



World Chronicle

UNITED NATIONS

PROGRAMME: No. 994B recorded 18 November 2005

GUEST: **David Nabarro**
UN System Influenza Coordinator

JOURNALISTS: **Edith Lederer**
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“Bird Flu Blues - Part 2”

More dangerous than climate change or global terrorism, according to many experts, is the possibility that the world is facing a devastating flu pandemic. One such pandemic, in 1918, killed as many as 100 million people.

Will the Avian Influenza virus now plaguing several Asian countries spread rapidly to all parts of the world? Can it be stopped, or will it be the most cataclysmic event of our times? What is the international strategy to fight it? These issues are explored in depth in this edition of World Chronicle with the leader of global efforts to stop this bird flu, Dr. David Nabarro, the UN System Influenza Coordinator.

WORLD CHRONICLE is produced by the News & Media Division, Department of Public Information, United Nations, New York, NY 10017, U.S.A.

Duration: 28:00"
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ANNOUNCER: From the United Nations in New York, an interview programme on major global issues. This is **World Chronicle**. And here is the host of today's **World Chronicle**.

JENKINS: Hello, I'm Tony Jenkins and welcome to World Chronicle. Last week we talked about what could turn out to be one of the most cataclysmic events of recent times – a global influenza pandemic. Our guest was the UN System Influenza Coordinator, Dr. David Nabarro and he was interviewed by Edith Lederer of the Associated Press and Stephen Handelman of the Toronto Star. Our discussion focused on problems of such grave and imminent concern that we just didn't want to stop. Today we'll bring you back to right where we left off – talking about whether nano-masks like this one can be an effective weapon against the virus.

NABARRO: I think the mask is going to mean that individuals are going to protect themselves, that's a physical protection and assuming that the anti-viral medicines will work properly there's also a potential of chemical protection. People will be able to need to protect themselves. Now that doesn't necessarily mean that they'll need to isolate themselves. However responsible social distancing is going to be necessary so that means large crowds will have to be avoided and there'll obviously be some need to think about if schools should be kept open and the like.

JENKINS: What we are talking about is that we'll see cinemas put off limits, restaurants put off limits, and in work-places, where people aren't doing essential work, we'll be discouraging people from...

NABARRO: Governments will certainly make those kinds of decisions. What I would like to address with you though whether or not then if we'll get impossibly difficult situations where communities or towns or whatever will erect barriers around themselves saying, "Because we don't want outsiders in here; because we're trying to protect ourselves".

JENKINS: In my mind I depict a town in the mid-west of America or village in the wilds of China, where people with shot-guns or whatever kinds of weapons they might

have there saying - Our town or our village does not have a single case of this and you cannot come on. They are barring the roads; they are closing the roads; trying to stop people flying in. Is that the sort of thing you for see?

NABARRO: I believe there'll be some instances where decisions are made that do lead to exclusion in this way.

JENKINS: Sounds like anarchy.

NABARRO: Well, that's why government matters for public health. You hit the point, without government, you cannot do proper public health. And that's why my line to people on this when they say - What can I do? What can our community do? - I say, put faith in your government and require your government to take the right kind decision on the behalf of the people because this needs good governance.

LEDERER: But you've said... you yourself have said that the worst thing that could happen is that if this thing got into Africa because those are governments that are by and large the poorest in the world. One of the implications is that if the pandemic starts in one of the very poor African country...

NABARRO: I think that if the pandemic starts in any poor country that doesn't have a strong well-governed, public health system, then the implications are going to be very serious because we only have a relatively short time interval between the discovery of the virus and the initiation of successful containment measures. If we going to be able to stop the pandemic from becoming deeply entrenched and whether it's an African country or an Asian country, that's got poor, that's got limited public health system, then there are going to be real problems with maintaining the lid on the pandemic.

LEDERER: And then you could have massive deaths, of course?

NABARRO: I think that's the issue. If you are going to be in a situation where rapid containment is not possible and then there is going to be more and more individuals

affected or able to seed that infection into communities more widely dispersed and that will almost certainly therefore lead to much higher death rate outcome.

