DRAFT
Strategy Note
A coordinated UN system response to Avian and Human Influenza
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H5N1 is a highly pathogenic avian influenza (HPAI) virus that poses two major problems for the world. Firstly, since the disease first reappeared in Asia in late 2003 and early 2004, HPAI has had a disastrous impact in several Southeast Asian countries. Nearly 140 million domestic poultry have either died or been destroyed. Economic losses to the Asian poultry sector are estimated at around $10 billion, but despite control measures the disease continues to spread. HPAI is threatening livelihoods of hundreds of millions of poor livestock farmers, jeopardizing smallholder entrepreneurship and commercial poultry production and seriously impeding regional and international trade and market opportunities. Secondly, and in addition to the immediate agricultural problems posed by H5N1, this virus also poses a threat of the highest magnitude to human health. It has the potential to become easily transmissible among people and to cause a global outbreak - or pandemic of severe disease. Some past pandemics have led to extremely high global death and illness rates. This document outlines steps that the UN system should take in response to these related threats.

Assessment of the threat

1 In all respects bar one, conditions are now ripe for a pandemic of human influenza. Based on past experience, this could kill millions of people within months and have economic consequences valued at more than a trillion dollars, making it a strong candidate to cause the next pandemic in Asia. This avian influenza virus has already infected more than 110 people (killing >50% or those infected) but so far, has not yet developed the ability to transmit easily from person to person.

2 Since 2002 a devastating epidemic of avian - or bird - influenza caused by the highly pathogenic H5N1 virus, has predominantly affected poultry flocks in East Asia - particularly in Vietnam, Thailand, Laos, Cambodia, Indonesia and China. It is spreading into Russia and Kazakhstan, and into populations of migratory wild-fowl. It has already had severe consequences on the economies of affected countries and on poor farmers' livelihoods.

3 Influenza pandemics develop when a new hybrid influenza virus is created naturally by the mixing of animal and human influenza virus genes or when an animal influenza virus is able to "jump species" and becomes adapted to and highly infectious for people. The proven ability of H5N1 to persist in large regions among many birds and animals - and its ability to infect a limited number of people - already makes this virus a very strong candidate to evolve further and cause pandemic. Although it is not certain that the H5N1 will escalate into a pandemic, most experts believe that "it is only a matter of time...." before the next pandemic occurs, either from H5N1 or another influenza virus.

Overview of the response strategy: The need for a coordinated UN system response.

4 Basic Strategy: The global strategy is simultaneously to (a) control H5N1 infections among bird populations and so **prevent**, or at least reduce the possibility of, human infections while (b) work on **preparedness** plans and activities if the situation deteriorates and a pandemic develops. Within these main areas are several opportunities for reducing the impact of both the avian flu outbreak in birds and the eventual human influenza pandemic:

5 Steps: The first step is to control the disease at source in animals, i.e. to control H5N1 infections among poultry flocks in affected countries. This will prevent the poultry sector from socio-economic disaster and will reduce opportunities for human infection. Ministries of Agriculture and the Environment are key players - they must focus relentlessly on early detection (surveillance and diagnosis) of disease in poultry, wild birds and animals, and eradication of outbreaks when detected. Targeted vaccination of birds can reduce the number of outbreaks, the quantity of virus circulating and the rate of virus spread.

6. The second step is to prevent human infections by avian influenza viruses by reducing the opportunities for humans to be infected with H5N1. This could immediately reduce the risk of serious illness from this virus among the residents of affected countries and also the likelihood that a "pandemic virus" might. Key actions are control of the disease in birds and prevention of infection in humans through protective measures. Where there is no animal infected, there is little risk of human infection (as is the case for Thailand with no human case for nine months and a massive reduction in the outbreak among poultry). In areas affected by avian flu, opportunities for contact between birds and humans must be minimized, and animal markets controlled. This calls for widespread community involvement and high levels of public awareness (though not panic). Over time, animal husbandry practices will have to be examined and perhaps changed.

