



EMERGENCY CENTRE FOR TRANSBOUNDARY ANIMAL DISEASES • FAO REGIONAL OFFICE FOR ASIA AND THE PACIFIC

Looking back on the long road

Sharing experiences, lessons learned and future plans at the 12th USAID partners meeting in Bangkok

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The 12th meeting of partners in the Regional Avian Pandemic Influenza (API) programme of the United States Agency for International Development (USAID) was held at JW Marriot Hotel in Bangkok, Thailand from 27-28 October 2012. Organized by the Food and Agriculture Organization Regional Office for Asia and the Pacific (FAO-RAP), the meeting was attended by 44 partners representing FAO, Family Health International (FHI360), Kenan Institute Asia, USAID/Regional Development Mission for Asia (RDMA), USAID Viet Nam and the United States Centers for Disease Control (US-CDC).



Dr Dan Schar (left) of USAID, with Dr Ken Inui of FAO Viet Nam

Partners updated each other on current fiscal year activities, shared lessons learned and discussed 2012 fiscal year plans for implementation in 2013. The meeting was also an opportunity for partners to look back on key milestones in the campaign against API; to focus on the remaining gaps; and to consider strategies for sustainable approaches to API and emerging infectious disease prevention and control.

Sharing lessons learned

Experiences and lessons learned covered risk-based



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surveillance, field epidemiology training, cross-border collaboration, and coordination through regional organization. In each of these, a scene-setting presentation was followed by hard talk discussions.

Introductory and welcome remarks were delivered by Mr. Christopher Barret, USAID/RDMA, and Dr. Subhash Morzaria, Regional Manager, Emergency Centre for Transboundary Animal Diseases

(ECTAD). Mr. Barret saluted implementing partners on their many achievements against API over the eight years gone by. Dr. Morzaria acknowledged that over this period, the region's capacity to diagnose highly pathogenic avian influenza (HPAI) has improved, there is better understanding of infection transmission and the dynamics of avian influenza (AI), and improved ability to characterize viruses. FAO is able to assist governments in vaccination, from designing the vaccine for AI to tailoring it to related virus strains. However, he added, there still remain challenges to be overcome, with HPAI becoming



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Dr. Schar said that the partners have accomplished a great deal and developed many platforms since 2005, and that USAID was pleased with the level of returns on its investments



Participants at the 12th meeting of partners in USAID's Regional Avian Pandemic Influenza programme at JW Marriot Hotel in Bangkok

endemic in most countries in the region and with the emergence of new diseases and the need for new approaches to control them.

Dr. Daniel Schar of USAID said in his presentation that the number of affected countries, disease outbreaks and human cases have decreased, and the lag time between reporting and response has also come down.

Dr. Ken Inui, Laboratory Expert of FAO-ECTAD in Viet Nam, presented updates on the status of HPAI in animals. There was the big explosion of the virus in 2004, he said, with another increase in 2009-2010, with a total of 511 cases being reported by September 2012, and the highest number of outbreaks being reported from Indonesia.

Epi-zoning

He also presented different epidemiological zones, determined according to geographic location, the movement of poultry, the presence of wild birds and the character of the virus. Each zone harbours closely related H5N1 viruses with direct virus movement within the zone, often covering more

Dr Ken Inui of FAO Viet Nam presented the concept of epidemiological zoning of viruses in South and Southeast Asia (right), determined by geographic location, the movement of poultry, the presence of wild birds and the virus's character.

than one country (see diagram below). Dr Inui showed that currently Asia can be divided into six HPAI H5N1 epi-zones identified based on analysis of virus evolution and geographical distribution from 2004-2012. It was emphasized that the epi-zones can change over time depending on the spread of the virus.

