

RESPONSES TO
AVIAN AND HUMAN INFLUENZA THREATS

JULY – DECEMBER 2006

PART 2

COUNTRY PROFILES

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&
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INTRODUCTION

1. As agreed in Vienna in June 2006, Part 2 of this progress report provides a country-by-country analysis of avian and pandemic influenza preparedness. For each country for which information could be obtained in May-June and in October-November 2006, profiles have been developed. The information contained in the profiles has been drawn from various sources including direct communications with UN country teams and members of individual governments through the information-gathering exercises, and from information already in the public domain. The profiles cover the countries listed in the table below.
2. The profiles use as a standardised framework six factors important for successful avian and pandemic influenza preparedness detailed in Part 1 of this report (paragraph 19). Framed in this way, the country profiles form a basis for assessing current preparedness activity, constraints and needs. Each profile is prefaced by a summary of the experience to date of reported H5N1 in animals and people, and a note on specific resource and technical needs.
3. This report, like that of June, does not intend to compare countries with each other. There has been no independent validation of the responses to the information-gathering exercises to assess the reality of preparedness and capacities for emergency response. These reports cannot be used to provide a definitive and comprehensive summation of avian influenza response and pandemic preparedness activities to date. The UN System Influenza Coordinator will retain responsibility for the overall content of the report.

Asia & Pacific	Africa	Middle East & North Africa	Europe & Central Asia	Americas
Afghanistan	Angola	Algeria	Albania	Argentina
Australia	Benin	Djibouti	Armenia	Bahamas
Bangladesh	Botswana	Egypt	Austria	Barbados
Bhutan	Burkina Faso	Iran	Azerbaijan	Belize
Cambodia	Cameroon	Jordan	Belarus	Bolivia
China	Cape Verde	Kingdom of Bahrain	Belgium	Canada
India	Chad	Kuwait	Bosnia and Herzegovina	Chile
Indonesia	Comoros	Lebanon	Bulgaria	Colombia
Japan	Congo, DRC	Morocco	Croatia	Costa Rica
Korea DPR	Congo Republic	Oman	Cyprus	Cuba
Korea Republic	Côte d'Ivoire	Palestinian Territories (Occ.)	Czech Republic	Dominican Republic
Lao PDR	Ethiopia	Saudi Arabia	Denmark	Ecuador
Malaysia	Gabon	Somalia	Estonia	Guatemala
Maldives	Gambia, The	Sudan	Finland	Guyana
Mongolia	Ghana	Syria	France	Haiti
Myanmar	Guinea - Conakry	Tunisia	Georgia	Honduras
Nauru	Kenya	United Arab Emirates	Germany	Jamaica
Nepal	Lesotho	Yemen	Kazakhstan	Mexico
New Zealand	Liberia		Kosovo	Nicaragua
Pakistan	Madagascar		Kyrgyz Republic	Panama
Papua New Guinea	Malawi		Latvia	Paraguay
Singapore	Mali		Liechtenstein	Peru
Solomon Islands	Mauritania		Lithuania	Suriname
Sri Lanka	Mauritius		Macedonia	Trinidad and Tobago
Thailand	Mozambique		Malta	Uruguay
Timor-Leste	Namibia		Moldova	U.S.A.
Vanuatu	Niger		Norway	Venezuela
Vietnam	Nigeria		Poland	
	Rwanda		Portugal	
	Sao Tome & Principe		Romania	
	Senegal		Russian Federation	
	Seychelles		Serbia & Montenegro	
	Sierra Leone		Slovak Republic	
	Swaziland		Slovenia	
	Tanzania		Spain	
	Togo		Sweden	
	Uganda		Switzerland	
	Zambia		Tajikistan	
	Zimbabwe		Turkey	
			Turkmenistan	
			Ukraine	
			United Kingdom	
			Uzbekistan	

ASIA & THE PACIFIC

Country	Afghanistan
Summary	Current position: Outbreaks in poultry and wild birds in March and April 2006 Specific resource and technical needs: veterinary capacity to detect AI in animals and in humans, trained personnel
Introduction	The country has experienced 26 outbreaks of H5N1 in birds but no human cases. It has made significant progress in AHI planning and response under difficult circumstances. There are no current GDP, GNI, HDI or IDA RAI data.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national AHI Task Force, which has been meeting bi-weekly and is supported by a central coordination body, the National Avian Influenza Secretariat. Meetings are attended by all stakeholders to improve harmonised interventions and prevent duplication. The integrated national plan has been endorsed by government. The extent is unclear to which plans have been tested in simulation exercise. Ministry of Public Health chairs task force, and Ministry of Agriculture chairs the National Avian Influenza Secretariat; Ministry of Finance has also been a critical participant in ensuring effective coordination; cross-government coordination is working. Government has also engaged the non-governmental sector in its planning.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There is capacity to detect and confirm AI in animals and in people. Time from observation of an outbreak in birds to reporting to national authorities is 2-3 days and 1-2 days to international authorities. For human cases, the reporting time to national authorities is 2-3 days and to international agencies is 1-3 days. There are established mechanisms for government to share information with WHO, FAO and OIE, and for communicating health messages to the public; information is being sought about standard procedures for communicating among agencies, the government and hospitals. The need for rapid response was learned from previous infectious disease outbreaks of other kinds. There is improved veterinary capacity to detect AI in animals and humans through PCR from NAMRU-3 at Central Veterinary Laboratory), and an approximately 3-day interval between outbreak onset and reporting.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes in place to strengthen AI surveillance and reporting in animals and in people. There is epidemiological capacity to trace the infections in animals. Information is being sought about laboratory facilities with HPAI diagnostic capacity, although there is an agreement with an OIE/FAO reference laboratory. Specific controls on cross-border trade and movement of poultry are planned and implemented as are controls on contact between different species of birds. Poultry vaccination is planned for the control of HPAI. There are controls in live birds markets where there is a huge mixing of bird population. Surveillance is also carried out around wetlands where mixing of wild and domestic birds may occur. The use of PPE for AI control in people is being implemented and the tracing of contacts is planned. Clinical guidance has been issued for training in the management of AI cases in people. There is a strategy for acquiring antivirals and pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Compensation schemes have been adopted during the epidemic in order to cull animals in infested areas. However, their implementation faces challenges. There are public health communication mechanisms, but levels of public awareness remain unclear.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged with national NGOs and civil society in its planning activity. The extent is unclear to which other parts of the non-governmental sector are engaged, and how well mobilised this sector is.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> There are public health communication mechanisms, and an active communication campaign in which FAO, WHO and UNICEF have worked with counter-part ministries to lead each sector. There has been presidential involvement in this. Some parts of the country are difficult to reach, resulting in obstacles to culling activity. Public awareness and behavioural changes remain undocumented.
7.	<i>Is there coordination with and across external partners?</i> The external partners include FAO, UNAMA, OCHA, UNICEF, WHO, WB and bilateral donors including USAID, NAMRU, DFID, USDA and the EU. There have been some joint AHI programmes and missions. Extent and quality of coordination across partners are reported to be good, with regular contact and arrangements for shipping test samples.
Constraints to implementation	Main cited constraints are the lack of control over cross border movements and mechanisms for the release of international funding. Previous cited constraints were finance, lack of trained personnel, difficulty of physical access, political and security issues, and border control.

Country	Australia
Summary	Current position: Australia is free from HPAI H5N1 Specific resource and technical needs:
Introduction	The country has one of the highest 2005 GNI/c at PPP (\$30610) and 2001 HDI (0.939) in the region.
Success Factors	
1	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i>
	Policy leadership is being provided by Federal Government with high level coordination across all levels of government and non-government organisations. The integrated national plan has been endorsed by government and has been tested in simulation exercises, most recently on pandemic preparedness in October 2006. Government has engaged all non-governmental sectors in its planning. There are regular inter-departmental meetings to determine pandemic strategies and responses. There has therefore been strong commitment and leadership with all stakeholders. Australia's leaders have also given a high profile to AHI in international fora including the APEC. Australia has provided significant support to regional disease surveillance initiatives.
2	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i>
	Whole of Government plans have been developed with the flagship being a comprehensive national health management plan. There are established communication and information-sharing mechanisms, the capability to detect AI in animals and people, and substantial veterinary capacity for detection and tracing of HPAI including eight laboratories. Clinical guidance on treatment of human cases has been issued, and there are plans to trace their contacts. Responses to avian influenza incidents in animals would be in accordance with pre-agreed arrangements e.g. the Australian Veterinary Emergency Plan (AUSVETPLAN) and Emergency Animal Disease Response Agreement (EADRA).
3	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i>
	There are programmes in place to enhance AHI surveillance, diagnosis, awareness, response and reporting in animals and in people, including an extended wild bird surveillance programme and industrial bio-security policies. AI controls on cross-border trade and on contact between species and quarantine controls and risk mitigation for importing high risk organisms are well established; poultry vaccination is being planned. About 300 vets per year graduate and are competent in HPAI detection. Stockpiles of anti-virals, personal protective equipment and treatment equipment have been established and rapid emergency deployment plans have been drafted and tested. There are strategies to acquire anti-virals, and to purchase and to produce pandemic vaccine for the population. Protocols for border measures rapidly to identify and contain the spread of AHI have been developed.
4	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i>
	There are effective national and sub-national communication systems in place between all levels of government, industry and the community in general. Farmer compensation arrangements (with a uniform rate set at more than 70% market value) for AI were established in 1967 and are integrated into state-based legislation and EADRA, which mandate disease reporting. Public awareness campaigns have also been implemented.
5	<i>Is there effective mobilisation of civil society and the private sector?</i>
	In its planning process, the government has engaged with civil society, national NGOs, the private sector and with other actors. A number of non-government organisations and sectors within civil society have well developed pandemic influenza plans.
6	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i>
	Information on the human health risks of HPAI and how these risks can be minimised is being distributed through general practices and community pharmacies. A broad communication strategy has been developed for implementation in the event of a pandemic. There is a communication campaign targeted at the industry, bird owners and bird fanciers but not a mass communications campaign; and this has raised awareness and contributed to changes in public infection control behaviour.
7	<i>Is there coordination with and across external partners?</i>
	FAO, WHO, OIE, and a number of bilateral partners (Canada, UK, USA, New Zealand) have been active in assisting with pandemic planning. Coordination with and across these partners is generally effective. Australia is working with international organisations (including APEC) and bilaterally to strengthen regional capacity to address the AHI threat.
Constraints to implementation	No constraints were cited.

Country	Bangladesh
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI infection in animals and in people, laboratory capacity and networks, evidence on clinical case management
Introduction	The country's 2005 GNI/c at PPP (\$2090) and 2001 HDI (0.502) place it around the 10 th percentile for the region. Among countries in the region eligible for IDA, it has a median average 2005 IDA Resource Allocation Index (3.4).
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force supported by a central coordinating body. The integrated national plan has been endorsed by government. The extent is unclear to which plans have been tested with simulation exercises. Government has engaged all non-governmental sectors in its planning, indicating effective leadership of all stakeholders.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are established mechanisms for communicating public health messages and for information-sharing between government and international technical agencies. Information is being sought about standard procedures for communicating between government, agencies and hospitals, about capacity to detect AI infection in animals and in people; and about the extent of the capacity for rapid implementation of priority actions.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes in place to strengthen AI surveillance and reporting in animals and people. AI controls on cross-border trade and movement are planned or being implemented. Information is being sought about any plans for controls on contact between different bird species. However efforts to establish the cause of outbreaks will be limited by detection capacity. Information is being sought about issue of any clinical guidance for the management of human cases. Tracing of case contacts is planned. There is a strategy for acquiring anti-virals and pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any compensation scheme is being sought. There are established public health communication systems, and mechanisms for sharing information with technical international agencies; the extent is unclear of effective communication on animal disease reporting.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The government has engaged civil society, private sector, national NGOs, technical international agencies and bilateral donors in its AHI planning. It is not yet clear how far the non-governmental sectors have been mobilised.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> There are established public health communication systems. Information on any mass HPAI communications campaigns being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO and WHO are active in assisting on AHI. The World Bank has undertaken a unilateral mission to appraise AHI plans. ADB, USAID, JICA and DFID have also been active. There is coordination with and across these partners.
Constraints to implementation	The cited constraints were: finance, limited laboratory capacity and networks, and lack of scientific evidence on clinical case management.

Country	Bhutan
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: AI diction capacity in animas and people, inter-ministerial coordination and communication
Introduction	The country's 2001 GDP/c at PPP (\$1833) (2005 GNI/c at PPP data are unavailable) and HDI (0.511) place it just below the 25 th percentile for the region, but its 2005 IDA Resource Allocation Index (3.8) is at the 90 th percentile. There have been no reported AI outbreaks or cases to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force which has met 3 times over the last six months, supported by a central coordinating body comprised of the Ministries of Health and Agriculture. The integrated country plan (prepared jointly by the Ministries of Health and Agriculture) is still in process. The extent is unclear to which the plan has been endorsed by government and tested in simulation exercise. The private sector has been engaged in planning.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> Information is being sought about standard procedures for communication among agencies, government and hospitals. Mechanisms for communication between government and technical international agencies, and for health communications with the public are in place. There is AI detection capacity for animals through collaboration with an OIE/FAO reference laboratory. Information is being sought about detection capacity for human cases. For surveillance in animals, laboratory equipment has been purchased and web-based database system for tracking of animal diseases. Surveillance is limited in the human health sector.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are moves to strengthen animal and human disease surveillance. Information is being sought about issue of any clinical guidance on case management. AI controls on cross-border movement and on contact between species are being implemented and poultry vaccination is planned. Tracing of case contacts and acquisition of antivirals are planned. Information is being sought on any plans to purchase or produce pandemic vaccine. Monthly surveillance of Acute Respiratory Infections is in place.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> A compensation scheme implemented uniformly across the country is in place that compensates farmers and heads of households at more than 70% of the market value for poultry
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The government has engaged the private sector in planning; the extent is unclear of engagement with other non-governmental sectors.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information is being sought about any mass AHI communications campaign.
7.	<i>Is there coordination with and across external partners?</i> The FAO and WHO are active in assisting the country. AHI plans have been assessed once by FAO in the middle of 2006. UNICEF has committed support for behaviour change communication and UNDP is seeking support for coordination and resource mobilisation. No bilateral actors are assisting the country.
Constraints to implementation	The main cited constraints are finance, and inter-sectoral coordination and communication.

Country	Cambodia
Summary	Current position: There have been 16 H5N1 outbreaks in poultry and 6 human cases to date, and therefore substantial experience of addressing current AHI threats. Specific resource and technical needs: trained technical personnel
Introduction	The country's 2005 GNI/c at PPP (\$2490), 2001 HDI (0.556) and 2005 IDA Resource Allocation Index (3.1) place it around the 25 th percentile for countries of the region. There have been 16 H5N1 outbreaks in poultry and 6 human cases to date, and therefore substantial experience of addressing current AHI threats.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, meeting approximately weekly. The National Committee for Disaster Management (NCDM) has been given the mandate by the government to become the inter-ministerial coordinator on pandemic preparedness and planning. NCDM already has a disaster preparedness response mandate and is chaired by the PM and led normally by a senior minister, giving it more power to influence other ministries than either the health or agriculture ministries can claim. The focus of planning in Cambodia has been to maintain essential front-line support to the Ministry of Agriculture for animal health and to the Ministry of Health for human health, while developing preparedness among all of the ministries. The draft integrated national plan is in process but the extent is unclear to which plans have been endorsed by government and tested in simulation exercise. Government has engaged some non-governmental sectors in its planning.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating between government, agencies and hospitals; and established mechanisms for information-sharing with technical agencies and for communicating health messages to the public. The average time between outbreak observation and reporting is 2 days to national authorities and 3 to international authorities, a vast improvement on the earlier intervals of 19 days reported by OiE. For cases in humans the average between case onset and reporting has been 6 days. There is the capacity to diagnose animal and human cases; and there are substantial numbers of vets and village veterinary workers; therefore there are the procedures and systems for rapid implementation of priority actions.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes in place to strengthen animal and human disease surveillance and reporting with training of health professionals in case management, infection control, investigation, response, pandemic preparedness and surveillance. AI controls on cross-border trade and movement and on contact between species are implemented. Poultry vaccination is not planned. Further information is being sought on the issue of clinical guidance for the management of human cases, strategy for acquiring antivirals and for pandemic vaccine purchase or production. Tracing of case contacts is implemented.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought about any compensation schemes.
5.	<i>Is there effective mobilization of civil society and the private sector?</i> Government has engaged national NGOs and civil society in planning. All partners are part of the monthly partnership meetings to inform each other and discuss.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> An enormous amount of activities in this field has been implemented and is still ongoing.
7.	<i>Is there coordination with and across external partners?</i> The FAO, UNICEF, UNDP and WHO, together with bilateral donors (Australia, EC, France, Germany, Japan, USA) are actively assisting the country. The technical agencies with UNDP and the World Bank, and the EU as a donor, have undertaken a number of appraisal missions for AHI plans in the first half of 2006. Thus there has been substantial engagement with external partners. Monthly partnership meetings with all partners, technical meetings between agencies and ministries, weekly information bulletin.
Constraints to implementation	The main cited constraint is the lack of trained technical personnel in ministries.

Country	China
Summary	Current position: Since 2003 there have been 85 H5N1 poultry outbreaks reported (as of 2 nd August), and 20 human cases with 13 deaths (as of 9 th August). The country therefore has substantial experience of H5N1. Specific resource and technical needs: trained technical personnel
Introduction	The country's 2005 GNI/c at PPP (\$6600) and 2001 HDI (0.721) place it well above the regional median.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national command centre led by Vice Premier. There are strategic documents to guide planning and response in different sectors. Information on any integrated country plan is being sought. Separate command structures exist for response to animal disease, response to human cases and pandemic preparedness and response. The extent of engagement with non-governmental sectors in the planning process is unclear. Political commitment to tackling this issue is high.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals; and there are established mechanisms for information-sharing by government with technical agencies, and for communicating health messages to the public. Inter-ministerial collaboration mechanisms have been developed; and information is being sought on challenges in implementation. There is diagnostic capacity for animal and human cases, with programmes to strengthen surveillance and reporting. The Ministry of Agriculture is planning to report results monthly.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes to strengthen disease surveillance and reporting. MoA reports outbreaks in animals. FAO estimates an average interval of 5.4 days (over 53 reports) between outbreak observation and reporting to the OIE, suggesting a relatively prompt response. MoA conducts surveillance for virus excretion in animals and serological surveillance twice yearly, the results from which are reported once a year. There is surveillance of viral strains contained within the animal vaccine. MoA responds quickly to confirmed reports of outbreaks with rapid culling, environmental decontamination and restriction of movement and restocking. However, veterinary capacity in prevention and detection remains limited in many parts of China and there is scope for significant strengthening. The country is implementing poultry vaccination and controls on contact between species. MoH has issued guidance on investigation and response to human cases as well as clinical management. Contact tracing is implemented for confirmed cases; serological screening is conducted, and information on results of serological testing of contacts is being sought. Investment in public health system has increased significantly since SARS and training for health care workers and public health workers on detection and response to AI has been rolled out country wide. Issues still remain with human resource capacity at grassroots level, particularly in remote areas and western provinces. Domestic production of antivirals has been established and phase 1 trials of H5 vaccine completed. Plans for scale-up of vaccine production in event of pandemic are being developed. MoH has issued a pandemic plan for health related issues. Further work is in hand to enhance the planning at national and provincial level. The extent of local and health facility planning is unclear; and information is being sought on non-health related pandemic preparedness plans.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Compensation is available in the event of cull. Both central and local authorities provide financial assistance. Compensation is provided for any birds, culled for disease control purposes.
5.	<i>Is there effective mobilization of civil society and the private sector?</i> The extent of engagement with non-governmental sectors in the planning process is unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> IEC campaigns have been conducted, and information on any formal evaluation of knowledge, attitude and behaviour is being sought. A joint UN programme is providing support.
7.	<i>Is there coordination with and across external partners?</i> The FAO, UNICEF, UNDP, WHO, and bilateral donors (Australia, Canada, Cyprus, France, Japan, Netherlands, New Zealand, UK, USA) are all active in assisting with AHI. The FAO, WHO and the World Bank have participated in joint assessment or appraisal missions. There have been more than 10 joint programmes with multilateral actors, and also with bilateral actors. Coordination between UN agencies/bilateral donors is through individual line ministries as no single focal point for international cooperation currently exists. UN, through UNRC office, is assisting with coordination of technical assistance by bilateral and multilateral agencies. China has received a grant of \$2.65 million to assist in strengthening surveillance and response in 2 pilot provinces.
Constraints to implementation	Given the size of the country and necessary scale of the country, increased emphasis on the strengthening preparation, control and response at lower levels of government (particularly at provincial and county level) is a priority. Cited constraints are coordination; consensus on the current epidemiological situation in China and resulting challenges in designing programmes to combat AI situation; challenges in reducing the viral load and inter and intra species transmission due to the large duck and geese population (with 50% of the world's ducks and 90% of the global geese population). Information on the effectiveness of vaccination of different bird species and in different circumstances is being sought.

Country	India
Summary	Current position: Seven H5N1 outbreaks in poultry have been reported by the OIE (as of October 31 st) and no human cases. As of 11 th August 2006 the country has informed OIE of its freedom from HPAI based on surveillance in poultry. Specific resource and technical needs: laboratory capacity and networks
Introduction	The country's 2005 GNI/c at PPP (\$3460) and 2001 HDI (0.59) place it in the second quartile for the region; and the 2005 IDA Resource Allocation Index (3.8) is at the 90 th percentile.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, chaired by Ministry of Health, which has been meeting regularly, supported by a central coordinating body (joint monitoring group). The integrated country plan has been endorsed by government. The extent is unclear to which it has been tested in simulation exercise, but plans were operationalised during the outbreak of AI in India and suitably modified. Government has engaged civil society in its planning at state and district levels; and the national plan proposes engagement with national NGOs. There have been few political statements but there were comprehensive official briefings during the poultry outbreaks in Maharashtra State.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There is capacity to detect and confirm AI in animals and in people. Intervals from outbreak observation in birds to reporting to national authorities are from 14-17 days, with an additional 2 days for reporting to international agencies; but reporting intervals to the OIE may reach 45 days from initial observation, probably reflecting the country's size and diversity. There are standard procedures for communicating among agencies, government and hospitals; and there are established mechanisms for information-sharing by government with technical agencies, and for communicating health messages to the public. There is diagnostic capacity for animal and human cases, with programmes to strengthen surveillance and reporting.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes to strengthen disease surveillance and reporting in animals and in people. Information is being sought about any mechanisms for detailed analysis of risk-based disease investigation for tracing origins of bird outbreaks; and the main emphasis is on diagnosis. There are laboratory facilities with HPAI diagnostic capacity. Poultry vaccination has been planned, and culling performed. AI controls on cross-border poultry trade and movement are in place; and controls on contact between species are being implemented. Tracing of contacts of human cases is planned; PPE use has been implemented; clinical guidance on human case management has been issued; and there is a strategy to provide anti-virals and to purchase but not produce pandemic influenza vaccine. There is significant veterinary capacity. A number of health care workers have been trained in AI detection and case management.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> A scheme is in place for compensating farmers for culled poultry at more than 70% of market value. The GOI announced compensation policy for the culled birds and paid the poultry producers at Rs.40 (adult/layer), Rs. 30 (broiler) and Rs.10 (young chicks). Further the GOI has proposed to grant a one time interest subvention of 4% per annum on the outstanding principal amount as of 31.03.2006 (which does not include any part of the principal amount that is overdue) to all poultry units availing loans from banks.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The government has engaged civil society, the private sector and other non-governmental sectors and plans to engage with national NGOs; it has involved technical international agencies and bilateral donors in its AHI planning. It is not yet clear how effectively the non-governmental sectors have been mobilised.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Government has worked with UNICEF, World Bank and WHO on communications strategy in order to change behaviour in relation to animal health, and to develop awareness of the public health issues. The campaign did raise awareness and change behaviour in the states in which the IEC campaign occurred. There has been concern that chicken consumption may be affected. There are established procedures for communicating health messages to raise awareness and change public behaviour. The Government has an IEC Division and State bureaus within the Ministry of Health & Family Welfare, as well as the Ministry of Information and Broadcasting, and can use various information channels to raise awareness. Government grassroots workers are also able to influence household behaviour and practices through their direct engagement with families on a regular basis.
7.	<i>Is there coordination with and across external partners?</i> The FAO, OIE, WHO, UNICEF, World Bank and a bilateral donor (USAID - HHS) have been active in assisting on AHI. The technical agencies (FAO, WHO) and the World Bank have undertaken several AHI plan appraisal or assessment missions including joint missions. There has been sharing of information among partners; and coordination with and across partners has been open, collaborative, and judged to be of high quality.
Constraints to implementation	Cited constraints include inadequate isolation facilities, hospital capacity to manage large number of cases, and care to avoid creating fear among the general population. Previous main constraints cited were laboratory capacity and networks, physical difficulties of access, and the large population of sector 4 poultry keepers.