7 If a pandemic virus does emerge despite efforts to control avian influenza, the next step will be to try and contain the initial outbreaks if circumstances permit and to prevent it becoming established in the wider population. Monitoring influenza viruses and identifying early pandemic activity will be possible only if there are excellent viral and epidemiological surveillance systems operating in all countries. Surveillance is essential to identify cases of human to human transmission promptly, and to initiate effective action. If the outbreak is identified early enough, antiviral drugs may be used to try and reduce the spread. If spread continues to occur, then development of a pandemic vaccine will be the main option for providing specific protection for individuals. Care is needed to ensure the right public reaction when first cases are identified. Prompt and appropriate reactions will only occur if communities are involved in both prevention and preparedness.

8 Once a pandemic virus appears, and even before a pandemic is declared formally, actions must be taken to slow international spread and to protect lives and livelihoods, and minimize social disruption. For effective actions to be possible governments and community groups must be prepared well in advance - it is too late to prepare once the

pandemic is upon us. Preparedness means the ability to handle a very large number of expected situations, for example, ensuring that all emergency workers are trained to handle a contagious infection or an outbreak, to deal with anxieties about access to treatment, to have plans in place so that medical facilities know what to do if they have large increases in patients, to manage cross-border tensions and to assess risks of infection associated with different forms of transport, such as airplane travel, and trade. Training for emergency personnel, through simulation of pandemic conditions to test decision making and response capacities, is essential, as is a clear communications strategy designed to manage panic and alarm. In addition, there is a great need to have a clear communication policy between all actors involved and the media to ensure dissemination of accurate information. These are just a few of the many issues that countries and organizations must be prepared to handle. This means involving non-governmental organizations from the start. Only a few governments have started to involve civil society (particularly the Red Cross movement) and private entities. Governments, NGOs and other stakeholders also need policies for handling influenza cases among their staff, and for workforce protection, and to allow the organization to maintain critical functions and capacity.

9 The strategy to be adopted by national governments is three-fold - prevention, preparedness and response. Activities undertaken should be those which will have the greatest impact. This means bringing together different government and non-governmental health (animal and human) stakeholders to develop strategies and plans jointly that cut across government departments. It means member states working closely with WHO and FAO and with the OIE so that all plans reflect sound technical and scientific guidance. But these *technical* agencies cannot - on their own - do all that is needed to support concerted prevention and preparedness efforts within countries. That task must be shouldered by the whole of the international community. The world's governments need a *responsive international system* that can help ensure the best possible efforts in country. And they need the *political impetus and support* that enables them to take extraordinary action in the face of a substantial, but intangible, threat.

10 Several Governments (including the US, France and Canada) and regional bodies (such as ASEAN) have embarked on political initiatives designed to help countries respond to the avian flu outbreak and the threat of a human influenza pandemic. Private sector groups are also starting to demonstrate their commitment to pandemic prevention and preparedness. Voluntary groups are indicating their keenness to start action. And there are already signs of disputes related to anti-viral medicines, vaccines that may prevent human infection, protective clothing and hospital care - both within and between countries. The bitterest dispute will be the international handling of scarce resources between the haves and have nots.

11 A co-ordination mechanism is being established to make the international system as responsive as possible. This will 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. 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. .

12 At the global level, the UN system coordinator for avian and human influenza will ensure consistency of UN approaches to control and prevention of influenza in animals and pandemic prevention and preparedness in humans. The co-ordinator will work through the agencies within the UN Development Group. The UN Office for the Coordination of Humanitarian Affairs will support readiness and response in the event of a pandemic. The common services that are managed by OCHA - such as the joint humanitarian logistics service and civil-military liaison - will be needed during the response phase. Through OCHA the standing committee of humanitarian agencies (IASC), comprising the UN system, Red Cross and Red Crescent bodies, the major international NGOs and the IOM, will also be engaged. Certain population groups will be particularly vulnerable - especially stateless persons, as well as women and children. UNHCR, UNIFEM, UNFPA and UNICEF will wish to 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.

