DRAFT SADC HIGHLY PATHOGENIC NOTIFIABLE AVIAN AND PANDEMIC HUMAN INFLUENZA PREPAREDNESS AND RESPONSE PLAN

KEEPING SOUTHERN AFRICAN COMMUNITY FREE OF HIGHLY PATHOGENIC NOTIFIABLE AVIAN AND PANDEMIC HUMAN INFLUENZA

14TH AUGUST 2006
i) Acknowledgements

The Highly Pathogenic Avian and Pandemic Human Influenza Preparedness and Response Plan is a multisectoral response to avert the threat posed by Highly Pathogenic Notifiable Avian and Pandemic Human Influenza in the Southern African Development Community (SADC). It is aimed at strengthening measures for the prevention and control of Highly Pathogenic Notifiable Avian and Pandemic Human Influenza in a comprehensive and complementary approach. These measures include enhanced surveillance systems and case management in humans and poultry as well as mitigating the negative impacts on farm income, food security and sustainable economic development in the SADC region.

In developing the Plan, various stakeholders made inputs, especially representatives in Joint Technical Team from Ministries responsible for Agriculture/Livestock and Health drawn from 6 Member States, i.e. Botswana, Mozambique, Namibia, South Africa, Tanzania and Zimbabwe. The Joint Technical Team was supported by representatives from the World Health Organization (WHO), Food and Agriculture Organization (FAO), World Organization for Animal Health (OIE) under facilitation by the SADC Secretariat.

In addition, there were consultations with the African Union-Inter African Bureau for Animal Resources (AU-IBAR), other multi-lateral and bilateral International Cooperating Partners (ICPs) who are already playing an important role in the global response to the pandemic, and whose support will be essential in implementing the SADC Plan. The Plan would not have been possible without generous financial support from the Belgian Technical Cooperation (BTC), which is greatly appreciated.
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List of Abbreviations

AICU  : Avian Influenza Coordinating Unit
AIDS  : Acquired Immunodeficiency Syndrome
AU   : African Union
FAO  : United Nations Food and Agricultural Organization
FLU  : Influenza
H5N1 : Haemagglutinin 5 Neuraminidase 1 (Avian and Human Influenza)
HIV  : Human Immunodeficiency Virus
HPNAI: Highly Pathogenic Notifiable Avian Influenza
IBAR : Inter African Bureau of Animal Resources
ICM  : Integrated Committee of Ministers
IDSR : Integrated Disease Surveillance and Response
IHR-2005 : International Health Regulations
JTC  : Joint Technical Committee
NAI  : Notifiable Avian Influenza
OIE  : Office Internationale des Epizooties (World Organization for Animal Health)
PPE  : Personal Protective Equipment
PPP  : Public Private Partnership
SADC : Southern African Development Community
SWOT : Strengths, Weakness, Opportunities and Threats
UN   : United Nations
WHO  : World Health Organization
Introduction

1.1 The outbreak of the Highly Pathogenic Notifiable Avian and Pandemic Human Influenza started in South East Asia in 2003 and has since spread very fast to Central Asia, Europe, North, and West Africa. In view of the worldwide trend, in the spread of the epidemic, the Southern African Development Community (SADC) is clearly at risk.

1.2 Influenza is caused by a virus which is classified into three types A, B and C. Type A causes infection in both animals (including birds) and humans. Several subtypes have been identified, however, of major concern is subtype H5N1 which is fatal to birds. It has also spread from birds to humans causing severe illness and a high mortality rate. Current scientific knowledge indicates that the H5N1 subtype has a pandemic potential.

1.3 The introduction of the deadly H5N1 on the African continent is cause for great concern for animal and human health. Although the populations densities and close contact between human and poultry are generally lower in Africa than in South-East Asia, nevertheless, poultry production systems in the two regions have many similarities that create multiple opportunities for human exposure.

1.4 However, due to the rapid worldwide spread of Highly Pathogenic Notifiable Avian and Pandemic Human Influenza epidemic, individual country responses are not adequate, hence the need for a joint approach to preparedness and response. The socio-economic impacts of the Highly Pathogenic Notifiable Avian and Pandemic Human Influenza pandemic on Member States will have a very serious negative effect on the poultry industry, trade, food security and employment thereby aggravating poverty in the region.

1.5 Furthermore, veterinary and public health institutions at both national and regional levels are already overwhelmed by the burden of diseases such as Foot and Mouth Disease, Newcastle disease, Contagious Bovine Pleuropneumonia, East Coast Fever, HIV and AIDS, Tuberculosis and Malaria. In addition, laboratory confirmation of H5N1 infection is technically specialized, expensive, and demanding on human resources.

