AVIAN AND HUMAN INFLUENZA PANDEMIC PLANNING MEETING FOR INTERNATIONAL AGENCIES AND COOPERATIVE PARTNERS IN THE EASTERN AFRICAN COUNTRIES

3rd – 5th MARCH 2008

Dr. Nestor Ndayimirije,
IST/CSR/ESA, Harare

KEY ISSUES

Confirmation and Response to H5N1

- Most Member states need to be well prepared
- Communities keep back yard flocks
- Traditionally slaughter when flocks are sick (May lead to fast spread)
- Weak & Fragile health systems
- Surveillance systems often not sensitive enough
- Laboratory confirmation is challenging and demanding on human resource and technical

Implementation of IHR (2005) through IDSR offers an opportunity to strengthen AI surveillance preparedness and response

Collaboration between Animal and Human Health is crucial

Working with farmers, communities, traders, etc…

AI involves a huge amount of cross cutting activities

Avian & Pandemic Influenza

WHA59.2 invited Member States to comply immediately with provisions of the International Health Regulations (2005) considered relevant to the risk posed by avian influenza and pandemic influenza,

Establishment of a specific action group (Influenza Pandemic Task Force)

- Play the role of Experts group for WHO Global Programme of influenza
- In case a Event might constitute a PHEIC, it will play the role of Emergency Committee for IHR (2005)

World Health Organization
REGIONAL OFFICE FOR Africa

Decision Instrument (Annex 2)

4 diseases shall be notified : Smallpox, Polio (wild-type Poliovirus), Human influenza caused by a new Subtype, SARS

An event involving the following diseases shall always lead to utilization of the algorithm: Cholera, Pneumonic plague, Yellow fever, VHF (Ebola, Lassa, Marburg), West Nile fever, dengue fever, Rift Valley fever, meningitis, Other diseases

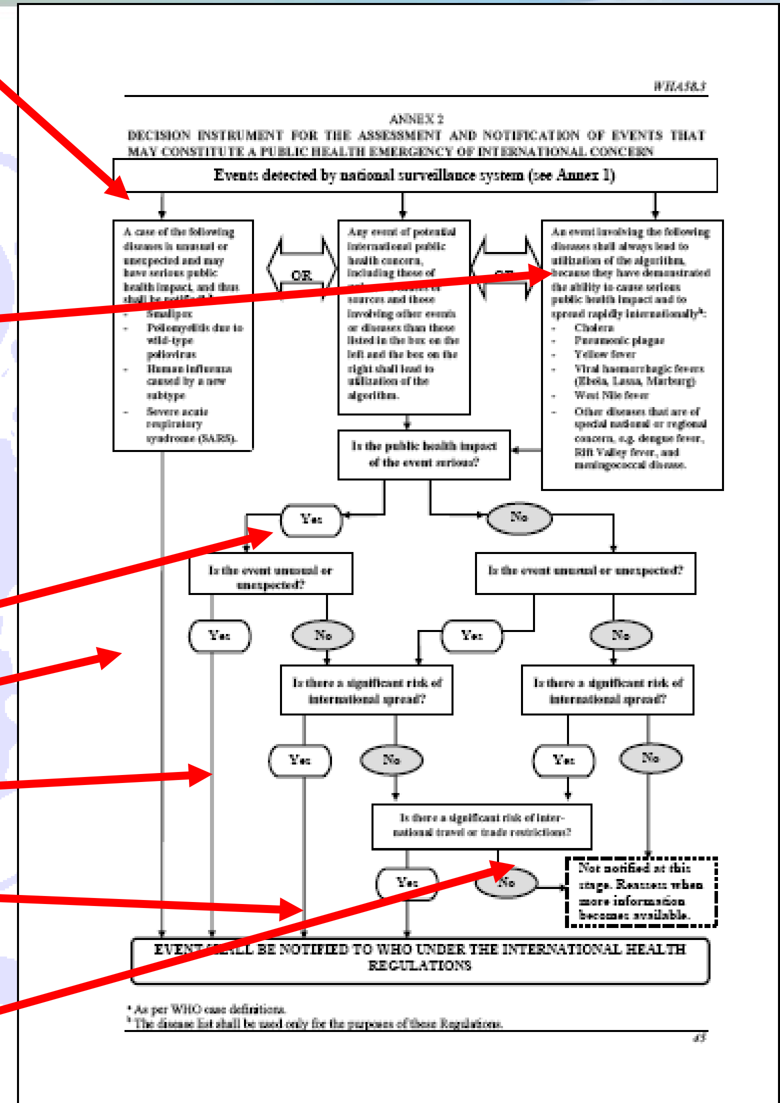
Q1: Is the public health impact serious?

