

Avian and Pandemic Influenza: The U.S. International Strategy

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Avian influenza is on the march. When the highly pathogenic H5N1 strain of the disease showed up in Hong Kong in 1997, it ravaged poultry and killed six people. Following drastic culling measures, the H5N1 virus virtually disappeared for a few years, only to reappear in Southeast Asia in 2003. Since then it has spread in poultry populations through much of Asia, and subsequently to Europe

and Africa. It may someday come to the Americas. The rapid expansion is striking. As of June 2004, the virus had appeared in six East Asian countries. By January of 2006, 14 countries had reported outbreaks. By November 2006, 55 countries had been affected. The geography of this aggressive spread is also sobering: The first African avian cases appeared in Nigeria and Niger in February 2006. That same month, Italy, Greece, Germany, Austria, France, Iran, and Egypt reported cases. March 2006 added Poland, Afghanistan, Burma, Denmark, Pakistan, and Jordan. The United Kingdom, Cote D'Ivoire, Burkina Faso, Cameroon, and Sudan followed in April—and the list goes on. For example, Nigeria reported its first human H5N1 case in February 2007, becoming the second country in sub-Saharan Africa to report the virus in humans.

Equally disturbing, we began to see areas in which the disease appeared to have become endemic. Indonesia saw a rapid spread of the virus in poultry, and in September 2006 became the country with the highest number of human fatalities (totaling 63 as of February 2007). Indeed, it is safe to say that Indonesia has become “ground zero” in the fight to contain avian flu. In Africa, although there have been few reported human fatalities, the disease has spread rapidly to several countries, devastating poultry flocks.

International media attention on the threat of avian influenza has waxed and waned in the past few years, ranging from news of outbreaks among poultry to relatively infrequent reports of human fatalities and occasional warnings about the horrific consequences of a severe human pandemic if the H5N1 virus were to mutate and bring about sustained, efficient human transmission that spread across the globe. This episodic media treatment of the disease does not mirror the urgency with which the U.S. government—and governments, international organizations, and the private sector around the world—view the topic. For us, and for them, it is a complex effort involving thousands of specialists worldwide, all of whom are working in concert to confront and contain the spread of avian influenza and to prepare for a possible human pandemic.

In this context, it is important to consider the worst-case scenarios for possible global costs of a human pandemic. SARS clearly showed the costs of, in that case, a modestly dangerous infectious disease that resulted in approximately 700 deaths worldwide. The economic impact because of the decline in travel, tourism, and delayed investment that accompanied the SARS outbreak is estimated at as high as \$30 billion. A recent World Bank report estimates the worldwide human death toll

from a virulent H5N1 pandemic at 71 million (low-end) to as high as 180-260 million. The World Bank report also cited a 2006 academic study of possible global economic consequences that concluded a severe human pandemic could result in losses to the global economy of \$1.526 trillion (\$1.131 trillion of that in “high-income countries”).

The world is confronting an uncertain, and possibly imminent, threat. And the U.S. government, in coordination with other governments and international organizations, is rapidly responding.

In September 2005, at the U.N. General Assembly, President George W. Bush announced the establishment of the International Partnership on Avian and Pandemic Influenza. In doing so, the President focused the attention of the world community on the need for timely and sustained high-level political leadership and concrete, cooperative action. Specifically, the International Partnership aims to combat the threat of avian influenza and to improve global readiness for human pandemic influenza by elevating the issue on national agendas; coordinating efforts among donor and affected nations; mobilizing and leveraging resources; increasing transparency and the quality of surveillance; and building local capacity to identify, contain, and respond. The International Partnership is an initiative built on core principles [<http://www.hhs.gov/pandemicflu/plan/appendixb.html>, <http://www.hhs.gov/pandemicflu/plan/appendixh.html>] that call for enhanced preparedness, surveillance, transparency in the form of rapid reporting and the sharing of data and samples, and cooperation among partners and several key international organizations, including the U.N. System Influenza Coordinator, the World Health Organization (WHO), the Food and Agriculture Organization (FAO), and the World Organization for Animal Health (known by its initials in French, OIE).\

The International Partnership met in Washington in October 2005 and in Vienna in June 2006, and it will convene again in New Delhi in the last quarter of 2007. In addition, international pledging conferences for avian and pandemic influenza took place in Beijing, China, in January 2006 and in Bamako, Mali, in December 2006. Mali, the African Union and the European Union co-chaired the Bamako meeting, which received support from the U.S. government and others.