1.6 The SADC region remains vigilant and is committed to preventing and implementing control measures in order to contain Highly Pathogenic Notifiable Avian and Pandemic Human Influenza in the event of an outbreak. During the Council of Ministers’ meeting of 23 – 24 February 2006 in Gaborone, Botswana, Member States were urged to urgently implement National Highly Pathogenic Notifiable Avian and Pandemic Human Influenza Preparedness and Response Plans. And at their joint meeting on 2 April 2006 in Durban, South Africa, SADC Ministers responsible for Agriculture/Livestock and Health considered a framework
for the development of the SADC Highly Pathogenic Notifiable Avian and Pandemic Human Influenza Preparedness and Response Plan and the Ministers approved the establishment of a joint technical team for developing the Plan.

1.7 In developing the SADC Plan, reference was made to National Avian and Human Preparedness and Response Plans from Member States and guidelines from WHO, OIE, FAO, and AU-IBAR. The Plan contains the following main components:

i) Situation Analysis
ii) Overall Goal and Objectives
iii) Expected Outcomes and Relevant Activities
iv) Institutional Framework
v) Resource Mobilization
vi) Monitoring and Evaluation
vii) Critical Assumptions
viii) Budget

2 Situational Analysis

2.1 Current global situation

i) According to the OIE database from official notifications, 59 countries have so far reported Highly Pathogenic Notifiable Avian Influenza. Similarly, according to the WHO, about 10 countries worldwide have confirmed the presence of H5N1 in human by 8th August 2006 as indicated in the Table 1.

Table 1: Global Status of confirmed Pandemic Human influenza cases reported to WHO as of 8th August 2006.

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Source: World Health Organization

ii) It is evident that the number of outbreaks due to H5N1 globally has been on the increase and so is the number of human infections. By 8th August
2006, the total number of infected people was 235 with 137 deaths worldwide representing a case fatality rate of 58.3%. Since the confirmation of H5N1 in Nigeria in January 2006, an increasing number of countries in the African Region have confirmed infection in poultry. However, no human-to-human transmission has been reported yet.

2.2 Current situation in SADC region

i) The SADC region is currently free from the H5N1 infection, but there is always the threat of a possible outbreak. In accordance with OIE Standards, the disease is notifiable in all Member States.

3 Risk of Disease Introduction and Transmission

3.1 In countries that have experienced outbreaks, the disease in domestic poultry has been introduced mainly through trade as a result of:

i) Importation of infected poultry, poultry products and other birds;
ii) Migratory birds are considered a risk factor, and
iii) Movement of people, vehicles and domesticated birds from infected countries.

3.2 Human cases have been reported in South East Asia in traditional rearing systems where there is close contact with infected poultry or exposure to infected poultry carcasses. In the SADC Region, a large number of rural and peri-urban households keep domestic birds in their backyards and the common practice of home slaughter of poultry, de-feathering, and preparation for cooking would provide opportunities for humans exposure to infection.

3.3 Due to the extensive and communal farming practices in rural areas and the extensive ostrich farming practices, the risk of introduction and spread of disease is high.

4 Potential Impacts

4.1 The direct and indirect impact of an influenza pandemic is enormous and multifaceted. It would affect both small and large-scale poultry farmers. Economic losses due to culling of domestic birds, trade restrictions and loss of tourism would be considerably high. Further, the already overstretched health delivery systems and healthcare services would be adversely affected.
5. **Strength, Weaknesses, Opportunities and Threats (SWOT ANALYSIS)**

An analysis of the Strengths, Weaknesses, Opportunities and Threats (SWOT) in SADC region on the state of preparedness at both regional and national levels reveals the following:

### 5.1 Strengths

i) Strong Political commitment exists;

ii) National multisectoral task forces are in place;

iii) National and Regional Policies for disease surveillance systems are in place;

iv) Regional networking exists;

v) Public- & Private Sector Partnerships (PPP) are in place;

vi) Relevant legal instruments are in place; and

vii) National Emergency Preparedness and Response Plans are in place.

viii) All the three international agencies (i.e. FAO, OIE and WHO) are present and willing to give support to the region.

ix) Availability of International and National guidelines and standard operating procedures.