Country	Indonesia
Summary	<p>Current position: There have been 216 poultry outbreaks reported to OiE to date (2nd August), of which 9 were reported in 2006, and the H5N1 virus is now considered enzootic. The FAO Participatory Disease Surveillance project has detected outbreaks of HPAI in 6 / 33 provinces since the beginning of 2006. There have been 73 human cases (55 fatal, as of 3rd October) of which most have occurred in 2006, this being the largest number of fatalities in any country to date. Investigations continue into any evidence of person-to-person spread in a small number of clusters. There is no evidence of substantial spread to other species of animals. Recent gene sequence and antigenic analysis of 49 virus isolates from poultry show no significant changes from viruses analysed earlier in the outbreak.</p> <p>Specific resource and technical needs: Increased production of quality-assured vaccines for poultry, additional trained technical personnel and resources to enable efficient and safe culling and timely compensation. Construction of two additional Disease Investigation Centres (West Java, Papua) and a BSL3 national facility for HPAI diagnosis and research.</p>
Introduction	The country's 2005 GNI/c at PPP (\$3720) and 2001 HDI (0.682) place it above the median average for the region; and the 2005 IDA Resource Allocation Index (3.7) lies at the 75 th percentile.
Success Factors	
1.	<p><i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i></p> <p>The President has established a national committee on AI, Komnas FBPI, chaired by the Minister for People's Welfare and supported by a secretariat. Regular meetings of all stakeholders occur to improve harmonisation and aligned interventions and to prevent duplication of effort. The integrated national AHI plan has been endorsed by government and has been tested in simulation exercises. Government has engaged with donors, civil society (e.g. universities), national NGOs, and the private sector (animal marketing association) in its planning</p>
2.	<p><i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i></p> <p>There are standard procedures for communicating among government, agencies and hospitals, and for sharing information with the technical international agencies; Komnas FBPI, supported by UNICEF, has launched a national campaign for communicating public health messages to change behaviour and raise awareness. A bird flu command post at the ministry of health regularly notifies cases of H5N1 to WHO, and coordinates investigations including WHO participation. A high level steering committee is being established by MoA that includes FAO participation. In addition, the Ministry of Health, Agriculture and Information have also recently launched their own public awareness campaigns. There is diagnostic capacity for AI in animals and people. FAO analysis suggests that intervals between poultry outbreak observation and reporting to the OiE average 20 days. Reporting times to national authorities vary from 1-2 days to as long as 1 month. The average interval between case onset and reporting to national authorities for human cases is 6 days and 6-7 days to international agencies. Standard operating procedures exist for managing the control of HPAI and apply in a changing epidemiological setting. A joint Ministry of Agriculture – FAO committee is expected to be implemented shortly to enhance HPAI control and to review policies.</p>
3.	<p><i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i></p> <p>There are programmes in place to strengthen animal and human surveillance and reporting. There is epidemiological capacity to trace HPAI in animals; however, where HPAI is enzootic the value of contact tracing is questionable. Indonesian capacity is limited in epidemiological surveillance, reporting, response and investigation; the extent to which control measures are implemented and veterinary activity recorded is unclear. Information is being sought about the extent of trained epidemiologists in human and animal health. There are laboratory facilities for HPAI diagnosis. AI controls on cross-border trade and movement are planned, and information is being sought about implementation in outbreak areas. Controls on contacts between different species of birds and other animals, and HPAI vaccination, are also planned. The extent is unclear of procedures and mechanisms for sharing and dissemination of information about disease outbreaks in poultry. Information is being sought about standardised and consistent local responses to disease outbreaks. Clinical guidance has been issued for human case management. Substantial contact tracing is undertaken for human cases. The numbers of veterinary workers and of health care personnel trained in AI detection and management are unclear. PPE use has been implemented. There is a strategy to acquire antivirals for pandemic use; and information is being sought on any provision to purchase pandemic influenza vaccination.</p>
4.	<p><i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i></p> <p>Education and communication on the importance of disease outbreak reporting has commenced. Information is being sought on the implementation of the 'compensation' policy for culled poultry. FAO has carried out a rapid assessment of the current compensation programme. The compensation scheme does not apply a uniform rate across the country.</p>
5.	<p><i>Is there effective mobilisation of civil society and the private sector?</i></p> <p>The government has engaged civil society (universities), the private sector (animal marketing association), and national NGOs in its AHI planning. It is not yet clear how effectively these non-governmental sectors have been mobilised. Komnas FBPI has recently signed an MOU with the Indonesian Chamber of Commerce (Kadin) seeking greater private sector involvement in AI activities.</p>

6.	<p><i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i></p> <p>Komnas FBPI, supported by UNICEF, launched a national AI public awareness campaign on 1 September 2006. The campaign includes TV and Radio public service announcements, fliers and other materials and focuses on providing messages designed to promote behaviour change and reduce the risk of human exposure to HPAI. In addition, UNICEF is carrying out social mobilisation activities in several provinces to ensure every village is aware of avian influenza and has an AI prevention, control and pandemic preparedness plan. Komnas FBPI is supported by a media centre and includes messaging on healthy behaviour. In addition to the Komnas FBPI national public awareness campaign, the Ministries of Health, Agriculture and Information have all launched their own public awareness campaigns. Coordination is critical for maximum effectiveness.</p>
7.	<p><i>Is there coordination with and across external partners?</i></p> <p>The FAO, OCHA, OIE, UNICEF, UNDP, World Bank, WHO and bilateral donors (Australia, Canada, Germany, Japan, Korea, Netherlands, Singapore, UK, USA) are all actively assisting with AHI. UN technical agencies and the World Bank have assessed integrated country plans. There have been several joint programmes with bi- and multi-lateral actors, indicating a high degree of engagement by government. The extent and quality of coordination with and among these partners are unclear. All key donors, World Bank and UN took part in an assessment workshop in August that reviewed the integrated national plan. On the animal health side FAO and OIE are coordinating activities, and projects funded by USAID, AusAID and Japan are managed by FAO ensuring further synergy between the inputs on animal health. FAO has coordinated with UNICEF and AED on development of communications messages and IEC materials for the animal sector.</p>
Constraints to implementation	<p>The main constraint cited was finance. The decentralised structure of decision-making over animal and human health issues is a significant factor. Geographical constraints make implementation of plans a challenge in the world's largest archipelago with 17 000 islands.</p>

Country	Japan
Summary	Current position: no direct experience of HPAI H5N1 since January 2004. Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$31410) and 2001 HDI (0.932) place it in the top 10% for the region. There have been 7 poultry outbreaks of H5N1 to date (2 nd August) and no human cases. The country is a major donor and is active in the principal international fora concerned with AHI.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> Information is being sought on any national Task Force or central coordination body, or an integrated country plan. Japan's strong commitment to AHI activity is shown by its disbursement before 30 th April 2006 of the single largest sum (\$158 million) of any donor country or multilateral body within the international AHI Financing Framework.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> Information is being sought on procedures and systems.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There is the capacity to detect AI in animals, and programmes are in place to strengthen AI surveillance and reporting in both animals and people. FAO estimates a 2.4 day average interval between observation and reporting to the OiE, indicating rapid and efficient notification processes. There are AI controls on cross-border trade and movement, and planned or implemented use of PPE.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on incentive or "compensation" schemes is being sought. Current reporting systems are rapid.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent is unclear of any engagement with non-governmental sectors in planning. It is unclear how effectively these sectors are mobilised.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information is being sought about any AHI mass communications campaign.
7.	<i>Is there coordination with and across external partners?</i> Japan is a major donor and actively engaged in the relevant international fora. There are no international partners within the country with whom coordination issues arise.
Constraints to implementation	No constraints were cited.

Country	Korea, Democratic People's Republic
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity for surveillance, outbreak investigation and response, laboratory diagnosis, medical treatment, hospital infection control, risk communication
Introduction	There are no data on GDP/c, GNI/c, HDI or IDA Resource Allocation Index. There have been no reported poultry outbreaks of H5N1, and no human cases.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a frequently meeting national Task Force supported by central coordination. The integrated national plan has been endorsed by government. The extent is unclear to which plans have been tested in simulation exercise. Information is being sought about any engagement with non-governmental sectors including civil society.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There is capacity to detect AI in animals and in people. There are standard procedures for communication between government, agencies and hospitals. There are established mechanisms for sharing information between government and technical agencies, and for communicating health messages to the public. Stated intervals between outbreak onset and reporting to national (1 day) and international (7 days) authorities appear relatively rapid. AI controls on cross-border movement are planned or being implemented. Controls on contact between species, and poultry vaccination, are planned or being implemented. Therefore there is a capability to mount a rapid response.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes to strengthen AI surveillance and reporting in animals and people are in place and evolving. There is capacity to trace infections in animals as well as laboratory facilities with HPAI diagnostic capacity and an agreement with an OIE/FAO reference laboratory. AI controls on cross-border movement and contact between different species of birds and other animals are being implemented. Poultry vaccination for HPAI is planned. The use of PPE and human case contact tracing is being implemented. Information is being sought on issue of any standard clinical guidance on human case management, and on the extent of any training of veterinary or health care personnel in AI detection or management. There are provisions for pandemic vaccine production and purchase, as well as a strategy to acquire anti-virals. The extent is unclear of transparency in epidemiological information sharing and dissemination.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought about any "compensation" policy. Reporting of sick or dead birds etc to authorities is compulsory.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent is unclear of engagement with any non-governmental sectors in planning.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Mass public health communications campaigns have aired on TV and in public places, in all provinces and counties. The extent of awareness raising and behaviour change is not clear. There are established mechanisms for the government to share information rapidly with WHO/FAO/OIE.
7.	<i>Is there coordination with and across external partners?</i> The FAO, OIE and WHO are actively assisting Veterinary Services MoA as well as MoPH, who collaborate locally. IFRC is also active in country. Bilateral donors (Australia, Norway) are also active. However the extent and quality of coordination with and across these actors are unclear. Integrated country plans have been assessed or appraised by an FAO-WHO joint mission in October 2006 and by an EU mission in June 2006.
Constraints to implementation	Main cited constraint is limited funds resulting in limited capacity to (a) undertake surveillance, outbreak investigation and response; (b) establish laboratory diagnosis; (c) provide medical treatment; (d) hospital infection control and isolation ward; (e) risk communication; and (f) implement prevention.

Country	Korea Republic
Summary	Current position: There have been reported 19 H5N1 poultry outbreaks (as of 2 nd August) and no human cases. Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$21850) and 2001 HDI (0.879) place it well within the third quartile for the region. The country is not eligible for IDA.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force with a supporting central coordination body made up of KCDC of MOHW, National Veterinary Research and Quarantine Service, Ministry of Agriculture and Forestry. The integrated national plan has been endorsed by government and has been tested in a simulation exercise. The Government has engaged with civil society, national NGOs and the private sector in planning.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> Information is being sought about any standard procedures for communication among government, agencies and hospitals, mechanisms for communicating public health messages, and mechanisms for sharing information with the international technical agencies. There is capacity to detect AI in animals and humans; and there is rapid (1-2 day) notification of human cases to national and international authorities, suggesting a capability for rapid response.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes to enhance animal and human disease surveillance and reporting. There is epidemiological capacity to tract AI infections in animals and laboratory capacity to diagnose HPAI. Information is being sought on any plans for AI controls on cross-border animal movement and trade, controls on contact between species, and poultry vaccination. FAO analysis of intervals between outbreak observation and reporting to the OIE indicates an average 2 days, suggesting rapid detection and notification procedures. However, the extent of planned or implemented AI training of veterinary and health care workers is unclear. Clinical guidance has been issued and case contact tracing and PPE use are planned. There is a strategy for acquiring antivirals. Information is being sought on any provision to purchase a pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> There is a compensation scheme for farmers for culling poultry at 40-100% of market value.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The Government has engaged with civil society, national NGOs and the private sector in planning. The extent of civil society and private sector mobilisation is unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> There has been a mass AHI communication campaign which has raised awareness and/or contributed to changes in behaviour. There are established procedures for communicating health messages to change public behaviour.
7.	<i>Is there coordination with and across external partners?</i> The WHO and the World Bank are the only identified external partner agencies active in the country. No bilateral or multilateral agencies have assessed or appraised the integrated country plans. The extent and quality of coordination with government is unclear.
Constraints to implementation	

Country	Lao PDR
Summary	<p>Current position: There was one reported H5N1 outbreak in poultry in 2004 and another in 2006. There have been no reported human cases.</p> <p>Specific resource and technical needs: lack of qualified staff in both the animal and human health sectors, AI detection capacity in animals and humans, AI surveillance and outbreak reporting in animals, coordination among partners.</p>
Introduction	The country's 2005 GNI/c at PPP (\$2020) and 2001 HDI (0.525) place it in the lowest quartile for the region; while its 2005 IDA Resource Allocation Index (3.0) lies at the 10 th percentile for IDA eligible Asian countries.
Success Factors	
1.	<p><i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i></p> <p>There is a national Task Force, which has been meeting regularly, supported by a central coordinating body. There is commitment at the highest level. The two bodies are the National Avian and Human Influenza Coordination Office (NAHICO) under the Prime Minister's Office and the National Committee for Communicable Disease Control chaired by the Prime Minister. Government has engaged with non-governmental sectors, involving particularly mass organisations and existing international NGOs within the country. There is significant stakeholder involvement. Mechanisms are being established and refined across sectors and levels. The integrated national plan has been endorsed by government and has been tested in a tabletop simulation exercise.</p>
2.	<p><i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i></p> <p>There are standard procedures for communicating between agencies, government and hospitals, as well as established mechanisms for sharing information rapidly with technical international agencies. In addition, there are established procedures for communicating public health messages. National Avian and Human Influenza Coordination Office (NAHICO) acts as a central information sharing mechanism in addition to a direct information sharing link between specialised UN agencies and Ministry of Health and Ministry of Agriculture and Forestry among others. There is AI detection and confirmation capacity for animals. Information is being sought about detection capacity for cases in people. The veterinary capacity includes village veterinary workers. Therefore there are some systems in place to support a rapid response. The average time between observation of an outbreak in animals and reporting to national authorities is 14 days and 19 days to international agencies.</p>
3.	<p><i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i></p> <p>There are programmes in place to strengthen AI surveillance and outbreak reporting in animals and in people. There is epidemiological capacity to trace AI infections in animals but a limited number of epidemiologists. There are laboratory facilities with HPAI diagnostic capacity. AI controls on cross-border animal movement and trade and on contact between different species of birds and other animals are planned or being implemented. Poultry vaccination is not planned. The tracing of case contacts is implemented and the use of PPE is planned. Clinical case management guidance has been issued. There are plans to acquire an anti-viral stockpile and to purchase a pandemic vaccine.</p>
4.	<p><i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i></p> <p>A compensation scheme is in process of being finalised for implementation.</p>
5.	<p><i>Is there effective mobilisation of civil society and the private sector?</i></p> <p>The Government has engaged mass organisations such as the Lao Women's Union, Lao Youth Union and Lao Front have been part of the initial planning process and have an instrumental role to play in the implementation of the national plan. International NGOs such as CARE, AED and Red Cross are actively involved in supporting AHI efforts.</p>
6.	<p><i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i></p> <p>There are established procedures for communicating public health messages. A mass communication campaign has succeeded in raising awareness. Its impact will be assessed in terms of effectiveness in changing behaviour. Implementation of the communications part of the national strategic plan is in progress.</p>
7.	<p><i>Is there coordination with and across external partners?</i></p> <p>The FAO, UNICEF, UNDP, OIE, WFP, World Bank, WHO, EC, and a number of bilateral donors (Australia, France, Germany, Japan, Luxembourg, and USA) are actively assisting the country. INGOs such as CARE, AED and the Red Cross are also active as and the ADB has contributed to communicable disease control support. Several AHI projects directly support the national plan. There is a partners' group that engages with government, donors, technical and other agencies.</p>
Constraints to implementation	There are insufficient human resources in both human and animal health.

Country	Malaysia
Summary	Current position: There have been 15 H5N1 poultry outbreaks reported to date (2 nd August), there have been no human cases detected. Specific resource and technical needs: trained personnel, laboratory capacity
Introduction	The country's 2005 GNI/c at PPP (\$10320) and 2001 HDI (0.79) place it well into the top quartile for the region. It is not eligible for IDA. Malaysia lies between Thailand and Indonesia but H5N1 has been rare.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, supported by a central coordination body chaired by the Ministry of Health. The integrated country plan has been endorsed by government and tested by simulation exercise. Government has engaged non-governmental sectors in planning.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among government, agencies and hospitals, and for communicating public health messages to raise awareness and change behaviour. There are established mechanisms for sharing information with technical international agencies. There is capacity to detect AI in animals and in people. AI controls on cross-border movement and trade are planned or being implemented. There is significant veterinary capacity, and there are plans to trace contacts of human AI cases. A single day interval between outbreak onset and reporting to national and international authorities is indicated. These factors suggest a capability for rapid and responsive action.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes to strengthen AI surveillance and reporting in animals and in people. There are no plans to vaccinate poultry, but controls on contact between animal species are being planned or implemented. AI controls on cross-border movement and trade are planned or being implemented. Clinical guidance on human case management has been issued, and contact tracing is planned. There is a strategy for acquiring antiviral and pandemic vaccine. There is significant veterinary capacity. The extent is unclear to which veterinarians and health care workers have been trained in AI detection and case management.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought on any incentive or "compensation" schemes.
5.	<i>Is there effective mobilization of civil society and the private sector?</i> Government has engaged national NGOs and the private sector (the association of private hospitals, and the business community) in planning activity. It is unclear how effectively these sectors have been mobilised.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information is being sought on any mass communications campaigns.
7.	<i>Is there coordination with and across external partners?</i> The UNICEF, OIE, WHO and bilateral donors (Australia, USA) are actively assisting with the AHI response. WHO has assessed the integrated country plan. There have been three joint programmes between government and the multilateral actors. Therefore coordination with and across these actors would appear to be effective.
Constraints to implementation	Cited constraints were finance, lack of trained personnel, and poor laboratory capacity.

Country	Maldives
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI in animals and humans, technical capacity in veterinary services, animal disease surveillance.
Introduction	The country's 2001 GDP/c at PPP (\$4798) (2005 GNI/c at PPP data are unavailable) and HDI (0.751) place it in the third quartile well above the median for the region. The Resource Allocation Index (3.8) lies on the 90 th percentile for eligible Asia-Pacific countries. There have been no AI outbreaks reported to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, supported by central coordinating body, which has been meeting regularly. The integrated country plan has been endorsed by government and tested in simulation exercise. National NGOs (but not other non-governmental actors) have provided information to government but have not been engaged in other elements of the response. A risk assessment was conducted by a public health veterinarian.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals; and there are established mechanisms for sharing information rapidly with the technical international agencies. Information is being sought on the extent of established procedures for communicating public health messages. One laboratory technician has been trained in Hong Kong on detection in human testing and animal testing. AI controls on cross-border animal trade and movement are being planned or implemented, as are AI controls on contact between animal species. Anticipated 2-day intervals between onset and reporting of disease outbreaks remain to be tested by actual AI outbreaks.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> The extent of programmes to enhance AI surveillance and reporting in animals and people is unclear. There are no plans to vaccinate poultry; but AI controls on cross-border animal trade and movement are being implemented, as are AI controls on contact between animal species. For AI in people, clinical case management guidance has been issued and contact tracing is planned. There is a strategy for acquiring antivirals (1000 treatment courses), but not a pandemic vaccine. There has been no in-country HPAI training of veterinary capacity. Two staff have been trained in HPAI detection in animals and humans. The Public Health Laboratory is being developed to bio-safety level 3 for HPAI testing. There is an agreement with an OIE/FAO reference laboratory.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought on any "compensation" schemes
5.	<i>Is there effective mobilization of civil society and the private sector?</i> The extent is unclear of Government engagement with non-governmental sectors although national NGOs have provided some information.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information is being sought on any mass communication campaign. However, communication protocols have been established across levels from atolls to the national level.
7.	<i>Is there coordination with and across external partners?</i> The FAO, UNICEF, UNDP and WHO are actively assisting the country; and there have been two joint programmes with government. FAO and WHO have assessed or appraised the integrated country plan. WHO has supported the review and update of the National Pandemic Preparedness plan by an epidemiologist. The plan was updated last on 17 th September. Regular meetings are convened and attended by all stakeholders to improve harmonised and aligned interventions and to prevent duplication of effort.
Constraints to implementation	Cited constraints were the lack of committed funds for plan implementation, and to conduct training and awareness campaign partly because of high travel costs across atolls and islands; and a lack of technical capacity in veterinary services – specifically in animal diseases surveillance.

Country	Mongolia
Summary	Current position: little direct experience of HPAI H5N1 to date. Specific resource and technical needs: capacity to detect AI in animals
Introduction	The country's GNI/c at PPP (\$2190) places it below the 25 th percentile, while the 2001 HDI (0.661) and 2005 IDA Resource Allocation Index 1 (3.4) lies around the regional median. One H5N1 outbreak has been reported.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has met approximately monthly, supported by central coordinating machinery. The integrated national plan has been endorsed by government; and information is being sought about priorities, funding estimates, implementations arrangements and capacity. The extent is unclear of engagement with non-governmental sectors in planning.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are established mechanisms for sharing information between government and technical international agencies. Information is being sought about any standard procedures for communicating among agencies, government and hospitals, or for communicating health messages to the public. The extent of any capacity to detect AI in animals is unclear, although this exists for human cases. Therefore there is uncertainty over the likely speed of implementation of priority actions.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes in place to strengthen surveillance and reporting for both animal and human disease. Information is being sought about the extent of communications mechanisms. Poultry vaccination is planned or being implemented. Information is being sought about any AI plans or actions to control cross-border movement or trade, to control contact between species, to issue clinical guidance on human case management, or to trace case contacts. There is a strategy for acquiring antivirals. Information is being sought on pandemic vaccine strategy, and on disease reporting times.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent of engagement in planning and social mobilisation of non-governmental sectors is unclear,
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information is being sought about public health communication procedures. UNICEF with Japanese funding is currently undertaking work on this at national level.
7.	<i>Is there coordination with and across external partners?</i> The FAO, WHO, UNICEF, UNDP, World Bank and bilateral actors (EU, The Netherlands, and USA) have been actively assisting the country. There have been a number of joint programmes between the country and these actors. The extent and quality of coordination with and among these partners remain limited.
Constraints to implementation	No constraints were cited.

Country	Myanmar
Summary	<p>Current position: There have been no H5N1 poultry outbreaks reported since 6th April 2006 and the Government has declared 'AI disease free country' since September 2006. No human cases have been reported.</p> <p>Specific resource and technical needs: development of pandemic contingency plan, a review of current National Strategic Plan, simulations and tabletop exercise, farmer 'compensation' policy, early detection, surveillance and early warning system in both animal and human, health system strengthening (infrastructure and human resources) and outbreak containment and response.</p>
Introduction	The country has the lowest 2001 GDP/c at PPP in the region (\$1027) (2005 GNI/c at PPP data are unavailable), although the 2001 HDI (0.549) is on the 25 th percentile. There is no IDA Resource Allocation Index value available.
Success Factors	
1.	<p><i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i></p> <p>There is a strong commitment by the Myanmar Government from the highest level, down to the technical and working levels in all concerned stakeholders. It has been open and transparent in responding to the recent H5N1 outbreaks in poultry in central Myanmar. The rapid and successful response to the outbreak of H5N1 in poultry in March 2006, was the result of close collaboration between the Ministry of Health and Ministry of Livestock and Fisheries, the divisional and local authorities and the international organizations such as WHO, FAO and donors. The assistance and support of various international agencies, FAO, UNICEF and WHO in particular, has also played a significant role, particularly in terms of technical and financial assistance including a provision of supplies and equipment. At the national level, Inter-ministerial coordination at the central level is organized through a National Steering Committee on Prevention and Control of Avian Influenza and Human Influenza Pandemic Preparedness & Response, established since 2005 as the national coordination mechanism for avian and human influenza pandemic preparedness and response. The Steering Committee is chaired by the Minister of Health. Under the Steering Committee, there is a Work Committee, chaired by the Deputy Minister of Health. Six sub-committees have been established for i) surveillance and response, ii) laboratory investigation and infection control, iii) clinical management, iv) influenza verification, v) international coordination and logistics and supplies, vi) information, education and communications. The government members include officials from the MOH, Ministry of Livestock and Fisheries, Ministry of Forestry and other concerned ministries.</p>
2.	<p><i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i></p> <p>There are standard procedures for managing the AHI implementation among government, UN agencies and all concerned stakeholders; and established mechanisms for information sharing between government and technical international agencies. Myanmar has developed the National Strategic Plan on Prevention and Control of Avian and Human Influenza Pandemic Preparedness and Response: 2006-2008, pledging for 13.4 million dollars over 3 years. It is multi-sectoral, integrating the animal and human health sectors around a common objective and lays out costs for interventions. The strategy focuses on early detection, strengthening surveillance and early warning systems, risk communication and public awareness, planning for social distancing measures, and preparing the curative care system for a possible influenza pandemic. A guiding principle of the Plan was that HPAI preparedness should also strengthen the health system's capacity to respond to other zoonosis and infectious diseases as well. In accordance with the National Strategic Plan, the Operational (OP) Work plan with detailed activities and budget requirements covering a period from June 2006-December 2007 has been developed in June 2006. All activities being implemented or will be implemented within the OP framework.</p>
3.	<p><i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i></p>

	<p>In the present phase, urgent priority areas of interventions in Myanmar aim to reduce opportunities for virus to emerge, activities concentrate on preventing human infections, monitoring and improving the surveillance and early warning system as well as strengthening laboratory detection capacity in both human and animals, rapid containment and response and health system strengthening. As rapid outbreak investigation and response is vital to prevent, avert or delay a pandemic, the efforts in the last few months and the next coming months in Myanmar will concentrate on capacity building, international and in-country training for health personnel, establishment and training of Rapid Response Teams (RRT) which could be mobilized to the outbreak areas within 72 hours. Establishment of rapid response teams (RRT) at the states/division and district levels and national RRT training are being implemented. There are programmes to strengthen AI surveillance and reporting in both animal and humans. With FAO and WHO support, the country currently has in-country capacity for the detection of H5N1 in both human and avian. There is a transparent approach to the sharing and dissemination of information within the country and to international bodies. Veterinary capacity and village veterinary worker numbers are limited, however efforts are being made for training of trainers projects for a village veterinary health volunteers with support from FAO and CARE. AI controls on cross-border animal trade or movement and on contact between species are being implemented. Vaccination in poultry is being considered as a last resort when other primary control measures are unable to control the disease. Ring vaccination will be used in such instances; vaccination will not be used in an endemic disease situation. At present, the health facilities do not have sufficient capacity to handle an influenza pandemic with a sudden, large increase in demand for curative care across the country. Hospitals will need to prepare pandemic response plans which address surge capacity, staff and patient flows, and staffing continuity. Priority has been given for health system and facilities to be strengthened through the provision of supplies and equipment, infrastructure upgrading for infection control as well as human resource development. In-country stockpiles of antivirals, PPEs and disinfectants are being planned and established. Clinical guidance has been issued for the management of human cases and case contact tracing is planned. Public awareness, risk communications as well as social mobilization are being implemented.</p>
4.	<p><i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i></p> <p>Compensation has been offered to household and commercial producers including the provision of chicks and assistance to relocate commercial operations outside densely populated areas.</p>
5.	<p><i>Is there effective mobilization of civil society and the private sector?</i></p> <p>Government has engaged the non-governmental sector in planning; the involvement of the private sector is unclear.</p>
6.	<p><i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i></p> <p>Mass risk communication and public awareness campaigns through TV spots, radio, printed materials (posters, printed journals etc.) are ongoing. Emphasis in the next coming months will be on the campaigns for behavioural changes and social mobilization.</p>
7.	<p><i>Is there coordination with and across external partners?</i></p> <p>While the overall coordination of preparedness and response is the ultimate task of the Government, the UN Resident Coordinator (UNRC) has designated the WHO Country Office in Myanmar as an overall coordinating agency to coordinate the international response of avian and human influenza related activities within the UN system. The FAO, UNICEF, WHO and multi and bilateral donors (ASEAN, ACMECS, ADB, AusAID, USAID, China, and Japan) are actively assisting the country.</p>
Constraints to implementation	<p>Lack of financial and trained human resources, limited working spaces and dedicated phone line for Central Epidemiological Unit, extent of the 'compensation' policy, raising public awareness and social mobilization, access to high risk areas, particularly at the borders.</p>

Country	Nauru
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: trained technical personnel, veterinary capacity, and capacity to detect AI in animals.
Introduction	There are no GDP, GNI, HDI or IDA Resource Allocation Index data. The country has not reported any H5N1 outbreaks.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, without a supporting central coordination mechanism. The integrated country plan has been endorsed by government but the extent to which plans have been tested in simulation exercise. Government has engaged all non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals; established mechanisms for information sharing between government and technical agencies; and established procedures for communicating health messages to the public. There is capacity to detect AI in people. Further information is being sought on capacity to detect AI in animals; plans for AI controls on cross-border animal movement or trade; and on controls on contact between species.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes to enhance AI surveillance and reporting in people; clinical case management guidance has been issued; contact tracing is planned; there is a strategy for acquiring anti-virals and for purchasing pandemic vaccine. The extent of which programmes have been put in place to enhance surveillance of AI in animals is unclear.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought on any incentive or “compensation” schemes.
5.	<i>Is there effective mobilization of civil society and the private sector?</i> Government has engaged with all non-governmental sectors in planning. Information on the extent and quality of mobilisation is sought.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information is being sought on any mass communication campaigns.
7.	<i>Is there coordination with and across external partners?</i> The WHO has been actively assisting and has assessed the integrated country plan but no other agencies. There are a number of joint programmes. SPC, WHO and CDC provide the platform for inter-country information sharing.
Constraints to implementation	Cited constraints were finance, lack of trained technical personnel, lack of veterinary capacity, and difficulty of physical access.

Country	Nepal
Summary	<p>Current position: There have been no H5N1 outbreaks reported although the country lies between India and China, and 2006 outbreaks in India were extensively reported in Nepal.</p> <p>Specific resource and technical needs: trained technical personnel, evidence on appropriate clinical case management, capacity to detect AI in people, veterinary AI detection laboratory</p>
Introduction	The country's 2005 GNI/c at PPP (\$1530) and 2001 HDI (0.499) place it below the 10 th percentile for the region; and the 2005 IDA Resource Allocation Index (3.3) approaches the median average.
Success Factors	
1.	<p><i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i></p> <p>There is a national Task Force which has evolved into an inter-ministerial technical committee of the Central Disaster Relief Committee under the Ministry of Home Affairs, which is the leading agency and central coordinating body. The integrated country plan has been endorsed by government. The plan was tested in simulation exercise in 2003 in the context of concern over SARS. Government has engaged all non-government sectors in planning.</p>
2.	<p><i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i></p> <p>There are established mechanisms for communicating health messages to the public, and for information sharing with technical international agencies. Information is being sought about any standard procedures for communicating between government, hospitals and agencies. Hospital capacity is limited. There is capacity to detect AI infection in animals. The extent is unclear of capacity to detect AI in people. There are trained veterinarians and village veterinary workers. AI controls on cross-border trade and movement are planned or being implemented (although the border with India is not controlled). Information is being sought on any plans to control contact between animal species, and on any cross-border dialogue about AI with the neighbouring countries. Therefore capability for rapid action is limited by a number of factors.</p>
3.	<p><i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i></p> <p>There are programmes in place to enhance AI surveillance and reporting in animals and humans. Information is being sought about issue of any clinical case management guidance. Contact tracing of cases is planned. There is a strategy to acquire anti-virals and pandemic influenza vaccine. The extent is unclear of existing communication systems.</p>
4.	<p><i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i></p> <p>Information on any incentive or "compensation" schemes and related communications is being sought.</p>
5.	<p><i>Is there effective mobilisation of civil society and the private sector?</i></p> <p>Government has engaged all non-governmental sectors in planning, including international NGOs (IFRC). However the extent and quality of social mobilisation is unclear. Civil society has played a major part in addressing emergency response needs; and NGOs have been active in channelling AI messages to the public.</p>
6.	<p><i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i></p> <p>Information on any mass communication campaigns and their impact is being sought. NGOs have been active.</p>
7.	<p><i>Is there coordination with and across external partners?</i></p> <p>The FAO, UNICEF, UNDP, WHO and bilateral donors (USA, Asian Development Bank) have been actively assisting government. The World Bank has undertaken two joint assessment or appraisal missions and WHO one. There are a number of joint programmes with multilateral and bilateral actors; however the extent and quality of coordination with and among these actors is unclear.</p>
Constraints to implementation	Cited constraints were finance, lack of trained technical personnel, and scarcity of evidence on appropriate clinical case management.

