

IVTH JOINT EC/ECDC/WHO WORKSHOP ON PANDEMIC INFLUENZA PREPAREDNESS
LUXEMBOURG 25 – 27 SEPTEMBER 2007
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I The changing context for Avian and Human Influenza (AHI) response and Pandemic Preparedness

1 HPAI is still circulating in poultry and waterfowl Two years ago the bird population of 17 countries had been affected by the H5N1 virus (of which 13 countries in poultry) and 98 cases of H5N1 human infection had been confirmed, of which 43 were fatal (spread over 5 countries). As of today 60 countries have reported H5N1 outbreaks (of which 43 in poultry) and a total of 327 persons have been infected by the virus (200 of them fatally) in 12 countries¹. However, we still cannot make reliable predictions about how the H5N1 epizootic and pandemic risk will develop in the next 12 to 24 months. Such uncertainty makes preparedness planning vital but also presents difficult challenges – including the level of resources to commit, the degree of preparedness to be attained, and the best ways in which the issue can be communicated to those constituencies with an interest as well as to the general public.

2 Public interest may have reduced but political commitment remains Two years ago we were working in a climate of widespread international concern about the potential impact of a pandemic, including high level media coverage and strong engagement of political leaders. At the time, though the threat of an influenza pandemic is now receiving a lower (and probably more appropriate) level of media coverage it still receives attention from political leaders the world over. Rightly so: the threat of an influenza pandemic is at least as great as it was in 2005. However political decisions about responses to HPAI and pandemic threats are now being made in a more measured and less pressured way, and decision makers seek well-considered, evidence-based advice.

3 Following a range of international, regional and national meetings to agree strategy for national efforts to control Highly Pathogenic Avian influenza and prepare for the next influenza pandemic, countries throughout the world have devised integrated national plans and started to implement them. Their goal is to

- a) Control highly pathogenic avian influenza in poultry, and reduce the risks that this disease poses for members of the human population exposed to it;
- b) Watch out for sustained human to human transmission of highly pathogenic influenza through vastly improved surveillance, and be ready to contain it; should containment not be successful,
- c) Mitigate the impact of a pandemic on human health, society, economic systems and governance.

4 The strong emphasis on integrated responses is supported by the high level engagement of national leaders, and their governments, at regional (as in the European Region) and global levels. The intense political response and linked pledges of financial assistance in the face of a global threat are unprecedented. There have been regular intergovernmental meetings (linked to the September 2005 International Partnership on Avian and Pandemic Influenza), and substantial pledges of resources made for country, regional and global actions.

¹ Sources OIE and WHO

5 Tracking: The implementation of national plans has been reviewed in the third progress report produced by the United Nations System Influenza Coordinator (UNSIC) and the World Bank, covering the period January – June 2007. This report – to be released in October 2007 - provides an analysis of the global situation and suggestions for moving forward. It has been produced in advance of the next Ministerial Meeting on Avian and Pandemic Influenza - due to be hosted by the Government of India in New Delhi in December 2007. Data for the report came from national authorities of more than 145 countries during July and August 2007. The data were supplemented with information from case studies of influenza programme development within 9 countries. UN systems' agencies provided information on specific technical issues, on external coordination and on issues faced during support for programme implementation. In addition the World Bank collected data from donor countries about financial commitments and disbursements

6 Of the \$ 2323 million pledged by bilateral donors, the European Commission and multilateral development banks in 2006, \$1678 million (72%) has been committed and \$1018 (43%) has been spent. The figures suggest that considerable funds are available for spending, but this is not the case. The original pledge included \$1340 million of grant funds and \$983 million of loan funds.

7 Of the \$1340 million grant funds that were pledged reveals that \$1287 million (96%) has already been committed. Around \$53 million of the current pledge remain available as of half way through 2007. \$ 955 million (74%) of the committed grant funds have already been disbursed.

8 Over time countries have become more dependant on loans as the availability of grants has declined. Of the \$983 million loan funds that were pledged, approximately \$592 million remained uncommitted as of end-June 2007. There are two reasons for this relatively slow rate of commitment of loans. First, loans are used to finance medium-term integrated country programs, which take time to prepare, and second, developing countries prefer to use grants, rather than loans, to finance their integrated programs.

