

Written Statement of
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Department of State
Before the
Committee on Foreign Relations
United States Senate
“Responding to the Global Threat of Avian and Pandemic Influenza”
November 9, 2005

Introduction: Mr. Chairman, thank you for the opportunity to discuss our efforts to create a global coalition, which seeks to improve global readiness against a possible outbreak of pandemic influenza. Since diseases do not respect borders, an effective global response is critical. No country can fight avian influenza alone. Nations must join together now to prevent an outbreak, while preparing to contain and respond if avian flu begins to spread among people. Indeed, dealing with avian influenza before it reaches our border is a necessary form of forward defense.

Avian flu is not just a health matter but an economic, security and social issue. The social, economic and political impacts of a virulent flu pandemic could be devastating. The 2003 SARS outbreak cost more than 700 lives and some \$80 billion worldwide. The Department of State is involved because the only way to avoid the much higher potential toll of a flu pandemic is in concert with other nations. This issue requires the involvement of not only Ministries of Health and Agriculture but also Ministries of Foreign Affairs and Executive Offices of Presidents and Prime Ministers. Our framework for action is predicated on measures in support of surveillance, preparedness, and response and containment.

The Partnership: Recognizing this threat can only be averted through coordinated international effort, President Bush announced the establishment of the International Partnership on Avian and Pandemic Influenza in September during the high-level segment of the UN General Assembly meeting. The President’s speech focused the attention of the world community on the need for

timely and sustained high-level political leadership and concrete, cooperative action. Specifically, the Partnership's aim is to combat the threat of avian flu and improve global readiness 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 to a pandemic influenza.

The Partnership is a voluntary coalition built on a set of ten core principles, which call for enhanced preparedness, surveillance, transparency in the form of rapid reporting and the sharing of data and samples, and cooperation among Partners and with several key international organizations, including the World Health Organization (WHO), Food and Agriculture Organization (FAO), and the World Organization for Animal Health (OIE). Through the Partnership, countries have agreed to work together to develop the capacity to plan for, detect, prevent, and rapidly respond to an incipient epidemic. Specifically, these international partners have led global efforts to heighten surveillance in poultry and die-offs in migratory birds and rapid introduction of containment measures. Members have developed, or are in the process of developing, national preparedness plans, setting up surveillance networks and working closely with the WHO, FAO, and OIE in the detection of outbreaks.

I am pleased to report that the Partnership is off to a good start. In early October, the State Department hosted a well-attended meeting of the Partnership member countries. Senior officials from 88 countries and nine international organizations participated actively in the plenary sessions and roundtables, and identified three priority areas for collaboration: building stockpiles of drugs and supplies; speeding vaccine development and distribution; and implementing rapid response and containment measures. Several conclusions also emerged from these productive discussions: recognizing that many countries lacked the capacity to prepare or respond to a pandemic, capacity building is a priority. A number of participants stressed the need for communication and education strategies to raise public awareness and change behavior. Participants also emphasized the need for prompt reporting of suspected cases and for a coordinated international effort. They stated that, in addition to the health impacts of the pandemic, we must prepare for the economic and social effects, ensuring continuity of business operations, for instance.

The Partnership is truly a cooperative effort. It includes not only U.N. agencies and international and regional organizations such as the World Health Organization, the Food and Agriculture Organization, the World Animal Health Organization, but the World Bank, the Asian Pacific Economic Cooperation forum, and the Association of Southeast Asian Nations. Significantly, a number of countries have taken leadership roles in several key areas. As a result of the Senior Officials Meeting, Canada agreed to spearhead follow-on discussions on stockpiling of vaccines and anti-viral medicines as an important component of readiness. We undertook to work with the United Kingdom on a comprehensive strategy for vaccine research, development and production. Australia and Japan agreed to collaborate on rapid response and containment, including the economic and social impacts of a pandemic. Since the October Senior Officials Meeting, all three of these working groups have moved forward.

Stockpiles: In late October, Canada held a meeting of health ministers in Ottawa and put on the agenda the topic of stockpiles of antiviral medicines and vaccines. At the conclusion of the Ottawa meeting, the ministers endorsed a communiqué stressing the urgent need for strengthening surveillance, a global policy on vaccine development, and coordinated risk communication. HHS Secretary Leavitt told the assembly that the involved countries and relevant international organizations would need to agree on a proper doctrine to govern rapid response and containment as a prelude to getting national commitments to the creation of an international stockpile. In addition, he called for holding a tabletop exercise, including simulated drug delivery, to enhance international understanding and communication on this important topic.