HANDELMAN: But you should require your governments to take good health decisions. I can see that possibly happening in Western Europe or the United States. I'm not sure if I can see that happening in other parts of the world but even in the richer countries I can and I'm sure you can see huge problems of imbalances between different parts of a country. Isn't it really time if we are talking about an epidemic or a pandemic this scale that we need to take much better and much perhaps top down decisions early on? Global decisions that impose some sort of obligations on countries in the ways that they should respond?

NABARRO: And now we're going into some very meaty questions. Can I just say quickly, I don't think it's only the world's wealthy countries that have well-governed public health systems, I can identify, I don't want to do it right now, some poorer countries that have superb public health systems and some richer countries that have awful public health systems so there is not a direct correlation between gross national product and the governance of the public health system. But kind of moving on beyond that, we actually have the early instruments for international governance of public health just being agreed, they are called the International Health Regulations and they came up at the World Health Assembly in May this year. And some governments are now saying that we need an early ratification of the International Health Regulations, which begin to give us the framework for the global governance of public health. I think we're going to need to go further because global governance of public health requires a capacity for global political decision-making because a lot of the decisions that need to be made with regards to access to medicines, resources, transport. What we are going to do about containment? A lot of these decisions require a more general global governance capacity.

HANDELMAN: Can you be more specific? What sorts of measures are on the table right now?

NABARRO: Okay, very quickly. Suppose it's thought that the pandemic is starting in Country X. How are we going to find the way to maintain communication with that country when there will be a temptation for airlines and airline pilots not to fly?

JENKINS: Excuse me, your recommendation in this situation would be that they should continue to fly?

NABARRO: I'm not going to make the recommendation because I don't particularly wish to be at this point making the policy decisions but I'm going to say that I'm not sure if we have the mechanisms to which these kinds of policy decisions can be made globally. We are not sure if we are there yet and I would like to see that we would be moving in that direction right now because these decisions have to be made sooner or later when the pandemic comes.

JENKINS: You are raising a very, very big chestnut when you are talking about global governance because this house, the United Nations, is in terms of its ideals a democracy where people can come and expect to be treated equally. In reality, many people would say that this place is not a democracy, it's a market place. It's a place where countries come, trade power and influence. In an ideal such as you are describing, perhaps we would like to see, when an outbreak happens in Country X, pick an east African nation, I don't know, let's say Kenya. It doesn't have stockpiles of Tamiflu; has no ability to make any vaccines; doesn't have the filters. We know that the temptation would be isolation; cut off from all air-flights; don't let their people travel out. Will the temptation also be to say that we've these stockpiles of antibiotics, let's share them? In an ideal UN, perhaps yes, but is that what you foresee?

NABARRO: I think I'm probably are much more naïve than you are and perhaps that's useful at this point. For me the United Nations system is a democratically governed institution that has within that governance and reporting to that governance, a series of fairly well developed organizations performing services on behalf of the world. So the World Health Organization is the organization whom we'll all turn for direction as to what level of pandemic alert we're at and what we should we

be doing about it. The Food and Agricultural Organization to whom we would turn for information on the animals. Then when things go bad, the pandemic starts, we would go to Jan Egeland, the Emergency Relief Coordinator, for him to help us organize the handling of movements of people, goods, medicines and other supplies within the context of the arrangements that he has set-up for other kinds of crises. This is how I believe it'll work. The institutions are there to work under governance. My only challenge is that we are going to have to address some tricky policy issues that will not be easily dealt with on a day to day basis. So we are going to need the governance running in a virtually continuous cycle once the pandemic starts.

HANDELMAN: But this seems, forgive me, somewhat *laissez-faire*.

NABARRO: Is it?

HANDELMAN: It's one thing to have the UN System agencies in place equipped to do these things but without the political leadership, without the political commitment to that, you really can't assume that is going to happen. And I thought when you talked about institutionalizing it, you were getting at a more political level of decision, a treaty perhaps, even if it's a temporary one that obligates to do x and y...

