USAID's Programs for Avian Influenza and Other Emerging Pandemic Threats

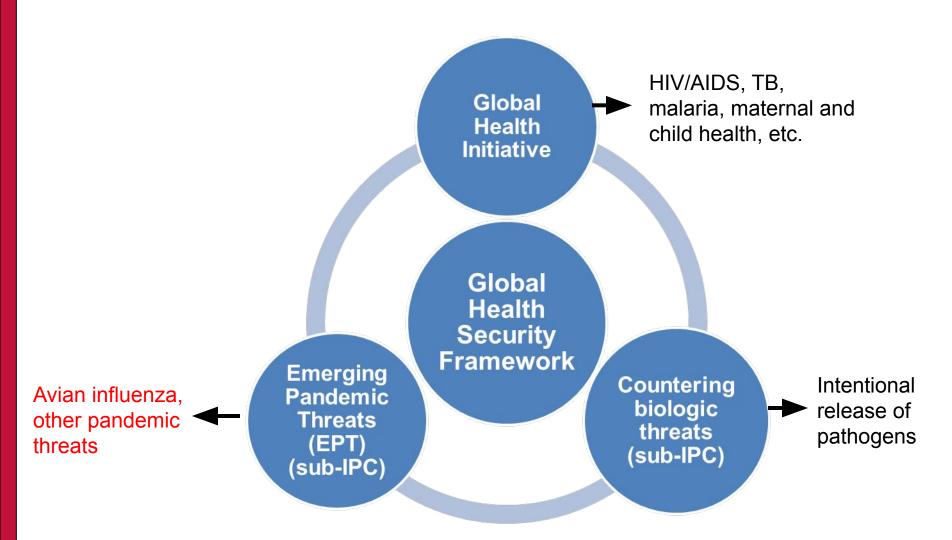


Presented on Technical Brief Meeting DGLAHS, May 03, 2012



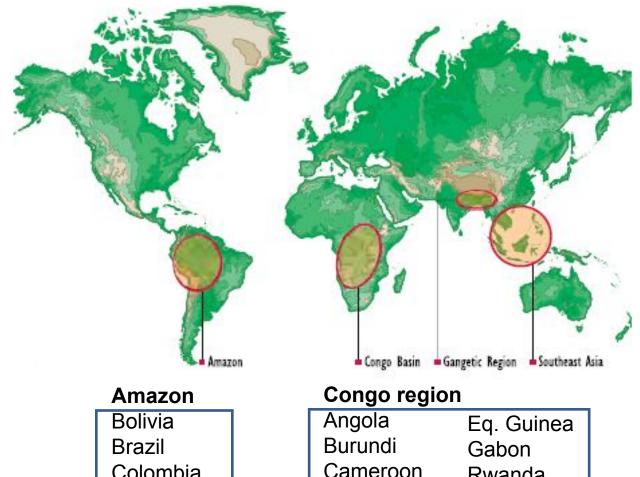


White House health framework – global health security consists of three components





EPT: Targeting Global "Hot Spots"



Southeast Asia

Cambodia
China
INDONESIA
Laos
Malaysia
Philippines
Thailand
Vietnam

Bolivia Brazil Colombia Ecuador Mexico Peru

FROM THE AMERICAN PEOPLE

Angola	Eq. Guinea
Burundi	Gabon
Cameroon	Rwanda
CAR	Tanzania
Congo	Uganda
DR Congo	5

South Asia	
Bangladesh	
India	
Nepal	

GOAL: Emphasizes early identification of and response to dangerous pathogens in animals before they can threaten human health

- Primary focus on wildlife
- Risk-based modeling and resource deployment

•Multi-sectors:

- Draws on resources across USAID & USG beyond Global Health
- Establishes partners for One Health Ministry of: Health, Agriculture, Forestry, and Environment
- Fosters partnership with Government and academic institutions

•Focus on capacity building for developing-country institutions that lead disease prevention, detection, and response efforts



Specific lessons from H5N1 Influenza

- Identify the reservoir for emergence and spread
- linkages to recent surge in food production
- Inadequate livestock "biosecurity" facilitates uncontrolled spread
- Poor hygiene practices increase risk of human exposure and infection

Emergence

Characteristics

Highly virulent

- •Efficiently transmitted to poultry but very limited transmission between humans
- •Continues to "evolve"

- A coordinated "One Health" - multi-sectoral response is critical
- Highly dynamic changes in disease patterns requires programmatic flexibility