Country	New Zealand
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$23030) and 2001 HDI (0.917) place it around the 90 th percentile for the region. There have been no H5N1 outbreaks reported.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting regularly, supported by a central coordination body. The integrated country plan has been endorsed by government and has been tested in simulation exercise. Government has engaged all non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among different agencies, government and hospitals. There are established mechanisms for communicating health messages to the public, and for sharing information with the technical international agencies. There is capacity to detect AI in animals and in people, including a laboratory facility. There is trained veterinary capacity. AI controls on cross-border trade and movement are planned or being implemented. Therefore there is capability for mounting a rapid response.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes in place to strengthen AI surveillance and reporting in animals and in people. There are plans to vaccinate poultry, to control cross-border animal movement and trade, and to control contact between species. Clinical guidance has been issued for human case management, and contact tracing is planned. There is a strategy to acquire anti-virals, but no pandemic vaccine strategy. Therefore there is capability for prompt response.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged all non-governmental sectors in the planning process. However the level of sector mobilisation is unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communications campaign is being sought.
7.	<i>Is there coordination with and across external partners?</i> The WHO is active in assisting the country.
Constraints to implementation	No constraints were cited.

Country	Pakistan
Summary	Current position: There have been 31 poultry H5N1 outbreaks in 2006 between Feb to July, 2006. During last outbreaks, 126 human samples were collected, all of them turned to be negative for H5N1 infection. Specific resource and technical needs: trained technical personnel, laboratory capacity and networks, capacity to respond to contain new infections by culling and disinfection and to undertake post-outbreak surveillance.
Introduction	The country's 2005 GNI/c at PPP (\$2350) and the 2001 HDI (0.499) are respectively in and below the second quartile for the region. The 2005 IDA Resource Allocation Index (3.7) is on the 75 th percentile for eligible countries in the region.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a National Task Force, which provides the central coordination role. The integrated country plan has been developed the first draft plan was operationalised in response to earlier outbreaks. The extent is unclear to which it has been endorsed by the government and tested in simulation exercise. Government has engaged private sectors in the planning process, but the extent is unclear of engagement with other non governmental organisations and civil society. MoH has approved a Programme for Prevention and Control of Avian and Pandemic Influenza, and PC-1 has already been approved.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication between agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for communicating health messages to the public. There is capacity to detect AI in animals and people. An estimated 3 day interval between outbreak onset and reporting to national authorities, and 5 days to international agencies, suggests a capability for rapid response. MinFAL is responsible to share information on outbreaks with MoH and hence through MoH to WHO within 24 hours. WHO and MoH worked in the last outbreaks to contain, prevent and control risks of transmission among humans in areas affected by poultry outbreaks; this included active surveillance through door to door survey for 7 days, with active laboratory response and case management in place.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes in place to strengthen AI surveillance and reporting in animals and people. Poultry vaccination is being implemented. Information is being sought on any plans to control cross-border animal trade and movement or to control contact between animal species. The extent of veterinary capacity is unclear. Clinical case management guidance has been issued; some health care workers at central and provincial level have been trained in AI detection; contact tracing is planned; and there is a strategy to acquire anti-viral drugs. On the human health surveillance and response side, there are Rapid Health Response Teams trained with clear responsibility at Central, Provincial and District level. Some of the support staff at Health Care levels have been trained.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on incentive or "compensation" schemes and related communications activity has been developed and effectively employed during the last H5N1 outbreak. Compensation to 75% of the affected farmers has so far been provided.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent is unclear of engagement with non-governmental and civil society sectors in planning, although the private sector (especially the poultry industry) has been involved in the process.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> The communication plan developed by UNICEF and WHO with MoH has identified the target groups and modalities for risk communication. There are established public health communication mechanisms. Some information using mass media has been undertaken and targeted towards the urban population.
7.	<i>Is there coordination with and across external partners?</i> The FAO, UNICEF, WHO and bilateral donors (EC and USA) have been actively assisting the country. The FAO, WHO and World Bank have undertaken situation analysis and technical review of Government plans. The extent and quality of coordination with and among these partners are unclear.
Constraints to implementation	Cited constraints include lack of trained technical personnel, limited health laboratory capacity especially at the provincial level, and limited capacity to enforce restrictions on the movement of poultry.

Country	Papua New Guinea
Summary	Current position: There have been no HPAI H5N1 outbreaks reported to date, although Irian Jaya has experience H5N1 Specific resource and technical needs: trained technical personnel, capacity to detect AI in people
Introduction	The country's 2005 GNI/c at PPP (\$2370), 2001 HDI (0.548) and 2005 IDA Resource Allocation Index (3.1) lie around the 25 th percentile for the region.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, supported by central coordination mechanism, which has met four times in the last six months. The integrated country plan is still in process and the extent is unclear whether plans have been endorsed by government or tested in simulation exercise. Government has engaged the private sector in planning, and is due to involve civil society and national NGOs in the near future.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for communicating public health messages. There is capacity to detect AI in animals. The extent is unclear to which there is capacity to detect AI in people.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes in place to strengthen AI surveillance and reporting in animals and in people. AI controls on cross-border movement and trade are planned as are controls on contact between species and poultry vaccination. Information is being sought on the issue of clinical case management guidance. Contact tracing for human cases is planned, and there is a strategy for an anti-viral stockpile. Information is being sought on strategy to acquire pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought on any compensation schemes.
5.	<i>Is there effective mobilization of civil society and the private sector?</i> Government has engaged the private sector in planning; and there are moves to engage with national NGOs (Church Medical Council) and with civil society when the first draft of the integrated country plan is circulated. Therefore the extent and quality of mobilization at present are unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> A mass communication campaign has taken place that is perceived to have raised awareness and changed public behaviour.
7.	<i>Is there coordination with and across external partners?</i> The FAO, OCHA, UNICEF, OIE, UNDP, WHO and bilateral donors (Australia, New Zealand) and ADB, APEC and SPC are actively assisting the country. WHO and AusAid have assessed the integrated country plan. There are a number of joint programmes between government and multilateral and bilateral actors.
Constraints to implementation	Cited constraints were finance, lack of technical trained personnel, and difficulties of physical access.

Country	Singapore
Summary	Current position: no experience with HPAI H5N1 to date Specific resource and technical needs: None cited
Introduction	
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national AHI task force supported by the Ministry of Home Affairs as the central coordinating body. The integrated country AHI plan has been endorsed by government and tested in simulation exercises.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There is capacity to detect and confirm AI in animals and in people. There are standard procedures for communicating among different agencies, the government and hospitals by web-based technologies and fax. In addition, there are established mechanisms for the government to share information with WHO/FAO/OIE.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes in place to strengthen capacity for AI surveillance and outbreak reporting in animals and in people. Programmes in place include training of staff, regular briefing sessions for poultry farms and slaughterhouses and review of reporting procedures. In addition, hospitals are on alert to notify the Ministry of Health within 24 hours of a suspect case of AI. There is epidemiological capacity to trace AI infections and laboratory facilities to diagnose cases in animals. Specific AI controls on cross-border trade and movement and on contact between different species of birds and other animals have been implemented. Poultry vaccination for HPAI is planned as is the use of PPE. Contact tracing of human cases has been implemented and clinical guidance has been issued for training in the management of cases of AI in people. There are provisions to purchase pandemic vaccine as well as a strategy to acquire anti-virals.
	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Compensation schemes are in place for farmers for poultry culling at greater than 70% of market value.
5.	<i>Is there effective mobilization of civil society and the private sector?</i> The government has engaged national NGOs and the private sector in AHI planning.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> A mass communication campaign has occurred. It is uncertain if the campaign raised awareness or contributed to changes in public behaviour. There are established procedures for communicating health messages to raise awareness and change behaviour.
7.	<i>Is there coordination with and across external partners?</i> There are no bilateral or multilateral agencies presently active on AHI and no assessments or appraisals of plans have been performed by such agencies.
Constraints to implementation	None cited.

Country	Solomon Islands
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: AI detection capacity in animals and people
Introduction	The country's 2005 GNI/c at PPP (\$1880) lies below the 10 th percentile, and 2001 HDI (0.632) lies in the second quartile. The 2005 IDA Resource Allocation Index (2.8) is the lowest for the region. There have been no H5N1 outbreaks reported.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, supported by central coordination mechanism, which has met occasionally. The integrated country plan is in process. The extent is unclear to which plans have been endorsed by government or tested in simulation exercise. No non-governmental sectors have been engaged by government in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are established mechanisms for information sharing between government and technical international agencies, and for communicating health messages to the public. Information is being sought on standard procedures for communicating among agencies, government and hospitals. Information is being sought on AI detection capacity for infection in animals and in people; AI controls on cross-border trade and movement; and controls on contact between species.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> The extent to which programmes are in place to strengthen AI surveillance is unclear. Information is being sought on the issue of clinical guidance for case management and case contact tracing. Use of PPE and an anti-viral stockpile are planned. There is a strategy for acquiring antivirals not pandemic vaccine. Intervals between case or outbreak onset and reporting to national and international authorities are estimated at 3-4 weeks.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought on any incentive or "compensation" schemes.
5.	<i>Is there effective mobilization of civil society and the private sector?</i> The extent is unclear to which government has engaged non-governmental sectors in planning.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information is being sought on any mass communications campaigns.
7.	<i>Is there coordination with and across external partners?</i> The WHO is actively assisting the country. However the extent and quality of coordination given the level of government activity is unclear.
Constraints to implementation	The cited constraint was finance.

Country	Sri Lanka
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: laboratory capacity and networks
Introduction	The country's 2005 GNI/c at PPP (\$4520), 2001 HDI (0.73) and 2005 IDA Resource Allocation Index (3.6) places it in the third quartile for the region. There have been no reported H5N1 outbreaks to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force which has been meeting regularly, supported by a central coordination mechanism. The integrated country plan has been endorsed by government. The extent is unclear to which it has been test exercised in simulation. Government has engaged non-governmental actors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There is capacity to detect AI in animals, and AI controls on cross-border animal trade and movement are planned or being implemented. Information is being sought on elements of veterinary and health system capacity. The extent to which communications procedures and mechanisms are established and standardised remains unclear. Basic staff and organisational structures are in place.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes in place to strengthen AI surveillance and reporting in animals and in people. AI controls on cross-border animal trade and movement are planned or being implemented. However information on communication mechanisms is being sought. There is a strategy for acquiring pandemic vaccine; information is being sought on any antiviral strategy.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Detailed information on any incentive or "compensation" schemes and related communications activity is being sought. The government is making arrangements to pay compensation. A plan has been developed and submitted for Cabinet approval.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged the private sector and national NGOs in planning. The extent and quality of overall non-governmental sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaigns is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, UNICEF, and WHO have been actively assisting government; FAO, WHO, OCHA, UNDP and the World Bank have also been involved in plan assessment or appraisal missions. There is coordination with government and among agencies.
Constraints to implementation	Cited constraints were limited laboratory capacity and networks.

Country	Thailand
Summary	Current position: There have been 1808 H5N1 outbreaks in poultry to date (26 October 2006), and 25 human cases (17 fatal) of which the incidence peaked in 2004. Specific resource and technical needs: inter-ministerial coordination
Introduction	The country's 2005 GNI/c at PPP (\$8440) and 2001 HDI (0.768) place it around the 75 th percentile for the region and it is not eligible for IDA.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting periodically, supported by central coordination machinery. The integrated country plan has been endorsed by government and tested in simulation exercise. Government has engaged all non-governmental sectors in the planning process. The extent is unclear of inter-sectoral coordination.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is a good decentralised system of reporting at provincial and national levels. There is capacity to detect AI in animals and in people. There are AI controls on cross-border animal trade and movement. There are significant numbers of veterinary experts and village veterinary workers. There is therefore a capability for rapid priority action.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes to strengthen animal and human AI surveillance and reporting. Intervals between outbreak or case onset and reporting to national authorities are estimated at one day, with reporting of human cases to international agencies taking seven days. There are controls on species contact. Clinical case management guidance has been issued; case contact tracing is planned; and significant numbers of health care workers have been trained in AI detection. There are plans for an anti-viral stockpile, and for both purchase and manufacture of pandemic vaccine. Therefore there has been much attention paid to the critical elements of the response.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" schemes and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged with all non-governmental sectors in planning. However the level and quality of sector mobilisation remains unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> The mass public information campaign is sending more reassuring messages. At the grass roots level the communications campaign includes door-to-door education and targeted public information dissemination. Information on impact on behaviour is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, IOM, OIE, UNICEF, and WHO have been actively assisting government. WHO and FAO have assessed the integrated country plans. However there have been no joint AHI programmes with government. The extent and quality of coordination among these actors remains unclear. The Thai government is engaged in providing support and sharing experiences with neighbouring countries.
Constraints to implementation	The main cited constraint was inter-sectoral coordination.

Country	Timor Leste
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI in animals and people
Introduction	There are no data on the country's GDP, GNI, HDI or IDA Resource Allocation Index. There have been no H5N1 outbreaks reported to date although the country adjoins Indonesia.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, supported by a central coordination body, although it has held its first meeting during 2006 in mid-November only due to the political and security crisis in the country, which broke out in April. The integrated country plan has not yet been endorsed by the Government nor tested in simulation exercises. The Government is planning to conduct a desk top as well as a simulation exercise next year. At the moment, and with technical support from WHO and in collaboration with Thailand, the Ministry of Health and Ministry of Agriculture, Forestry and Fisheries are preparing for the exercises. The Government has engaged non-governmental actors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are established mechanisms for sharing information between government and technical international agencies, and for public health communications; however, the extent of standard procedures for communication among agencies, Government and hospitals is unclear. The country currently does not have the capacity to detect AI in animals or in people. The integrated disease surveillance is already in place, and the country is strengthening its capacity and systems to detect AI in animal and human. A series of trainings will be carried out in 2007 to strengthen the surveillance system in animal and human. A work plan was developed by the Ministry of Health and Ministry of Agriculture, Forestry and Fisheries. A number of vets were trained in HPAI detection with rapid tests. There is an agreement with an OiE/FAO reference laboratory. AI controls on cross-border animal trade and movement are being implemented, but further information is being sought on any moves to control contact between species or to vaccinate poultry. Therefore the capability to implement priorities rapidly is limited.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are no programmes in place to strengthen AI surveillance and reporting in people. As of 2007, AI surveillance capacity in animals will be strengthened. Contact tracing and use of a significant stock of PPE are planned, and a number of health workers have been trained in AI management. There is a strategy for acquiring anti-virals and a pandemic vaccine, should this become available. Further information is being sought on the issue of clinical case management guidance.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> A proposal for a compensation plan scheme will be tabled at the upcoming meeting of the National Task Force. Communication to communities on the importance of immediately reporting disease outbreaks in animals and how to report to responsible authorities is underway.
5.	<i>Is there effective mobilization of civil society and the private sector?</i> Government has engaged private sector and national NGOs in planning and implementation, primarily on the awareness campaign issues, but the overall level of sector mobilisation remains unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> AHI mass communications campaign is planned to start in January 2007.
7.	<i>Is there coordination with and across external partners?</i> The FAO, OiE, UNICEF, WHO and a bilateral actor (USA) have been assisting the country. FAO and WHO have assessed the integrated country plan. With reference to regular meetings convened and attended by all stakeholders to improve harmonized and aligned interventions and to prevent duplication of effort, the extent and quality of coordination with government and among agencies remains to be clarified.
Constraints to implementation	Limited human resources with good capacity were cited as the main constraints. However, the Ministry of Health as well as the Ministry of Agriculture, Forestry and Fisheries have several staff with capacity to deal with an outbreak to some extent. Both ministries are aware of this situation and develop plans to strengthen the capacity of their staff, quantitatively and qualitatively. The National Task Force also envisages the possibility to mobilize additional human resources from other sectors in the country, especially in the area of case management, as part of the draft National Plan. Communication from the village level to the sub-district and district levels is another constraint.

Country	Vanuatu
Summary	Current position: There have been 16 H5N1 outbreaks in poultry and 6 human cases to date, and therefore substantial experience of addressing current AHI threats. Specific resource and technical needs: trained technical personnel, capacity to detect AI in animals and people
Introduction	The country's 2005 GNI/c at PPP (\$3170) places it below the regional median; the 2001 HDI (0.568) and 2005 IDA Resource Allocation Index (3.1) fall on the 25 th percentile for the region. There have been no H5N1 outbreaks reported.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has met occasionally, supported by a central coordinating body. The integrated country plan is in process; the extent is unclear to which plans have been endorsed by government or tested in simulation exercise. The extent is unclear to which Government has engaged any non-governmental sectors in planning.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are no standard procedures for communicating among agencies, government and hospitals; nor are there established procedures for communicating public health messages. However there are established mechanisms for information sharing between government and technical international agencies. There is no capacity to detect AI in animals or in people. There are no plans for AI control of cross-border animal trade or movement, or for control of contact between animal species. Therefore there is limited capability for rapid priority action.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> The extent is unclear to which programmes to strengthen AI surveillance and reporting in animals or in people are in place; plans for poultry vaccination and movement or contact controls. Further information is being sought on the issue clinical case management guidance and case contact tracing.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought on any incentive or "compensation" scheme.
5.	<i>Is there effective mobilization of civil society and the private sector?</i> The extent is unclear to which Government has engaged any non-governmental sectors in planning.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information is being sought on any mass communication campaigns.
7.	<i>Is there coordination with and across external partners?</i> The WHO has been actively assisting the country. The extent and quality of coordination with government is unclear. International communication and engagement with partners external to the government has not started. SPC, WHO and CDC provide the platform for inter-country information sharing.
Constraints to implementation	Cited constraints were finance and lack of trained technical personnel

Country	Vietnam
Summary	Current position: With the first reported outbreaks in birds reported to OIE in December 2003 and confirmed in January 2004, the virus is endemic in the country and there have been 93 cases and 42 deaths in humans Specific resource and technical needs: human resources, coordination, bio-safety and managing external risks.
Introduction	The country has experienced 2135 poultry outbreaks of H5N1 from 2003 to date (25 th September 2006), and 93 confirmed human cases (42 fatal) most of which occurred in 2004-2005. It has therefore been among the countries experiencing the greatest impact of H5N1, and has acted strenuously and effectively to address the problem. Vietnam's 2005 GNI/c at PPP (\$3010) and 2001 HDI (0.688) place it around the regional median. The 2005 IDA Resource Allocation Index (3.7) approximates the 75 th percentile for eligible countries of the region.
Success Factors	
	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i>
	The National Steering Committee for Avian Influenza Prevention and Control centrally coordinated by the Ministry of Agriculture and Rural Development with support from the Ministry of Health meets weekly. The integrated plan is endorsed by the government and has been tested in 9 simulation exercises at the provincial level. A national simulation exercise has also taken place. Government has engaged all non-government sectors in planning.
	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i>
	There are established mechanisms for communicating health messages to the public, and for information sharing with technical international agencies. Cross-sectoral communication is facilitated through Avian and Human Influenza Steering Committees at national and sub-national levels with members from key government departments, medical services and social organisations. There is capacity to detect AI infection in animals and in people. AI controls on cross-border trade and movement and controls on contact between bird species are planned or being implemented. Poultry vaccination is being implemented. Where AI occurs in birds, the aim is to achieve an average time between observation and reporting to national authorities of less than 72 hours and 5 days to international authorities. Surveillance is being strengthened, equipment has been deployed, guidelines revised and training undertaken. For human health, clinical guidance has been issued and case contacts traced. A limited antiviral stockpile exists and there is an intention to procure pandemic vaccine should it become available.
	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i>
	Programmes are in place to enhance surveillance, reporting and response in both animal and human health sectors. 1300 clinical staff have been trained in AHI detection at the provincial level since 2004. In 2006, training has been conducted by the Department of Therapy on the use of ventilators. Substantial efforts have been made to establish an early warning and response system based on the detection of clusters of severe respiratory infection and training is underway in all provinces and districts throughout the country. Extensive Information Education Communication (IEC) campaigns have also taken place to encourage symptomatic individuals report their illness and seek assistance. Training of vets and village vet workers has been carried out nation-wide by the Government, and pilot activities and targeted training have been supported by Agronomes et Veterinaires Sans Frontieres (AVSF), Catholic Relief Services, and DANIDA.
	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i>
	A compensation scheme fully funded by the Government is in place that compensates farmers and heads of households at 40-60% of the market price. The compensation rate is more or less equal in all provinces and payments are made to farmers within 3 months on average.
	<i>Is there effective mobilisation of civil society and the private sector?</i>
	Government has engaged all non-governmental sectors in planning, including international NGOs (IFRC). However the extent and quality of sector mobilisation is unclear. Civil society has played a major part in addressing needs for an emergency response capability, and NGOs have been active in channelling AI messages to the public.
	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i>
	A mass communications campaign has taken place, which has been seen as successful in raising awareness and changing public behaviour.
	<i>Is there coordination with and across external partners?</i>
	The FAO, UNICEF, UNDP, WHO, OIE, World Bank as well as the Asian Development Bank, Association of South-East Asian Nations (ASEAN), Mekong Basin Disease Surveillance (MBDS), Asia-Pacific Economic Cooperation (APEC) have been actively assisting government. In addition, bilateral assistance has been provided by Australia, Canada, China, Czech Republic, Denmark, EC, Finland, France, Germany, Ireland, Italy, Japan, Korea, Luxembourg, Netherlands, New Zealand, Sweden, Switzerland, Thailand, UK and USA. The Government and UN agencies held a joint appraisal in April/May 2006. Since October 2005, UN agencies (FAO, WHO, UNICEF and UNDP) with the Government have been implementing a joint programme. In October 2006, the World Bank conducted an appraisal of the Vietnam Avian and Human Influenza Project (VAHIP).
Constraints to implementation	Maintaining focus and avoiding complacency among the public, national agencies at all levels, and international donors; absorptive capacity for planned investments and capacity development where human resources and infrastructure are limited and overstretched; training and human capacity in epidemiology, public health, clinical medicine; quality assurance and bio-safety in increased diagnostic capacity; restructuring of the poultry industry;

	<p>the regulatory framework for bio-safe production without negatively affecting livelihoods of poor and small-scale farmers, and addressing issues such as consumer safety of traditional chickens, non-bio-safe duck production systems; external risks include smuggling of poultry into Viet Nam; achieving effective and appropriate integration and cooperation between veterinarian and human health systems, as well as ensuring effective coordination within and between central, provincial and lower levels, and harmonizing international donor support.</p>
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AFRICA

Country	Angola
Summary	Current position: no direct experience with HPAI H5N1 to date Specific resource and technical needs: animal and elements of human AHI surveillance, training, and communications including logistics are high priority needs for support.
Introduction	The country is on the 25 th percentile 2001 HDI (0.377) for African countries, but has an above median average 2005 GNI/c at PPP of \$2210. The IDA Resource Allocation Index (2.6) lies at about the 10 th percentile for eligible countries. No AI outbreaks have been reported to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national multi-ministerial AHI Task Force chaired by the Ministry of Agriculture. The Minister of Agriculture is furthermore the National Coordinator of the National Committee. The Task Force met 3 times between 9/05 – 3/06. The AHI plan and its budget have been approved by the government and will be presented to the national assembly “shortly” (the date is as yet unspecified). Funds have already been made available, however, for utilisation by the veterinary services of the Ministry of Agriculture in the implementation of the first phase of the plan. Information on any simulation exercise testing of plans is being sought. The full extent of the capacity to respond is unclear.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> Mechanisms exist for communication between government, agencies, hospitals, external partners and the public resulting from the country’s experience with the Marburg virus outbreak. Surveillance in the animal and human health sectors is limited by infrastructure and physical access to health care in many parts of the country.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Significant challenges are posed by the large size of the country, the limited extent of veterinary services, and the presence of 95% of the poultry population in rural areas. The capacity to detect and control AHI in animals is limited; information is being sought on any programmes to strengthen AI surveillance, and on plans for controls on contact between different bird species. However, plans are being made to control cross-border trade and movement through the suspension of entry of live birds & fertile eggs from infected regions and for selective or comprehensive poultry vaccination. Concerning AHI in humans, information is being sought about diagnostic capacity to detect and confirm AHI, and on any programmes to strengthen AHI surveillance and case reporting. Clinical guidance has been issued for the management of AHI cases in humans and the use of PPE is being planned. The country plan includes a strategy for acquiring anti-virals and selective or comprehensive population pandemic influenza vaccination. The extent of needs for training of village health and vet workers is unclear. FAO is supporting the National AI Commission with basic materials for AI (PPE, autopsy kits, disinfectant). A project to support the National Commission and vet services with training materials is ready and will be funded by the Italian Government.
4.	<i>Are incentives and/or “compensation” schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on incentive of “compensation” schemes and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent of engagement with civil society, NGOs and the private sector in planning is unclear. Technical meetings are involving different actors, including UN agencies, NGOs and the Red Cross.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> There have been a few articles in the print media; the outreach of this medium is limited to the cities. Radio programmes have been created by the Ministry of Agriculture and transmitted. Efforts are continuing to translate the programmes into 5 local languages. Communications infrastructure and road networks are limitations. A communication strategy was prepared with the support of UNICEF and FAO.
7.	<i>Is there coordination with and across external partners?</i> FAO and WHO are active but there is no participation of other operational UN agencies. There has been participation in national coordination across partners but the quality of coordination between these agencies and with the government is unclear. Information on any assessments or appraisals conducted by multi-lateral or bi-lateral actors is being sought.
Constraints to implementation	Preparedness and planning are constrained primarily by lack of veterinary services, human resources and training. The size of the country, extent of road networks and the large poultry population in rural areas also pose challenges; and physical access to considerable parts of the country is still difficult.