NABARRO: I certainly believe that we need have further discussions at the political level, not within the UN or within other political mechanisms that have been setup. There is a thing called the International Partnership on Avian and Pandemic Influenza. For example it's been set up for that purpose. We are going to need that political mechanism. There are three levels, there's the political level where we are going to need that dialogue in order to help get the policy decisions handled correctly. That's on the way. The working level of the institutions within the UN development banks and the like. My job is to work as a coordinator at that level. Then there's the country level where the day to day, week to week decisions have to be made. The coordination and management then is done through the Resident Coordinator of the UN System working in close association with the national government and the Country Director of the World Bank. That's not *laissez-faire*. That is

three levels of system in which my coordination office and the Office of the Secretary-General and the Director-General of WHO and FAO are all working. But we have to tune the political part of this system so that it is working to give direction on the policy issues quickly.

LEDERER: Do you foresee the United Nations actually being at the top of those three levels and actually trying to coordinate that whole, especially the political compromises and decisions that are going to have to be made? And some of them obviously will involve things like aviation, patents, if you are trying to do medicine, year-making or diverting large amounts of money.

NABARRO: I see the United Nations System as a catalyst to make sure the political processes in the world address these issues but I'm not sure I'm ready to say that the organization should be at the top. I don't think that's the modern world where you can automatically assume that the political structures of the United Nations will be allowed to take on these roles by all the members and nations. However, I think the United Nations political and institutional machinery will be part of the process of making this possible and certainly that is being discussed in the run up to the meeting in January, that I've talked to you about earlier, what we call the pledging meeting. In parallel track, there's a lot of talk about the way in which international efforts to combat influenza is going managed, governed and directed; and the UN will certainly have a role within that.

JENKINS: You know, I just want to clarify this because you're giving what seems a reasonably optimistic view of how this process will work. Let me try and make it more specific. If this thing were to happen within the next three to six months, the United States unlike Britain and France as we mentioned earlier, does not have decent stockpiles of Tamiflu. You come along as the Senior UN Coordinator on this thing and you say to the White House – we've got an outbreak in Country X, you described it before, I suggested let's call it Kenya in Africa. You come to the White House, you say – we know you only have stockpiles of Tamiflu enough for five per cent of your own citizenry but we need that now to stop it in Kenya so that it doesn't get any further, so

that it doesn't come to your shores – Do you think that the U.S. Administration or any rich and powerful governments around the world would cooperate in that scenario?

NABARRO: I don't think it'll be me who will go to the U.S. Administration. Don't think it'll even be the Secretary-General who goes to the Administration without precise questions. What I think will happen is that there will some kind of consortium established, it's kind of hatching right now – good pun, isn't it? It's happening right now. There's a consortium being established that brings together countries, agencies, development banks, civil society, all the parties involved and it'll be encouraged and enabled to function as a political entity that helps in dealing with the very tricky issues of the key stocks of anti-viral and how the stocks are going to be distributed. It has already started to take shape as this International Partnership on Avian and Pandemic Influenza. I will be closely associated with that and sometimes take issues to that partnership or the consortium depending on what it will eventually be called and say – We've got a problem here. Can we discuss it? Can we get a resolution on it? – And I'm certain that, that is going to work.

JENKINS: You know, we are starting to come back to the same territory because each of the issues that we have discussed has its own complicating elements that reach out. I want to go back to the economic damage and will quote you again Dr. Michael Osterholm who is the Director of the U.S. Center for Infectious Disease Research and Policy. He talked about the potential for disruption and what he was pointing out is that we live in a world, certainly in the developed world these days, of just-in-time deliveries of everything. It's not just-in-time deliveries for Ford manufactured cars, sometimes deliveries of the grocery stores and supermarkets. And he's saying that the disruptive effects when this starts to breakout of governments saying – No, we are going to shut this down at least until we have got an handle on it and we know how to quarantine people – The disruptive effects of shutting down a lot of air and sea trade is actually going to lead to things like food shortages. He says we won't be able to send all of the workers into the power plants and we are going to have energy shortages. This is a real doomsday scenario he's painting. Do you think it will get that bad?