9 Overall, country reports suggest that capacity to respond to Highly Pathogenic Influenza (HPAI) infection has improved. Many countries have demonstrated a sustained improvement in capacity to detect, confirm and contain poultry suspected of being infected with a potential pandemic influenza virus. Outbreaks are being detected more rapidly and the response is more effective. This is a promising outcome. But veterinary capacity in other countries has far to go: animal health services are not performing adequately with a lack of the necessary legislation and regulations; poor working relations between official veterinarians, private practitioners and farmers; insufficient budget for veterinary services and limited laboratory capacity, both in country and within regions. In some countries the H5N1 virus is entrenched (enzootic) despite national efforts to control it. A long term effort to improve bio-security in livestock production systems is vital if the risks of HPAI infection in poultry are to be reduced – particularly in small commercial and large backyard flocks.

10 Differences in the health of poultry and waterfowl between countries are a reflection of the ways in which veterinary services and livestock rearing are governed, managed, financed and monitored at the national level. External assistance has to take these national realities into account and there is no single approach that is right for all countries. There is increased

recognition that the design of control strategies has to take account of the way in which people live with poultry, and earn their income from marketing them.

11 There are continuing differences in the functioning of human public health services where there is need for an increased emphasis to be placed on the resilience of health systems (e.g. surge capacity, continuity of normal health services). The Rapid Containment Protocol, as advised by WHO, should be integrated into national plans. At the same time, national governments have invested substantial time and effort in negotiating the conditions under which information and virus samples are shared, and sought to ensure that they can benefit equitably from vaccines and diagnostic materials that are derived from them. These negotiations are expected to continue placing demands on UN systems' agencies.

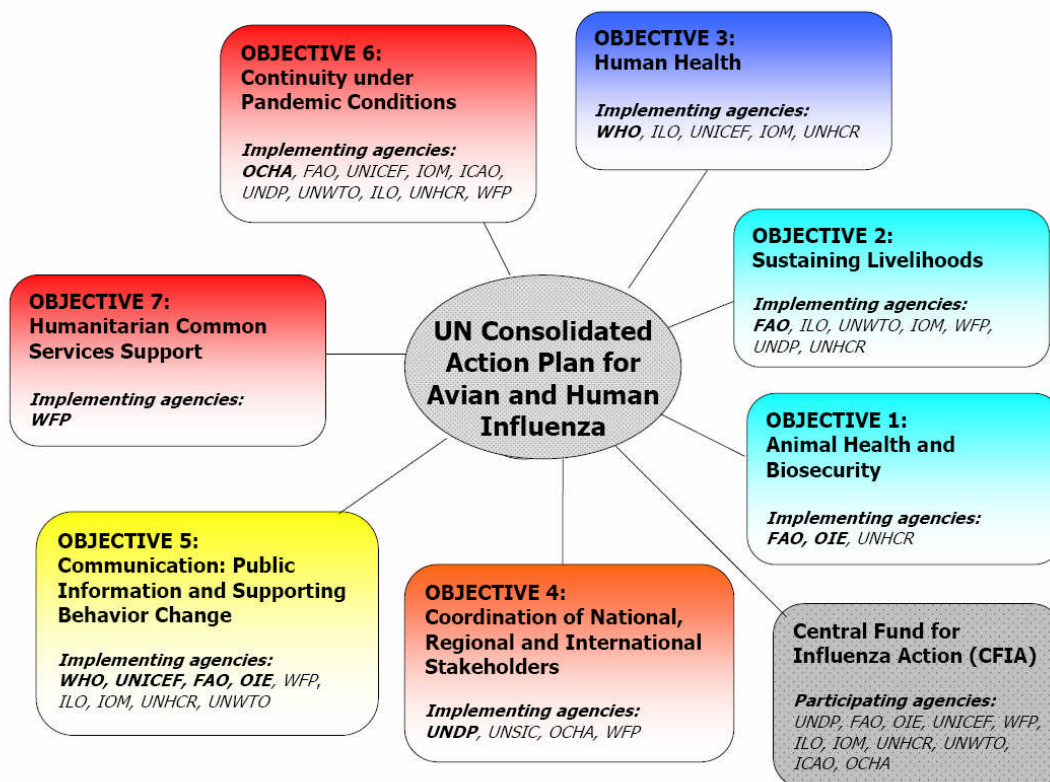
12 National preparedness for a substantive pandemic response is patchy: there is insufficient attention to sectors other than health and to operationalizing pandemic plans. Many countries report that they have developed pandemic preparedness plans. However, while there is strong progress in the health sector, awareness of the importance of other sectors is significantly lacking. In some countries the institutional capacity to bring together the highest levels of government and different sectors and maintain engagement in pandemic preparedness are insufficient. Few countries have tested how they expect to make their plans operational have not been tested. In many countries much more work is needed to ensure that local and national stakeholders with experience in crisis response and humanitarian action are ready to respond to a full blown influenza pandemic.