Pays	Bénin
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: AI surveillance; rapid assessment in hand for AHI plan with \$0.095m support for preparation.
Présentation	Le pays se situe juste au-dessus du 25 ^{ème} centile pour ce qui est de l'IDH (0,411) de 2001 et pour ce qui est du PIB par habitant à PPA (\$1110) de 2005 des pays africains. L'Index d'allocation des ressources de l'IDA (3,7) se situe au-dessus de 75 ^{ème} centile parmi des pays africains. Il n'a pas été signalé de cas de grippe aviaire jusqu'à ce jour.
Facteurs de réussite	
1.	<i>Est-ce qu'il y a un fort engagement au plus haut niveau politique accompagné d'une direction effective de tous les acteurs concernés afin d'assurer la mise en œuvre du plan de réponse à la grippe aviaire et pandémie humaine ?</i> Il existe un Comité interministériel ainsi qu'un Comité interministériel technique, comportant des sous-comités sur la santé animale, la santé humaine et la communication. Il y a eu huit réunions du task force national. L'OAA, l'OIE et l'OMS ont aidé à l'élaboration du plan du pays qui a été approuvé par le gouvernement et testé lors d'un exercice de simulation organisé par le Ministère de l'agriculture. La grippe aviaire n'est pas une question d'élections ; néanmoins, un leadership de haut profil et la coopération politique sont confirmés via l'engagement des ministres.
2.	<i>Est-ce qu'il y a des procédures et systèmes en place pour gérer la mise en œuvre rapide d'actions prioritaires?</i> Les organes décisionnels sont précis mais la situation n'est pas claire pour ce qui est des dispositifs de mise en œuvre rapide d'actions de priorité. Un dialogue existe entre les ministères, mais il ne soit pas clair qu'il y a de dispositif formel de coordination interministérielle. Actuellement, la surveillance inclut un contrôle accru sur les animaux, aux frontières et aux ports. Le Bénin participe également au dispositif de surveillance sur le terrain du Programme panafricain pour le contrôle des épizooties (PACE). Il existe des procédures normalisées de communication entre les instances, le gouvernement et les hôpitaux ; il existe des dispositifs permettant au gouvernement de partager les informations avec l'OMS, l'OAA et l'OIE ; il existe également des procédures de diffusion auprès du public de messages relatifs à la santé. Il n'existe pas de compétences dans la détection de l'infection d'animaux ou d'hommes par la grippe aviaire. La vaccination des volailles est en cours (sélective ou globale). Il existe des mécanismes d'échanges entre laboratoires.
3.	<i>Est-ce qu'il y a une attention toute particulière apportée à l'amélioration du fonctionnement des services vétérinaires et sanitaires à tous les niveaux impliquant une approche transparente au partage et à la diffusion des informations sur les épisodes suspectés de la maladie, des efforts déployés immédiatement pour établir la cause de ces épisodes, et des promptes réponses (comprenant l'isolement des animaux à risque)?</i> Les services de santé, animale ou humaine, sont limités. L'existence des compétences diagnostiques permettant de détecter et de confirmer la grippe aviaire et humaine, chez les animaux ou les hommes, et de programmes visant à renforcer la surveillance de la grippe aviaire et les rapports de cas chez l'homme, n'est pas clair.
4.	<i>Est-ce qu'il y a des programmes d'encouragement et/ou de compensation combinés avec une communication efficace au niveau des communautés sur l'importance de signaler immédiatement aux autorités compétentes les animaux</i> Le protocole d'indemnisation existe : l'indemnisation par poulet est de 3,7 dollars US. Bien qu'il existe des procédures portant sur la diffusion auprès du public de messages relatifs à la santé, leur effet n'est pas clair quant à la fréquence à laquelle des cas chez des animaux sont rapportés aux autorités locales.
5.	<i>Est-ce qu'il y a une mobilisation effective de la société civile et du secteur privé?</i> Le gouvernement est impliqué et participe avec des groupes de la société civile et du secteur privé.
6.	<i>Est-ce qu'il y a une campagne de communication visant à promouvoir un comportement propice à réduire la propagation du virus parmi les communautés?</i> Il existe une stratégie claire qui a été mise en place avec le soutien de l'UNICEF (FISE). La stratégie a été intégrée au plan national. Des messages ont été développés pour atteindre la population (p. ex., les étudiants et les chefs). Il existe des procédures normalisées de communication entre les instances, le gouvernement et les hôpitaux ; des dispositifs permettant au gouvernement de partager les informations avec l'OMS, l'OAA et l'OIE sont en place ; il existe également des procédures de diffusion de messages relatifs à la santé destinés au public. L'impact des messages en question n'est pas connu.
7.	<i>Est-ce qu'il y a de coordination avec et parmi les partenaires extérieurs?</i> Le groupe de travail technique fonctionne bien en tant que dispositif formel de coopération avec les partenaires. Il y a une nette implication avec les partenaires externes. Les missions au Nigeria voisin ont été positives. La situation est moins claire aux frontières avec le Burkina Faso et le Niger. Le soutien formel a été communiqué de la part de l'OAA, l'UNICEF et l'USAID. L'OAA projetait la réalisation d'une mission d'évaluation en avril.
Contraintes à la mise en œuvre	La structure proposée pour le task force national place le Ministère de l'intérieur à la tête de celui-ci et s'avère complexe. Les compétences en matière de détection et de surveillance vétérinaire et humaine sont limitées. Experts formés : 122 vétérinaires & 119 membres de personnel technique. Systèmes et réseaux de laboratoires. La mobilisation des ressources demeure un problème.

Country	Botswana
Summary	Current position: no direct outbreaks to date Specific resource and technical needs: human resources, both clinical and public health; some support needed for animal sampling, and for human disease surveillance and rapid response.
Introduction	The country's 2005 GNI/c at PPP (\$10250) and 2001 HDI (0.614) place it in the highest 10 percent for the region. No outbreaks have been reported to date. The country has 150 commercial poultry farms with a substantial backyard poultry population.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> A multi-sectoral national task force is lead by the National Epidemic Preparedness Taskforce (NEPT) and meets bi-monthly. The national plan is in process. The extent to which plans have been tested in simulation exercise is unclear. The control effort is being guided by SADC recommendations.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are well-established mechanisms for communication between government, agencies, hospitals, external partners and the public informed by experience with cattle epidemics. The country has an already-established emergency fund.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There is capacity to detect AI infection in animals and the national plan includes plans to strengthen AI surveillance and outbreak reporting in animals. Farm bio-security has been improved and AI controls on cross-border trade and movement has been strengthened in collaboration with South Africa. Botswana's vet department has considerable experience in emergency disease management and has established procedures for outbreaks. Passive surveillance among wild birds and poultry with monitoring of wetlands and areas where migratory birds congregate is already taking place with plans for controls on contact between different bird species and selective or comprehensive poultry vaccination. The country is also prepared for mass culling if necessary. Veterinary capacity is strong (60 vets, 4645 technical personnel). Regarding human health services, information is being sought on capacity to detect and confirm AHI infection, and on the extent to which support is needed for this and for veterinary services. However, clinical guidance and traveller's guidelines have been issued, and health emergency structures re-erected. Procurement of PPE is being supported by USAID and contact tracing is being planned. Although there is a strategy for the acquiring anti-virals, the extent to which there is a strategy for selective or comprehensive population pandemic influenza vaccination is unclear. A small stock of oseltamivir is available.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on incentive or "compensation" schemes and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged with all non-governmental sectors in planning.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> The Ministry of Agriculture is running TV and radio spots on risk and personal responsibility. However, the extent of support for social mobilisation is unclear.
7.	<i>Is there coordination with and across external partners?</i> FAO, UNICEF, UNDP, WHO are active. USAID and CDC are also currently providing support. There has been participation in national coordination across partners but the quality of coordination across agencies and with the government is unclear. Assessments have been conducted by WHO of both avian and human pandemic influenza and SADC of avian influenza.
Constraints to implementation	Shortages in human resources, both clinical and public health. The country's high HIV/AIDS prevalence rate (24.1%) is overburdening the public health sector.

Pays	Burkina Faso
Summary	Current position: Specific resource and technical needs: stand alone project with \$1m support and \$0.6m funding from other sources in pipeline. Constraints include lack of financial and resources and expertise.
Présentation	Le pays se situe au second quartile pour ce qui est du PIB/habitant PPP (\$1220) de 2005, et en dessous du 10 ^{ième} centile pour ce qui est de l'IDH (0,33) de 2001 parmi les pays africains. L'Index d'allocation des ressources de l'IDA (3,8) se situe au-dessus du 75 ^{ième} centile parmi les pays africains. Une épidémie de grippe aviaire a été confirmée en avril 2006.
Facteurs de réussite	
1.	<i>Est-ce qu'il y a un fort engagement au plus haut niveau politique accompagné d'une direction effective de tous les acteurs concernés afin d'assurer la mise en œuvre du plan de réponse à la grippe aviaire et pandémie humaine ?</i> Il existe un groupe de travail (task force) national soutenue par un corps central de coordination pour la grippe aviaire et pandémie humaine. Le mécanisme de coordination et de gestion est composé de trois organes principaux qui conjuguent leurs efforts pour la gestion technique et financière dudit plan. Il existe un plan national de prévention et de riposte contre l'influenza aviaire hautement pathogène qui a été adopté en Conseil des Ministres le 15 février 2006 et au financement duquel l'Etat a contribué pour 300 millions de FCA. Un comité national de gestion des épizooties est fonctionnel et comprend plusieurs ministères, des partenaires au développement, associations professionnelles. Il n'est pas clair si le plan national a été testé pendant des exercices de simulation.
2.	<i>Est-ce qu'il y a des procédures et systèmes en place pour gérer la mise en œuvre rapide d'actions prioritaires?</i> Il existe la capacité pour détecter et confirmer la présence d'infection de la grippe aviaire chez les animaux mais ce n'est pas clair si c'est possible chez les humains. Il existe des procédures standards pour la communication parmi les différentes agences, le gouvernement et les hôpitaux ainsi que pour le partage rapide d'informations entre le gouvernement et l'OMS/FAO/OIE, avec des rencontres périodiques, des rencontres de concentration, des ateliers de formation, de réunion d'évaluation et des notes de services. La mise en œuvre d'actions prioritaires repose sur le mécanisme de coordination et de gestion du Plan National de Prévention et de Riposte contre l'Influenza Aviaire Hautement Pathogène. Ce mécanisme est composé de trois organes principaux qui conjuguent leurs efforts pour la gestion technique et financière dudit plan. Cependant bien qu'il soit clair qu'un dialogue existe entre les ministères, partenaires au développement et associations professionnelles, il n'existe pas formellement un dispositif de coordination régi par un dispositif réglementaire quelconque. Des rencontres régulières ont toutefois pu être organisées sur initiative de la Direction Générale des Services Vétérinaires.
3.	<i>Est-ce qu'il y a une attention toute particulière apportée à l'amélioration du fonctionnement des services vétérinaires et sanitaires à tous les niveaux impliquant une approche transparente au partage et à la diffusion des informations sur les épisodes suspects de la maladie, des efforts déployés immédiatement pour établir la cause de ces épisodes, et des promptes réponses (comprenant l'isolement des animaux à risque)?</i> Les programmes sont en place pour renforcer la capacité de surveillance et signaler les éruptions chez les animaux et chez les humains. La capacité épidémiologique pour dépister les infections chez les animaux est en place. La capacité de diagnostic laboratoire n'est pas claire mais il existe un arrangement avec un laboratoire référence de l'OIE/FAO. Les contrôles sur le commerce et les déplacements transfrontaliers ainsi que les vaccins chez les volailles sont appliqués. Par contre, il n'est pas clair si les contrôles sur les contacts entre les espèces différentes d'oiseaux et d'autres animaux sont planifiés. L'usage d'EPP est appliqué. Il n'est pas clair s'il existe une stratégie pour acquérir des antiviraux, des vaccins pour la pandémie et pour le dépistage de contacts humains. Des directives médicales servant de formation pour gérer les cas chez les humains n'ont pas été distribuées. Toutes les informations relatives à la grippe aviaire sont mises en ligne sur le Web par la cellule veille informationnelle. En cas de suspicion des prélèvements sont effectués et envoyés dans un laboratoire de référence et en cas de confirmation un arrêté portant déclaration d'infection est pris. Parmi les mesures de contrôle sont la quarantaine l'abattage, la désinfection, le contrôle des mouvements et l'indemnisation.
4.	<i>Est-ce qu'il y a des programmes d'encouragement et/ou de compensation combinés avec une communication efficace au niveau des communautés sur l'importance de signaler immédiatement aux autorités compétentes les animaux donnant des signes de la maladie?</i> Il existe un arrêté qui fixe le montant des indemnisations (compensations) en cas d'abattage autorisé par l'arrêté portant déclaration d'infection.
5.	<i>Est-ce qu'il y a une mobilisation effective de la société civile et du secteur privé?</i> La composition et le fonctionnement du Comité national de gestion des épizooties et des comités régionaux et provinciaux témoignent de la mobilisation de la société civile et du secteur privé. Par contre, il n'est pas clair si le gouvernement a engagé le secteur non-gouvernemental.
6.	<i>Est-ce qu'il y a une campagne de communication visant à promouvoir un comportement propice à réduire la propagation du virus parmi les communautés?</i>

	Des campagnes via les moyens de communication de masse ont été mises en œuvre au moment de l'épidémie. Elles se poursuivent et sont liées à une stratégie de communication ce qui a contribué à renforcer la connaissance des populations sur la grippe aviaire et à amorcer un processus de changements de comportements. Des canaux de communication médiatiques (radios, télévisions, journaux...) et de communication interpersonnelle (théâtre forum, causeries porte à porte...) ont été impliqués. Cependant, malgré l'accalmie générale constatée par rapport à la grippe aviaire, il y a lieu de maintenir un minimum d'actions de sensibilisation de proximité. Pour ce faire, il y a un besoin de fonds pour assurer ces accompagnements en matière de communication.
7.	<i>Est-ce qu'il y a de coordination avec et parmi les partenaires extérieurs?</i> Le FAO, OCHA, OIE, UNICEF, PNUD, OMS, la Banque Mondiale et des agences bilatérales (OAA, UE-AU IBAR, PACE, USAID) donnent appui au pays en tant que la grippe aviaire et la pandémie humaine. La représentation nationale de la FAO est chargée officiellement de la coordination entre les partenaires au développement et le Comité National de gestion des Epizooties. La Banque mondiale et la FAO ont facilité l'organisation d'une mission d'évaluation rapide, avec le cofinancement de l'OAA et d'USAID. Une mission conjointe (OIE, OAA, USAID, BM, OMS, AU-BAR) du 20 avril au 4 mai, pour élaborer un plan d'action immédiate, d'une durée de 6 mois. Réunion AOO, 15-19 mai, pour réunir les spécialistes en grippe aviaire en Afrique occidentale. La République de Chine Taiwan, la Royaume du Danemark, la Coopération Française et ARIOPE sont aussi actives dans le pays. Il y a une nette implication avec les partenaires externes.
Contraintes à la mise en œuvre	Les principales contraintes à la mise en œuvre efficace du plan d'action national sur la grippe aviaire et humaine sont le manque de ressources financières et de compétences des ressources humaines.

Country	Burundi
Summary	Current position: Specific resource and technical needs: specific concern about slow progress of AHI strategy development and lack of financial support.
Introduction	The country's 2005 GNI/c at PPP (\$640) and 2001 HDI (0.337) place it in the lowest 10% for the region. The 2005 IDA Resource Allocation Index (3) lies above the 25 th percentile.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> An inter-ministerial AI committee has been set up at the level of the second Vice President. A national plan has been prepared.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> Information is being sought on this question.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Information is being sought on this question.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought on this question.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Information is being sought on this question.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information is being sought on this question.
7.	<i>Is there coordination with and across external partners?</i> Information is being sought on this question.
Constraints to implementation	Information is being sought on this question.

Pays	Cameroun
Summary	Current position: Infections chez la volaille domestique et oiseaux sauvages en mars, 2006 Specific resource and technical needs: stages de formations, communications avec le public, équipement informatique et sécurité, transport (motocyclettes et 4X4), améliorations à la bibliothèque nationale
Présentation	Le pays se situe au milieu de l'échelle, pour ce qui est de l'IDH de 2001, à savoir, à 0,499. Avec un PIB par habitant à PPA de 2005 s'élevant à \$2150, le Cameroun se situe au troisième quartile, pour l'Afrique. L'Index d'allocation des ressources de l'IDA (3,3) se situe juste au-dessus de la médiane parmi des pays de la région. Les trois manifestations dans les poulaillers domestiques ont commencé en février 2006. Aucun nouveau cas n'a été rapporté après mars, même si des manifestations continuent au Nigéria voisin.
Facteurs de réussite	
1.	<i>Est-ce qu'il y a un fort engagement au plus haut niveau politique accompagné d'une direction effective de tous les acteurs concernés afin d'assurer la mise en œuvre du plan de réponse à la grippe aviaire et pandémie humaine ?</i> Il existe une task force interministérielle, la Comité interministérielle (CIM), présidée par le Premier ministre. Ce comité s'est réuni cinq fois au cours des six derniers mois et a élaboré un plan national pour la grippe aviaire et humaine qui a été approuvé par le gouvernement. Il n'est pas clair si ce plan a été testé par exercice de simulation. En outre, le Secrétaire Général Adjoint se réunit au moins deux fois par mois avec le représentant résident de l'ONU, le chef de projet Grippe Aviaire, les représentants résidents de l'UNICEF, de la FAO, de l'OMS et du PAM.
2.	<i>Est-ce qu'il y a des procédures et systèmes en place pour gérer la mise en œuvre rapide d'actions prioritaires?</i> Il existe la capacité pour détecter et confirmer la présence de l'infection avec la grippe aviaire chez les animaux. Des procédures normalisées de communication entre instances, gouvernement, partenaires externes et hôpitaux ont été développées. Il n'est pas clair s'il existe de procédures de diffusion rapide auprès du public de messages relatifs à la santé. Il n'est pas clair si le plan national inclut de calendrier pour les actions de prioritaires.
3.	<i>Est-ce qu'il y a une attention toute particulière apportée à l'amélioration du fonctionnement des services vétérinaires et sanitaires à tous les niveaux impliquant une approche transparente au partage et à la diffusion des informations sur les épisodes suspectés de la maladie, des efforts déployés immédiatement pour établir la cause de ces épisodes, et des promptes réponses (comprenant l'isolement des animaux à risque)?</i> Selon les informations rapportées, les compétences en matière de détection de la grippe aviaire chez les animaux et les compétences de diagnostic de la grippe aviaire et humaine chez l'homme existent sur le terrain. Bien que l'étendue et la qualité de ces compétences ne soient pas clairement connues, il existe des programmes visant à renforcer la surveillance de la grippe aviaire et les rapports de cas chez l'animal. La réponse aux cas chez les oiseaux a consisté en abattage par incinération, détermination de l'origine de l'infection, contrôle des déplacements, interdiction frontalière des produits de volaille et fermeture des marchés d'oiseaux vivants. La possibilité de mettre en œuvre des programmes de renforcement de la surveillance de la grippe aviaire et du rapport de cas chez l'homme est envisagée, mais il n'est pas clair si ceux-ci sont encore mis en place (un obstacle semble être le manque de ressources financières pouvant être affectées à la formation, à la logistique, à la communication, l'analyse d'échantillon). Des instructions cliniques sur la gestion des cas de grippe aviaire chez l'homme ont été émises. Des formations pour vétérinaires au niveau provincial et départemental ont eues lieu récemment.
4.	<i>Est-ce qu'il y a des programmes d'encouragement et/ou de compensation combinés avec une communication efficace au niveau des communautés sur l'importance de signaler immédiatement aux autorités compétentes les animaux donnant des signes de la maladie?</i> Il existe un programme d'indemnisation qui a été mis en place pour l'abattage d'oiseaux mais pas pour les oiseaux mourant du fait des épidémies. Des articles radio, TV et d'impression ont été produits et disséminés pendant les manifestations.
5.	<i>Est-ce qu'il y a une mobilisation effective de la société civile et du secteur privé?</i> Le gouvernement a impliqué la société civile, les ONG nationales et le secteur privé dans la planification, bien que l'étendue et la qualité de leur contribution ne soient pas claires. Le secteur privé avicole est le secteur qui a le plus participé aux discussions avec le gouvernement.
6.	<i>Est-ce qu'il y a une campagne de communication visant à promouvoir un comportement propice à réduire la propagation du virus parmi les communautés?</i> Il existe une campagne limitée menées au travers de la radio, la télévision et des impressions, mais uniquement dans le cadre des manifestations. Il n'est pas clair si cette campagne a été encore étendue aux moyens de communication de masse. In n'est pas clair s'il existe des procédures établies pour communiquer des messages sanitaires au public.
7.	<i>Est-ce qu'il y a de coordination avec et parmi les partenaires extérieurs?</i> L'OAA, l'OCHA, l'OIE, l'UNICEF, le PNUD, le PAM, l'OMS, la Banque Mondiale et des agences bilatérales sont actifs. Les USA, la France et la Chine figurent parmi les acteurs bilatéraux. Au moment de l'épidémie, parmi les organisations -donatrices impliquées à entreprendre des mesures d'urgence figuraient l'OAA, la BAfD, l'UE, l'USAID, l'OMS, l'UNICEF et le PNUD. Une mission d'évaluation rapide par l'OMS, OAA, PNUD, UNICEF, et OCHA a eu lieu en mars et le rapport a été partagé. La Banque Mondiale et l'Union Européen ont évalués les plans nationaux.
Contraintes à la mise en œuvre	Les principales contraintes à la planification de l'état d'alerte et à la mise en œuvre du plan qui sont citées sont le manque de financement et les difficultés de la coordination intersectorielle. Bien que des fonds aient été mis en gage, la longue période de temps pour accéder réellement aux fonds a gêné le lancement d'un programme efficace pour aider le gouvernement.

Country	Cape Verde
Summary	Current position: no direct experience with HPAI H5N1 to date Specific resource and technical needs: veterinary and human health detection and surveillance
Introduction	The country's 2005 GNI/c at PPP (\$6000) and 2001 HDI (0.727) place it in the top quartile for the region. The 2005 IDA Resource Allocation Index (4.1) lies in the top decile for eligible countries.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> The national plan has been prepared and endorsed by the government. The government has set up an implementation commission led by the Ministry of Agriculture. The national task force has met 10 times. The plan has been tested in a simulation exercise.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> Information is being sought about any capacity to detect AI infection in animals and in humans. There are standard procedures for communication among agencies, the government and hospitals; there are mechanisms for the government to share information with WHO/FAO/OIE; there are procedures for communicating health messages to the public. It is not clear how rapidly priority actions could be implemented. There are controls on cross border trade and movement as well as on contact between different bird species.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Veterinary and human health detection and surveillance capacities are limited but there are programmes to strengthen these.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on incentive or "compensation" schemes and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Civil society and the private sector have been engaged in planning.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> There are standard procedures for communication among agencies, the government and hospitals; there are mechanisms for the government to share information with WHO/FAO/OIE; there are procedures for communicating health messages to the public. It is not clear if there have been national mass communication campaigns and, if so what impact these may have had.
7.	<i>Is there coordination with and across external partners?</i> The government convened a meeting with bilateral representatives in March to present and discuss the plan. The government officially requested technical and financial support from the World Bank in March. The World Bank is considering the possibility of financing a rapid assessment through the Cape Verde Growth and Competitiveness Project. It is evident that dialogue between the government and external stakeholders is underway; however, the results of the dialogue are not clear.
Constraints to implementation	Financial and technical constraints to implementation; technical trained expertise; lab networks & systems.

Country	Chad
Summary	Current position: no direct experience with HPAI H5N1 to date Specific resource and technical needs: capacity to detect and confirm AI in humans, coordination of the human health sector with the veterinary sector, training in epidemiology
Introduction	The country's 2005 GNI/c at PPP (\$1470) and 2001 HDI (0.376) place it below the median for the region. The 2005 IDA Resource Allocation Index (2.9) lies above the 25 th percentile for eligible countries. No AI outbreaks have been reported to date but there are suspicions of outbreaks near Lake Chad.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national task force with a lead by the Ministry of Agriculture. Separate plans have been drafted from animal health, human health and communications and there is poor coordination across sectors.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> The national plan includes procedures for communication among agencies, the government, hospitals and the public. It is not clear how far implementation and procedures are standardised. Nevertheless, there are established mechanisms for rapid information-sharing between government and international agencies. Information on the quality of surveillance in the animal and human health sectors is being sought. There is capacity to detect and confirm avian influenza – though not highly pathogenic avian influenza H5N1 - in animals but not in people. There is a government emergency fund for infectious diseases that can be used for AHI.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Plans to strengthen animal disease surveillance are being implemented. Information is being sought on any laboratory capacity to detect AI in animals; and it is unclear whether there is any arrangement with an OIE reference laboratory. Active surveillance is taking place in addition to AI controls on cross border trade and movement, contact between different bird species and the planning of selective or comprehensive poultry vaccination. The country has already implemented culling where AHI was suspected. Information is being sought on any capacity to detect and confirm AI in humans; but programmes to strengthen AI surveillance and case reporting in humans are planned, clinical guidance for the management and contact tracing of AI human cases has been issued, and the use of PPE and the tracing of contacts is planned or being implemented. The country has a strategy for acquiring anti-virals. The extent is unclear to which the integrated country plan allows for purchase or production of an avian influenza vaccine for people. There is a need for coordination of the human health sector with the veterinary sector.
4.	<i>Are incentives and/or “compensation” schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> The government has a compensation policy and will begin implementing when funds are available. The policy involves compensating 2 or 3Euros for each bird as intended to cover 5% of existing poultry. 2.5 million Euros have been allocated.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged with civil society (national NGOs) and the private sector in planning. GTZ is also active.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> There is a communications plan but the level of implementation and impact is unclear.
7.	<i>Is there coordination with and across external partners?</i> FAO, WHO, UNICEF, OCHA, UNDP have conducted a joint appraisal mission on both avian and human pandemic influenza. France has conducted 3 missions on both avian and human pandemic influenza. Bilateral actors EC, ADB, France, Taiwan, Germany and USA are also active. The World Bank has also been active. There has been no evaluation of the integrated country plans.
Constraints to implementation	Preparedness planning and plan implementation are constrained by poor communication between partners, a shortage in laboratory supplies, training in epidemiology and funding.

Pays	Comores
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: AI detection capacity, cross-sector coordination, no compensation policy; specific concern about slow progress of AHI strategy development and lack of financial support
Présentation	Le pays présente un IDH de 2001 (0,528) et un PIB par habitant PPP de 2005 (\$2000) qui se situent dans le troisième quartile pour l'Afrique. L'Index d'allocation des ressources de l'IDA (2.4) se situe en dessous du 10 ^{ième} centile. Il n'y a pas eu de cas de grippe aviaire rapporté jusqu'à ce jour. Bien qu'il y ait une planification importante, elle semble n'être ni complète ni intégrée dans les divers secteurs et le plan demeure en cours d'élaboration.
Facteurs de réussite	
1.	<i>Est-ce qu'il y a un fort engagement au plus haut niveau politique accompagné d'une direction effective de tous les acteurs concernés afin d'assurer la mise en œuvre du plan de réponse à la grippe aviaire et pandémie humaine ?</i> Il existe un comité interministériel (task force nationale) sur la grippe aviaire et humaine qui est soutenue par un dispositif central de coordination et qui s'est réunie plusieurs fois. Il n'est pas clair si les réunions sont convoquées régulièrement auxquelles participent tous les intervenants afin d'harmoniser les interventions et prévenir les duplications. Le plan national a été finalisé en Juin dernier et approuvé par le gouvernement. Il n'est pas clair si le plan a été testé dans quelque exercice de simulation.
2.	<i>Est-ce qu'il y a des procédures et systèmes en place pour gérer la mise en œuvre rapide d'actions prioritaires?</i> La capacité pour détecter et confirmer la présence de la grippe aviaire chez les animaux et chez les humains n'est pas claire. Bien qu'il existe des mécanismes établis concernant la communication avec les organisations multilatérales et avec le public sur des questions de santé, il n'est pas clair s'il existe de mécanismes semblables entre organisations, gouvernement et hôpitaux. Les compétences en matière de détection de la grippe aviaire et la capacité à mettre en place une réponse rapide ne sont pas claires.
3.	<i>Est-ce qu'il y a une attention toute particulière apportée à l'amélioration du fonctionnement des services vétérinaires et sanitaires à tous les niveaux impliquant une approche transparente au partage et à la diffusion des informations sur les épisodes suspectés de la maladie, des efforts déployés immédiatement pour établir la cause de ces épisodes, et des promptes réponses (comprenant l'isolement des animaux à risque)?</i> Il existe des plans concernant le renforcement de la surveillance vétérinaire et signaler les éruptions en matière de grippe aviaire chez les animaux. Il y a des programmes semblables chez les humains. Les Comores sont parties des pays cibles du programme régional d'assistance d'urgence pour la détection précoce de la grippe aviaire mis en place par FAO mais pas encore acquis. La capacité épidémiologique pour dépister les infections de la grippe aviaire chez les animaux n'est pas claire. Un arrangement avec FAO et l'OIE est en place pour l'usage d'un laboratoire de référence car il n'y a pas la capacité dans le pays. Il n'est pas clair s'il existe des plans concernant la vaccination de volailles, ou des plans portant sur la limitation des contacts entre espèces d'oiseaux et sur les contrôles sur le commerce et les déplacements des volailles. Toutefois, des instructions cliniques ont été émises; certains travailleurs du secteur de la santé ont reçu une formation en gestion de cas. Il n'est pas clair si des directives médicales servant de formation pour gérer les cas chez les humains ont été distribuées. Il existe des plans d'acquisition de médicaments antiviraux, d'EPP de dépistage de contacts et de vaccins universels.
4.	<i>Est-ce qu'il y a des programmes d'encouragement et/ou de compensation combinés avec une communication efficace au niveau des communautés sur l'importance de signaler immédiatement aux autorités compétentes les animaux donnant des signes de la maladie?</i> Il n'est pas clair s'il existe de schéma pour compenser les fermiers en événement de l'abattage des volailles, mais le plan national prévoit des fonds pour indemnisation. Il existe des mécanismes établis portant sur la diffusion auprès du public de messages relatifs à la santé.
5.	<i>Est-ce qu'il y a une mobilisation effective de la société civile et du secteur privé?</i> Il n'est pas clair si les secteurs non gouvernementaux ont été impliqués dans la planification.
6.	<i>Est-ce qu'il y a une campagne de communication visant à promouvoir un comportement propice à réduire la</i> Bien qu'il existe des mécanismes de communication et qu'il y a eu lieu une campagne a sensibilisé le public, il n'est pas clair si la campagne a réussi ses buts. Il n'est pas clair si les procédures ont été établies pour transmettre des messages sanitaires en vue de sensibiliser le public et changer son comportement.
7.	<i>Est-ce qu'il y a de coordination avec et parmi les partenaires extérieurs?</i> L'OAA, l'UNICEF, le PNUD, et l'OMS sont actifs. Aucune mission d'évaluation ou d'estimation n'a eu lieu. Aucune agences bilatérales or multilatérales ne sont actives dans l'appui du pays relatif à la grippe aviaire. Le niveau et la qualité de la coordination entre organisations et avec le gouvernement demeurent peu clairs.
Contraintes à la mise en œuvre	Les obstacles principaux sont les ressources humaines, la coordination intersectorielle, et la manque de ressources matérielles et financières.

