

Avian & Human Influenza and Humanitarian Action

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Plan International AHI Preparedness

Plan is a child centered community development agency with programs in 46 developing countries supported by national fund raising and development education offices in 16 'developed' countries.

The bulk of Plan's AHI programming to date has been in Vietnam where we have been working with other agencies to coordinate AI information through co-funding for an information officer in the NGO resource centre. This activity has supported the development of common messages used to inform communities about AI and the H5N1 strain.

At an organisational level country offices have been setting up response teams to gather what intelligence there is and to start working within emerging national preparedness frameworks. An information briefing document has been circulated to all offices providing details of the current situation and a threat assessment. The first brief developed in October 2005 has been modified and was issued to all offices in Jan 2006. This was derived from information attributable to CDC Atlanta. It detailed the extent of the avian outbreaks and human cases. The document provided basic advice to program staff on avoidance of contact with birds, where outbreaks have been confirmed, and emphasised the need for vigilance and common sense approaches to infection control.

Plan has established a Task Force at our international headquarters comprising health, education, livelihood, HR and program representatives. Their remit is to scope various scenarios, to work with other agencies and to attempt to pull together the lessons from different country programs in South East Asia. We have experienced differing levels of government engagement and collaboration with NGOs. Some governments being more proactive than others across South East Asia, the Americas and West Africa. A second discussion document was circulated in Feb 2006 to all program staff outlining the issues around which engagement is expected at program and national levels. The principle issues, for which locally appropriate solutions are required are: to detect infection of H5N1 virus among domestic poultry early and immediately limit further spread; to protect children from contracting H5N1 infection from birds (in countries where there are confirmed outbreaks of H5N1 among poultry); to assist communities who are suffering hardship because of outbreaks of H5N1 among poultry; to prepare communities for the eventuality of a human pandemic of Avian Influenza in the future.

It is expected that the much of the early work will be based on dissemination of nationally agreed messages to inform communities of the dangers and measures that will be required in order to limit spread. We have generally been impressed at the

level of commitment in Vietnam and Cambodia for suspected human cases to be referred to tertiary treatment facilities. We have been less impressed by the somewhat unwarranted rush from non government agencies to try to procure antivirals without due consideration for how these might be used and for what ends.

As you can see we are, like others, very much at the start of developing program guidelines and there is already a strong call for some basic common tools. It is our belief that we should use the time available to ensure that basic public health interventions which will have an impact on respiratory infections (IMCI, PHAST, community access to antibiotics in remote rural areas) are strengthened in order to limit the morbidity and mortality from secondary infection should a human global pandemic emerge. We find it hard to envisage how antivirals might be used for the general public in a generalised pandemic and fear that significant resources will be consumed that could be spent in more productive ways. We believe that it is necessary to scope out different scenarios that can then be communicated across agencies and to communities in order to encourage engagement not fear.