

U.S. GOVERNMENT SUPPORT TO COMBAT AVIAN AND PANDEMIC INFLUENZA

Since sub-Saharan Africa's first reported outbreak of highly pathogenic avian influenza (HPAI) H5N1 in Nigeria in February 2006, the disease has spread to birds in Burkina Faso, Cameroon, Côte d'Ivoire, Djibouti, Ghana, Niger, Sudan, and Togo. As of November 2007, the World Health Organization (WHO) had confirmed one human fatality in Nigeria and one non-fatal human case in Djibouti. The deaths or infections of hundreds of thousands of birds are causing social and economic disruption with implications for African food supplies and incomes, and pose serious risks to human health through exposure to infected birds.

The United States combats HPAI H5N1 by working with governments and regional entities, and with international organizations such as the WHO, the Food and Agriculture Organization (FAO), UNICEF and the World Organization for Animal Health (OIE). Through the International Partnership on Avian and Pandemic Influenza, the United States works to elevate the issue on national agendas – and to coordinate efforts between affected nations in sub-Saharan Africa and donors.

To assist in responding to HPAI H5N1 outbreaks and to prepare for a possible human pandemic, the United States supports efforts in sub-Saharan Africa through bilateral and regional programs. As of June 2007, the United States had allocated \$31.1 million to bilateral and regional efforts in sub-Saharan Africa as follows:

- \$20.7 million had been committed to bilateral assistance to 24 countries;
- \$2.6 million had been dedicated to regional assistance programs;
- \$4.5 million had gone to support the regional disease detection site in Kenya; and
- \$2.3 million had been provided for WHO regional activities; and
- \$1 million had been provided for FAO regional emergency response.

The United States provides assistance to Angola, Benin, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, the Democratic Republic of the Congo, the Republic of the Congo, Côte d'Ivoire, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, the Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, South Africa, Sudan, Swaziland, Tanzania, Togo, Uganda, Zambia and Zimbabwe.

The U.S. Agency for International Development (USAID), the U.S. Department of Agriculture (USDA), the U.S. Department of Health and Human Services (HHS) – including the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) – the U.S. Department of State (DOS)

and the Broadcasting Board of Governors (BBG) are building sub-Saharan Africa's capacity in animal and human health sectors through preparedness and response planning; strengthening laboratory diagnostics; increasing public awareness and information; and enhancing disease surveillance, detection and reporting systems. The U.S. Department of Defense (DOD) also provides medical technical assistance and has purchased personal protective equipment (PPE) for combatant command use in military-to-military and international humanitarian assistance globally. USAID has deployed personal protective equipment (PPE) and non-pharmaceutical commodities for surveillance and response efforts.

PREPAREDNESS AND COMMUNICATION

U.S. assistance efforts for preparedness and communication include:

- Carrying out risk communications and public information activities in 32 countries (USAID, HHS/CDC, DOS);
- Supporting the December 2006 international conference on avian and pandemic influenza in Bamako (USAID);
- Placing regional avian influenza advisors in sub-Saharan Africa (USAID);
- Providing technical support to Benin, Burkina Faso, Cameroon, Ghana, Mozambique, Nigeria, Senegal, and Togo to develop communications strategies and implementation plans, and support for communications plans and materials in West Africa;
- Increasing awareness of the need to report suspected cases by investing in communications prior to Ghana's first outbreaks (USAID);
- Assigning experts to give technical assistance bilaterally and through the FAO (USDA);
- Supporting regional coordination, technical exchange and strategy development in West Africa through the Economic Community of West African States (ECOWAS) Technical Experts and Ministerial Meeting in Abuja, Nigeria, in June 2006 (USAID);
- Conducting pandemic preparedness tabletop simulations in Madagascar and Rwanda (USAID), and for highly pathogenic avian influenza response in Senegal with FAO (USDA);
- Promoting private-public partnerships in regulating and containing animal disease through the attendance of African officials at U.S. Animal Health Association meetings and assisting others participating in the U.S. National Poultry Improvement Plan (USDA);
- Conducting risk communications training for epidemiologists, communications specialists, members of the media, and laboratory personnel (HHS/CDC, USAID);
- Providing a technical expert and funding to WHO for its

February 2007 pandemic communications meeting in Cairo for communicators from around the globe, including sub-Saharan Africa, and other activities (HHS);