Country	Congo Republic (Congo Brazzaville)
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI infection, AI surveillance and outbreak reporting, human resource capacity; stand alone \$1m project in pipeline.
Introduction	The country's 2005 GNI/c at PPP (\$810) lies below the 25 th percentile, and 2001 HDI (0.502) above the median for the region. The 2005 IDA Resource Allocation Index (2.8) lies at the 25 th percentile for eligible countries. No H5N1 outbreaks have been reported to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is national task force with a central coordinating body but unknown frequency and regularity of meetings. The AHI plan is endorsed by the government. It is not clear whether this has been tested in simulation exercise. Support has been requested from the World Bank.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> Information is being sought about mechanisms for communication between government, agencies, and hospitals. There is communication between the national authorities and external partners and the public. The estimated time between outbreak onset and reporting in animals to the national authorities is one week. The extent is unclear to which there are specific and formalised modalities for transport of suspected samples to Brazzaville and beyond to international laboratories.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Preparedness in the veterinary sector is limited. Information is being sought on capacity to detect AI infection in animals and on programmes to strengthen AI surveillance and outbreak reporting in animals, and on plans for AI controls on cross-border trade and movement, and on controls between different bird species. It is not clear whether selective or comprehensive poultry vaccination has been planned. Information is being sought on diagnostic capacity to detect and confirm AI in people, the issue of clinical guidance for case management, and any plans or programmes to strengthen surveillance and case reporting in humans. The use of PPE and a strategy for acquiring anti-virals have been planned. The extent is unclear to which selective or comprehensive population pandemic influenza vaccination has been planned.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on incentive or "compensation" schemes and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent is unclear to which government has engaged non-governmental sectors in planning.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information is being sought about any mass communications campaigns and support for social mobilisation activity.
7.	<i>Is there coordination with and across external partners?</i> OCHA, FAO, UNICEF, UNDP, WHO and WFP are active. FAO, OCHA, WHO and UNDP have carried out joint and unilateral missions. There has been participation in national coordination across partners.
Constraints to implementation	There is limited human resource capacity in the animal and health sectors, lack of equipped laboratories, limited organization and operational capacity within the health system.

Pays	République Démocratique du Congo
Summary	Current position: No direct experience of HPAI H5N1 to date Specific resource and technical needs: health personnel training, laboratory equipment and supplies in animal and human health, general infectious disease surveillance, antiviral drugs and PPE; logistical support in communications; lacks AHI financial support.
Introduction	Le PIB réel par habitant à PPA (\$720) en 2005, l'IDH (0,363) de 2001, et l'IRAI de 2005 (2,8) se situent dans le premier quartile de la région. Depuis l'émergence des cas de grippe aviaire à virus H5N1 hautement pathogène sur le sol africain, la RD Congo à l'instar des autres pays non affectés a été mis en état d'alerte. En avril 2006, un plan national de préparation et de réponse à une éventuelle épidémie/pandémie de la grippe d'origine aviaire a été développé. Cinq mois après, il est impérieux d'évaluer l'état des préparatifs et la capacité du pays à répondre efficacement à toute dégradation de la situation liée à l'apparition de la pandémie de grippe d'origine aviaire. Il s'agit concrètement d'identifier les facteurs de succès et les contraintes dans le déploiement des activités et de formuler des recommandations pertinentes en vue de la réduction de l'impact de cette catastrophe sur la population au cas où elle surviendrait.
Facteurs de succès	
1.	<i>Est-ce qu'il y a un fort engagement au plus haut niveau politique accompagné d'une direction effective de tous les acteurs concernés afin d'assurer la mise en œuvre du plan de réponse à la grippe aviaire et pandémie humaine ?</i> Le Gouvernement a fait une déclaration politique d'engagement dans la lutte contre la grippe aviaire et à une éventuelle pandémie qui peut survenir. Le leadership directionnel est assuré par le comité national de coordination que préside le Ministre de l'Agriculture. Au sein de ce comité fonctionne une commission technique qui s'occupe des aspects techniques, une commission de mobilisation sociale et une commission logistique.
2.	<i>Est-ce qu'il y a des procédures et systèmes en place pour gérer la mise en œuvre rapide d'actions prioritaires ?</i> La mise en œuvre rapide des actions prioritaires se fera à travers le système de surveillance des maladies à potentiel épidémique et de ripostes implantées dans toutes les provinces du pays. Le transport des échantillons et la transmission des informations sanitaires se feront à travers le circuit établi par la surveillance des paralysies flasques aiguës de l'Initiative d'éradication de la poliomyélite. La prise en charge des cas et la prévention par la vaccination sera faite dans les structures de santé. Des mesures médicales et non médicales à appliquer en cas de pandémie de grippe d'origine aviaire sont également prévues. Une cartographie des appuis logistiques a été produite et le système de référence a été mis en place. Le traitement à domicile sera privilégié sauf en cas de complication pulmonaire. En vue de coordonner l'information sanitaire, un plan de communication est établi.
3.	<i>Est-ce qu'il y a une attention toute particulière apportée à l'amélioration du fonctionnement des services vétérinaires et sanitaires à tous les niveaux impliquant une approche transparente au partage et à la diffusion des informations sur les épisodes suspectés de la maladie, des efforts déployés immédiatement pour établir la cause de ces épisodes, et des promptes réponses (comprenant l'isolement des animaux à risque).</i> Depuis la survenue de l'épizootie de la grippe aviaire et des cas humains du virus H5N1 en Afrique, le système de surveillance des maladies à potentiel épidémique a été renforcé en RD Congo par l'incorporation de la grippe parmi les maladies à notification hebdomadaire. Les données de la surveillance épidémiologique hebdomadaire font l'objet d'analyse au niveau des cellules de surveillance épidémiologique implantées à tous les niveaux du système sanitaire. La FAO a appuyé la formation de 45 agents et a fourni des équipements et consommables aux services vétérinaires des 3 provinces : Nord Kivu, Sud Kivu et Kinshasa. Un agent de l'Institut National de Recherche Bio-Médicale (INRB) a été formé dans les techniques d'analyse des échantillons de la grippe. Un plan de formation des personnels de santé sur la grippe aviaire a été développé. Les données épidémiologiques de la surveillance hebdomadaire des animaux sont analysées au niveau du laboratoire vétérinaire et sont discutées à la réunion du comité technique et scientifique. Les alertes à l'épizootie signalées par les équipes de terrain et ou par la population font l'objet des investigations et de prélèvements des échantillons qui sont envoyés au laboratoire d'Afrique du Sud pour analyse. Des mesures de contrôle des importations de la volaille sont appliquées dans tous les postes de quarantaines frontaliers.
4.	<i>Des programmes d'encouragement et/ou de compensation, est ce qu'ils ont été combinés avec une communication efficace au niveau des communautés sur l'importance de signaler immédiatement aux autorités compétentes les animaux donnant des signes de la maladie?</i> Il n'est pas clair si le gouvernement de la RD Congo a défini sa politique en matière d'encouragement et/ou de compensation des éleveurs. Cependant, la commission chargée de la mobilisation sociale a développé des messages sur l'importance de signaler immédiatement aux autorités compétentes les animaux présentant des signes de la maladie.
5.	<i>Est-ce qu'il y a la mobilisation effective de la société civile et du secteur privé.</i> Dans le cadre de la mobilisation sociale, plusieurs activités ont été menées: tenue d'un atelier d'élaboration des messages sur la grippe aviaire financé par l'UNICEF; organisation de la cérémonie du lancement de la campagne de sensibilisation sur la grippe aviaire par le Ministre de l'Agriculture et la santé; organisation des conférences sur la grippe aviaire à l'intention des journalistes, des leaders d'opinion et des communicateurs sociaux; organisation des émissions et des spots radio-télévisés sur la grippe aviaire; reproduction et diffusion aux populations des dépliants, fiches d'informations sanitaires et de sensibilisation de la population.
6.	<i>Est-ce qu'une campagne de communication, visant à promouvoir un comportement propice à réduire la propagation du virus parmi les communautés, a été appliquée effectivement ?</i>

	Par manque de ressources financières, la campagne de communication pour le changement de comportement n'a pas été conduite dans quelques provinces du pays. Néanmoins comme dit ci haut, quelques activités de sensibilisation ont été conduites surtout à Kinshasa et dans les grandes villes de la République.
7.	<i>Est-ce qu'il y a de la coordination avec et entre les partenaires extérieurs.</i>
	La coordination des interventions et des partenaires se fait à travers le comité de pilotage qui est l'organe d'échange d'informations, de mobilisation des ressources et d'orientations stratégiques. Les mécanismes de coordination mis en place sont les suivants: au niveau pays tenue des réunions hebdomadaires des comités de pilotage et de la commission technique; élaboration du plan conjoint de préparation et réponse à une éventuelle pandémie de grippe aviaire; organisation des missions de supervision conjointe.
Contraintes liées à la mise en œuvre	Insuffisance des ressources financières; manque de formation des personnels de santé dans la gestion de la grippe aviaire; insuffisance des équipements et consommables pour le laboratoire d'analyse; absence des plans opérationnels (d'urgence) pour la mise en œuvre dans les formations médicales.

Pays	Côte d'Ivoire
Summary	Current position: There have been 2 confirmed outbreaks of AI in animals in April Specific resource and technical needs: veterinary and human health detection and surveillance capacities exist but need strengthening, cross-sector coordination; rapid assessment of AHI plan in preparation with \$0.1m support from other funding sources.
Présentation	L'IDH du pays (0,420) en 2003 et le PIB à PPA de 2003 est de (\$1476). L'Index d'allocation des ressources de l'IDA en 2005 (2,5) se situe au 10 ^{ème} percentile parmi des pays éligibles. Trois foyers de grippe aviaire ont été confirmés chez la volaille à Abidjan, en avril.
Facteurs de réussite	
1.	<i>Est-ce qu'il y a un fort engagement au plus haut niveau politique accompagné d'une direction effective de tous les acteurs concernés afin d'assurer la mise en œuvre du plan de réponse à la grippe aviaire et pandémie humaine ?</i> Le plan national a été préparé et approuvé par le gouvernement. Une permanence téléphonique a été mise sur pied à Abidjan. Une unité nationale de prévention et de surveillance a été créée par arrêté ministériel pour servir d'instrument de la mise en œuvre technique des actions requises afin de prévenir la propagation de la grippe aviaire dans le pays. La task force national s'est réuni 10 fois. Il n'est pas clair si le plan a été testé par exercice de simulation.
2.	<i>Est-ce qu'il y a des procédures et systèmes en place pour gérer la mise en œuvre rapide d'actions prioritaires?</i> Un Comité National de Lutte contre la Grippe Aviaire, en abrégé «CNLGA» a été mis en place; son action a abouti à la fermeture des marchés à volaille, à l'abattage des volailles dans les foyers et à la périphérie des zones à risques d'infection, à la désinfection et à la fermeture des marchés pour assurer le vide sanitaire pendant deux mois. Passée cette période, les poulets destinés à la commercialisation ont subi des contrôles de laboratoires pour être ensuite munis d'un laissez-passer et d'un certificat sanitaires de non contamination à la grippe aviaire. Il a ensuite été procédé à la vaccination des volailles, suivie de contrôle qualité et d'infectiosité. Il existe des compétences dans la détection de la grippe aviaire chez l'animal et dans la détection et la confirmation de cas de grippe aviaire et humaine chez l'homme. La façon dont les actions de priorité sont reliées au processus de prise de décisions n'est pas claire.
3.	<i>Est-ce qu'il y a une attention toute particulière apportée à l'amélioration du fonctionnement des services vétérinaires et sanitaires à tous les niveaux impliquant une approche transparente au partage et à la diffusion des informations sur les épisodes suspectés de la maladie, des efforts déployés immédiatement pour établir la cause de ces épisodes, et des promptes réponses (comprenant l'isolement des animaux à risque)?</i> Les compétences en matière de détection et de surveillance vétérinaire et humaine existent. Le Plan national prévoit à cet effet: le renforcement du système de surveillance épidémiologique et le renforcement de la capacité de préparation et de réponse du système national de santé. Des programmes sont en cours de réalisation pour le renforcement de la surveillance de la grippe aviaire chez l'animal.
4.	<i>Est-ce qu'il y a des programmes d'encouragement et/ou de compensation combinés avec une communication efficace au niveau des communautés sur l'importance de signaler immédiatement aux autorités compétentes les animaux donnant des signes de la maladie?</i> A la suite de la première épidémie, le gouvernement a remis des bordereaux de livraison dans l'attente que soit élaboré ou validé les modalités d'indemnisation aux éleveurs, et mobilisé des appuis financiers.
5.	<i>Est-ce qu'il y a une mobilisation effective de la société civile et du secteur privé?</i> La société civile et le secteur privé ont été impliqués dans la planification.
6.	<i>Est-ce qu'il y a une campagne de communication visant à promouvoir un comportement propice à réduire la propagation du virus parmi les communautés?</i> Des campagnes d'informations ont été lancées dans l'urgence à la suite des épidémies. Une stratégie de communication doit être élaborée et mise en œuvre sous l'impulsion de la task force national et s'adressera à 4 cibles: (i) les décideurs politiques et partenaires au développement, (ii) le grand public et les consommateurs, (iii) les professionnels de santé, (iv) les groupes socioprofessionnels à risque.
7.	<i>Est-ce qu'il y a de coordination avec et parmi les partenaires extérieurs?</i> La Banque Mondiale facilite le dialogue entre les partenaires (OMS, OAA, OIE) et le gouvernement visant à mettre à jour le plan national. L'OAA a offert \$400.000. L'OMS a proposé \$300.000 via le Ministère de la Santé, l'Union africaine et le gouvernement ivoirien. L'UE appui la lutte à raison de €600.000 et le PNUD à raison de \$110.000. La coordination de l'assistance externe est très évidente en Côte d'Ivoire, les organisations spécialisées prenant en main les questions de santé animale et de santé humaine, respectivement. L'Elaboration d'un Plan de contingence Côte d'Ivoire sur la grippe aviaire en cas de pandémie se fait en étroite collaboration entre les agences du SNU et les ministères technique intervenant dans la lutte contre la maladie. (Ministère de la Santé, Ministère Chargé de la Communication, Ministère de la production animale et des ressources halieutiques, Ministère de la défense).
Contraintes à la mise en œuvre	La coordination entre secteurs a été identifiée comme étant un obstacle à la mise en œuvre.

Country	Ethiopia
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: trained expertise, laboratories and lab networks, veterinary capacity including surveillance capacity; stand alone \$40m AHI project to be determined with \$3m other funding.
Introduction	The country's 2005 GNI/c at PPP (\$1000) and 2001 HDI (0.359) place it respectively on and below the 25 th percentile for the region. The 2005 IDA Resource Allocation Index (3.4) lies just below the 75 th percentile for eligible countries in the region. There have been no AI outbreaks reported to date; suspected poultry cases tested negative in April. Political climate has affected international assistance; but annual aid in-flows are around \$1bn.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is high-level political buy-in with the Deputy Prime Minister as chairman of National AHI Task Force. This has met frequently. So there is high level awareness and recognition of the need for senior weight. The plan is in process and not yet endorsed by government. Information is being sought about the structures and capacity at levels below this. There has been joint planning between Agriculture and Health Departments despite limited resources.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> MoPH and MoAg have developed jointly an emergency operations centre through good collaboration though limited by resources. MoH rapid response capacity is limited to hospitals in the surveillance system (this excluding most local health posts); the probable speed of detection and reporting is unclear, but AI is now notifiable.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Current plans envisage strengthening animal disease surveillance, poultry vaccination, AI controls on cross border trade and movement and controls on contact between species. In the health sector there are plans to strengthen surveillance; case contact tracing is planned; clinical guidance has been issued and a number of PPE kits are available. Plans envisage acquiring anti-viral stockpile, pandemic vaccine purchase and production. Outbreak and case reporting times are estimated at 2 days to national authorities, suggesting a relatively rapid response. There is transparency, accountability and delivery.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> The existence of any compensation scheme is unclear. There are established communications mechanisms. The extent of strategic and consistent communications and of outreach in rural areas is unclear. Information is being sought about reliability of outbreak reporting.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Planning process engages with all elements of civil society, NGOs, private sector and others. The extent of sector mobilisation is unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> There have been occasional communications on television and radio; and information on any mass communications strategy is being sought.
7.	<i>Is there coordination with and across external partners?</i> Multiple agencies are active (FAO, UNICEF, UNDP, WHO, WB); also bilateral agencies USAID and DFID. Unilateral (FAO) and joint (WHO, WB) missions by agencies and the bilateral actors have assessed avian and human influenza plans. The WB and major donors are assisting with basic service provision.
Constraints to implementation	Cited constraints are financial resources, lack of trained expertise, laboratories and lab networks, and lack of veterinary capacity including for surveillance.

Pays	Gabon
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: veterinary and human health AHI surveillance and detection capacity, mobilisation of resources
Présentation	Pour l'Afrique, le pays présente un IDH relativement élevé (0,547) et un PIB à PPA en 2005 (\$5890) qui le situe au-delà du 75 ^{ème} percentile. La planification est encore en cours. Les capacités des secteurs tant vétérinaires que de santé sont limitées. Il n'a pas été signalé de cas de grippe aviaire jusqu'à ce jour.
Facteurs de réussite	
1.	<i>Est-ce qu'il y a un fort engagement au plus haut niveau politique accompagné d'une direction effective de tous les acteurs concernés afin d'assurer la mise en œuvre du plan de réponse à la grippe aviaire et pandémie humaine ?</i> La task force nationale, soutenue par un dispositif central de coordination, s'est réunie régulièrement; le plan national a été approuvé par le gouvernement. Il n'est pas clair s'il a été testé par exercice de simulation. Des réunions auxquelles participent tous les intervenants afin de favoriser les interventions harmonisées sont convoquées régulièrement.
2.	<i>Est-ce qu'il y a des procédures et systèmes en place pour gérer la mise en œuvre rapide d'actions prioritaires?</i> Il existe la capacité vétérinaire pour détecter et confirmer la présence d'infection chez les animaux et les humains. Les capacités de surveillance vétérinaire et humaine en matière de grippe aviaire et humaine sont limitées; carences évidentes en matière de planification visant à améliorer les premières, ce qui pourrait limiter les possibilités de mettre en place une réponse rapide. Il y a des procédures standards pour la communication parmi les différentes agences, le gouvernement et les hôpitaux. Il n'est pas clair si des mécanismes ont été établis pour le partage rapide d'informations entre le gouvernement et l'OMS, le FAO et l'OIE.
3.	<i>Est-ce qu'il y a une attention toute particulière apportée à l'amélioration du fonctionnement des services vétérinaires et sanitaires à tous les niveaux impliquant une approche transparente au partage et à la diffusion des informations sur les épisodes suspectés de la maladie, des efforts déployés immédiatement pour établir la cause de ces épisodes, et des promptes réponses (comprenant l'isolement des animaux à risque)?</i> Il existe des programmes pour renforcer la capacité de surveillance et de signalement des éruptions chez les humains et les animaux. Les contrôles spécifiques sur le commerce et les déplacements trans-frontiers sont en œuvre et les vaccins des volailles sont planifiés. L'usage d'EPP et le dépistage de contacts sont planifiés. Des directives médicales servant de formation pour gérer les cas sont disponibles mais non distribuées. Le plan intégré inclut des mesures pour procurer de vaccins contre la grippe aviaire ainsi qu'une stratégie pour acquérir des antiviraux. Des avant-projets de plans portent sur la surveillance et la détection améliorée de la grippe aviaire et humaine chez les animaux et les hommes, y compris les mesures de contrôle (abattage, indemnisation, quarantaine, vaccins, antiviraux, développement de compétences, gestion des contacts entre espèces et des déplacements transfrontaliers) mais la capacité de mise en œuvre n'est pas claire.
4.	<i>Est-ce qu'il y a des programmes d'encouragement et/ou de compensation combinés avec une communication efficace au niveau des communautés sur l'importance de signaler immédiatement aux autorités compétentes les animaux donnant des signes de la maladie?</i> L'existence d'un système d'indemnisation ou d'incitatifs n'est pas claire. Le matériel d'information est en cours d'élaboration. Il existe des mécanismes établis en vue de la communication entre le gouvernement, les hôpitaux et les organisations multilatérales ainsi que pour la diffusion auprès du public de messages relatifs à la santé.
5.	<i>Est-ce qu'il y a une mobilisation effective de la société civile et du secteur privé?</i> Il n'est pas clair s'il y a eu de coopération avec les secteurs non gouvernementaux.
6.	<i>Est-ce qu'il y a une campagne de communication visant à promouvoir un comportement propice à réduire la propagation du virus parmi les communautés?</i> Il y a eu une campagne de communication sur la grippe aviaire humaine. Il existe des procédures pour transmettre des messages sanitaires en vue de sensibiliser le public et changer son comportement.
7.	<i>Est-ce qu'il y a de la coordination avec et parmi les partenaires extérieurs?</i> L'OAA, l'UNICEF, le PNUD, l'OMS, la Banque Mondiale et les agences bilatérales sont actifs mais n'ont pas évalué les plans. La France a évalué les plans. Il n'existe pas d'informations sur la qualité de la coordination.
Contraintes à la mise en œuvre	Le manque de ressources financières et mobilisation de ressources ont été mentionné comme étant les principales contraintes.

Country	The Gambia
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI infection, availability of PPEs, no initial supply of drugs; specific concern about slow progress of AHI strategy development and lack of financial support
Introduction	The country's 2005 GNI/c at PPP (\$1920) and 2001 HDI (0.463) lie respectively in the third quartile and on the regional median. The 2005 IDA Resource Allocation Index (3.1) is in the second quartile for eligible countries in the region.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is national Task Force with a central coordinating body but unknown frequency and regularity of meetings. The AHI plan is in process. It is unclear whether plans have been tested with simulation exercise.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are established mechanisms for communication between government, agencies, hospitals, external partners, and the public. Information is being sought on the extent and quality of surveillance in the animal or human health sectors. In South Central River Division there is a Rural Poultry Farmers Association, with a sub-committee that meets bi-monthly and acts as an interface for assistance from NGO's and the government.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Information is being sought on the capacity to detect AI infection in animals; and there are programmes to strengthen animal AI surveillance and outbreak reporting. The national plan includes selective or comprehensive poultry vaccination and AI controls on cross-border trade and movement; it is unclear whether there are plans to control contact between different bird species. For AI in humans, there is diagnostic capacity to detect and confirm AI, clinical guidance has been issued and the national plan includes programmes to strengthen surveillance and case reporting in humans, the use of PPE, a strategy for acquiring antivirals and selective or comprehensive population pandemic influenza vaccination.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on incentive or "compensation" schemes and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged with all non-governmental sectors in planning.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Public awareness campaigns have been conducted on TV and Radio with WHO & FAO support. The governor of Central River Division (CRD) launched an AI sensitization campaign.
7.	<i>Is there coordination with and across external partners?</i> OCHA, FAO, UNICEF, UNDP and WHO are active. FAO, WHO and UNDP have carried out joint missions on both Avian and Human Pandemic Influenza preparedness. The US, UK and Taiwan have also assessed the national plan.
Constraints to implementation	The main constraints are lack of funding, availability of PPEs, initial supplies of drugs, laboratory capacity to confirm AI in humans.

Country	Ghana
Summary	Current position: no direct experience with HPAI H5N1 to date Specific resource and technical needs: equipment and materials, coordination; rapid assessment of plan under preparation with \$0.095m support in pipeline.
Introduction	The country's 2005 GNI/c at PPP (\$2370) and 2001 HDI (0.567) place it in above the 75 th percentile for the region. The 2005 IDA Resource Allocation Index (3.9) lies at the 90 th percentile for eligible countries. Although there has not been an outbreak in Ghana, the April outbreak of AI in Burkina Faso led the Ministry of Food and Agriculture to intensify surveillance, particularly near the border with Burkina.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> A national AHI task force was established in September 2005, centrally coordinated by the Ministry of Interior, chaired by MOH and co-chaired by MOA. The task force includes different ministries, National Disaster Management Organization as well as WHO, FAO, UNICEF and USAID, which assisted in developing the AHI preparedness plan. The plan was completed by November and endorsed by government. It is unclear whether it has been tested with simulation exercise. Since its creation, the task force has been meeting regularly (bi-monthly) and has established regional and district coordination committees. Following the detection of H5N1 in neighbouring countries, the government made about \$ 250,000 of its own budget available to respond to threats posed by H5N1. The rapid response to H5N1 by setting up the inter-sectoral national task force, the frequent meetings of this task force, and the government's funding of initiatives indicate strong political commitment to AHI.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> Standard procedures for communication among agencies, government, international partners, hospitals and the public have been established. The national AHI plan has been reported to be of good quality, and implementation plans are being developed in other sectors, including transport and education.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There is capacity to detect AHI infection in animals and in humans. Programmes are in place to strengthen AI surveillance and outbreak reporting in animals, and experts from research institutes are trained to diagnose H5N1. International partners are helping with building capacity. Clinical guidance has been issued for management of AI cases in humans and technical staff are trained in each of the 10 regions to carry out district facility and community training.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Culling and compensation is a cross-cutting theme in the national plan. World Bank and UNDP have been working on a compensation plan and have approached Ministry of Finance to find out which legal institutions for compensation are available. Some donors have shown interest in funding compensation schemes, and the WB and UNDP are helping government to make information available about their resources so that donors can be approached. A public awareness campaign has also been launched.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Civil society and private sector are active particularly at regional and district levels where the government and agencies depend on community groups.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> The national AHI task force has established a communications sub-committee, where UNICEF, WHO and USAID are very much involved. In addition public awareness raising campaign has been launched and is being implemented. The public reaction to AI has included refusal to buy poultry; for this reason there has been a campaign communicating messages on prevention through eating well-cooked chicken. The national Vet Services has provided contact information to the public for reporting of suspected AI cases.
7.	<i>Is there coordination with and across external partners?</i> FAO, UNICEF, UNDP, WFP, and WHO are active, and USAID has been the main bilateral partner. The inclusion of the partners in the planning process indicates good coordination among government and external partners, and the activities of ministries and agencies are synchronized.
Constraints to implementation	The extent of coordination is unclear at the regional and district levels. Financial resources are a main constraint to preparedness planning and plan implementation.