### 5.2 Weaknesses

i) Financial resources are inadequate;

ii) Fragmentation of the surveillance systems that weaken the system, cooperation and collaboration;

iii) Trained human resources are inadequate;

iv) A SADC Highly Pathogenic Notifiable Avian and Pandemic Human Influenza Preparedness Plan is lacking;

v) Enforcement of existing legislation is ineffective;

vi) Public awareness is inadequate;

vii) Harmonization of trade in poultry and poultry products is lacking;

viii) Poultry nutrition is inadequate;

ix) Anti-viral drugs and vaccines are lacking;

x) Health delivery systems are overburdened; and

xi) Infrastructure for surveillance and control is inadequate.

### 5.3 Opportunities

i) Regional collaboration and coordination exists;

ii) Support from specialized International Agencies (e.g. WHO, FAO, OIE, AU-IBAR, other UN agencies) is available; and

iii) Experience, information and systems for prevention and control of communicable/infectious diseases in humans and animals are available.
5.4 Threats

i) Surveillance in migratory birds is lacking and Control is not possible;
ii) Control of cross border movement of domestic and domesticated wild birds is inadequate;
iii) Global and cross border movement of people is increasing;
iv) Imports of poultry and poultry products from infected countries;
v) Smuggling of domestic and exotic birds is ever present; and
vi) Poverty and food insecurity.

6 SADC Response

6.1 Overall Goal

The overall goal of the SADC Plan is a SADC free “Highly Pathogenic Notifiable Avian and Pandemic Human Influenza”.

6.2 OBJECTIVES

The objectives for the SADC response are to:

i) prevent the introduction of H5N1 infection in the region; and
ii) harmonize policy guidelines and control measures in the event of an outbreak.

Based on these objectives and results of the SWOT analysis, the SADC Plan has the following activities and expected results.

7.0 Expected Results and Related Activities

7.1 Regional and international collaboration, preparedness and response coordinated:

i) use existing SADC structures to coordinate and collaborate with all Stakeholders; and
ii) establish a SADC Joint Technical Committee on Avian and Human Influenza.

7.2 Introduction of Highly Pathogenic Notifiable Avian and Pandemic Human Influenza in the region prevented:

i) harmonize policies and regulations on importation into the SADC region of poultry, poultry products and exotic birds;
ii) advocate increased risk analysis and bio-security measures at ports of entry, poultry production plants and farms;
iii) advocate the reinforcement of import requirements and certification of poultry, poultry products and exotic birds; and
iv) monitor the implementation of the WHO International Health Regulations (IHR-2005).

7.3 SADC Highly Pathogenic Notifiable Avian and Pandemic Human Influenza Guidelines adapted and implemented:

i) The Joint Technical Committee to adapt and facilitate implementation of guidelines on:
   a) import requirements;
   b) animal and human surveillance;
   c) prevention and control, to include a legislative framework governing infection control and management of medical waste;
   d) compensation;
   e) bio-security;
   f) human case management including prophylaxis;
   g) disposal of dead birds and contaminated materials;
   h) disseminate guidelines to the Member States; and
   i) monitor and evaluate implementation of guidelines.

7.4 Opportunities for human infection reduced:

i) intensify collaboration with animal health, human health and wildlife authorities; and
ii) advocate controlled movement of people, animals and animal products in accordance with IHR-2005 and OIE guidelines, respectively.

7.5 Early warning surveillance systems for both animal and human health strengthened:

i) identify and designate laboratories with capacity to characterize and follow the progression (mutation) of the Highly Pathogenic Notifiable Avian and Pandemic Human Influenza virus;
ii) facilitate strengthening capacity in the designated laboratories;
iii) facilitate and coordinate communication and networking system between influenza laboratories;
iv) facilitate and coordinate training in surveillance and response including laboratory SOPs;
v) disseminate to Member States data management tools for Highly Pathogenic Notifiable Avian and Pandemic Human Influenza; and
vi) monitor and evaluate the notification of new cases of Highly Pathogenic Notifiable Avian and Pandemic Human Influenza (be reported to OIE and WHO within 24 hours).
7.6 Capacity to prevent and control an outbreak and potential pandemic developed:
   i) facilitate adaptation and implementation of the available prevention and control tools and guidelines;
   ii) facilitate joint procurement and rapid distribution of vaccines and drugs within the region;
   iii) facilitate information sharing and facilities for referrals at tertiary care level;
   iv) promote “seasonal flu” vaccination for all vulnerable groups;
   v) identify sources of personal protective equipment (PPE), appropriate equipment for maintaining the cold chain, and for delivery of vaccines and drugs; and
   vi) mobilise resources for implementation of control measures at regional level.