NABARRO: Could well do so. That is why I yesterday had 50 companies that are members of the World Economic Forum in finance, in food, in international transport, other sectors that may well be affected by this. And we were discussing between ourselves what I can do as the UN point person linked to the various different agencies to help them, the companies who have got business continuity issues, to deal with and can help them to maintain continuity despite some of the difficulties that might happen because nobody wants that kind of close down that you've just described.

JENKINS: Can I ask you then, do you think that non-essential, what we might deem as non-essential economic activity, is likely to be shutdown? In other words, do you foresee a situation where the government would say, we need to keep our food factories open so we will prioritize our resources whether it's masks or clothing to food factories but we don't need to make more cars during this crisis? Car factories, in order to avoid the situation where a lot of people are congregated, where they could spread this virus. We are going to close down something non-essential like a car factory?

NABARRO: So we are back to governance questions. In adversity, governments make choices about workforces, about material and power are going to be used to deal with priorities. The pandemic will affect workforces; the pandemic will affect transportation; the pandemic will affect public security. Governments will need to take the responsibilities for setting priorities and deciding how resources are best used. I'm not going to predict it because that's not really useful but I'm absolutely certain that governments will recognize that there is adversity and will need to approach it in the way that you described.

HANDELMAN: But all the same, one thing seems clear that business of the world will continue; there will still be the war in Iraq; there will still be the fighting and conflict in the Congo; there will still be human trafficking going on. How do you deal with an epidemic when you have those subterranean issues happening in the world? Do you need something more politically? I go back to the whole political point of more of

something that obligates people to recognize that certain things have to stop whether it's through a different kind coordination or treaty.

NABARRO: I would agree that it'll be very desirable for countries reprioritizing certain activities that they are undertaking and also for groups and individuals to be doing the same. I'm using, of course, quite cautious language in response. I couldn't reply to a question using the language that you just used. But that reprioritization would be necessary but it won't be done, I don't think, through any attempt to compel countries to do things, I doubt it myself, there'll be a treat. I said we've got the International Health Regulations. I don't think we'll go very much further than that but we do have a degree of consensus on the importance of prioritization, the importance of transparency of information, the importance of sharing science and technology, the importance of also of sharing access to key requirements for enabling populations to deal with their influenza problems. Of course, it's all got to be put to the test but it is my judgment that we will be able to get an awful lot more done through that kind of voluntary intergovernmental cooperation with the right kind of leadership from the United Nations and other kinds of global institutions. We'll get a lot more of that than your questions implies, that you think we will.

HANDELMAN: Can I just follow up? If and when an epidemic or pandemic occurs, what will be your role? How will your role change?

NABARRO: Slightly under negotiations. You know I've only been on this job now for six weeks but we are not starting to look at not so much my role but how the United Nations' role will evolve in the event of or at the time of the pandemic. In particular, what will governments expect of the United Nations, in relations to the needs of population, not just affected population but other populations who may not be able to access the food and other things that they need because food systems will be impaired. And so, for example, quickly, the World Food Programme, is the world's major supplier of food to endangered and hungry population, is accepting that it may well have new businesses to do in the event of a pandemic, those in terms of delivering

food but perhaps also delivering other goods because it's got the best logistics capacity in the whole UN System. That's the thinking happening now.

LEDERER: One of the questions I think all this raises particularly talking about the economic impact on countries. If a pandemic started tomorrow in a Country X, let's say in Asia or Africa, how fast would it actually spread and what kind of thinking is there of what the rest of the world could do to respond when they see something starting?