Q2: the event unusual or unexpected?

Q3: Is there a risk of international spread?

Q4: Is there a significant risk of international travel or trade restrictions?

Insufficient Information: Reassess



SUB-REGIONAL RESPONSE I

Supported training in AI for RRT for East & Southern countries as core trainers (16 countries)

Target group were:

- Disease Prevention and Control officers
- Surveillance officers from MOH
- Clinicians from public and private institutions
- Health promotion officers
- Laboratory experts

SUB-REGIONAL RESPONSE II

- Purchased and supported pre-positioning of contingency stocks at country level.

- Other stocks of PPEs and TAMIFLU have been purchased and will be pre-positioned at IST level

SUB-REGIONAL RESPONSE III

Conducted refresher training of RRT from East and Southern Africa on response to outbreaks including AI

Target groups were:

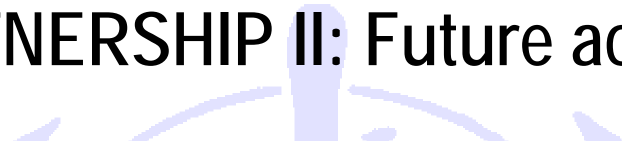
- DPC from member countries
- Epidemiologists
- Health promotion officers
- Lab experts

Conducted sensitization of IHR focal persons from East and Southern Africa countries on IHR including AI a total of 36 participants attended the training.

PARTNERSHIP I

- CDC, WHO: surveillance, laboratory, infection control, preparedness, response and containment, …
- FAO, UNICEF, WHO, OIE: communication, preparedness, coordination
- UNICEF, WHO: communication, logistics
- WB, OIE, FAO, WHO: Joint assessment
- UN-OCHA: coordination, response
- Other donors (USAID, ADB, WB, ..): funding training activities

PARTNERSHIP II: Future activities



Joint semi-annual reviews of progress using agreed indicators

Joint annual review/evaluation of performance using the indicators

Partnership III: Future Activities

Reinforce coordination between partners: joint reviews, M&E

Communications/Health Promotion: WHO, Unicef, CDC

Laboratory: WHO/AFRO – CDC

Development of SOPs: WHO, CDC

Challenges for implementation of AI preparedness and response

Limited laboratory capacity

Low capacity of health care facility to respond to outbreaks (e.g. infection control)

Limited human, financial and material resources

World Health Organization

REGIONAL OFFICE FOR Africa

Conclusion

In Africa, IHR(2005) will be implemented through IDSR

IHR 2005 offers an opportunity for accelerating IDSR implementation of IDSR and AI

Urgent activities:

- **Revision of IDSR guidelines to include IHR components and AI**
- **Update of IDSR tools to include IHR components**
- **Capacity building for IHR implementation**
- **Start notification of PHEIC including AI**

Involvement of stakeholders

LESSONS LEARNT AND RECOMENDATIONS

Implementation steps for AI preparedness can learn from IDSR

IDSR begins to show positive results for timely reporting and response to outbreaks. IDSR can be used as a vehicle to deliver AI preparedness and response in Africa.

The joint coordination mechanism of implementation of AI preparedness and response needs to be encouraged

TEAM

Thank you for your attention!