In November 2005, the White House Homeland Security Council released the National Strategy for

Pandemic Influenza based on three pillars: preparedness and communication; surveillance and detection; and response and containment. In May 2006, the Homeland Security Council released the strategy’s Implementation Plan designating Secretary of State Condoleezza Rice as responsible for coordination of the international response. The Secretary asked Under Secretary of State for Democracy and Global Affairs Paula J. Dobriansky to oversee international coordination efforts for the Department of State. She established the Avian Influenza Action Group to coordinate efforts across the federal agencies and day-to-day aspects of the U.S. government’s international response.

To support international response and preparedness for avian and pandemic influenza, the United States has committed \$434 million—the largest single contribution made by any nation to the \$2.3 billion that has been pledged by the international community.

Just as the International Partnership elevated the international engagement against avian and pandemic influenza to the highest levels of governments, we and others in the international community have been active in addressing the threat on the technical level. Here is a partial list of what we have accomplished:

- The U.S. government is supporting avian influenza preparedness efforts in at least 72 countries, in collaboration with the WHO, FAO, and OIE.
- U.S. government agencies, including the Departments of Agriculture (USDA), Health and Human Services (HHS), Interior, and Defense, as well as the U.S. Agency for International Development (USAID), have deployed scientists, veterinarians, public-health experts, physicians, and emergency-response team to affected and high-risk countries to assist in the development and implementation of emergency preparedness plans.
- Over 175 nations now have national plans for combating avian and pandemic influenza—up from about 40 in November 2005.
- International stockpiles of antiviral medications and other vital commodities have been established. USAID has deployed over 200,000 personal protective equipment (PPE) kits to 71 countries for use by responders in the field, including surveillance workers and outbreak-response teams.
- U.S. training for medical personnel is taking place in many countries, including Thailand, Egypt, Kenya, Guatemala, Bangladesh, and Cambodia. Training for

97 veterinary and diagnostic personnel has been carried out for 60 countries, including China, Mexico, Turkey, Thailand, Indonesia, and Vietnam. The United States is upgrading laboratory facilities in many countries.

- In addition to the upcoming global conference in New Delhi, there are a host of smaller, regional meetings and exercises being conducted each month designed to buttress this international cooperation and sharing of expertise.

This list provides just a partial overview of our efforts to avert or mitigate what could become the 21st century's first global human-health catastrophe. Avian influenza is different from other notorious afflictions that have been totally or partially eradicated from the face of the earth (such as polio or smallpox), insofar as no fully

effective human vaccine can be developed, produced, and administered until the exact pandemic strain is identified and isolated. Nevertheless, we have made great strides in mobilizing international personnel and resources in a new direction—that of containing the spread of avian influenza and preparing for a possible human pandemic. ■

<http://pandemicflu.gov>,

http://usinfo.state.gov/global_issues/bird_flu.html,

and <http://www.state.gov/r/pa/prs/ps/2005/53865.htm>.



U.S. Department of State

Ambassador John E. Lange (right) and USDA Deputy Under Secretary for Marketing and Regulatory Programs Dr. Charles Lambert examine chickens at a private poultry farm near Danang, Vietnam. Ambassador Lange and Dr. Lambert were in Danang as co-leaders of the U.S. delegation to the Asia-Pacific Economic Cooperation Ministerial Meeting on Avian and Influenza Pandemics in May 2006.