What is being done for UN staff protection?

13 Because of pandemic concerns, the medical services of the UN organizations have gone ahead to draft a contingency plan for UN staff in the advent of a pandemic. These plans cover steps for the medical care and protection of staff, steps to provide for the maintenance of essential organizational functions, and the movement of UN personnel.

Critical issues that will call for high level UN action:

14 *Pandemic Influenza is quickly becoming a major political issue:* An effective response requires both leadership and a consortium approach to obtain agreement and coordination which involves national governments, civil society and the private sector, as well as regional and international bodies. Political initiatives being established by UN member states have great potential for stimulating more effective country level action and mobilizing resources; at the same time they can destabilise technical experts' efforts to take forward effective action. The political arms of the UN system - the Security Council and General Assembly - need to be involved so that they can guide and then support the different political initiatives underway, and create a stable environment within which the UN Secretariat can take forward its support to in-country processes. In this way, technical agencies (FAO and WHO) can drive the coordinated programmes and agencies within the UN system so that they give effective assistance at the country level. UN system Resident Co-ordinators have critically important roles in stimulating and supporting a range of

difficult government processes. The political, institutional and technical engagement of the whole UN system is needed to help stakeholders handle politically delicate and ethically difficult issues, bring in a range of in-country resources to support prevention and preparedness, and present different kinds of flu-related threat to the public via news media.

15 *Science and Technology, Research and Development:* The UN system - through the office of the Secretary General - can add weight to WHO's and FAO's engagements with the pharmaceutical and vaccines industry - both to help improve the availability of vaccines and drugs more rapidly and to ensure equitable access among countries to vaccines and antivirals. In order that the preparedness and response effort is based on evidence, engagement of the R and D community (economic and social science, as well as biology and medicine) is critical. On the animal health side, FAO and OIE have launched a network (OFFLU) of research laboratories and epidemiology centres (reference laboratories and collaborating centres); similar networks supported by WHO contribute human influenza research. Both need the kind of stimulus and visible support that the Secretary General is able to provide.

16 *Resource Mobilization:* Governments, agencies and organizations will seek the support of the UN system as they seek the substantial funds they need (totalling in the multi-millions) to prevention and preparedness. Key contenders for new money are (a) compensation for those who have culled poultry flocks, (b) vaccination and biosecurity programmes, (c) programmes to reduce risky behaviours, and (d) the strengthening of animal and human health surveillance, as well as longer term agricultural sector recovery work. Some donors will want to move funds through multi-donor financing mechanism, others through bilateral assistance, but an overall resource mobilization partnership allowing coordination among governments, civil society, private sector, development banks and UN agencies must be advocated by the Secretary General and UN system heads. A strong and co-ordinated UN - working closely with FAO, OIE and WHO - will be expected to join the partnerships: a poorly co-ordinated UN will be excluded. Major meetings are coming up: the US-led international influenza partnership (October 7th), Canada (health ministers) October 25th, and a four day technical planning and resource mobilization effort, organized by FAO OIE, WHO and World Bank, and planned for November 7th 2005 in Geneva.

17 *Advocacy for urgency:* WHO, FAO and OIE have embarked on a campaign of advocacy and awareness which is bearing fruit, thanks to the engagement of an effective group of concerned print and broadcast journalists. The advocacy function in governments needs to go beyond Ministers of Health to Heads of State: they will have to respond with clarity to concerns about the next pandemic that are being raised by private entities and trade associations, labour unions and airlines, and all branches of the media. Balanced communication of key issues, presented as unambiguous messages, is needed to stimulate and sustain constructive public responses and local-level action. This is a particular role for the UN System Influenza Coordinator's office. At the higher level, the UN Secretary General has a critical role to play, in combination with the Director Generals of both WHO and FAO, in highlighting the urgency of prevention and response preparedness, and in confirming that - if done well - this would greatly reduce both the scale and the overall impact of both the current avian epidemic and a future human pandemic.