- Developing a pilot program to test information and communications technology to determine how to deliver rapid information to public health workers and the public in Kenya most effectively (HHS/CDC);
- Carrying out health behavior research in Kenya to assist the Ministry of Health and UNICEF/Kenya in developing risk communications materials (HHS/CDC);
- Assisting the Nigerian Ministries of Information and Communication, Health, and Agriculture to administer surveys and test messages for risk communication materials, and testing an educational booklet for schoolchildren (HHS/CDC);
- Providing information on avian and pandemic influenza to more than 200 journalists from 28 sub-Saharan African nations through media workshops in Benin, Cameroon, Kenya, Nigeria, Senegal, South Africa, and Togo (DOS, BBG, HHS/CDC, USAID);
- Increasing public knowledge of HPAI H5N1 via Voice of America (VOA) broadcasts throughout Africa, and VOA avian influenza web pages in English, French, Hausa and Kirundi (DOS, BBG, USAID);
- Supporting the production and broadcast of documentaries in Nigeria and funding rights for broadcast of the PBS documentary “Killer Flu” in Nigeria, Comoros and Madagascar (DOS);
- Supporting participation of health specialists and others from Ethiopia, Kenya, Lesotho, Nigeria, South Africa and Tanzania in an educational project on infectious diseases, including avian and pandemic influenza (DOS);
- Delivering an epidemiology workshop in Dakar for 27 participants from 21 African countries (USDA); and
- Distributing more than 25,000 packets to countries and non-government organizations to build awareness of avian influenza and prevention methods (USAID).

SURVEILLANCE AND DETECTION

U.S. efforts to assist Sub-Saharan Africa in surveillance and detection include:

- Expanding surveillance and response capacity in Africa through CDC’s Global Disease Detection (GDD) Center in Kenya and the Army Medical Research Unit in Kenya, as well as through Africa-based Institut Pasteur laboratories (DOD, HHS/CDC);
- Launching the Global Avian Influenza Network for Surveillance (GAINS) in coordination with USDA and the U.S. Geological Survey to improve monitoring of avian influenza viruses in wild birds, track genetic changes in the virus and increase transparency in disease information throughout Africa (USAID, HHS/CDC);
- Training joint laboratory and epidemiology teams from 32 African

- countries in laboratory and surveillance methods (HHS/CDC);
- Holding a workshop on animal disease surveillance technology and management of epidemiological data in Nigeria (USDA);
- Training and supporting training for officials, veterinarians, epidemiologists and laboratory diagnosticians from 32 sub-Saharan African nations (USDA);
- Delivering rapid diagnostic testing kits to nine sub-Saharan African countries (USDA, USAID);
- Supporting establishment of emergency operations centers in Ethiopia to streamline the surveillance system in order to increase routing of surveillance reports from 15 percent to 70 percent (USAID);
- Delivering real-time polymerase chain reaction (RT-PCR) machines to diagnose avian influenza rapidly in Côte d’Ivoire and Senegal (USDA); and
- Supporting FAO avian influenza surveillance training for Southern African Development Community (SADC) member countries (USAID).

RESPONSE AND CONTAINMENT

To help sub-Saharan African nations respond to and contain avian and possible pandemic influenza outbreaks, the United States is:

- Expanding infection control capacity in both hospital and farm settings in sub-Saharan Africa (HHS/CDC, USAID);
- Funding, through FAO and OIE, the Emergency Center for Trans-Boundary Animal Diseases Crisis Management Center, which deploys multilateral rapid response missions in sub-Saharan Africa (USDA, USAID);
- Conducting integrated rapid response team training for epidemiologists, veterinarians, laboratory personnel, communications specialists and infection control specialists in 32 sub-Saharan African countries (HHS/CDC);
- Deploying more than 32,000 sets of personal protective equipment (PPE) as well as decontamination kits for outbreak response and surveillance efforts (USAID, USDA);
- Supporting training of trainers in the safe and effective use of PPE, and supplying non-medical commodities for outbreak surveillance, investigation and response in Burkina Faso, Cameroon, Côte d’Ivoire, Niger and Nigeria (USAID);
- Providing technical assistance to Burkina Faso, Côte d’Ivoire, Nigeria, Sudan and others as needed for preparedness and containment efforts (HHS/CDC, USAID); and
- Delivering diagnostic equipment, reagents, rapid test kits, disinfectants, cleaning and disinfection kits and other commodities to laboratories in Côte d’Ivoire, Kenya and Senegal (USDA).

For further information, visit the U.S. Government’s official website www.pandemicflu.gov.

This region encompasses: Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Republic of the Congo, Côte d’Ivoire, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, Sudan, Swaziland, Tanzania, Togo, Uganda, Zambia and Zimbabwe.