Country	Guinea – Bissau
Summary	Current position: no direct experience of HPAI H5N1 to date Prospects for efficient AHI strategy implementation: limited Specific resource and technical needs: capacity to detect AI infection, lack of financial support
Introduction	The country's 2005 GNI/c at PPP (\$700) and 2001 HDI (0.463) place it below the 25 th percentile for the region. The 2005 IDA Resource Allocation Index (2.7) is in the 25 th percentile for eligible countries in the region.
Success Factors	
8.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is national Task Force with a central coordinating body, which has met 3 times in the last 6 months. The AHI plan has been endorsed by government but has not been tested in simulation exercise.
9.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are established mechanisms for communication between the government, WHO & OIE. The extent to which there are procedures for communication between the government, agencies, hospitals and the public are unclear. There is no indication of the quality of surveillance in the animal or human health sectors.
10.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There is no capacity to detect AI infection in animals and the extent to which there are programmes to strengthen AI surveillance and outbreak reporting in animals is unclear. AI controls on cross-border trade and movement and controls on contact between different bird species is planned. It is not clear whether selective or comprehensive poultry vaccination has been planned. Information is being sought on diagnostic capacity to detect and confirm AI in people, the issue of clinical guidance for case management, case contact tracing, and any plans or programmes to strengthen surveillance and case reporting in humans. The use of PPE and a strategy for acquiring antivirals have been planned. There are plans to purchase but not produce pandemic vaccine.
11.	<i>Are incentives and/or “compensation” schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on incentive or “compensation” schemes and related communications activity is yet to be provided.
12.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged with non-governmental organizations and the private sector in planning.
13.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> There has been a mass communication campaign which has raised awareness. Information is being sought about social mobilisation and related communications logistics; media strategy and targeting are in place.
14.	<i>Is there coordination with and across external partners?</i> FAO, OCHA, UNDP, UNICEF and WHO are active.
Constraints to implementation	Technical and financial resources

Country	Guinea - Conakry
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: AI surveillance and case reporting in humans, health services, compensation schemes, illiteracy, cross-sector coordination, lab systems and networks, trained expertise, equipment for effective communications
Introduction	The country's 2005 GNI/c at PPP (\$2240) and 2001 HDI (0.425) lie respectively above and below the regional median. The 2005 IDA Resource Allocation Index (3.0) lies in the second quartile for eligible countries. There are no confirmed outbreaks. Lessons are drawn from the country's experience with cholera.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national AHI Task Force and central coordinating body. This inter-ministerial committee oversees preparedness planning and was initially chaired by the Ministry of international cooperation (the new chair has yet to be confirmed). The task force has met 4 times since its creation. The national plan was prepared with the assistance of UN agencies (WHO/FAO in particular) and has been tested in a simulation exercise. There is a technical ad hoc committee to follow up on issues.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There is continuing surveillance through a crisis group that is set up to focus on suspected outbreaks in areas identified on wild bird migratory routes. There are established mechanisms for communication between government, agencies, hospitals, external partners and the public. Information is being sought about constraints on implementation of communication strategy. The estimated outbreak and case reporting times for animal and human diseases is 1 day, which would indicate rapid response.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Strong veterinary services work with private sector and farmer organisations. There is capacity to detect AI infection and programmes are planned to strengthen AI surveillance and outbreak reporting in animals. However, information is being sought on the extent of any diagnostic capacity to detect and confirm AHI infection in humans, and on any programmes to strengthen AI surveillance and case reporting in humans. Plans include AI controls on cross border trade and movement as well as contact between different bird species. The country's position on vaccination of poultry is not clear. FAO has a good relationship with the Ministry of Agriculture and is working on strengthening veterinary services in the capital.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on compensation schemes and related communications activity, and on the capacity to implement such schemes, is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Civil society is very engaged and the private sector is not as engaged but is represented.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> There are standard procedures for communication among agencies, the government and hospitals; there are mechanisms for the government to share information with WHO/FAO/OIE; there are procedures for communicating health messages to the public. WHO and the World Bank are supporting communication campaigns. There are urban and rural radio programmes that create awareness in the population. It is too early to access impact of the messages. There are areas with no access to media – audio or print. Illiteracy is a significant problem.
7.	<i>Is there coordination with and across external partners?</i> Coordination with external partners is continuing. FAO/UNDP/WHO are presently active in assisting the country on AHI. It is not clear what assessment missions have been carried out. The Arab League has a special interest in Guinea, and there are strong cultural links across the Muslim world.
Constraints to implementation	Cited constraints include cross-sector coordination, laboratory systems and networks, trained expertise, management, social mobilization and research. Other cited constraints include high illiteracy rates, socio-economic factors, and expertise and equipment for effective communication.

Country	Kenya
Summary	Current position: no experience with HPAI H5N1 to date. Specific resource and technical needs: stand alone AHI project to be determined with \$0.5m support from other sources.
Introduction	The country's 2005 GNI/c at PPP (\$1170) and 2001 HDI (0.489) lie respectively below and above the regional median. The 2005 IDA Resource Allocation Index (3.6) lies above the 75 th percentile for eligible countries.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> The response in the country is coordinated under the leadership of the Director of Medical Services and the Director of Veterinary Services. The Coordinating Committee involves all stakeholders with representatives from sectors, development partners, and universities.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> Kenya has a developed plan with priority actions identified that all operational issues are aligned with. Roles and responsibilities are defined in the plan.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> The government has been setting mechanisms in place to actively survey wild birds and domestic poultry. WHO has been working with MoH on a national influenza surveillance project at Kenya Medical Research Institute.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> World Bank and FAO have been working with Government to increase awareness among small-scale farmers and poultry producers.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The private sector is represented in the coordinating committee and has participated in the discussions.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Radio messages by, among others the Director of Medical Services, have been distributed, posters have been printed.
7.	<i>Is there coordination with and across external partners?</i> FAO, WHO, OIE and World Bank have been active in the country. The OIE, FAO and WB jointly completed a mission in December 2005.
Constraints to implementation	Funding. The re-allocation from the WB (500 000 USD) is the only external funding directly to the Government. However, the Government allocated about the same amount to AI in 2005-06.

Country	Lesotho
Summary	Current position: no direct experience with HPAI H5N1 to date Specific resource and technical needs: trained staff and equipment; technical support for animal disease control and human disease surveillance capacity identified as high priority need.
Introduction	The country's 2005 GNI/c at PPP (\$3410) lies above the 75 th percentile; and the 2001 HDI (0.51) lies above the median for the region. The 2005 IDA Resource Allocation Index (3.5) at the 75 ^h percentile for eligible countries. There have not been any AI outbreaks. The country's AHI control efforts are coordinated regionally and guided by SADC (Southern African Development Community).
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is an inter-ministerial AHI task force, including international technical agencies as well as African Union and SADC, and centrally and jointly coordinated by the Ministries of Health and Agriculture. The national plan has been finalized and endorsed by government. It is unclear whether plans have been tested in simulation exercise.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government, external partners, hospitals and the public. The extent and quality of these procedures are not clear.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Information is being sought about the capacity to detect AI infection in animals and in humans. There is a capacity constraint in terms of trained staff and equipment in most elements of the animal and human disease surveillance and response system. The national AHI plan calls for a strengthening of the early warning systems as well as routine surveillance for which support is a high priority. Training has been started; information is being sought about the specifics of this training.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information in detail on incentive or "compensation" schemes and related communications activity is being sought. Awareness raising has been initiated (again the extent and content of this are not known). The extent is unclear of needs for technical support to disease control (bio-security, culling, compensation, vaccination).
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent is unclear of engagement of civil society and private sector in national AHI planning.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Awareness raising has started, but its nature and specifics are not known. Information is being sought about social mobilisation activity and logistics.
7.	<i>Is there coordination with and across external partners?</i> FAO, UNICEF, WHO, World Bank, and the Irish Aid Department of Veterinary Services in South Africa are active in Lesotho. There has been participation in national coordination across partners.
Constraints to implementation	The country's high HIV/AIDS prevalence rate (23.2%) is overburdening the public health sector.

Country	Liberia
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI infection in animals and humans, poultry and animal health services, administrative disbursements requirements in a post-conflict environment; rapid assessment of AHI plan in preparation with \$0.095m in pipeline support and funding to be decided.
Introduction	The country's 2005 GNI/c at PPP and 2001 HDI are unavailable. H5N1 outbreaks have been suspected following reported cases of dead migratory birds.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> A national AI task force has existed since October 2005, chaired by the Minister of Agriculture, including FAO, WHO, and UNICEF. This task force meets weekly and has produced a national plan, which was endorsed by government. The extent to which plans have been tested with simulation exercise is unclear. FAO, WHO and USAID have assessed the plan.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government, external partners, hospitals and the public. The extent and quality of these procedures are not known.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Information is being sought about any capacity to detect AI infection in animals and humans. The extent and status are unclear of any programmes to strengthen AI surveillance and outbreak reporting in animals and case reporting in human. Clinical guidance has been issued for management of AI cases in humans; and information is being sought on related elements of preparedness activity.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought on any "compensation" plans and schemes.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Civil society and private sector are engaged in planning, and local and international NGOs are included in the national task force.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information is being sought about any mass AHI communications campaigns.
7.	<i>Is there coordination with and across external partners?</i> FAO, UNICEF, WHO and USAID are active. A rapid assessment mission has been in planning, to be led by FAO. Information is being sought about coordination activity.
Constraints to implementation	Several constraints are listed, including a limited health system, limited poultry and animal health services, limited financial resources for AHI, and new administrative disbursement requirements in a post-conflict environment.

Country	Madagascar
Summary	Current position: No direct experience of HPAI H5N1 to date Specific resource and technical needs: AHI strategy development and lack of financial support; some support, animal and human disease surveillance and control, with high priority for PPE kits and related items.
Introduction	The country's 2005 GNI/c at PPP (\$880) and 2001 HDI (0.468) lie respectively below and above the 25 th percentile for the region. The 2005 IDA Resource Allocation Index (3.5) lies on the 75 th percentile for eligible countries.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national AHI Taskforce that has met frequently and is coordinated jointly by the Co-presidents of the Ministries of Health and Agriculture. National planning and participation by non-governmental sectors are well in hand. Government has engaged non-governmental sectors in the planning process. The integrated country plan is in process. The extent is unclear to which the plan has been endorsed by government; but it has been tested in simulation exercise.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are established procedures for communication among agencies, government and hospitals; there are established mechanisms for sharing information rapidly with international technical agencies, and communication working group meetings are regularly held; there are established procedures for communicating public health messages. There is the capacity to detect, confirm and trace HPAI in animals; and there are three laboratories with this diagnostic capacity. Specific HPAI controls on cross-border animal trade and movement and on contact between species are being implemented. There is capacity to detect and confirm AHI in people.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> The extent is unclear to which elements of animal and human disease surveillance and response (including logistics for deployment and transport) need strengthening; although a high priority is placed on PPE kits and related items. Laboratory capacity for detecting AI in humans is considered adequate. There is an existing surveillance system for birds at 12 sites, and there are programmes in place to strengthen capacity for HPAI surveillance and reporting in partnership with an NGO and the FAO. One vet and several hundred village veterinary workers have been trained in HPAI detection since June 2006.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> A farmer compensation scheme has recently been established providing 30-50% market value of poultry; and the rate across the country is not uniform. Information is being sought about the extent of bio-security, culling, vaccination, compensation and related policy developments.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged national NGOs and the private sector in the planning process. The extent and quality of cross-sectoral mobilisation are unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> There has been a mass communication campaign which has raised awareness. Information is being sought about social mobilisation and related communications logistics; media strategy and targeting are in place.
7.	<i>Is there coordination with and across external partners?</i> There has been a mass communication campaign which has raised awareness.
Constraints to implementation	Quality of road networks affects accessibility, especially during rainy season.

Country	Malawi
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI infection in animals, capacity to detect and confirm AI in humans; logistical assistance in transport of samples; a \$1m AHI project proposal is being reviewed by the World Bank.
Introduction	The country's 2005 GNI/c at PPP (\$650) lies below the 10 th percentile; and the 2001 HDI (0.387) is in the second quartile for the region. The 2005 IDA Resource Allocation Index (3.4) lies below the 75 th percentile for eligible countries.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is an inter-ministerial task force with a central coordinating body that meets bi-monthly. The plan has been endorsed by the government. The extent is unclear to which the plan has been tested in a simulation exercise.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are established mechanisms for communication between government, agencies, hospitals, external partners, and the public. Information is being sought about the extent and quality of disease surveillance in the animal or human health sectors.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Information is being sought about capacity to detect AI infection in animals. Programmes are continuing to strengthen AI surveillance and outbreak reporting in animals. Multi-sectoral AHI Rapid Response Teams (RRTs) are now established and have been trained on avian influenza surveillance and response. RRT kits funded by FAO and USAID were handed over to Government on September 13 th , 2006. The national plan includes selective or comprehensive poultry vaccination and AI controls on cross-border trade and movement (chicken imports were banned in the last year); the extent is unclear of any controls on contact between different bird species. Sensitisation meetings were planned for District level staff and surveillance trainings were to be conducted for both vets and health workers.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on incentive or "compensation" schemes and related communications activity is being sought, as also on the extent of technical capacity to support disease control (bio-security, culling, compensation, vaccination).
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged with all non-governmental sectors in planning.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> A national sensitisation campaign is currently underway but it is too early to determine the impact. Information is being sought on the extent of social mobilisation activity.
7.	<i>Is there coordination with and across external partners?</i> FAO, UNICEF, WFP, UNDP and WHO are active. FAO has carried out more than 10 assessments, WHO, UNDP and the WB have also conducted assessments or appraisals on both avian and human pandemic influenza. There has been participation in national coordination across partners. The US (USAID), UK and Taiwan have also assessed the national plan.
Constraints to implementation	The country's high HIV/AIDS prevalence rate (14.1%) is seriously affecting the public health sector. Constraints are finances for implementing planned activities, and technical capacity and human resources in government departments. However, the WB is reviewing USD 1 million assistance for AHI.

Country	Mali
Summary	Current position: Specific resource and technical needs: stand alone AHI project in preparation with \$1m in pipeline and \$0.4m from other sources of funding.
Introduction	The country's 2005 GNI/c at PPP (\$1000) lies on the 25 th percentile for the region; and the 2001 HDI (0.337) lies below the 10 th percentile. The 2005 IDA Resource Allocation Index (3.7) is in the top quartile for eligible countries.
Success Factors	
1.	<p><i>Est-ce qu'il y a un fort engagement au plus haut niveau politique accompagné d'une direction effective de tous les acteurs concernés afin d'assurer la mise en œuvre du plan de réponse à la grippe aviaire et pandémie humaine ?</i></p> <p>Il existe une task force national pour lutter contre la grippe aviaire. Dans le cadre de la réponse face à la grippe aviaire, les autorités maliennes ont créé depuis le 24 Octobre 2005, sous l'autorité du Ministre de l'Elevage et de la Pêche, un Comité Technique de Coordination. Ce comité est chargé entre autres, de coordonner l'ensemble des activités de lutte contre la grippe aviaire, promouvoir la synergie entre les différents acteurs (Gouvernement, bailleurs, donateurs, techniciens de la santé etc.), assurer la mise en œuvre des décisions et enfin coordonner la collecte et le traitement des données sur la grippe aviaire dans un cadre organisé et structuré. C'est dans ce contexte que le Comité Technique de Coordination a élaboré un plan d'urgence et de réponse qui a été soumis aux bailleurs de fonds traditionnels pour financement. Les plans intégrés nationaux sur la grippe aviaire sont en cours et approuvés par le gouvernement ; il n'est pas clair si les plans ont été testés pendant des exercices de simulation.</p>
2.	<p><i>Est-ce qu'il y a des procédures et systèmes en place pour gérer la mise en œuvre rapide d'actions prioritaires?</i></p> <p>Il existe la capacité pour détecter et confirmer la présence d'infection par la grippe aviaire chez les animaux et les humains. En cas d'incidence de grippe aviaire chez les animaux et les humains, le temps moyen entre l'observation de l'éruption et son signalement aux autorités nationales et aux agences internationales est 24 heures. Un manuel de procédure a été élaboré par le Comité Technique de Coordination. Ce manuel précise toutes les actions et décisions à envisager dans un laps de temps afin de faire face à la maladie (aviaire et humaine). Par ailleurs, au niveau des régions et zones frontalières du pays, des comités de veille ont été mis en place pour veiller à l'introduction de la maladie à travers des actions de contrôle, de sensibilisation des aviculteurs et oiselières ainsi que de surveillance de l'importation de la volaille en provenance des pays déjà touchés par la maladie. Des mécanismes sont établis pour le partage rapide d'informations entre le gouvernement l'OMS/FAO/OIE.</p>
3.	<p><i>Est-ce qu'il y a une attention toute particulière apportée à l'amélioration du fonctionnement des services vétérinaires et sanitaires à tous les niveaux impliquant une approche transparente au partage et à la diffusion des informations sur les épisodes suspectés de la maladie, des efforts déployés immédiatement pour établir la cause de ces épisodes, et des promptes réponses (comprenant l'isolement des animaux à risque)?</i></p> <p>Il existe des programmes pour renforcer la capacité de surveillance et signaler les éruptions chez les oiseaux ainsi que chez les humains. Il existe la capacité épidémiologique pour dépister les infections par le virus de la grippe aviaire chez les animaux. Il existe des laboratoires ayant la capacité de diagnostiquer influenza aviaire hautement pathogène. Plusieurs ateliers de formation ont été faits en direction du personnel vétérinaires et sanitaires. Aussi des efforts non négligeables sont en cours dans le cadre de l'équipement des laboratoires pour la détection et l'établissement d'un diagnostic rapide de la maladie. Des contrôles spécifiques du virus de grippe aviaire sur le commerce et les déplacements des volailles et sur les contacts entre différentes espèces d'oiseaux et d'autres animaux sont appliqués. Les vaccins pour les volailles sont planifiés. L'usage de l'EPP et le dépistage de contacts est planifié. Des directives médicales servant de formation pour gérer les cas de grippe aviaire chez les humains ont été distribuées. Le plan national inclut des mesures pour l'achat de vaccins contre la grippe aviaire chez les humains et une stratégie pour acquérir des antiviraux. Aussi, les comités de veille évoqués tantôt contribuent efficacement à relayer toutes les informations relatives aux cas suspects. Les procédures détaillées sont consignés dans le manuel de procédure élaboré par le CTC.</p>
4.	<p><i>Est-ce qu'il y a des programmes d'encouragement et/ou de compensation combinés avec une communication efficace au niveau des communautés sur l'importance de signaler immédiatement aux autorités compétentes les animaux donnant des signes de la maladie?</i></p> <p>Des campagnes d'information sur la maladie ont été faites à travers les médias (publics et privés) et des prospectus ont été largement diffusés aux aviculteurs, oiselières et populations rurales. Cependant, les programmes d'indemnisation qui existent ne sont pas clairement identifiés mais il semble que les montants sont fixes à plus que 70% de la valeur du marché sont établis.</p>
5.	<p><i>Est-ce qu'il y a une mobilisation effective de la société civile et du secteur privé?</i></p> <p>La société Civile, les ONGs nationales, le secteur privé et autres sont représentés au sein du Comité Technique de Coordination mis en place par le Gouvernement. Leurs représentants prennent part aux activités hebdomadaires du Comité.</p>
6.	<p><i>Est-ce qu'il y a une campagne de communication visant à promouvoir un comportement propice à réduire la propagation du virus parmi les communautés?</i></p>

	<p>Il y a eu une campagne de communication sur la grippe aviaire qui semble sensibilisé le public. Le Comité Technique de Coordination a initié des activités de communication ayant trait aux rencontres avec les communautés directement impliquées, des rencontres fréquentes avec la presse, des missions de sensibilisation, des formations, l'élaboration et la diffusion de livrets et d'affiches en français et dans les différentes langues nationales. Ces activités de communication visent à informer les populations sur les modes de propagation de la maladie et les meilleurs moyens de l'éviter. Il existe aussi des procédures établies pour transmettre des messages sanitaires en vue de sensibiliser le public et changer son comportement.</p>
7.	<p><i>Est-ce qu'il y a une coordination avec et parmi les partenaires extérieurs ?</i></p> <p>Plusieurs partenaires (FAO, OIE, UNICEF, PNUD, OMS, Banque Mondiale, bailleurs de fonds, UNCT, Partenaires bilatéraux, USAID) participent aux activités du Comité Technique de Coordination où toutes les informations sont partagées et les décisions prises de façon concertée. C'est ainsi que les actions et tâches sont partagées entre toutes les parties.</p>
Contraintes à la mise en œuvre	<p>La principale contrainte rencontrée autour de la préparation et de la mise en œuvre du plan au Mali se trouve au niveau de l'absence de ressources financières et matérielles suffisantes, le pays n'étant pas encore affecté par la maladie. Plusieurs Partenaires Techniques et Financiers ont apporté leur contribution à la mise en œuvre du plan. Par ailleurs, il est à noter que le pays ne dispose pas de personnel qualifié en nombre suffisant dans le cadre de la détection du virus chez les volailles aussi bien que chez les humains et seules quelques laboratoires nationaux sont bien équipés pour effectuer les prélèvements et analyses nécessaires.</p>

Pays	Mauritanie
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: disease detection and surveillance capacity, cross-sector coordination; rapid assessment of AHI plan in preparation with \$0.095m in pipeline support and funding to be decided.
Présentation	Il n'y a pas eu d'épidémies signalées jusqu'à ce jour. Le pays présente un IDH en 2001 (0,454) qui se situe au 2 ^{ème} quartile, et un PIB réel par habitant à PPA en 2005 (\$2150) qui se situe au 3 ^{ème} quartile pour l'Afrique. L'Index d'allocation des ressources de l'IDA en 2005 (3,2) se situe au-dessous de la médiane parmi les pays éligibles. Elle a demandé le soutien de la Banque Mondiale pour un programme portant sur la grippe aviaire.
Facteurs de réussite	
1.	<i>Est-ce qu'il y a un fort engagement au plus haut niveau politique accompagné d'une direction effective de tous les acteurs concernés afin d'assurer la mise en œuvre du plan de réponse à la grippe aviaire et pandémie humaine ?</i> Le plan intégré du pays est approuvé par le gouvernement. Il existe une task force nationale sur la grippe aviaire et humaine (qui se réunit régulièrement) ainsi qu'une comite inter-ministériel comme dispositif central de coordination. Il n'est pas clair s'il y a eu d'exercice de simulation portant sur le plan national. Il n'est pas clair s'il y a eu d'implication de parties intéressées non gouvernementales.
2.	<i>Est-ce qu'il y a des procédures et systèmes en place pour gérer la mise en œuvre rapide d'actions prioritaires?</i> La capacité pour détecter et confirmer la présence d'infection de la grippe aviaire chez les animaux et chez les humains n'est pas claire. Les capacités de détection et de surveillance de la maladie semblent contraintes, limitant les possibilités d'une réponse rapide. Le temps moyen entre l'observation de l'éruption et son signalement aux autorités nationales est 12 heures et de 3-7 jours pour communiquer aux agences internationales. Les infections chez les humains sont signalées aux autorités nationales en 12 heures et en 24 heures aux agences internationales. Il existe des mécanismes établis en vue de la communication entre le gouvernement, les hôpitaux et les organisations, les organisations multilatérales, ainsi que pour la diffusion auprès du public de messages relatifs à la santé. Il n'est pas clair s'il y a de procédures standards pour la communication parmi les différentes agences, le gouvernement et les hôpitaux.
3.	<i>Est-ce qu'il y a une attention toute particulière apportée à l'amélioration du fonctionnement des services vétérinaires et sanitaires à tous les niveaux impliquant une approche transparente au partage et à la diffusion des informations sur les épisodes suspectés de la maladie, des efforts déployés immédiatement pour établir la cause de ces épisodes, et des promptes réponses (comprenant l'isolement des animaux à risque)?</i> Il existe des programmes pour renforcer la capacité de surveillance et signaler les éruptions chez les oiseaux. Alors qu'il existe des actions en vue de renforcer la surveillance vétérinaire, la capacité relative et les moyens sont limitées. Il existe la capacité épidémiologique pour dépister les infections du virus chez les animaux; un arrangement est en place avec un laboratoire de référence de l'OIE/FAO. Il n'est pas clair si les plans existent concernant le contrôle des contacts entre espèces tandis que la politique portant sur les déplacements d'animaux. Des contrôles spécifiques sur les le commerce et les déplacements des volailles sont appliqués. Il n'est pas clair s'il existe des plans et la capacité de renforcer la surveillance de la santé humaine. On se fonde plutôt sur les lignes directrices cliniques, le dépistage de contacts, l'EPP, les antiviraux et l'acquisition d'un vaccin pandémique.
4.	<i>Est-ce qu'il y a des programmes d'encouragement et/ou de compensation combinés avec une communication efficace au niveau des communautés sur l'importance de signaler immédiatement aux autorités compétentes les animaux donnant des signes de la maladie?</i> Il existe un programme visant à renforcer la surveillance des maladies animales, mais il n'est pas clair si cela inclut une formule d'indemnisation ou s'il y a une stratégie de communication en place. Des schémas pour compenser les fermiers pour l'abattage des volailles existent.
5.	<i>Est-ce qu'il y a une mobilisation effective de la société civile et du secteur privé?</i> Il y a eu de coopération avec les ONG nationales dans la planification en matière de grippe aviaire et humains mais il n'est pas clair si le secteur privé et la société civile sont aussi engagés. Par conséquent, il n'est pas clair si les secteurs en questions aient été mobilisés.
6.	<i>Est-ce qu'il y a une campagne de communication visant à promouvoir un comportement propice à réduire la propagation du virus parmi les communautés?</i> Une campagne à sensibiliser le public a eu lieu. Il n'y a pas suffisamment d'information pour établir si les procédures pour transmettre des messages sanitaires en vue de sensibiliser le public et changer son comportement sont établies.
7.	<i>Est-ce qu'il y a de coordination avec et parmi les partenaires extérieurs?</i> Les organisations multilatérales actives sont l'OAA, l'OIE, l'OCHA, l'UNICEF, le PNU, l'OMS et la Banque Mondiale. L'OAA et l'OMS ont entrepris des missions d'évaluation du plan (une mission conjointe et trois missions unilatérales). APHIS-USDA apporte aussi une contribution. La France en tant que donateur bilatéral a également évalué des plans. Il y a un programme entre le gouvernement et les agences multilatérales. Les plans nationaux n'ont pas été évalués par des agences multilatérales. La qualité de la coordination entre organisations n'est pas claire.
Contraintes à la mise en œuvre	Les contraintes principales sont le manque des capacités nationales, des équipements de laboratoires et des ressources financières. La coordination entre secteurs a été citée comme étant la principale contrainte sur la planification de l'état de l'alerte et la mise en œuvre des plans.

Pays	Maurice
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: some support for animal and human disease surveillance including rapid response training, and for social mobilisation.
Présentation	Le pays est relativement riche, avec un IDH de 0,779 en 2001 et un PIB par habitant à PPA (\$12450) qui se situent au-dessus du 90 ^{ème} percentile pour l'Afrique. Il n'y a pas eu d'épidémies de grippe aviaire signalées.
Facteurs de réussite	
1.	<i>Est-ce qu'il y a un fort engagement au plus haut niveau politique accompagné d'une direction effective de tous les acteurs concernés afin d'assurer la mise en œuvre du plan de réponse à la grippe aviaire et pandémie humaine ?</i> Il existe une task force nationale sur la grippe aviaire et humaine soutenue par un dispositif central de coordination. Le plan national est endorsed par le gouvernement et il a été mis à l'épreuve d'un exercice de simulation. Le gouvernement a impliqué le secteur non gouvernemental à la planification.
2.	<i>Est-ce qu'il y a des procédures et systèmes en place pour gérer la mise en œuvre rapide d'actions prioritaires?</i> Il existe la capacité vétérinaire pour détecter et confirmer la présence d'infection par le virus de la grippe aviaire chez les animaux. Chez les humains, il a uniquement la capacité de détecter le virus de la grippe aviaire. Il existe une équipe de gestion de la crise. Il existe des programmes visant à améliorer les éléments cruciaux de la réponse. En cas d'incidence de grippe aviaire chez les animaux ou les humains, le temps moyen entre l'observation et l'éruption de son signalement aux autorités nationales et aux agences internationales est moins que 24 heures. Les procédures standards existent pour la communication parmi les différentes agences, le gouvernement et les hôpitaux ainsi que pour le partage rapide d'information entre le gouvernement et l'OMS/FAO/OIE.
3.	<i>Est-ce qu'il y a une attention toute particulière apportée à l'amélioration du fonctionnement des services vétérinaires et sanitaires à tous les niveaux impliquant une approche transparente au partage et à la diffusion des informations sur les épisodes suspectés de la maladie, des efforts déployés immédiatement pour établir la cause de ces épisodes, et des prompts réponses (comprenant l'isolement des animaux à risque)?</i> Les plans visent à renforcer la détection et la surveillance chez l'animal et chez l'homme; ils incluent des propositions appliqués concernant la vaccination des volailles, les contrôles des déplacements transfrontaliers d'animaux et les instructions cliniques. L'utilisation d'EPP et les dépistages de contacts sont planifiés. Le plan national intégré inclut des mesures pour acquérir des d'antiviraux et pour l'achat de vaccins contre la grippe aviaire chez les humains. Les contrôles sur les espèces différentes d'oiseaux et d'autres animaux en contact sont planifiés. Le délai de rapport de cas et d'épidémie aux autorités nationales et internationales qui serait de 24h semble se situer dans la gamme souhaitable, s'il est atteint en pratique; mais la capacité du système de la surveillance de la santé humaine et la formation d'une réponse rapide ne sont pas claires. Il existe des laboratoires ayant la capacité de diagnostiquer influenza aviaire ainsi qu'un arrangement avec un laboratoire de référence de l'OIE/FAO. Il n'est pas clair si les services diagnostiques de laboratoire attendent un standard international.
4.	<i>Est-ce qu'il y a des programmes d'encouragement et/ou de compensation combinés avec une communication efficace au niveau des communautés sur l'importance de signaler immédiatement aux autorités compétentes les animaux donnant des signes de la maladie?</i> Il n'est pas clair s'il existe de système d'indemnisation et de capacité technique pour le contrôle des maladies animales (abattoir, indemnisation, vaccination). Une stratégie de communication pour la sensibilisation du public est mise en œuvre et il existe de mécanismes établis à cet effet.
5.	<i>Est-ce qu'il y a une mobilisation effective de la société civile et du secteur privé?</i> Le gouvernement a engagé les ONG nationales, la société civile, le secteur privé et autres départements d'autres Ministères dans sa planification.
6.	<i>Est-ce qu'il y a une campagne de communication visant à promouvoir un comportement propice à réduire la propagation du virus parmi les communautés?</i> Une stratégie de communication est mise en cours. Son étendue et son efficacité, et la mobilisation de la société, demeurent peu claires. Il existe des procédures établies pour transmettre des messages sanitaires en vue de sensibiliser le public et changer son comportement.
7.	<i>Est-ce qu'il y a de coordination avec et parmi les partenaires extérieurs?</i> Le FAO, OIE, PNUD et l'OMS sont présentement actives dans l'appui au pays relatif à la grippe aviaire. Le SADC et la Commission de l'Océan Indien et la France (à confirmer) apportent aussi une contribution. Une requête au OIE a été formulée pour une évaluation des plans nationaux intégrés.
Contraintes à la mise en œuvre	Les ressources financières et l'équipement scientifique limité représentent une contrainte à la planification de l'état d'alerte et à la mise en œuvre des plans.