Rapid Response and Containment: Australia used the Asia Pacific Economic Cooperation (APEC) avian influenza preparedness meeting on October 31 through November 1 to make progress on response and containment strategies. In addition to the 21 APEC members, WHO, FAO, ICRC and the World Bank attended the meeting. Participants agreed to establish communication and information-sharing networks among experts in the region, build an inventory of regional resources and capabilities that could be provided to expert multilateral organizations for rapid response in the event of an outbreak, and conduct a regional desktop simulation in the first half of 2006 to test regional communication during a potential pandemic outbreak. Given that an influenza pandemic is most likely to emerge from Southeast Asia, the work begun at this meeting in Brisbane to enhance a regional rapid response capability is essential.

Vaccines: On November 4-5, the World Health Organization hosted an experts meeting on the development of vaccines for pandemic influenza. This meeting afforded an opportunity for all countries working on a vaccine against avian influenza to share their progress and establish a way to share technical information in order to speed the development of a safe and effective human vaccine.

Partnership's Next Steps: This week in Geneva, the WHO, FAO, OIE, and the World Bank are hosting a Partners meeting on avian influenza and human pandemic influenza. Specifically, as an outgrowth of our Partnership's Senior Officials Meeting, there were detailed discussions on focusing international efforts on short-term animal monitoring, surveillance, antiviral stockpiles, expanding vaccine production capacity, contingency planning to ensure continuity of operations if an outbreak occurs, and communications strategies. In addition there was agreement on the importance of working to help African countries – particularly those already overwhelmed by HIV/AIDS. One issue to be further addressed is donor coordination. In the discussions taking place now in Geneva, we are proposing that the WHO, the World Bank and other major donors, coordinate with us their assessments of country needs. This would allow us to come to a common understanding of what financial and technical assistance is necessary. A subsequent conference in January will provide an opportunity for donors to outline what they are, and will be, doing to help countries affected with avian influenza. And we will hold another meeting of the Senior Officials of the International Partnership on Avian and Pandemic Influenza in late January or early February to take stock of the progress being achieved and to determine what additional steps should be taken.

Diplomatic Engagement: The Bush Administration has taken advantage of every possible bilateral and multilateral opportunity to stress the seriousness of the threat posed by avian influenza and the need for rapid action. The President is personally engaged and has raised this issue with the Presidents of China, Indonesia, and Russia as well as the Prime Minister of Thailand. Secretary Rice re-iterated our concerns to ASEAN countries, meeting on the margins of the September High-Level Segment of the UNGA. She also devoted a significant portion of her recent Ottawa trip to a briefing on the progress of the Canadian health ministerial discussion on stockpiles of anti-viral medicines and vaccines.

We are also advancing this issue at the highest levels in Asia. President Bush will attend the APEC Leaders meeting later this month in Korea and the topic of avian influenza is a centerpiece of those discussions. As the Chair of the APEC Health Task Force, we are working with our key partners in APEC to strengthen the region's commitment to prepare for and prevent an influenza pandemic. In the ASEAN Regional Forum (ARF), we are encouraging participants to consider the security implications of a pandemic. Deputy Secretary Zoellick raised the threat of avian influenza and the need for preparation and planning in the ASEAN and ARF meetings in Laos this past July.

In addition, we are reaching out to the private sector to improve their regional capacity to respond and prepare for a pandemic. We will urge the APEC Business Advisory Council (ABAC) to look into using private sector health facilities to enhance epidemic surveillance and detection capabilities. We will also recommend that ABAC consider establishing a set of business community 'best practices', including a checklist for emergency preparedness, paying special attention to small and medium sized enterprises.

During mid-October, I traveled to Southeast Asia --Thailand, Cambodia, Laos, Vietnam, Indonesia, Singapore and Malaysia -- with Secretary of Health and Human Services, Mike Leavitt and representatives from the U.S. Department of Agriculture, USAID, the National Institutes of Health, and the Center for Disease Control, as well as Dr. Lee, the Director-General of the World Health Organization (WHO), and representatives of the Food and Agriculture Organization (FAO) and the World Organization for Animal Health (OIE). We were very pleased that these countries had their Foreign or Prime Ministers meet with our delegation – an indication that we were succeeding in our efforts to raise the political profile of this issue. Malaysia, for instance, named a senior point of contact in its Foreign Ministry to enhance bilateral and multilateral communication. Vietnam offered during our visit to accept international monitors to augment their national surveillance efforts.