7.7 Spread of infection at point of outbreak in animals or humans contained or delayed:
   i) facilitate mobilization of resources and implementation of containment strategies at point of infection; and
   ii) monitor implementation of International Health Regulations (IHR-2005), OIE Standards, and WHO recommended containment strategy.

7.8 Resources for effective prevention and control mobilized:
   i) coordinate assessment of resource requirements and determine a budget; and
   ii) devise a regional resource mobilization strategy and launch a SADC appeal for Highly Pathogenic Notifiable Avian and Pandemic Human Influenza funding, including regional representation in the international structures set up for this purpose.

7.9 Policy on compensation and of income loss developed:
   i) facilitate development and harmonization of a policy framework on compensation (loss for poultry); and
   ii) promote diversification of alternative sources of animal protein.

7.10 Communication and Health promotion (Public awareness on Highly Pathogenic Notifiable Avian and Pandemic Human Influenza) reinforced:
   i) facilitate the development and implementation of the regional communication and health promotion strategy;
ii) promote awareness drive within the SADC through the political and community leadership;

iii) coordinate and facilitate communication and information sharing, including intensification of awareness campaigns without causing unnecessary alarm; and

iv) facilitate the sharing of experiences on culling taking into account cultural sensitivities.

A detailed elaboration of the activities including the allocation of responsibilities, time frame, performance indicators and cost estimates are covered in the log frame (Annex A2).

7.11 Animal Health and Good Husbandry Promoted:

i) facilitate the development of Standard Operating Procedures using the OIE standards on compartmentalization where possible and promote bio-security in poultry and any other relevant species; and

ii) encourage Member States to have policies that discourage poultry farming along water systems where migratory birds are likely to cohabit.

8 Institutional Framework:

i) In order to ensure effective implementation of the SADC Highly Pathogenic Notifiable Avian and Pandemic Human Influenza Preparedness and Response Plan, an appropriate institutional mechanism will be developed at regional, national and technical levels. To this end, a Joint Technical Committee (JTC) will be established and the Directorates of Food Agriculture and Natural Resources and Social and Human Development and Special Programmes will coordinate and facilitate the implementation of the Plan at the Secretariat. The Directorates will be complimented by a Coordinator who will be initially funded by cooperating partners.

ii) The JTC will report to the Integrated Committee of Ministers (ICM) through the relevant SADC Ministerial/Cluster committees as appropriate.

8.1 Mandate of the Joint Technical Committee

The main functions of the Committee are as follows:

i) monitor and evaluate implementation of the SADC Highly Pathogenic Notifiable Avian and Pandemic Human Influenza Preparedness and Response Plan;

ii) promote linkages of the regional plan with national plans in Member States;

iii) provide technical expertise to Member States; and
iv) share information with relevant international organizations and cooperating partners.

8.2 Composition of the Joint Technical Committee:

The JTC shall comprise senior officials in Animal Health, Public Health and other relevant professionals.

8.3 Field of Expertise:

The areas of expertise of members will be derived from the following:

i) Veterinarian;
ii) Physician;
iii) Virologist;
iv) Insurance Expert;
v) Health/Livestock Economist;
vi) Epidemiologist;
vii) Customs Expert;
viii) Health Promotion;
ix) Legal Expert, and
x) Wildlife Scientist.

The Committee shall co-opt other relevant as and when it will be necessary.

8.4 Frequency of Meetings

Meetings will be held at least twice per year.

8.5 Name

The Committee will be called “Highly Pathogenic Notifiable Avian and Pandemic Human Influenza Joint Technical Committee”

8.6 Membership

i) Members of the Joint Technical Committee will comprise of seven Member States plus a Member State currently chairing SADC. Initially, these will be Lesotho, Botswana, Madagascar, Mozambique, Malawi, Swaziland, South Africa, Zimbabwe.

ii) Membership of the SADC-JTC will rotate every two years to ensure equal participation of Member States.
8.7 Mandate of the SADC Secretariat on the Highly Pathogenic Notifiable Avian and Pandemic Human Influenza

The main responsibilities of the Secretariat will include the following:

a) coordinate regional activities regarding Highly Pathogenic Notifiable Avian and Pandemic Human Influenza;
b) monitor outbreaks of Highly Pathogenic Notifiable Avian and Pandemic Human Influenza in the world and in the SADC region;
c) mobilize resources for the prevention and control of Highly Pathogenic Notifiable Avian and Pandemic Human Influenza;
d) monitor the implementation of the SADC Highly Pathogenic Notifiable Avian and Pandemic Human Influenza Preparedness and Response Plan; and

e) facilitate the work of the SADC Joint Technical Committee.