Country	Mozambique
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: laboratory diagnosis, early warning, surveillance, and response systems, diagnostic capacity to detect and confirm AHI infection in humans; high priority need for support with PPE kits and their deployment; rapid assessment of plan with \$0.095m preparation support in pipeline.
Introduction	The country's 2005 GNI/c at PPP (\$1270) and 2001 HDI (0.356) lie respectively above and below the 25 th percentile for the region. The 2005 IDA Resource Allocation Index (3.5) lies in the 75 th percentile for eligible countries.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national AHI task force led by Ministry of Health in collaboration with the National Veterinary Authority, and including other ministries, NGOs, donors, civil society, university veterinary services and international technical agencies. The task force meets at least once a month and has produced a national plan with UNCT help which is still in draft form. In addition, 10 provincial multi-sectoral task forces are being established.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> The extent is unclear of any standard procedures for communication among agencies, government and hospitals; however, WHO shared with the Ministry of Health a form for weekly reporting of AHI, while Ministry of Agriculture has permanent contact with FAO country office. MOA also submits a monthly epidemiological report to OIE. Procedures are also in place for communicating health messages to the public, and further information is being sought about these.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Laboratory diagnosis, early warning, surveillance and response systems are limited; and programmes are being undertaken to strengthen AI surveillance and outbreak reporting, including through a technical working group for surveillance and laboratory systems. In terms of movement control, Mozambique has set an import ban on poultry from AI affected countries. The extent is unclear of diagnostic capacity to detect and confirm AHI infection in humans; however, training is also undertaken on human health surveillance. Information is being sought about all elements of animal and human disease surveillance and rapid response, including PPE equipment, human case early warning mechanisms and rapid response systems.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> There is a national veterinary legal provision for compensation; information about AI schemes is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Social mobilization has been implemented by Red Cross. The extent to which the private sector is engaged in this exercise is not clear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Red Cross has been involved in social mobilization, however the extent to which these campaigns are reaching people and changing behaviour is not known.
7.	<i>Is there coordination with and across external partners?</i> FAO, OIE, UNDP, WHO, CDC, USAID, French Cooperation, and Italian Cooperation are active. The possibility of a rapid assessment mission is being discussed. There has been participation in national coordination across partners.
Constraints to implementation	Financial resources seem to pose the main constraint to preparedness planning and plan implementation. The country's high HIV/AIDS prevalence rate (16.1%) is seriously affecting the public health sector.

Country	Namibia
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect or confirm AI in humans, surveillance and case reporting in humans with high priority for PPE and rapid response training. Some support also needed for animal sample handling, PPE and outbreak control mechanisms.
Introduction	The country's 2005 GNI/c at PPP (\$7910) and 2001 HDI (0.627) lie respectively above and below the 90 th percentile for Africa. The country is not eligible for IDA.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is an inter-ministerial national task force with a central coordinating body that also includes some UN agencies (FAO, WHO, UNICEF and UNDP). The national plan is in process. The extent is unclear of plan testing in simulation exercise. There is high level political commitment with the task force housed in the office of the prime minister.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> Previous experience with flooding and droughts led to the creation of a multi-sectoral emergency management unit housed in the office of the prime minister. In addition to this national unit, each ministry has its own emergency response unit at sub-national levels and for the MoH additionally at the district level.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There is capacity to detect AI infection in animals. Information is being sought about any plans for programmes to strengthen AI surveillance, implement controls on cross border trade and movement, or apply selective or comprehensive poultry vaccination. AI controls on contact between different bird species are being planned or implemented. Human health capacity is limited and information is being sought about capacity to detect or confirm AI in humans, programmes to strengthen surveillance and case reporting in humans, and guidance for clinical case management. The use of PPE and the tracing of contacts is planned. There is a strategy for acquiring anti-virals. It is unclear if there is a strategy to produce or purchase population pandemic influenza vaccines.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> A compensation policy is in place and information is being sought about this and about the extent of technical capacity for disease control (bio-security, culling, compensation, vaccination).
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> National NGOs have been involved in planning.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Community awareness is taking place. The office of the prime minister was to launch a communication strategy which will use local radio programmes to raise awareness. The country has recently successfully implemented a polio mass communication and social mobilisation campaign.
7.	<i>Is there coordination with and across external partners?</i> Apart from the UN (WHO and UNDP), other partners have not been active. No agencies have assessed or appraised the country plan.
Constraints to implementation	Shortages in human resources and equipment and weak human disease surveillance are constraints. The country's high HIV/AIDS prevalence rate (19.6%) is overburdening the public health sector.

Country	Niger
Summary	Current position: Outbreaks in poultry between February to June 2006 Specific resource and technical needs: stand alone AHI project to be determined with \$1m other source of funds.
Introduction	The country's 2005 GNI/c at PPP (\$800) and 2001 HDI (0.292) lie respectively above and below the 10 th percentile for the region. The 2005 IDA Resource Allocation Index (3.3) lies on the median for eligible countries. Outbreaks in Nigeria were followed by spread into the country in February. Culling was slow to start (more than one month after outbreak onset). AI is now thought to be widespread.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national AHI Task Force, chaired by Director of Human Health and the ministry of Health until July 2006 and now by the Director of Animal Health in the ministry of animal resources, which has met regularly and is supported by central coordination mechanism. The national plan is in process. The extent is unclear to which it has been endorsed by government or tested in simulation exercise. However, the plan was operationalised during outbreaks in early 2006 which led to revisions informed by the direct experience with AI.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are established communication mechanisms among agencies, government and hospitals, and with external agencies, and for public health messages. Information is being sought about the extent of AI detection capacity. Notification times from onset to reporting are 2-4 days. Thus there is some scope for rapid response. FAO and USAID are working to develop the emergency response. UNICEF and PLAN Niger (the international NGO) have worked to establish basis for a good communication system.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are plans to enhance animal and human disease surveillance. Some health care workers have been trained in AI detection and case management. Poultry vaccination is planned, but the extent of any controls on inter-species contact is unclear. Policies on culling, compensation, and cross-border animal movement are now set up due to the outbreaks in February-June 2006.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Compensation policy has been determined. A communications strategy is in place. Compensation issues have to some extent been discussed with farmers associations.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged civil society and private sector in planning but extent of their practical involvement is unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> UNICEF and PLAN Niger (the international NGO) have worked to establish basis for a good communication strategy; and information on its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> FAO, OCHA, OIE, UNICEF, UNDP, WFP, WHO and WB are active and there has been one joint assessment mission for both avian influenza and human pandemic plans. USAID is also active. Quality of coordination across agencies and with government is unclear. FAO, USAID, CDC and WHO are working to coordinate their activities.
Constraints to implementation	The main constraint on preparedness planning and plan implementation is cited as lack of financial resources.

Country	Nigeria
Summary	Current position: Between January and August 2006 there have been outbreaks in domestic poultry and wild bird populations. Specific resource and technical needs: AI surveillance, including equipment, biosafety guidelines, reference labs, lab hygiene, vet training, state level coordination, human pandemic influenza planning
Introduction	The country's 2005 GNI/c at PPP (\$1040) approximates the 25 th percentile; the 2001 HDI (0.463) lies on the regional median. The 2005 IDA Resource Allocation Index (3.1) lies in the second quartile for eligible countries. Commercial poultry outbreaks began in January 2006 and affected 11 out of 37 states, leading to the culling of 450,000 birds.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> A National Inter-Ministerial Steering Committee on AI (NISCAI), composed of ministries of health, agriculture, finance, information, and security forces was established, led by President and co-chaired by MOH and MARD has met 16 times in the last 6 months. Leading international technical agencies are also in the committee, including WHO and WB. The Committee has been meeting regularly (weekly initially and biweekly in recent months), and the first plan was produced by MOH in Dec 05 and revised in Feb 06 (after the first outbreaks). The integrated national plan is in process. The extent is unclear to which the plan has been tested in simulation exercise. The UNCT established a task force to assist government in preparedness and response. There are also committees at the state level. Central government also established a Crisis Center to link with affected states.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There is diagnostic capacity to detect HPAI in animals and in humans. Information is being sought about reporting and the extent to which there is a systematic state response (Nigeria has 37 states including the Federal Capital Territory). There are standard procedures for communication between UN agencies and hospitals through a MOU and specific hospitals. Information is shared between the government and agencies through regular technical meetings and regular informal contact. There are also procedures for communicating health messages to the public. The extent is unclear to which controls on cross border trade and movement and contact between species are being planned. Poultry vaccination is being planned. It is unclear whether clinical case management guidance has been issued. Purchase of pandemic vaccine and antivirals is planned.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Outbreak response to date has included stamping out, quarantine, and disinfection. As of 2004, 4381 vets and 7810 technical personnel have been trained. Information is being sought about the capacity for AI surveillance, including equipment, bio-safety guidelines, reference labs, lab hygiene and vet training. An Integrated Disease Surveillance and Response System (IDSR) was introduced in 1998. Information is being sought about reporting times, logistics, communications, case definition, and case management protocols. FAO and the Ministry of Agriculture have just begun an EU & FAO funded, USAID supported active surveillance programme throughout Nigeria for the next 6 months. The UN has also initiated a programme strengthening surveillance and outbreak reporting through community participatory approaches to support the Government response. To strengthen surveillance and case reporting in humans, DFID and WHO with the Ministry of Health are training health workers, strengthening laboratory systems, logistics management. Data management, lab support and case management are being supported by the US CDC.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> A government-funded (US\$847558 since 2003) compensation scheme was put in place in March 2006 compensating farmers at 30-50% of the market value. Information is being sought about culling, compensation, and environmental bio-safety, and their impact. Studies on socio-economic impact of HPAI have been conducted.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Civil society and private sector have been engaged in preparedness and planning. The Kaduna State Avian Flu Response Committee, for example, includes in addition to the ministries and international agencies the Christian Association of Nigeria, Islamic group, and traditional leaders. Information about the extent and quality of the community's engagement is being sought.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> A communication committee has been established at the Crisis Centre, chaired by Minister of Information and National Orientation, and a communications campaign has taken place. The extent of its impact is unclear.
7.	<i>Is there coordination with and across external partners?</i>

	<p>WHO, FAO, UNICEF, UNDP, WB, USAID, CDC and bilateral actors (CDC, USAID, DFID, USDA, EU, France, Israel, and Turkey) have been active in Nigeria. A UN-led workshop was held in June 2006 to which bi-lateral agencies were invited. A second Government-initiated workshop was held in September, the outcomes of which were discussed in an inter-ministerial steering committee meeting in October. WB approved a \$50 million credit for Nigeria to help with capacity building in animal and human health, as well as social mobilization, communication, implementation support, and M&E. response to AHI threats.</p>
<p>Constraints to implementation</p>	<p>Legal/regulatory framework to govern containment, support for behaviour change, and coordination among stakeholders (including civil society, NGOs and the private sector).</p>

Pays	Rwanda
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI in animals, capacity to detect and confirm AI in humans, trained staff, means and mechanisms for communication; specific concern about slow progress of AHI strategy development and lack of financial support
Présentation	Le pays présente un l'IDH en 2001 (0,422) et un PIB par habitant à PPA en 2005 (\$1320) qui se situent au 2 ^{ème} quartile parmi les pays africains. L'Index d'allocation des ressources de l'IDA en 2005 (3,5) se situe au 75 ^{ème} centile parmi les pays éligibles. Il n'a pas été rapporté de cas de grippe aviaire jusqu'à ce jour.
Facteurs de réussite	
1.	<i>Est-ce qu'il y a un fort engagement au plus haut niveau politique accompagné d'une direction effective de tous les acteurs concernés afin d'assurer la mise en œuvre du plan de réponse à la grippe aviaire et pandémie humaine ?</i> Il existe une task force nationale et un corps central pour coordonner la réponse et la préparation pour la grippe aviaire impliquant plusieurs ministères. La task force est coordonnée par le Ministère de l'agriculture et le plan concernant la grippe aviaire et humaine est approuvé par le gouvernement; il n'est pas clair si le plan a été testé par exercice de simulation.
2.	<i>Est-ce qu'il y a des procédures et systèmes en place pour gérer la mise en œuvre rapide d'actions prioritaires?</i> Des équipements de laboratoire vétérinaires ont été commandés et pourront permettre de détecter et confirmer la présence d'infection chez les animaux mais pas chez les humains. Il existe des mécanismes permettant au gouvernement de communiquer avec l'OMS, le FAO, l'OAA et l'OIE ainsi qu'avec les hôpitaux et le public. Il n'est pas clair s'il existe des procédures de communication établies entre les organisations, le gouvernement et les hôpitaux. La qualité de la surveillance n'est pas claire.
3.	<i>Est-ce qu'il y a une attention toute particulière apportée à l'amélioration du fonctionnement des services vétérinaires et sanitaires à tous les niveaux impliquant une approche transparente au partage et à la diffusion des informations sur les épisodes suspectés de la maladie, des efforts déployés immédiatement pour établir la cause de ces épisodes, et des promptes réponses (comprenant l'isolement des animaux à risque)?</i> La capacité à détecter la grippe aviaire chez l'animal n'est pas claire ; mais il existe des plans de vaccination sélective ou généralisée des volailles et des contrôles concernant les contacts entre différentes espèces d'oiseaux. Des contrôles du commerce et des déplacements transfrontaliers sont appliqués. Il existe la capacité épidémiologique pour dépister les infections par le virus chez les animaux ainsi que la capacité des laboratoires de diagnostiquer l'influenza aviaire. Une surveillance améliorée sur les oiseaux a été mise en place dans 26 sites de garde. Il existe actuellement un embargo sur les volailles étrangères. Il y a en place des programmes pour renforcer la capacité de surveillance et de signalement de cas humains de grippe aviaire. La capacité à détecter ou à confirmer la grippe aviaire chez l'homme n'est pas claire; et il n'est pas clair si d'instructions cliniques ont été émises sur la gestion de cas. Le dépistage de contacts est planifié pour le contrôle de la grippe aviaire. Le plan est doté d'une stratégie en matière d'acquisition d'antiviraux, de vaccination universelle de la population contre la grippe et les EPP.
4.	<i>Est-ce qu'il y a des programmes d'encouragement et/ou de compensation combinés avec une communication efficace au niveau des communautés sur l'importance de signaler immédiatement aux autorités compétentes les animaux donnant des signes de la maladie?</i> Il existe un schéma pour compenser les fermiers pour l'abatage des volailles. Les volailles seront indemnisées à 2 000 – 5 000 frs. 50% de la valeur totale sera versée à l'éleveur dans un délai d'un mois après la mort des volailles. Les 50% restants sera versé à l'éleveur après qu'il aura été prouvé qu'il a remplacé les volailles et qu'il continue à exercer l'aviculture à la fin de l'épizootie.
5.	<i>Est-ce qu'il y a une mobilisation effective de la société civile et du secteur privé?</i> Il semble que le gouvernement ait impliqué les secteurs ONG nationales, la société civile et le secteur privé dans la planification. Les associations de coopération sous-régionales sont aussi impliquées.
6.	<i>Est-ce qu'il y a une campagne de communication visant à promouvoir un comportement propice à réduire la propagation du virus parmi les communautés?</i> Une campagne de communication sur la grippe aviaire et la pandémie humaine a eu lieu qui a sensibilisé le public. Il existe des procédures établies pour transmettre des messages sanitaires en vue de sensibiliser le public et changer son comportement. Le plan national inclut une stratégie en matière de communication. L'étendue de sa mise en œuvre ou son impact n'est pas clair. 70% de la population interrogée montre qu'elle connaît la grippe aviaire et les mesures de contrôle qui y sont liées. Des dépliants en langue nationale ont été élaborés et distribués à la population.
7.	<i>Est-ce qu'il y a de coordination avec et parmi les partenaires extérieurs?</i> Le FAO, l'OAA, l'UNICEF, le PNUD, le PAM, l'OMS, la Banque Mondiale et les agences bilatérales sont actifs. L'USAID, la coopération belge, le Ministère britannique du développement international et les Pays-Bas sont également actifs. Aucune mission d'évaluation ou d'estimation n'a eu lieu.
Contraintes à la mise en œuvre	Le soutien financier limité, des carences en équipement de laboratoire et de tests, l'absence de personnel formé à la gestion de la grippe aviaire et les moyens et mécanismes de communication limités. Il existe également un important secteur de volailles de basse-cour. Cependant il faut noter la formation de 3 agents dont deux nationaux et un de l'OMS par OMS/AFRO sur la formation des formateurs à la Préparation et la réponse à l'épidémie due au virus hautement pathogène AH5N1. Du côté du Ministère de l'Agriculture formation de 8 vétérinaires dont 4 du niveau national et 4 de la périphérie.

Country	Sao Tome & Principe
Summary	Current position: Preparation Specific resource and technical needs: Very limited capacity. Substantial need for technical support – human and material.
Introduction	The 2005 GNI/c at PPP is not available but 2001 GDP/c at PPP (\$1317) was in the second quartile for the region, and the 2003 HDI (0.604) was in the top quartile. The 2005 IDA Resource Allocation Index (3.0) lies in the second regional quartile for eligible countries.
Success Factors	The slight shift in the government focus. From solely in the development to include health security and current, even if indirect, leadership of Prime Minister.
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> The prime minister has recently named a coordinator for the inter-ministerial committee that will be working on the revision and the fine-tuning of the draft AHI contingency plan. This indicates high-level commitment. Information is being sought about any official AHI task force. An integrated country AHI plan is in process. The extent to which plans have been tested in simulation exercises is unclear.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> Information about current systems and procedures is being sought, including on the capacity to detect and confirm AI infection in animals and in people, and the existence of any standard mechanisms for informing WHO/FAO/OIE.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes in place to strengthen capacity for AI surveillance and case reporting in animals. Information is being sought about any such programmes for humans, about epidemiological capacity to trace HPAI infections in animals, and about laboratory capacity for HPAI diagnosis including any agreements with an OIE/FAO reference laboratory. The extent is unclear to which there are plans for HPAI specific controls on cross-border trade and movement. Controls on contact between different species of birds and other animals are planned. Information is being sought about plans for poultry vaccination. The use of PPE and contact tracing is planned for the control of AI in people. Information is being sought about issue of any clinical guidance for training in the management of AI cases in people. The extent is unclear to which the current integrated country plan includes provisions for acquiring anti-virals, purchasing or producing pandemic vaccine. Capacity development and capacity building to ensure a proper in functional veterinary and human health service has happened overseas with assistance of FAO and UNICEF to a limited extent. The draft plan envisioned frontline, far-reaching, countrywide trainings. The extent is unclear of any policies and structures for sharing and disseminating information on AHI.
4.	<i>Are incentives and/or “compensation” schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> There are compensation schemes planned which are attractive in financial terms but the extent is currently unclear of any related communication strategy to change reporting behaviour.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent is unclear of engagement of government with national NGOs, civil society and the private sector in its planning. Planning in this regard is in process.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> There were some communication campaigns launched during last winter outbreak mainly through the government run radio and TV stations. Their impact is unclear. Information is being sought about any more recent mass communication campaigns to raise awareness, and about any established procedures for communicating health messages and to change public behaviour.
7.	<i>Is there coordination with and across external partners?</i> FAO, UNICEF, WHO, UNDP, WFP and the World Bank as well as UNFPA are active in assisting with AHI. No multilateral agency has assessed the integrated country plans and there have been no joint missions. Coordination with external partners happens mainly between the UNCT and the government. FAO has provided assistance exclusively on veterinary measures. No other partners have been involved. The extent and quality of coordination among the partners involved are unclear.
Constraints to implementation	Previously cited constraints included: limited national capacity – human, institutional and financial resources.

Country	Senegal
Summary	Current position: no direct experience with HPAI H5N1 to date Specific resource and technical needs: detection capacity
Introduction	The country's 2005 GNI/c at PPP (\$1770) and the 2001 HDI (0.43) lie respectively in the third and second regional quartiles. The 2005 IDA Resource Allocation Index (3.8) lies near the 90 th percentile for eligible countries. In planning the response to AHI, Senegal shows what can be achieved if the success factors are there.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a 2-year national emergency preparedness and response plan endorsed by government; and a regularly (and frequently) meeting Task Force supported by a central coordination mechanism. The extent is unclear to which plans have been tested in simulation exercise. There is high level leadership.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> Established communications mechanisms exist; and government has raised funds to enhance field surveillance. However it is unclear how rapidly government could mount an effective emergency response.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are plans or programmes to enhance veterinary and public health surveillance. National AI detection capacity has been significantly enhanced. There is passive wild bird surveillance, and active surveillance is being implemented through sampling. Plans envisage controls on cross-border trade and on contact between bird species. Information is being sought on anticipated outbreak and case reporting times.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> There are plans for "compensation", which include communications; UNICEF has supported some communications work. There are financial constraints to this activity.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Private sector has been engaged by government in planning. The level of mobilisation is unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> UNICEF has supported some communications work. Financial constraints have limited this activity.
7.	<i>Is there coordination with and across external partners?</i> Active multilateral agencies are FAO, OCHA, UNICEF, UNDP, and WHO; country has requested WB and other donor support. FAO and WHO have undertaken joint plan assessment missions. Quality of relationships with external partners remains unclear.
Constraints to implementation	Financial resources appear to be the main factor limiting preparedness planning and plan implementation.

Pays	Seychelles
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: lack of trained expertise, laboratory systems and networks, and farmer compensation.
Présentation	Le pays présente l'IDH en 2001 (0,84) et le PIB par habitant à PPA en 2005 (\$15940) les plus élevés en Afrique mais avec sa petite population (0,1 million) il doit face à des capacités limitées.
Facteurs de réussite	
1.	<i>Est-ce qu'il y a un fort engagement au plus haut niveau politique accompagné d'une direction effective de tous les acteurs concernés afin d'assurer la mise en œuvre du plan de réponse à la grippe aviaire et pandémie humaine ?</i> Il existe une task force nationale sur la grippe aviaire et humaine qui se réunit régulièrement et fréquemment et qui est soutenue par un dispositif central de coordination. Le plan concernant la grippe aviaire et humaine est approuvé par le gouvernement et a été testé par exercice de simulation. Il n'est pas clair si le plan a été testé par exercice de simulation.
2.	<i>Est-ce qu'il y a des procédures et systèmes en place pour gérer la mise en œuvre rapide d'actions prioritaires?</i> Il existe des mécanismes de communication établis entre le gouvernement et les partenaires externes; il existe également un dispositif de diffusion de messages relatifs à la santé publique. Il n'est pas clair s'il existe de mécanismes de communication entre le gouvernement, les organisations et les hôpitaux. Ainsi, la capacité à entreprendre une action rapide n'est pas claire.
3.	<i>Est-ce qu'il y a une attention toute particulière apportée à l'amélioration du fonctionnement des services vétérinaires et sanitaires à tous les niveaux impliquant une approche transparente au partage et à la diffusion des informations sur les épisodes suspectés de la maladie, des efforts déployés immédiatement pour établir la cause de ces épisodes, et des promptes réponses (comprenant l'isolement des animaux à risque)?</i> Les plans visent à améliorer la surveillance de la maladie chez les animaux, à mettre en place des contrôles sur les déplacements transfrontaliers d'animaux et sur les contacts entre espèces. Il n'existe pas d'informations directes sur les délais requis pour signaler la maladie.
4.	<i>Est-ce qu'il y a des programmes d'encouragement et/ou de compensation combinés avec une communication efficace au niveau des communautés sur l'importance de signaler immédiatement aux autorités compétentes les animaux donnant des signes de la maladie?</i> Il n'est pas clair si un système d'indemnisation sera établi. Les mécanismes de communication concernant la santé publique existent. Il n'est pas clair s'il existe une stratégie visant à sensibiliser la population sur les questions de grippe aviaire et humaine.
5.	<i>Est-ce qu'il y a une mobilisation effective de la société civile et du secteur privé?</i> Le gouvernement a impliqué dans la planification les ONG. Le niveau de mobilisation n'est pas clair.
6.	<i>Est-ce qu'il y a une campagne de communication visant à promouvoir un comportement propice à réduire la propagation du virus parmi les communautés?</i> Il n'est pas clair si une campagne a été étendue aux moyens de communications de masse.
7.	<i>Est-ce qu'il y a de la coordination avec et parmi les partenaires extérieurs?</i> L'OAS, le PNUD et l'OMS sont actifs, de même que les acteurs bilatéraux Chinois, Français et Britanniques. Il n'y a pas eu de mission d'évaluation. L'étendue et la qualité de la coordination ne sont pas claires.
Contraintes à la mise en œuvre	La planification de l'état de l'alerte ainsi que la mise en œuvre des plans sont soumises aux contraintes que représentent les ressources financières limitées ainsi que le manque d'expertise, de systèmes et de réseau de laboratoires et d'indemnisation des éleveurs.

Country	Sierra Leone
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: communications channels, trained expertise; rapid assessment of plan in preparation with \$0.095 support in pipeline to be determined.
Introduction	The country's 2005 GNI/c at PPP (\$780) and 2001 HDI (0.275) lie respectively below the 25 th and 10 th percentiles for the region. The 2005 IDA Resource Allocation Index (3.1) lies in the second quartile for eligible countries. There have been no reported AI outbreaks to date. Under these circumstances it has made significant strides.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national AHI Task Force which has met regularly and frequently, supported by an inter-ministerial coordinating committee. The plan has been endorsed by government. The extent is unclear to which it has been tested with simulation exercise. There is strong leadership from the Vice-President.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are established communications mechanisms among government, hospitals and agencies; with external multilateral agencies; and for public health messages; and government has established several cross-sectoral structures to ensure coordinated and vertically integrated activity in agriculture and health. Information is being sought about how these will work in practice, and about the extent of any diagnostic capacity to detect AI in animals or in humans. Samples to be tested are sent to Italy or the UK.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen capacity in AI surveillance and case detection in animals and humans; their further development is contingent on funds. Government has banned entry of poultry and poultry products; there are plans or programmes to enhance animal and human AHI surveillance; to limit cross-species contact; to trace contacts of human cases; and to plan a pandemic vaccination strategy. Information is being sought about outbreak reporting speed, which is limited by communication channels. Information is being sought about issue of any clinical case management guidance. The plan has provisions for purchasing antivirals; and information is being sought about any pandemic vaccine strategy. Tracing of case contacts is planned.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Current communications strategy is intended to raise awareness (sensitisation). A compensation scheme was launched by the Government in July 2006 compensating farmers and any member of the household at 30-50% of the market rate for poultry. Cross-sectoral structures reaching down to district level may assist effective reporting.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged with civil society and the private sector (Poultry Farmer's Association, importers of poultry and poultry products) in planning.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Media and local radio are currently used for standard AI information. Longer term communications strategy is envisaged drawing on prior experience with HIV.
7.	<i>Is there coordination with and across external partners?</i> Good working relationships with external partners. FAO, UNICEF, WHO, UNDP and WB are active; the first three helped develop the national plan and to initiate the cross-sectoral secretariat which plays a critical coordinating role; this assistance includes advocacy at highest levels and within ECOWAS forum. USAID and the African Union have also assisted. FAO conducted an assessment mission in August 2006.
Constraints to implementation	Lack of trained expertise and funding were cited as the main constraints.