As a result of our visit, and additional assessments done by U.S. experts, we learned more about the needs of those countries. For example, Vietnam, Laos, Cambodia, and Indonesia are particularly in need of capacity building. We stressed our desire to work with them to address these shortcomings and the Administration has, in fact, already begun to fill these critical needs. I'd like to emphasize that this is truly an unprecedented interagency effort by the United States. The President has charged the State Department with leading the international activities of the U.S. National Strategy for Pandemic Influenza and, in doing so, we collaborate closely with our dedicated colleagues at HHS, CDC, NIH, USAID, USDA and other technical agencies. With that in mind, let me provide some concrete examples of U.S. assistance in three key areas of our

strategy – surveillance, preparedness, and response and containment. Our assistance targets the needs of the most affected countries with the least capacity such as Laos, Cambodia, Vietnam and Indonesia. These activities are being designed and funded by USAID, HHS and USDA as part of a coordinated interagency process.

On **surveillance**, we are providing training, financial, technical and commodity support for national veterinary and other staff to monitor the disease in domestic and wild birds. We are increasing the capacity of national public health staff to detect new human infections and ensure timely and accurate diagnoses. We are working with the FAO on strengthening “early warning systems” and the ability to communicate rapidly about concerning cases. To give a country-specific example, we have provided the support of NAMRU-2 (a U.S. military laboratory) to strengthen surveillance efforts in Indonesia.

On **preparedness**, we are supporting Ministries of Health as they develop national pandemic preparedness plans. We are helping Ministries in Asia to conduct pandemic preparedness training and simulations. We are purchasing equipment for experts in the region to test samples. With the FAO and WHO, we are engaging Agriculture, Health and other ministers to increase regional and international coordination. To give a country-specific example, the Vietnamese Ministry of Health has received support from HHS and CDC for vaccine development and clinical trials and has solicited our assistance of monitoring.

Finally, on **response and containment**, we are establishing, training, and supporting rapid response teams through FAO to conduct containment measures in animal populations. We are building local capacity to cull and dispose of infected or exposed animals, and setting up in-country and regional emergency stockpiles of essential commodities. We are, for example, pre-positioning protective gear in Southeast Asian countries to be used in case of an avian flu emergency.

Funding: These efforts are already underway because HHS and USAID were able to reprogram \$37 million in Fiscal Year '05 funds for this emerging policy priority. This is, of course, only the start. In conjunction with his November 1st announcement of the National Strategy, the President called for an additional \$7.1 billion in emergency funding. This request includes \$250.8 million to detect and contain outbreaks before they spread around the world; as the President rightly noted: “early detection is our first line of defense.” Of the \$250.8 million, the Department of State would receive a total of \$38.5 million for international response coordination, involving foreign governments and non-governmental organizations, diplomatic outreach, exchanges of U.S. and foreign medical personnel, and health support and protection of U.S. Government employees and families at U.S. missions overseas. Of the \$38.5 million for the Department of State, \$20 million would fund the potential evacuation of U.S. Government personnel and dependents from overseas missions.

From the total \$250.8 million for international activities, the Department of State would receive \$8.5 million, USAID would receive \$131.5 million, HHS \$82.5 million, USDA \$18.3 million and DOD \$10 million. The \$131.5 million to be programmed by USAID will be used for pre-positioned supplies and equipment to prevent and control the spread of the avian influenza virus; a communication campaign to increase awareness of risks and encourage behavior (such as

culling bird flocks and avoiding crowds) to hinder the spread of the disease; improved surveillance and response systems; and accelerated international planning and preparedness. Through the Partnership, we expect to leverage additional funds from other donors.

Conclusion: In the two months since its creation, the International Partnership on Avian and Pandemic Influenza has already heightened international awareness and made addressing this issue a priority for nations; fostered closer collaboration among Agriculture, Health, Economic and Foreign Ministries; accelerated the placement of monitors in high-risk countries; catalyzed the development and deployment of comprehensive surveillance networks; increased donor commitment and coordination. But there is still more that needs to be done.

We believe that our message of cooperation and common cause has resonated with many countries, particularly those hardest hit in Asia. Countries that lack the capacity to prepare for, and respond to, an influenza pandemic are showing growing understanding and increasing willingness to confront the problem. They realize that the cost of taking action now is significantly less than the cost of a pandemic. At the meeting in Geneva this week, WHO Director General Lee estimated that 120 countries now have, or have begun preparing some form of avian flu preparedness plans; this is twice the number estimated just one month ago. Those plans will serve as the foundation on which national and regional surveillance networks will be built and strengthened. We are also hearing from the FAO and OIE that at-risk countries are becoming increasingly transparent, sharing information and samples more readily than in the past. These international organizations credit countries and their leadership for making this issue a priority and laud the United States for helping to make this progress possible through the International Partnership on Avian and Pandemic Influenza and sustained high-level diplomacy. Even as we work with our partners to coordinate assistance, the United States has begun to assist the highest risk countries in the key areas of surveillance, preparedness and response and containment. We will build on this solid foundation as the Partnership progresses. We look forward to working with you on avian flu and I thank you again for this opportunity to testify before this Committee. I welcome any questions you may have.