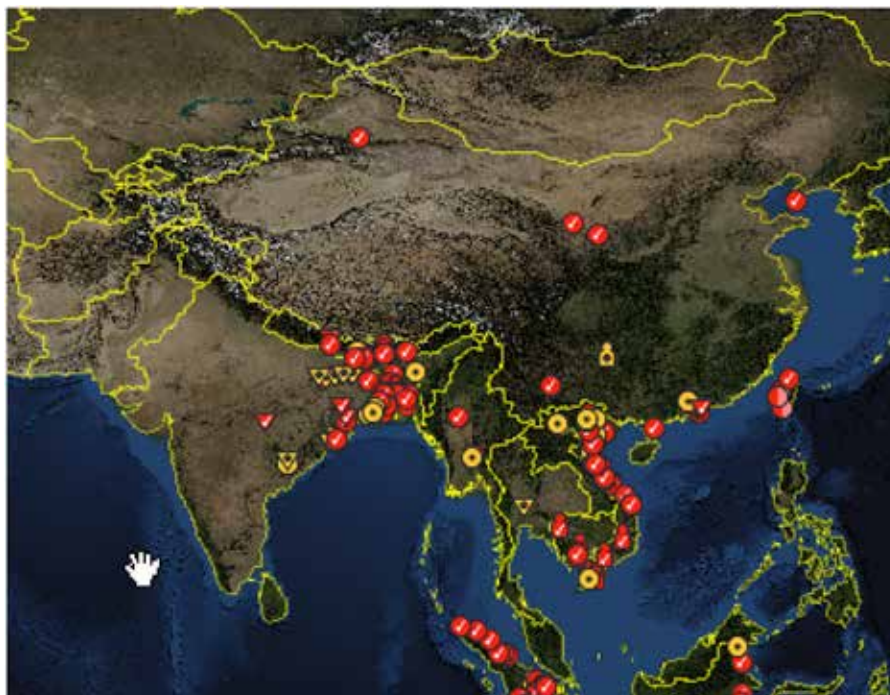
Ms Sonja Olsen, reviewing the disease status among humans, said that there had been reported cases in Bangladesh, Cambodia, China, Egypt, Indonesia and Viet Nam. Though Thailand's last reported case was in 2008, she said, the virus remains

pervasive in the region and it is important to continue surveillance for severe disease in humans. In 2012, there have been 30 cases in humans.

There were reports on the recently completed Mekong Infectious Diseases Behavior Change Communications (MID-BCC) project implemented by FHI360 in Lao PDR; and the Greater Mekong Subregion Infectious Diseases (GRID) project, a showcase of multi-sectoral coordination at the cross-border level.

The panel discussions on challenges and lessons learned on the subject of risk-based surveillance, field epidemiology training, and cross-border collaboration and coordination resulted in a set of broad recommendations on risk-based surveillance strategies, field epidemiology training and cross-border collaboration and coordination.

In his closing remarks, Dr. Schar acknowledged that the partners have accomplished a great deal and developed many platforms since 2005, such as FETPV, regional lab diagnostics and cross-border data sharing. He said that USAID was pleased with the level of returns on its investments.



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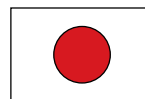
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REGIONAL UPDATE

Tracking diseases in Asia

A workshop to build the capacity of SAARC and ASEAN to use the EMPRES-i Asia platform

Workshop on EMPRES-i Asia Information System

11-13 September 2012 • Bangkok, Thailand

A technical workshop was organized on 11-13 September this year in Bangkok to introduce the concept, use and application of the EMPRES-i and EMPRES-i Asia Information Systems, including data entry, spatial analysis tools, discussion forum and other functions.

Participants came from nine SAARC and ASEAN member states (Bangladesh, Bhutan, Cambodia, Indonesia, Lao PDR, Maldives, Myanmar, Philippines, Thailand and Viet Nam) to improve their understanding of the two information systems — EMPRES-i and EMPRES-i Asia — and increase their skills in using these platforms for data entry, disease tracking and analysis.

The EMPRES Global Animal Disease Information System, or EMPRES-i, is a web-based application designed to support veterinary services by improving their access to regional and global disease information. The EMPRES-i Asia Information System, however, is designed for use by ECTAD-RAP and its country teams in Asia, veterinary epidemiologists from governments, research centres and the private sector, international agencies such as WHO, and FAO's development partners.



Fourth Laboratory Directors' Forum meeting

10-11 October 2012 • Nha Trang, Viet Nam

The Fourth Laboratory Directors' Forum meeting, supported by the USAID-IDENTIFY and EU-HPED projects, was hosted by the Department of Animal Health, Viet Nam in collaboration with FAO and OIE on 10-11 October 2012 in Nha Trang city, Viet Nam.

The workshop's main objective was to update the laboratory directors on issues relevant to the Regional Laboratory Network (RLN). This included the results and recommendations of the ASEAN Sectoral Working

Participants from SAARC and ASEAN member countries at the EMPRES-i Asia training workshop

Group on Livestock (ASWGL) meeting that were related to the RLN for Southeast Asia; and the results and recommendations from the 2012 Laboratory Technical Advisory Group (Lab-TAG) meeting.

