Avian and Human Influenza Coordination and Pandemic Preparedness

The threat of an avian and human influenza pandemic is a concern shared by many governments globally, but a particular concern of the governments in the South-east Asia region. It is widely acknowledged that this region is one of the regions where a potential danger exists. Further, experts worldwide agree that a human influenza pandemic is no longer a question of if, but when. The first and the only wave of an avian influenza (H5N1) outbreak in the poultry population of Lao PDR was reported in early 2004. By March 2004 a total of 45 outbreaks were reported and many rural outbreaks are suspected to have gone undetected.

Surrounded by avian influenza affected countries such as Cambodia, China and Thailand, the Lao PDR is particularly vulnerable. Its' borders are frequently crossed by food products, animals and people. The current poultry population of Lao PDR is an estimated 20 million, 80 percent of which is owned by small farmers, while backyard farming is a common practice. As a poor LDC, Lao PDR has one of the lowest health spending in Asia with about US$12 per capita, and there is a serious shortage of health workers. An equally chronic shortage of veterinarians and efficient human and veterinary health care facilities exists.

Results Achieved

The sudden emergence of Avian and Human Influenza threat in 2005 led to significant support being provided by the UN system to ensure the capacity of the Government to deal with a response. Under the leadership of the UN Resident Coordinator the UN Country Team acted quickly and in excellent collaboration, to provide immediate and coordinated support to the government, to assist in building their capacity in disaster and pandemic preparedness. A range of initiatives were put in place such as:

- the Office of the Resident Coordinator was restructured to include an AHI Coordination Unit and a dedicated AHI focal point;
- an AHI coordination support mechanism was established aimed at supporting the Government's coordination of efforts;
- a UN inter-agency working group was established, acting as a higher-level UNCT advisory committee. The UN cross-sectoral Influenza Working Group, led by the RC, consists of WHO, FAO, UNICEF, UNDP, ADB and WB;
- the roles of the different UN agencies and specialized agencies was clearly defined in relation to each area of response;
- the UNCT initiated and organized two sub-regional AHI meetings for southeast Asia;
- a UN Lao contingency plan was developed that was acknowledged in UN global planning;
- the national Avian Influenza Control and Pandemic Preparedness Plan were developed as a joint UN and Government effort; and
- the Lao PDR staff recommendations and guidelines on AI were developed and translated into Lao language, and used as a "best practice" source in many other countries.

The coordination role of UN was recognized and welcomed both by the Government and its external partners, and resulted in significant support to the Government and its resident and non-resident donors. The UN worked in an extremely successful inter-agency manner that resulted in shared responsibility, and greater impact with government partners. The UN system was able to respond with efficiency and resources to support the government in its efforts.