9. Resource Mobilization

9.1 In order to ensure effective implementation of the plan, there will be need for mobilization of resources from both the region and external sources. In this regard, there will be a need to:

i) build on innovative resource mobilization mechanisms already in existence;

ii) promote internal mobilization of resources through insurance schemes for poultry and restructuring of the poultry industry where feasible;

iii) launch a regional appeal for funding the SADC Highly Pathogenic Notifiable Avian and Pandemic Human Influenza Preparedness and Response Plan; and

iv) access funds pledged at international fora such as the Beijing and Vienna conferences that took place in January and June 2006 respectively through WHO/OIE/FAO/ALIVE of WB and AU-IBAR.

9.2 Implementation of this Plan is estimated to be about US$1,770,000 (Annex A2).

10 Monitoring and Evaluation Framework:

10.1 A monitoring and evaluation framework will be built in order to review activities during implementation. The Secretariat will facilitate capacity building on monitoring and evaluation.

10.2 The main activities of monitoring and evaluation will include:

i) reviewing and assessing progress in the implementation of the Plan;
ii) providing an early warning system and recommend remedial measures;
iii) assessing effective utilization of mobilized funds and other resources;
iv) producing Quarterly Progress Report by Member States;
v) reviewing the implementation of National Highly Pathogenic Notifiable Avian and Pandemic Human Influenza Preparedness and Response Plans;
vii) ensure adherence to international requirements for M&E; and
vii) promoting the use of IDSR core indicators.

11. Critical Assumptions

11.1 Effective implementation of the SADC Highly Pathogenic Notifiable Avian and Pandemic Human Influenza Preparedness and Response Plan will depend on:

i) an effective surveillance and rapid response system in place;
ii) timely availability of relevant guidelines and legal framework for prevention and control;
iii) availability and rapid access to resources (fund, laboratory diagnosis, vaccines, infrastructures, staff etc) for the implementation of regional and national implementation plans;
iv) availability of effective compensatory mechanisms;
v) establishment of adequate capacity at the Secretariat; and
vi) effective communication network.
Annexes

A1 Highly Pathogenic Notifiable Avian and Pandemic Human Influenza Pandemic Phases

- **Phase one:** No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection can be detected in animals. If present in animals, the risk of human infection or disease is considered to be low.

- **Phase two:** No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

- **Phase three:** Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

- **Phase four:** Small cluster(s) with limited human-to-human transmission but spread is highly localised, the virus is not well adapted to humans.

- **Phase five:** Larger cluster(s) but human-to-human spread still localised, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

- **Phase six:** Pandemic: increased and sustained transmission in the general population.
### A2: LOGICAL FRAMEWORK FOR THE SADC JOINT HIGHLY PATHOGENIC NOTIFIABLE AVIAN AND PANDEMIC HUMAN INFLUENZA PREPAREDNESS AND RESPONSE PLAN:

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>MAIN AND DETAILED ACTIVITIES</th>
<th>COST (US$)</th>
<th>EXPECTED RESULTS</th>
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| 1. To give top priority to preventing the introduction of H5N1 infection in the region; | a) To Coordinate Regional and International Collaboration and Response  
- Use existing SADC structures to coordinate  
- Establish a SADC Joint Technical Committee on Highly Pathogenic Notifiable Avian and Human Influenza  
- Establishment of the Coordinating Unit | 150,000 | Regional and international collaboration, preparedness and response coordinated |
| | b) To facilitate the prevention of introduction of Highly Pathogenic Notifiable Avian and Human Influenza in the SADC region  
- Harmonize policies and regulations on importation into the SADC region of poultry, poultry products and exotic birds | 150,000 | Prevention of the introduction of Highly Pathogenic Notifiable Avian and Pandemic Human Influenza in the SADC region facilitated |
| | c) To reduce opportunities for Human infection  
- Intensify Human Health collaboration with Animal | 150,000 | Opportunities for human infection reduced. |
Health and Wild life authorities
- Advocate controlled movement (IHR-2005) of people and animals/animal products (OIE), especially those traveling from infected countries