The meeting ended with agreement on the roles and responsibilities of ASEAN Leading Laboratories and the Laboratory Directors' Forum, as well as recommendations on ways to improve the activities carried out under the framework of the Regional Laboratory Networks.



World Rabies Day 2012

FAO-RAP staffers got together wearing a special anti-rabies tee shirt to mark the observance of World Rabies Day on September 28 this year and support the control and elimination of rabies in Asia. Rabies is an acute and fatal zoonotic viral disease which infects domestic and wild animals and is transmissible to humans. Once symptoms of the disease develop, rabies is fatal to both animals and humans. The disease is found in over 150 countries worldwide and causes over 55,000 human deaths every year - a rate of one person every ten minutes. The major source of rabies in humans continues to be uncontrolled rabies in dogs.

To V or not to V?

FAO's vaccination planning and decision-making tool is pilot tested in Bangladesh

A country's decision to vaccinate poultry as a way to control and prevent HPAI H5N1 is fraught with complexity. The decision-making process is driven by incomplete data, and sometimes conflicting policies and uncertainty.

Should vaccination be included as part of a national disease control strategy? What should be expected from vaccination in terms of disease prevention and control? Which factors are most important when deciding whether to conduct vaccination? What are the requirements for developing realistic vaccination policies and practices? What are the consequences, costs/benefits and impacts associated with instituting a vaccination policy? These are but a few of the many questions that planners and decision makers deal with while weighing the decision to vaccinate their poultry.

The need for a systematic and rational process for deciding whether or not to vaccinate has long been a felt need in the Southeast Asian region. In the Verona Recommendations on avian influenza vaccination drafted in 2007, OIE and FAO have recommended that a planning and decision-making tool be made available to help countries develop vaccination policies and practices.

Practical and comprehensive

Such a tool should be practical, simple and yet comprehensive enough for countries to use and be flexible enough to accommodate the unique characteristics and needs of each country. The planning tool developed by FAO is constructed from both theoretical and empirical knowledge gained about HPAI since 2004, including FAO documents and reports, peer-reviewed studies and lessons learned from country experience in China, Indonesia and Viet Nam. Together they form the basis for the vaccination preparedness and planning tool that was pilot tested and assessed through a consultative workshop in Bangladesh recently.

Based on information derived from country experience, the first assumption influencing the structure of the tool is that the disease may be endemic prior to onset of vaccination as in China, Indonesia and



LEFT: (from left to right) Dr Subhash Morzaria, Dr David Castellani and Dr Nitish Debnath, all of ECTAD-RAP, at the two-day workshop in Bangladesh to pilot test FAO's vaccination planning tool.

BELOW: A chicken being vaccinated on a farm in Indonesia.

Viet Nam. Secondly, the technical and operational capacity of national counterparts is limited. Thirdly, the decision to vaccinate was very much driven by strong pressure from the poultry and other private sectors.

The Government of Bangladesh, in May 2012, announced its intention to permit vaccination against HPAI on a trial basis.

At the request of the government, FAO organized a workshop to utilize and assess the effectiveness of the vaccination planning tool. Between 20 and 30 participants from government, academia and the poultry industry including policy makers, epidemiologists, laboratory diagnosticians, socio-economists and communications specialists provided input at the two-day workshop.

Delphi method

The Delphi Method was applied with multidisciplinary, multisectoral focus group discussions. The objectives of the workshop were to assist country experts from government, industry and academia to use the best available evidence to prepare and plan for appropriate HPAI vaccination policy and practices; and to pilot test the vaccination planning tool.

There is strong commitment and collaboration between the public and private sectors in Bangladesh. The workshop process and its outputs increased communication



and understanding among stakeholders. Participants estimated that Bangladesh could achieve 62 percent of the necessary criteria to ensure preparedness and planning to vaccinate against HPAI.

Gaps were identified for follow up action in the following areas: financial resources (40 percent); enabling mechanisms (50 percent); vaccine quality and selection (72 percent); surveillance and monitoring (71 percent); vaccination strategy (75 percent); and comprehensive vaccination Program (64 percent).

The majority of participants agreed that the workshop was very helpful in planning for vaccination in Bangladesh, and that the planning tool was useful. They provided further feedback to improve it in the context of the existing situation in Bangladesh. Recommendations for next steps include pre- and post-vaccination assistance from FAO in the area of strategy development, economic assessment, monitoring, virus surveillance and matching vaccine.