Avian & Human Influenza and Humanitarian Action

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Avian Influenza - FAO Contingency Plan

Since highly pathogenic avian influenza was first reported in Vietnam in December 2003, it has been identified in several countries in the region. It is still defying attempts to control and eradicate it in PR China, Thailand, Vietnam and Indonesia. The occurrence of human cases of infection with the H5N1 virus responsible for this panzootic and evidence that it has spread with migrating wild birds as far as Eastern Europe has caused global alarm.

Field planning/preparedness: FAO has been active in providing support to disease control efforts in infected countries and in assisting non-infected countries to prepare for a rapid and effective response, should the disease become introduced. Together with the Office International des Epizooties (OIE), FAO has responsibility for coordinating the international effort from the livestock perspective. The UN System Coordinator for Avian Influenza has taken responsibility for ensuring a harmonised approach to address the concerns for human health and those relating to poultry production and the livelihoods of producers, especially those in developing countries. In addition, FAO has been involved in public information and awareness creation. Close cooperation is being set up between FAO with WHO and UNICEF for the streamlining of messages and behaviour change. FAO is especially attentive to possible effects of messages on people's livelihoods. Poultry farmers and their families, marketers and traders as well as veterinarians and persons involved in culling and vaccination operations are specifically at risk of exposure to the H5N1 virus through contact and handling of infected birds and their products. Communication efforts have been supported by market studies and applied research on socio-economic impacts in the Mekong region. Future socio-economic research will be undertaken and coordinated by the recently-formed multidisciplinary and multi-agency ECTAD Socio-economic and Policy Working Group.

Business/operations continuity programme: FAO staff and contracted personnel travelling to infected and at risk countries are at risk of exposure to infective sources. Special attention needs to be paid to informing about possible risks and preventive measures to be taken. More attention still needs to be given to the provision of protective gear, medicines (e.g., Tamiflu) and information beside risk reduction measures on early detection of any symptoms. Within FAO, staff and there families have been advised to get the seasonal influenza vaccinations. Further, the organisation is looking into ways of keeping FAO working in case of a pandemic. The possibility of providing more extensive teleworking facilities would enable staff (as long as there is technical support and functioning Internet connections) to carry out some of their activities from home. As in case of a pandemic, contact between persons should be reduced as much as possible, it is important to determine which staff needs to come to

the office and who can remain (and work) from home. The need for duty travel to countries will need to be assessed carefully.

Resource allocation: Through FAO's Technical Cooperation Programmes both countries in an early stage with H5N1 cases and countries at risk have benefited from FAO's technical and financial support through strengthening the capacities within countries and regions to detect, prevent and control avian influenza in their animal populations thereby reducing the risk of human exposure. This includes strengthening of veterinary services and assisting in emergency prepardeness planning. Furthermore, FAO has established international networks for Avian Influenza and has assisted in upgrading veterinary diagnostic facilities through the provision of training and equipment. FAO has provided in several countries protective gear, especially to be used by field teams undertaking control measures.

At present other resources have been mobilised that will enable FAO to continue and expand operations at country, regional and international level.

<u>Constraints encountered</u>: In addition to logistical problems of equipment procurement and deployment, the rapidly increasing number of outbreaks and requests for technical support by Member Countries in different parts of the world have placed additional demands need on the limited staff available to respond. The Organization is attempting to streamline processes of identifying and deploying appropriate expertise. An ECTAD Task Force meets twice-weekly to obtain updates on the situation and to address logistical issues in order to overcome constraints.