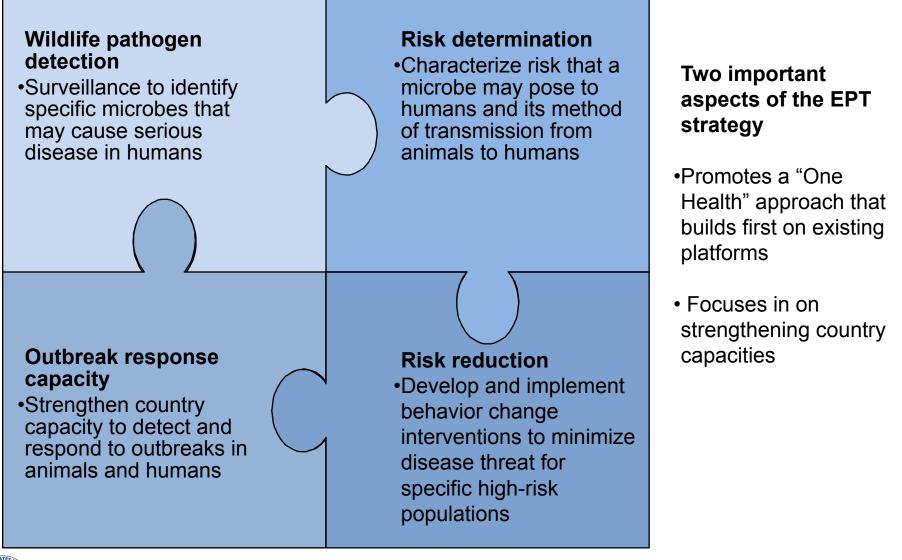
Response

Overall Lessons learned

Effective control of H5N1 and other zoonotic diseases dependent on:

- Early disease detection in animals
 - 75% of new zoonotics caused by pathogens originating in wildlife
- Local capacities for outbreak investigation and response
- Reduction of human behaviors and practices that enable the
 - spread of and exposure to the pathogen

Pre-empting zoonotic diseases threats





EPT activities coordinated across five USG agencies

USAID	 Longitudinal wildlife surveillance and pathogen discovery Risk modeling for disease emergence and spread Strengthening country level outbreak response capacity across animal and human health sectors Strengthening "One Health" training competencies across schools of public health and veterinary medicine Behavior change research and interventions Operational and commodity support Strengthen animal and human health normative laboratory diagnostic capacities
CDC*	 Develop models to predict emergence of high-consequence pathogens Conduct active surveillance for emerging pathogens in animals and humans Develop and test point-of care diagnostics to rule out endemic diseases Provide laboratory support to identify new pathogens Strengthen field epidemiology and laboratory training programs Collaborate in outbreak investigations
STATE	 Laboratory support (through Bio-engagement Program) Public health diplomacy
USDA	Laboratory supportStrengthening veterinary services
DoD	 Pathogen discovery Laboratory strengthening

* CDC USAID provides some funding to CDC for EPT activities.

FROM THE AMERICAN PEOPLE

EPT Program in Indonesia

USAID EPT grantees and partners for Indonesia

PREDICT : Global Viral Forecasting (GVF); & Eco-Health Alliance IPB Primate Center; & the Eijkman Institute	Pathogen Detection, Risk (biological) Determination
RESPOND: Development Alternatives Inc. (DAI); Tufts Univ.; Univ. of Minnesota UI, IPB, & UGM (SEAOHUN) + 15 universities INDOHUN	Outbreak response capacity
PREVENT: FHI 360 now hiring local consultant areas planned in North Sulawesi and East Kalimantan	Risk (behavioral) Determination, Risk Reduction
IDENTIFY: World Health Organization; Food and Agriculture Organization; World Organization for Animal Health (developing activities for FY13)	Strengthen Laboratories



Current EPT Activities in Indonesia

Since officially launched last July 2011

PREDICT:

- •Animal side: Training for specimen collection in the field- Primate Research Centre, January 2012
- •Human side: Workshop on Arbovirology & Lab –Eijkman Research Institute

<u>RESPOND</u>

- •Supported TEPHINET the Sixth TEPHINET Bi-regional Conference in Bali Nov. 2011
- •Supports South East Asia One Health University Network activities since it was inaugurated on May 2011
- •Support the Indonesian One Health University Networks (INDOHUN) Symposium -Bali May 3-4, 2012
- •Initiate in-service training approach for surveillance and outbreak response <u>PREVENT</u>
- •in preparation on engaging local partners/universities to explore information and reference associate with formulation of strategies for effective BCC

<u>Cross-project EPT working groups</u> – laboratories, "One Health" core competencies, data collection/sharing, extraction industry, monitoring and evaluation



Tentatively EPT Indonesia Country Meeting will be conducted on July 19-20, 2012 in Borobudur Hotel Jakarta, with main issues:

- Lessons learned on implementation of current activities on each element of EPT Program (PREDICT, RESPOND, PREVENT, & IDENTIFY);
- Aligned program to national priority and strategy with regional and global perspectives;
- •Scenario on current resource availability, thinks out-side the box
 - building a new paradigm

We wish your active participation on the meeting

TERIMA KASIH

