ISSUES NOTE

ECOSOC SPECIAL EVENT ON "THE AVIAN FLU"

THURSDAY, 3 NOVEMBER 2005

AVIAN INFLUENZA: A CALL TO ACTION

Background

The risk of another influenza pandemic is now greater than at any time since 1968, when the last of the previous century's three pandemics began. This risk is directly linked to outbreaks of highly pathogenic avian influenza, caused by the H5N1 strain, in poultry. The outbreaks that have affected Asian poultry since mid-2003 are the largest and most severe in history.

The H5N1 virus fulfils all requirements for igniting a pandemic save one: the ability to pass easily and sustainably from one person to another. As of 1 November 2005, the avian influenza virus has already infected 122 people, killing 62 of those infected. It has not yet developed the ability to transmit easily from person to person. Beginning in late July 2005, the virus has spread progressively westwards to the Middle East and Europe. This expanded geographical presence increases opportunities for human cases to occur and gives the virus more chances to evolve towards a form that can spread easily among humans and thus cause the next pandemic.

Based on past experience, a pandemic could kill millions of people within months and have major economic consequences. While neither the timing nor the severity of the next pandemic can be predicted, the present situation marks the first time that the world has been given advance warning that a pandemic may be imminent. All countries need to be ready with pandemic response plans that include strategies for reducing morbidity and mortality.

Elements of a strategic response

Eradication is possible in most poultry producing areas, if better biosecurity practices are implemented at the village, farm, commercial, and marketing sectors. Political will and concerted and collaborative action by various government ministries (Health, Agriculture, Planning, Natural Resources, and Defence) have shown that control and elimination is possible.

Opportunities for delaying or perhaps even preventing the start of a pandemic also exist for the first time in history. According to FAO, the main actions required to control the disease at source and prevent the pandemic are:

- Early detection and eradication of outbreaks which implies to raise public awareness, strengthened surveillance, diagnosis, and humane culling and proper disposal capacities.
- A system of notification at the local, provincial and national level that includes acceptable and just compensation to the owner or producer.
- Improved biosecurity at the local and commercial levels, including implementing the practice to separate different species of animals (ducks, chickens, swine) in production

and providing mechanisms to decrease the contact between wild birds and raised poultry (i.e., nets or proper housing).

- Use of quality assured vaccines and effective vaccination campaigns, where needed.
- Improved hygiene and inspection at markets.
- Control of animal movements at internal and international borders.
- Undertaking risk assessments, including those associated with formal (imports, poultry exhibits, cock-fighting) and informal practices (non-inspected local slaughter, border exchange and traffic, cock-fighting).
- Enabling legislation that includes access and intervention by the veterinary authorities and the execution of pre-funded contingency plans.

WHO constantly monitors the evolving situation for changes in the epidemiology of the disease and, through its network of laboratories, in the virus. The world is kept informed via a six-phase pandemic alert plan, which was activated in January 2004. WHO provides direct support to affected countries for diagnostic confirmation, field investigations, and procurement of essential supplies. In the present pandemic phase 3 (a new virus is infecting humans, but does not spread easily to others), the most important activities are to prevent further human cases and detect clusters of cases closely related in time and place, as this provide an early warning that human-to-human transmission is improving.

If a pandemic virus does emerge despite efforts to control the disease in animals, the next step will be to try to contain the earliest instances of human-to-human spread, if circumstances permit, and to prevent the new virus from becoming established in the wider population. Should this fail and a pandemic begin, the next strategy is to reduce the number of cases and deaths. WHO has issued recommendations on the use of vaccines and antiviral drugs,[1] the two most important medical interventions for reducing morbidity and mortality during a pandemic. Other assistance in developing response plans[2] and checking preparedness[3] is also available. It is in the best interest of the international community to assist affected countries in controlling poultry outbreaks, reducing human exposure, and detecting and investigating each new case promptly. Opportunities for doing so are outlined in the August 2005 document, Recommended strategic actions[4] for responding to the avian influenza threat.

At present, no pandemic vaccine is ready for commercial production, production capacity falls far below world demand, and no country will have adequate supplies until several months after a pandemic is declared. Supplies of antiviral drugs are also inadequate and not easily augmented, due to the complex and time-consuming manufacturing process. On present trends, it will take the manufacturer of the principal drug (oseltamivir) a decade to produce sufficient supplies to cover 20% of the world population. Once a pandemic is declared, WHO will monitor the evolution and spread of the event in real-time. As the epidemiology of the disease becomes apparent (attack rate, modes of spread age groups most affected, clinical features of disease), WHO will issue Internet advice on other control measures, including social distancing and travel measures, that might delay spread within countries and internationally.

The role of the UN system

[1] http://www.who.int/csr/resources/publications/influenza/11_29_01A.pdf
[2] http://www.who.int/csr/resources/publications/influenza/WHO_CDS_GIP_2005_5/en/
[3] http://www.who.int/csr/resources/publications/influenza/WHO_CDS_GIP_2005_4.pdf
[4] http://www.who.int/csr/resources/publications/influenza/WHO_CDS_GIP_05_8_EN.pdf

A co-ordinated approach will be necessary to make the international system as responsive as possible and to ensure common strategies and joint action within the UN system, and between the UN and development banks, donor agencies, private entities, non-governmental groups, humanitarian agencies and professional bodies. The recently appointed Senior UN System Coordinator for Avian and Human Influenza will be instrumental in ensuring the consistency of UN approaches to control and prevent influenza in animals and pandemic prevention and preparedness in humans. Working through the agencies within the UN Development Group, he will also ensure that the UN system supports effectively local, national, regional and global preparations for a potential human influenza pandemic.

At the country level, coordination of UN efforts will revolve around the Resident Co-ordinator and UN country team, reflecting primary guidance by WHO and FAO. In some countries it will require a dedicated pandemic influenza task team staffed by competent persons from different agencies and organizations. UNDP's support of national processes, including risk assessment and management, and identification of the most vulnerable, will be a valuable contribution to preparedness. When the world is at imminent risk of pandemic influenza, the UN Humanitarian Co-ordinator and the country inter-agency humanitarian team (IASC) within countries will be mobilized and ready for response. Certain population groups will be particularly vulnerable - especially stateless persons, as well as women and children. UNHCR, UNIFEM, UNFPA and UNICEF will work with the population groups that are at the centre of their concerns, and be ready for a more substantive contribution to the overall response if needed.

Key Questions

- How to ensure that national efforts and initiatives complement and reinforce other initiatives, both national and global?
- What is the role for partnerships? More specifically what are the possible roles of the private sector and NGOs?
- Is there a role for regional organizations?
- What is the role for development cooperation in mobilizing resources to meet this new challenge so that all countries are protected? How to address the economic disruption caused by the prevention measures and the need to mitigate the impact on farmer's and community livelihoods?