13 Important prerequisites for successful responses to HPAI and effective pandemic preparation include (a) political commitment from legislators to implementation of internationally agreed strategies, (b) effective joined-up leadership from those responsible for running key in-country institutions and services for animal health, human health and crisis readiness, (c) functioning partnerships between legislators, professionals and private sector stakeholders, and (d) a broad-based public appreciation of the actions that can be taken to reduce risk, as determinants of progress. Effective public information and popular mobilization are critical. At the same time, sufficient funds must be available for the implementation of key functions within the different sectors, including (a) capacity for immediate *surge* responses in the face of infection, and (b) longer term investment in safer livestock production and in public health systems that permit implementation of the International Health Regulations (a minimum of 3 to 5 years' investment by most countries).

II International Agencies, funds and programmes have developed a consolidated plan for supporting national programmes

14 The UN system, the OIE, the World Bank, regional institutions (including ECDC and AU-IBAR) and national technical institutions have a critical role to play in guiding the implementation of strategy. They do this at the national level: they also perform vital regional and global functions. The UN systems agencies and OIE have received over US \$350 million since late 2005 and are pursuing actions that are reflected in the UN system's AHI Consolidated Action Plan for Avian and Human Influenza (AHI). Agencies have linked up with government, voluntary, private sector, regional and international bodies. The emphasis has been on finding opportunities through which both the human and financial resources, and the time and energy invested in responses to HPAI and preparedness for the next influenza pandemic can yield a return far beyond a response to influenza-related threats. Strengthening surveillance and

laboratory capacities, health infrastructures, humanitarian response capacity, public understanding and bio-safety will impact positively on the level of preparedness for, and response to, any kind of zoonotic diseases. UN systems agencies are pursuing seven objectives as they contribute to effective national, regional and global responses to HPAI and the influenza pandemic threat



15 Experts convened by FAO, OIE, WHO and UNICEF met in Rome in June this year to review the strategies used to control HPAI and prepare for the next influenza pandemic. They examined the extent to which these are strategies technically appropriate for the range of challenges now being addressed and are achieving the desired impact: they proposed necessary shifts in emphases to take account of the evolution of HPAI and pandemic preparedness. The UN system's overall performance has recently been reviewed against the objectives set out in the Action Plan.

III Future Prospects

16 Adequacy of National and International HPAI Control Capacity We cannot say that the improvements that are reported will be sustained, nor can we be certain that they are good enough to withstand intensification of HPAI transmission in the coming months. Indeed, as long as H5N1 is continuing to circulate among poultry and waterfowl the threat posed by the virus will remain. Hence we focus, now, on a long term strategy to prevent and control H5N1 and other zoonotic pathogens, and to be ready for the next pandemic.

17 National and International Capacity to Contain Disease Threats: The International Health Regulations provide a framework for countries to work together in response to infectious disease threats. Given the need to understand risks and to detect and respond to incidents promptly, professionals active in animal and human health, environmental health and food safety would do well to work together. This applies whether they are engaged in scientific aspects (epidemiology, pathology and molecular biology), or in implementing policies for prevention, detection and response.

18 Planning for pandemic as a mega-crisis: Planning for major disasters calls for the engagement of a range of sectors - such as finance, food, tourism, environment, governance and humanitarian action. Organizations responsible for banking, power, telecommunications, food and fuel distribution water and maintaining the rule of law should develop continuity plans to continue working in the face of significant absenteeism of staff. Given that an influenza pandemic will evolve into a social and economic crisis for many of the communities in our world, public health specialists are increasingly engaging with crisis planners as they prepare to mitigate the consequences of an influenza pandemic. The more local communities and nations can be ready to avert, and (if necessary) tackle the humanitarian crises that would be associated with an influenza pandemic, the better,

19 In conclusion: Evidence-based strategy development, the building of institutional capacity, continued political commitment, and necessary levels of grant funding are ALL vital to ensure (a) effective HPAI control, (b) implementation of the International Health Regulations, (c) public mobilization for actions that will reduce risks and (d) preparedness for the next pandemic and other mega health crises. It would be foolish to stop now when the collective actions undertaken by many nations to address global threats seem to be starting to be effective. Gaps have been identified and filling them will require at least 3 to 5 more years of focused investment by the international community.