NABARRO: Right. Okay, the first thing is that, of course, when we are talking about response and containment, particularly in the beginning, we have to be aware that there will be a need almost certainly for the movement of people and goods to the area where the containment is going to be undertaken. And that will be within a country as well as between countries. So surge capacities, as we call it, is vital to get to the affected area. Now one of the problems is that it's going to be difficult to transport this surge capacity because commercial transportation, air, sea, road even, maybe impaired so we are already in the United Nations System, in discussion with the world's militaries and, of course, in discussion with the World Food Programme who run the humanitarian air service about possible standby air transport capacity should commercial transport not be possible. And on another scale, we also got to think about the research capacity for the bird flu. You know we were talking about the problem of African countries when the bird flu starts to hit them? They are going to need surge capacity to help with the restoration and improvement of their veterinary services. Surge, international surge, capacity is key and that is part of the work that we are working on right now. On Monday in Geneva, we will be having a discussion about this in order to try and make sure we've got the surge capacity right.

JENKINS: You know, Steve earlier said that the war in Iraq would still go on. John M. Barry, I don't know if you've heard of his book, it's called *The Great Influenza*, and that suggested that the reason why the Germans lost the First World War was because their troops were infected first by the influenza and it stopped their advancement in its tracks. I mentioned that because the policy that's being advanced by the Bush Administration is this talk of marshal law and talk of military intervention in the event of

a pandemic. In light of what happened in the 1918, where the military actually became a vector for spreading the virus, do you think that's a wise way to go?

NABARRO: You know I'm not going to comment on the wisdom of what's being proposed by other Member States. Let's put it on one side. I think two or three facts need to be put in place. Various studies on the relationships between disease epidemics and the course of history, not just the one that you described, but there are series in the number of texts that I've read, lead me and lead all of us to understand that disease epidemic affect massively on the course of history. So what people say in advance in terms of how they will deploy militaries or how they will do other such things maybe right at the time they are stated. I think you need to be prepared for the possibility that things would eventuate in a different way. Secondly, yes, containment is going to be very important indeed and there will be a requirement almost certainly from the military force or police or other security to help impose the containment and deal with the very difficult rationing decisions that are required. Thirdly, I actually believe that the secret for addressing the pandemic properly will not be through the military or other forces but will be through governments working in partnership with informed people. For me communication would be the key at this time, enabling people to understand what they should and should not do once the pandemic alert comes on. What they should and should not do if it turns out that their neighbours' are suspect influenza pandemic cases, what they should and should not do with regards to keeping the rest of the country going. And it's a combination of responsible governance and information that is going to be the absolute key for success.

HANDELMAN: Just on the public response, we've already seen some examples of how some of these people respond to these situations. We've had the SARS issue; we had the Anthrax scare in 2001. If one could draw generalizations from it is that people are panicked at first, try to take immediate precautions and take responses, buy masks and within two or three months interest flags and people go back to sBDI1. I796)1 (that JJETEMC C

the reason the huge number of deaths was the fact that it was 1918, we didn't know much about the treatment of this sorts of things, so it took us at our worst – a lot of people might sit back and say – well, doctors today can handle it, there's not much we can do.

NABARRO: I want to continue with the theme that we just had. The partnership is between people and governments. Informed people who know the issues, know what they got to do, we haven't started on the quality public communication strategy that I think is going to be necessary with every household in the world with a set of basic pieces of information on Avian Influenza, Human Pandemic Influenza and the roles they can play. And secondly, I hear what you say about panic, I've so much faith in the capacity of humans as working as movements to really respond in an effective way. The most exciting discussions that I've had in the recent past was with the representatives of the 96 million volunteers in the Red Cross movement who pledged in Seoul last week that they are going to work with us on this. Let's build the capacity in this large voluntary movement to make sure that they are with us in this great fight that we are going to have.

JENKINS: On that optimistic note, that's all the time we have. Our guest has been Dr. David Nabarro who is the UN System Influenza Coordinator. He was interviewed by Edith Lederer of the Associated Press and Stephen Handelman of the Toronto Star. I'm Tony Jenkins, inviting you to be with us for the next edition of **World Chronicle**.

ANNOUNCER: Electronic transcripts of this programme may be obtained free of charge by contacting **World Chronicle** at the address on your screen:

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