, wave 2: 3 M
3. Compensation wave 1: ~130 M, wave 2: ~ 5M  
(for compensation only, does not include the other i.e. soft loan)

And the explanation for the compensation cost is:

1. The compensation is related to the number of culled poultry, not the cases.
2. The first wave, no. of poultry was high & condensed and the culling area was 10 & 5 km around the outbreak.
3. The second wave we culled poultry in the affected area.
4. The compensation was also related to the poultry price that was judged by the committee in each area.

**List of participants:**

Inter-agency information sharing/coordination Meeting on avian influenza			
Participant List - OCTOBER 5			
#	Organization	Name	Title
1	Academy for Educational Development (AED), Vietnam	Nguyen Diep Hoa	National communications officer
2	ADB	Philip Brandt	ADB consultant
3	ADPC	Jonathan Abrams	Team Leader, Public Health in Emergencies
4	American Red Cross	Kari Egge	Regional Health Technical Advisor

5	Australian Embassy	Kanchana Sillapee	Research Officer
6	Australian Embassy, Department of Agriculture, Fisheries and Forestry	Dr. Linda Corner	Counselor, Agriculture
7	AVSF	Patrice Gautier	SEA Regional Coordinator
8	CARE Vietnam	Helene Cunat	Health Program Coordinator
9	CDC/ThaiMoPH	Jacqueline Gindler	Medical Epidemiologist
10	CDC/ThaiMoPH	Ms. Sununta Henchaiachon	Research coordinator, International Emerging Infections Program
11	CDC/ThaiMoPH	SuchadaKaewchano	Research coordinator, International Emerging Infections Program
12	Coverage	Andrew Durieux	Director
13	Embassy of Japan, in Thailand	Toshiki ONO (Mr.) 小 野 俊樹	First Secretary
14	FAO	Domingo "Jim" Caro	Communications Officer
15	FAO	Michael Pizzari	Information and Reporting Officer, AI focal point
16	IFRC	Anette Cramer	Regional Health Delegate
17	IFRC	Molly Schmidt	Regional Health Programme Officer
18	IOM	Dr. Predrag Bajcevic	Migration Health Physician
19	IRC	Liviu Vedrasco	Health Coordinator Avian Influenza
20	Kenan Institute Asia (KIAAsia)	Kim Johnson	Program Coordinator
21	McDonald's Asia / Middle East / Africa	Dan Pope	Director Supply Chain Management
22	Nestle (Thai) Ltd	Jean-Yves Gagnepain	Corporate Quality Manager
23	OIE	Nichola Hungerford	Communications Officer
24	Oxfam GB	Marc Joanette	Regional Human Resources Manager
25	Plan International	Shehlina Ahmed	Plan Asia Regional Health Advisor
26	Rockefeller Foundation	Dr. Katherine Bond	Associate Director
27	Save the Children,UK	Kullwadee Sumalnop	Regional Communications Officer
28	Siam City Cement	Mark Stirling	Group OH&S Manager
29	Sun Valley (Thailand) Ltd.,	Dr. Boonprom Enkvetchakul	Senior Manager - Bird Quality Assurance of Agriculture
30	Thailand Ministry of Public Health	Nuthathai Sangobpun	Public Health Officer
31	Thailand Ministry of Public Health	Pornpet Saksirichaisilp	Public Health Officer
32	UNICEF	Mary Henderson	Avian and Human Influenza Focal Point

33	UNSC	Anne Ancia	Inter-agency Regional Coordinator on Avian and Human Influenza for Asia and the Pacific
34	UNSC	Koji Nabae	Avian and Human Influenza Regional Coordinating Officer
35	VVAF - Vietnam Veterans of America Foundation	Kim Spurway	Survey Manager, Information Management and Mine Action Programs
36	WFP	Tony Craig	Senior Emergency Advisor
37	WHO	Chadin Tephaval	Communications Officer
38	WHO	Dr. Chadia Wannous	Office of the WHO Representative to Thailand, Technical Officer
39	WHO	Dr. Maureen Birmingham	