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<th>d) To strengthen early warning systems-surveillance for both animal and human health</th>
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<td>- Identify an designate laboratories with capacity to characterize and follow the progression (mutation) of the Avian Influenza virus.</td>
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<td>- Facilitate strengthening capacity in the designated laboratories</td>
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<td>- Facilitate and coordinate communication and networking between influenza laboratories</td>
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<td>- Facilitate and coordinate training in surveillance and response including laboratory standard operating procedures</td>
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<td>- Disseminate to Member States data management tools for Influenza</td>
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<td>- Monitor and Evaluate the notification of any novice Avian Influenza (To be reported to WHO within 24 hrs)</td>
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| e) To mobilize resources for effective prevention and |

<p>| 150,000 | Early warning systems for both animal and human health strengthened. |</p>
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<thead>
<tr>
<th>control and Human case management</th>
<th>50,000</th>
<th>Resources for effective prevention and control mobilised</th>
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<td>- Coordinate the assessment of resource requirements and determine a budget</td>
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<tr>
<td>- Devise a regional resource mobilization strategy and launch a SADC appeal for Highly Pathogenic Notifiable Avian and Human Influenza funding (External mobilization of resources)</td>
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<td>- Support Member States in the representation for resource mobilization at international structures</td>
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To put in place harmonized policy guidelines and control measures in the event of an outbreak.

<table>
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<tr>
<th>a) To facilitate the development and implementation of regional guidelines on Highly Pathogenic Notifiable Avian and Pandemic Human Influenza</th>
<th>150,000</th>
<th>Development and implementation of regional guidelines on Highly Pathogenic Notifiable Avian and Pandemic Human Influenza facilitated</th>
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<tbody>
<tr>
<td>- Setup a drafting team to develop guidelines on import requirements</td>
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<tr>
<td>- Animal and Human Surveillance, prevention and control (legislative framework, infection control and management of medical waste), compensation, biosecurity, Human case management including prophylaxis and disposal of dead birds and contaminated materials</td>
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</tr>
<tr>
<td>Activity</td>
<td>Cost</td>
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<td>------------------------------------------------------------------------</td>
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<tr>
<td>Disseminate the developed guidelines to the Member States</td>
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<tr>
<td>Monitor and Evaluate the implementation of the guidelines</td>
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<tr>
<td>To facilitate and coordinate policy developments related to food security at household level as well as reduce/mitigate loss of income to farmers</td>
<td>150,000</td>
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<tr>
<td>Facilitate development and harmonization of policy framework on compensation and diversification of alternative sources of animal protein</td>
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<tr>
<td>b) To build capacity to control an outbreak and prevent a potential pandemic</td>
<td>240,000</td>
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<tr>
<td>Facilitate the adaptation and implementation of the available prevention and control tools and guidelines.</td>
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<tr>
<td>Facilitate joint procurement and rapid distribution of vaccines and drugs within the region.</td>
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<tr>
<td>Facilitate information sharing on experts and facilities for referrals at tertiary care level</td>
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<tr>
<td>Promote “seasonal flu” vaccination for all vulnerable groups</td>
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<tr>
<td>Identify sources of personal protective</td>
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</table>
equipment (PPE), appropriate equipment for maintaining the cold chain, and for delivery of vaccines and drugs

- Regional mobilization of resources for implementation of control measures at regional level

<table>
<thead>
<tr>
<th>c) To contain or delay spread of infection at point of outbreak</th>
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<tbody>
<tr>
<td>- Facilitate mobilization of resources and implementation of containment strategies at point of infection</td>
</tr>
<tr>
<td>- Monitor implementation of International Health Regulation (IHR-2005) in relation to control movement of people and WHO recommended containment strategy</td>
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<td>100,000</td>
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<tr>
<th>d) To re-enforce communication and health promotion in order to attain public awareness</th>
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<tbody>
<tr>
<td>- Facilitate the development and implementation of the regional communication and health promotion strategy</td>
</tr>
<tr>
<td>- Promote public awareness drive within the SADC through political and community leadership</td>
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<td>180,000</td>
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</tbody>
</table>
- Coordinate and facilitate communication and information sharing. A detailed elaboration of the activities including the allocation of responsibilities, time frame, performance indicators and cost estimates

<table>
<thead>
<tr>
<th>Activity</th>
<th>Report Type</th>
<th>Cost Estimate</th>
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</thead>
<tbody>
<tr>
<td>Monitoring</td>
<td>Progress Report</td>
<td>150,000</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Evaluation Report</td>
<td>100,000</td>
</tr>
<tr>
<td><strong>Estimated Budget</strong></td>
<td></td>
<td><strong>1,770,000</strong></td>
</tr>
</tbody>
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