Country	Swaziland
Summary	Current position: no direct experience with HPAI H5N1 to date Specific resource and technical needs: capacity to detect AHI, lab systems, inter-sectoral coordination
Introduction	The country's 2005 GNI/c at PPP (\$5190) and 2001 HDI (0.547) place it above the 75 th percentile. There has been some progress with preparedness planning.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national AHI Task Force led by Director of Veterinary Services, with supporting central coordination mechanism. The national plan is in process; and the extent is unclear to which it has been endorsed by government and test exercised by simulation. There has been high level buy-in from Health, Planning and Finance Ministers.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> The extent is unclear to which there are standard procedures for communication among agencies, the government and hospitals; and established mechanisms for government to share information with the multilateral agencies. There are established mechanisms for communicating public health messages. Information is being sought about capacity to detect AHI and the scope for rapid implementation of priority actions.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Information is being sought about plans for enhancing AI surveillance and outbreak reporting in animals and people; and the issue of any clinical guidance. There are plans to address cross-border poultry trade, to control inter-species contact, and to acquire anti-virals. There is 1 laboratory for AI testing but samples are currently sent to South Africa resulting in 3-4 week intervals in diagnostic confirmation. Information is being sought about elements of the animal and human disease surveillance, sampling and rapid response systems including PPE and logistics.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> The extent is unclear of planning for compensation or other incentives to communicate signs of an outbreak; and information is being sought on this and on technical support to disease control (bio-security, culling, compensation, vaccination).
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent is unclear of government engagement with non-governmental sectors in the planning process.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> The Ministry of Information, WHO and UNICEF have developed a strategy which is now being implemented. Veterinary health sector capacity for developing communications campaigns is strong in this respect and will be providing assistance.
7.	<i>Is there coordination with and across external partners?</i> FAO, UNICEF and WHO are active in the country. There have been no plan appraisal or assessment missions. The extent of coordination with other external partners is unclear.
Constraints to implementation	Inter-sectoral coordination is cited as a main constraint to preparedness planning and plan implementation. Lack of resources has prevented public communications strategy from being initiated. The country's high HIV/AIDS prevalence rate (33.4%) is overburdening the public health sector.

Country	Tanzania
Summary	Current position: no direct experience with HPAI H5N1 to date Specific resource and technical needs: communications logistics infrastructure, all elements of the animal and human surveillance and rapid response systems need some support; stand alone AHI project in pipeline.
Introduction	The country's 2005 GNI/c at PPP (\$730) and 2001 HDI (0.4) lie around the 10 th percentile for the region. The 2005 IDA Resource Allocation Index (3.9) lies at the 90 th percentile for eligible countries.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national AHI task force, supported by a central coordinating body, co-chaired by Ministry of Water and Livestock Development & Ministry of Health. The national AHI plan was prepared by the government and technical experts and submitted to the Prime Minister's office. The plan was approved by the Tanzania Disaster Relief and Emergency Commission in July 2006. The extent is unclear to which plans have been tested in simulation exercises.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There is capacity to detect and confirm AI infections in animals; information is being sought about capacity to detect and confirm human cases. Standard procedures are in place among different agencies, the government and hospitals. Mechanisms are in place for government to share information with WHO, FAO and OIE.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes in place to strengthen capacity for AI surveillance and case reporting in animals and people. There is expert epidemiological capacity to trace AI infection in animals. The country is reported to have many qualified vets who can examine and make clinical/veterinary diagnosis but the extent is unclear of any laboratory facilities at regional and district levels. An agreement is in place with an OIE/FAO reference laboratory. Specific HPAI controls on cross border trade and movement and on contact between different species of birds and other animals are planned. Poultry vaccination for HPAI is not planned. Surveillance of domesticated poultry is done by the Ministry of Livestock Development in collaboration with the World Bird Atlas, USAID and University of Minnesota. The use of PPE is planned and clinical guidance has been issued for training in the management of AI cases in people. Information is being sought about any provisions to purchase or produce pandemic vaccine. There is a strategy to acquire antivirals. Weekly human disease surveillance is also being strengthened.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> There is a scheme for compensating farmers for poultry culling. A law was put in place in 2003. Information about amounts to be allocated for compensation is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The government has engaged national NGOs, the private sector and the National Poultry Keepers Society in planning efforts.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> The public is being alerted on the current situation of AI through press releases and official statements. Mass media have also been carrying out messages prepared by the MoH. However, to what extent these messages have been promoting healthy behaviour and mobilising social support is not clear. There are established procedures for communicating health messages to raise awareness and change public behaviour.
7.	<i>Is there coordination with and across external partners?</i> FAO, UNICEF, WHO, USAID, CDC, University of Minnesota and GTZ are active in the country. There has been participation in national coordination across partners, but the quality of coordination among these agencies is not known.
Constraints to implementation	Main constraints are lack of resources. Previous constraints included: general lack of financial resources. Also, Tanzania is a vast country with poor communication infrastructure and challenging logistics.

Pays	Togo
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: trained expertise, laboratory capacity, veterinary capacity including for surveillance; rapid assessment of plan in preparation with \$0.095m support in pipeline and to be determined.
Présentation	Le pays se situe au-delà de la médiane pour ce qui est de l'IDH en 2001 (0,501) et pour ce qui est le PIB par habitant à PPA en 2005 (\$1550) parmi les pays africains. L'Index d'allocation des ressources de l'IDA (2,5) se situe au 10 ^{ième} centile parmi les pays éligibles. Il n'a pas été signalé de cas de grippe aviaire jusqu'à ce jour.
Facteurs de réussite	
1.	<i>Est-ce qu'il y a un fort engagement au plus haut niveau politique accompagné d'une direction effective de tous les acteurs concernés afin d'assurer la mise en œuvre du plan de réponse à la grippe aviaire et pandémie humaine ?</i> Il existe une task force nationale (présidée par le ministre de l'agriculture) dotée d'un organe central de coordination (le Comité Interministériel de Prévention et Lutte contre la Grippe Aviaire, présidé par le Ministère de l'agriculture, de l'Élevage et de la Pêche) qui se réunit au moins une fois par mois. Le plan sur la grippe aviaire est élaboré. Il n'est pas clair s'il a été testé par exercice de simulation. Le comité de coordination comporte tous les ministères impliqués dans la riposte à la maladie. Sous le comité interministériel il y a un comité technique national chargé de la mise en œuvre des actions prévues dans le plan stratégique national.
2.	<i>Est-ce qu'il y a des procédures et systèmes en place pour gérer la mise en œuvre rapide d'actions prioritaires?</i> Il existe la capacité pour détecter et confirmer la présence d'infection par la grippe aviaire chez les animaux et les humains. Il existe des mécanismes de communication établis entre le gouvernement, les organisations, les hôpitaux, les partenaires externes et le public. Puisque l'OMS et la FAO sont représentées au Togo et dans le Comité Technique de Préparation et Lutte contre la grippe aviaire et la pandémie humaine, les mécanismes sont établis pour le partage rapide d'information. Le délai nécessaire à signaler une épidémie et des cas aux autorités nationales étant estimé à 2-3 jours pour les cas chez les animaux et chez l'homme suggère qu'il existe des possibilités d'une réponse relativement rapide.
3.	<i>Est-ce qu'il y a une attention toute particulière apportée à l'amélioration du fonctionnement des services vétérinaires et sanitaires à tous les niveaux impliquant une approche transparente au partage et à la diffusion des informations sur les épisodes suspectés de la maladie, des efforts déployés immédiatement pour établir la cause de ces épisodes, et des prompts réponses (comprenant l'isolement des animaux à risque)?</i> Les programmes pour renforcer la capacité de surveillance et signaler les éruptions chez les humains sont en place et pour les oiseaux, ils sont en cours de mise en place. Les compétences en matière de détection et de surveillance vétérinaire et de santé sont limitées et des projets visant à les renforcer sont en cours de réalisation. Cependant, il existe un réseau d'épidémiologie-surveillance avec 50 postes d'observation, une équipe mobile et un laboratoire central ; 10 médecins vétérinaires publics, 45 vétérinaires privés et un technicien supérieur de laboratoire. Il existe un arrangement avec un laboratoire de référence de l'OIE/OAA car il n'y a aucun laboratoire dans le pays avec la capacité de diagnostiquer l'influenza aviaire hautement pathogène. Il existe des plans portant sur le contrôle des déplacements transfrontaliers d'animaux, sur les contacts entre les espèces différentes d'oiseaux et d'autres animaux et pour les vaccins chez les volailles. L'usage des EPP et le dépistage de contacts sont planifiés. Des directives médicales servant de formation pour gérer les cas de grippe aviaire chez les humains ont été distribuées. Le plan national inclut une stratégie pour acquérir des antiviraux.
4.	<i>Est-ce qu'il y a des programmes d'encouragement et/ou de compensation combinés avec une communication efficace au niveau des communautés sur l'importance de signaler immédiatement aux autorités compétentes les animaux donnant des</i> La politique d'indemnisation est définie par la loi n°99-002 du 12 février 1999 relative à la police sanitaire des animaux sur le territoire de la république togolaise en son article 9. Un projet d'arrêt d'application de la loi est dans le circuit administratif. Le schéma pour compenser les fermiers pour l'abattage des volailles est à 50-70% de la valeur du marché.
5.	<i>Est-ce qu'il y a une mobilisation effective de la société civile et du secteur privé?</i> Le gouvernement a impliqué tous les secteurs non gouvernement disponibles à la planification qui inclut la société civile et les organisations internationales.
6.	<i>Est-ce qu'il y a une campagne de communication visant à promouvoir un comportement propice à réduire la propagation du virus parmi les communautés?</i> Il y a eu lieu une campagne de communication sur la grippe aviaire qui a sensibilisé le public ou a contribué à un changement de comportement. Il existe une stratégie en matière de communication qui est mise en œuvre à travers le plan de communication et les procédures pour transmettre des messages sanitaires en vue de sensibiliser le public sont établies.
7.	<i>Est-ce qu'il y a de la coordination avec et parmi les partenaires extérieurs?</i> L'OAA, l'OIE, l'UNICEF, le PNUD et l'OMS sont actifs ainsi que BAD, l'agence bilatérale. L'étendue des missions d'évaluation conjointes ou unilatérales n'est pas claire. L'Bafd, les VSF et l'UE ont également fourni leur soutien. Une mission d'évaluation a été effectuée par le Bureau International des Ressources Animales de l'Union Africaine (UA/BIRA) pour le fonds BAD pour la grippe aviaire. La qualité de la coordination entre ces organisations et le gouvernement n'est pas claire.
Contraintes à la mise en œuvre	La planification de l'état de l'alerte ainsi que la mise en œuvre des plans sont soumises aux contraintes que représentent, principalement, les ressources financières limitées, qui incluent la contrainte d'équipement et de fonctionnement ainsi que l'incapacité du Laboratoire National de référence à faire le diagnostic préliminaire du virus A(H5N1).

Country	Uganda
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: specific concern about slow progress of AHI strategy development and lack of financial support
Introduction	The country's 2005 GNI/c at PPP (\$1500) and 2001 HDI (0.489) lie just above the regional median. The 2005 IDA Resource Allocation Index (3.9) lies in the top 10 percent for eligible countries.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a multi-sectoral national task force, which has been working with technical agencies FAO and WHO to identify urgent actions. The national steering committee is chaired by Office of Prime Minister with membership from all other concerned ministries. The task force prepared the national plan, which mainly focuses on surveillance and monitoring. The plan has been endorsed by government. The extent is unclear to which the plan has been tested in simulation exercise. Government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> Information is being sought on these procedures and systems.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are about 680 vets and 1216 technical personnel in Uganda. There is the expert veterinary capacity to detect and confirm HPAI in animals. One vet has been trained in HPAI detection since June 2006. Further information is being sought.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought on these points.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Information is being sought on these points.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information is being sought on these points.
7.	<i>Is there coordination with and across external partners?</i> Regular meetings are convened and attended by all stakeholders to improve harmonised and aligned interventions and to prevent duplication of effort.
Constraints to implementation	

Country	Zambia
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: trained expertise, laboratory systems and networks; some support needed for all elements of animal and human disease surveillance and rapid response; stand alone \$1m AHI project has been approved.
Introduction	The country's 2005 GNI/c at PPP (\$950) and the 2001 HDI (0.386) lie respectively just below and above the 25 th percentile for the region. The 2005 IDA Resource Allocation Index (3.3) lies at about the median for eligible countries.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national AHI Task Force which has met frequently and regularly, supported by a central coordination mechanism. The national integrated plan has been endorsed by government. The extent is unclear to which it has been tested in a simulation exercise.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are established mechanisms for communicating among government, hospitals and agencies; between government and multilateral agencies; and with the public on health issues. Reported disease notification times to the national authority are 3-4 days, suggesting that there is scope for rapid implementation and for enhancing this capacity.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Plans envisage strengthening animal and human disease surveillance. Current detection capacity is limited to human cases. Plans envisage controls on cross-border animal movement and on contact between species. There are no plans to vaccinate poultry. Pandemic influenza vaccination and an anti-viral stockpile are envisaged.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on compensation policy is being sought. Public health communication mechanisms are established. Information on any communications campaigns is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged all non-governmental sectors in planning, but it is not clear how far these sectors have yet been mobilised.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> The mechanisms are in place. Information on any communications campaigns is being sought.
7.	<i>Is there coordination with and across external partners?</i> FAO, UNDP, WHO and WB are active, and have undertaken a number of assessment or appraisal missions. There are a number of joint bilateral programmes with USAID. Quality of coordination between these actors is unclear.
Constraints to implementation	The cited constraints are: financial resources, lack of trained expertise, and lack of laboratory systems and networks. The country's high HIV/AIDS prevalence rate (17%) is overburdening the public health sector.

Country	Zimbabwe
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: laboratory systems and networks, overall disease surveillance; logistical support for communications and specimen transport as a high priority.
Introduction	The country's 2005 GNI/c at PPP (\$1940) and 2001 HDI (0.496) place it in the third quartile for the region. The 2005 IDA Resource Allocation Index (1.8) is the lowest for the eligible countries. Preparedness planning is in hand but progress and implementation are affected by the current political and economic climate.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national AHI Task Force with supporting central coordination mechanism and external representation, which has met monthly. The national plan is in process. The extent is unclear to which it has been endorsed by government and been tested in simulation exercise. Information is being sought about technical support to planning.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are established communications mechanisms among agencies, government and hospitals; with multilateral agencies, and with the public for health messages. There is limited detection capacity and there are plans to enhance surveillance systems. The potential speed of emergency response is unclear.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are plans to strengthen disease surveillance systems in animals and humans and for AI controls on cross-border trade and movement. Information is being sought about any plans to restrict inter-species contact; use PPE; tracing of human case contacts; and on anticipated outbreak and case notification times. There are zoonotic sub-committees at district level.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought about technical capacity for disease control (bio-security, culling, compensation, vaccination). There are established public health communications mechanisms and awareness raising efforts have started. Their effectiveness is unclear.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged national NGOs, civil society and the private sector in planning. Their level of mobilisation remains unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Mass communications have begun but the extent of successful implementation is unclear.
7.	<i>Is there coordination with and across external partners?</i> FAO, UNICEF, UNDP and WHO are active. There has been participation in national coordination across partners but the quality of coordination between agencies and with government is unclear.
Constraints to implementation	The major cited constraints are lack of financial resources and of laboratory systems and networks. Constraints on disease surveillance have been exacerbated by fuel shortages and destruction of fences.

MIDDLE EAST & NORTH AFRICA

Country	Algeria
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$6770) and 2001 HDI (0.704) lie around the regional median. There have been no reported H5N1 outbreaks to date.
Success Factors	
8.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has met 6 times in the last six months and is centrally coordinated by the Ministry of Health and 14 ministries and other national specialised institutions. The integrated country plan is in process and has been tested in one simulation exercise. Government has to an extent engaged the non-governmental sector in planning.
9.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI in animals and in people. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. A stated 1-day interval from outbreak onset to national and international reporting suggests a capability for rapid action.
10.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. AI controls on cross-border animal trade and movement, and on contact between species, are being implemented and surveillance of migratory birds has been enhanced during migratory periods. Clinical case management guidance has been issued, and the use of personal protective equipment and case contact tracing is planned. The extent of AI training of veterinary and health care personnel is unclear. There is a strategy for acquiring anti-virals, and for purchasing and producing pandemic vaccine.
11.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> A compensation scheme is in place which compensates farmers; and further information on this is being sought.
12.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged the private sector in planning; the extent of engagement is unclear with other non-governmental sectors. The extent and quality of sector mobilisation remain unclear.
13.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> A mass communication campaign has taken place and information about its impact is being sought.
14.	<i>Is there coordination with and across external partners?</i> The FAO and WHO have been actively assisting the country. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	No constraints were cited.

Country	Bahrain
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$21290) and 2001 HDI (0.839) place it around the 90 th percentile for the region. There have been no reported H5N1 outbreaks to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting frequently, supported by a central coordination body. The integrated country plan has been endorsed by government and has been tested in simulation exercise. Government has engaged the non-governmental sector in planning.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is the capacity to detect AI in animals and in people. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. The extent is unclear of the anticipated interval between outbreak onset and reporting to national and international authorities.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals; information is being sought about any such programmes of surveillance and reporting for human cases. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. Selective or comprehensive poultry vaccination is planned. Some veterinary and health care professionals have been trained in AI detection. Clinical case management guidance has been issued, and the use of personal protective equipment and case contact tracing is planned. There is a strategy to acquire anti-virals, and to produce but not to purchase pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged national NGOs in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, OIE and WHO are actively assisting the country, and there have been some joint programmes. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	No constraints were cited.

Country	Djibouti
Summary	Current position: There has been reported one H5N1 outbreak in poultry and one non-fatal human case to date. Specific resource and technical needs: improved coordination, technical trained personnel, laboratory capacity and networks, veterinary capacity
Introduction	The country's 2005 GNI/c at PPP (\$2240) and 2001 HDI (0.462) lie respectively above and below the 10 th percentile for the region. The 2005 IDA Resource Allocation Index is 3.1.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting frequently. Information is being sought about central coordination. The integrated country plan is in process; and the extent is unclear to which it has been endorsed by government and tested in simulation exercise. Government has engaged civil society in planning.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> Communications procedures among agencies and the government are well established with WHO designated as the lead. Information is being sought about procedures for communication between the government and hospitals, and about capacity to detect AI in animals and in humans. In the single H5N1 outbreak in poultry in 2006, there was an 18 day interval between onset and confirmation. The outbreak was controlled by eradication and movement control measures; and 10 contacts were traced for the case.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. There are plans for AI controls on cross-border animal trade and movement, controls on contact between species, and vaccination of poultry. Clinical case management guidance has been issued, and the use of personal protective equipment and case contact tracing are being implemented. Information on plans for selective or comprehensive poultry vaccination is being sought. The extent of AI training of veterinary and health care personnel is unclear. There is a strategy to acquire anti-virals. There is a strategy for selective or comprehensive population pandemic vaccination, and to purchase but not to produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought about any plans for farmer compensation.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged national NGOs in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> A mass AHI communication campaign has taken place which has raised public awareness.
7.	<i>Is there coordination with and across external partners?</i> WHO, FAO, UNICEF, the World Bank and bilateral actors through the US Navy (NAMRU) and French Army have actively been assisting the country. WHO, FAO and World Bank have undertaken plan assessment or appraisal missions in early 2006. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	The main constraints cited were finance which will improve once 2 million USD allocated to Djibouti is received, coordination, technical expertise and diagnostic capacity in the agricultural sector.

Country	Egypt
Summary	Current position: There have been 15 HPAI H5N1 poultry outbreaks and 15 human cases (7 fatal) to date. Specific resource and technical needs: Inter-ministerial coordination, compensation, animal health surveillance, slaughterhouse capacity.
Introduction	The country's 2005 GNI/c at PPP (\$4440) and 2001 HDI (0.648) lie above and on the 25 th percentile for the region.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a high level national AI committee led by the Ministry of Health. The integrated national avian influenza plan is being prepared; the extent is unclear to which it has been endorsed by government and tested in simulation exercise. Government has engaged the non-governmental sector, local governorates and leading UN agencies (WHO and FAO) in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There is diagnostic capacity to detect and confirm AI in humans; information is being sought about any programmes to strengthen surveillance, and about any plans to issue clinical guidance for case management.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Bio-security has been improved in large scale poultry farms (sectors one and two). Information is being sought about outbreak notification intervals, and about any plans for controls on contact between bird species and for poultry vaccination.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> WFP, the World Bank, FAO and WHO are each engaged with Government via different ministries and departments. Bilateral actors France and the USA (through NAMRU) are actively assisting the country. WB has also liberated \$4 million from an existing health sector credit to enable MoH to procure items needed for pandemic preparedness.
Constraints to implementation	Inter-sectoral coordination, compensation, animal health surveillance, large backyard poultry population, slaughterhouse capacity.

Country	Iran
Summary	Current position: HPAI H5N1 outbreak in wild migratory wildfowl in early 2006 led to preventative poultry culling and related measures Specific resource and technical needs: Technical assistance in programme planning and evaluation, human resources development (training of Field epidemiologists), strengthening the laboratories
Introduction	The country's 2005 GNI/c at PPP (\$8050) and 2001 HDI (0.719) lie either side of the regional median. There has been one reported H5N1 outbreak in wild swans in early 2006, but no apparent spread to poultry and no human cases.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has met 18 times in the last 6 months and is centrally coordinated by the Ministry of Agriculture and the Ministry of Health and Medical Education. Information is being sought about any integrated country plan. Each ministry has developed its own plan. Simulation exercises have taken place in the animal health sector in three provinces. Government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for communicating public health messages. There is capacity to detect AI in animals and in people. An anticipated 1-day interval between outbreak onset and national and international reporting suggests scope for a rapid response. In early 2006 the interval between the outbreak onset and confirmation was 11 days. Preventative poultry culling, movement controls, and compensation policies were implemented.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. AI controls on contact between species and on cross-border animal trade and movement are implemented. Poultry vaccination is not planned. Veterinary capacity includes significant numbers (15,000) of village veterinary workers; and veterinarians trained in HPAI detection. Health care personnel have been exposed to training sessions and briefings extensively and at all levels of the primary health care system. Clinical case management guidance has been issued and case contact tracing is planned. There is a strategy for acquiring anti-virals and for pandemic vaccine to be produced and purchased locally. The country is also seeking support for production of human influenza vaccine locally as there are already governmental and private vaccine production activities in place.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> The government adopted a culling and compensation strategy in February 2005 which has cost the government US\$5,000,000 since 2003. All culled birds are compensated by the government at the same country-wide rate (although at different rates for different birds).
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged civil society and the private sector in the planning process. The extent and quality of sector mobilisation are unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> The MOH and the Ministry of Jihad Agriculture have developed IEC materials and distributed these extensively in the country. There are also clips on the national state TV station (no private broadcasting exists). Information on AI is also covered by the local news papers as a constant piece of information.
7.	<i>Is there coordination with and across external partners?</i> The FAO, OIE, UNICEF, WHO and a bilateral actor (UK) have been actively assisting the country. There has been a joint FAO/WHO plan assessment mission. FAO/OIE have established a regional network for the CA countries, the focal point is based in the Ministry of Jihad-Agriculture. WHO continues supporting the country in capacity building and programme development.
Constraints to implementation	The main cited constraint was inter-sectoral coordination and communication, resources for equipping the central laboratories, establishment of regional laboratories and training of the health personnel.

Country	Jordan
Summary	Current position: There has been one H5N1 outbreak in poultry reported to date (2 nd August). Specific resource and technical needs: farmer compensation policy
Introduction	The country's 2005 GNI/c at PPP (\$5280) lies in the second quartile and the 2001 HDI (0.743) is at about the regional median.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting frequently, supported by a central coordination body. The integrated country plan has been endorsed by government. The extent is unclear to which it has been tested in simulation exercise. There is a high-level commitment in the government, which has engaged the non-governmental sector in planning.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI in animals and in people. The poultry outbreak onset and confirmation were reported within 1 day, with reporting to OiE on the following day. A rapid and apparently effective response was mounted to eradicate the infection through combined culling, movement control, vaccination and related measures.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> The country has a good surveillance system; coordinating structures are well organised with daily sharing of information with the Ministry of Agriculture. Programmes are in place to strengthen AI surveillance and reporting in animals and in people. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. Selective or comprehensive poultry vaccination is planned or implemented. The extent of AI training of veterinary and health care personnel is unclear. Clinical case management guidance has been issued; and the use of personal protective equipment and case contact tracing are planned. There is a strategy to acquire anti-virals and to purchase but not to produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged civil society and the private sector in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> There has been some awareness-raising through newspaper and radio.
7.	<i>Is there coordination with and across external partners?</i> The FAO, OiE, UNICEF, WHO and a bilateral actor (USA) have been actively assisting the country. WHO and the World Bank have conducted assessment or appraisal missions. In collaboration with WHO there has been a training of trainers for health workers in the public and private sector at the provincial level. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	

Country	Kuwait
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: no cited constraints
Introduction	The country's 2005 GNI/c at PPP (\$24010) and 2001 HDI (0.82) approach the 90 th percentile for the region. There have been no reported H5N1 outbreaks to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting periodically, supported by a central coordination body. The integrated country plan has been endorsed by government. The extent is unclear to which it has been tested in simulation exercise. The extent is unclear to which government has engaged domestic non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is the capacity to detect AI in humans; the capacity for detection in animals is unclear. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. Selective or comprehensive poultry vaccination is not being planned. A stated one-day interval between outbreak onset and national reporting suggests capability for rapid action.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and people. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. The extent of AI training of veterinary and health care personnel is unclear. Clinical case management guidance has been issued and the use of personal protective equipment and case contact tracing is planned. There is a strategy to acquire anti-virals, and to purchase and to produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent is unclear to which government has engaged domestic non-governmental sectors in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, OIE and WHO have been actively assisting the country. The extent and quality of coordination with and among actors remain unclear. The UN Assistance Mission for Iraq has integrated all Kuwaiti agencies into their joint procurement plan for AI medicine and equipment.
Constraints to implementation	There were no cited constraints.

Country	Lebanon
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: technical trained personnel, laboratory capacity and networks, veterinary capacity
Introduction	The country's 2005 GNI/c at PPP (\$5740) and 2001 HDI (0.752) lie respectively on and above the regional median. There have been no reported H5N1 outbreaks to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting frequently, supported by a central coordination body. The integrated country plan has been endorsed by government. The extent is unclear to which it has been tested in simulation exercise. Government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies. Information is being sought about established mechanisms for public health communications. There is capacity to detect AI in people; information is being sought about capacity to detect AI in animals. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. A stated 2-day interval between outbreak onset and national and international reporting suggests the potential speed of priority action.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and people. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. There has been AI training of veterinary and health care personnel; clinical case management guidance has been issued, and the use of personal protective equipment and case contact tracing are planned. There is a strategy to acquire anti-virals; information is being sought about any strategy to purchase or to produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged all non-governmental sectors in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, IOM, OIE, UNICEF, UNDP, and WHO have been actively assisting the country. FAO, WHO and the World Bank have undertaken a joint plan assessment or appraisal mission. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	The main cited constraints were inter-sectoral coordination and communication, technical trained personnel, limited laboratory capacity and networks, and limited veterinary capacity.

Country	Morocco
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$4360) and 2001 HDI (0.606) place it around the 25 th percentile for the region. There have been no H5N1 outbreaks reported to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting frequently, supported by a central coordination body. The integrated country plan has been endorsed by government and tested in simulation exercise. Government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. AI controls on cross-border animal trade and movement, controls on contact between species, and the vaccination of poultry are planned or being implemented. There is capacity to detect AI in animals and in people. A stated one-day interval between outbreak or case onset and national and international reporting suggest a capability for rapid action.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. Clinical case management guidance has been issued, the use of personal protective equipment and case contact tracing are planned. The extent of AI training of veterinary and health care personnel is unclear. There is a strategy to acquire anti-virals and to purchase but not to produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged with all non-governmental sectors in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, OIE and WHO have been actively assisting the country. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	The main constraint cited was finance.

Country	Oman
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$14680) and 2001 HDI (0.755) place it in the third quartile for the region. There have been no reported H5N1 outbreaks to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force coordinated by the Ministries of Health and Agriculture. The integrated country plan has been endorsed by government and tested in 6 simulation exercise since June 2006. The extent is unclear to which government has engaged domestic non-governmental sectors in the planning process. Commitment is very high. Regional cooperation for AHI through the Gulf Cooperation Council (GCC) consisting of 6 countries is taking place.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI in animals and in people. AI controls on contact between species, cross-border animal trade and movement and poultry vaccination are planned.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Surveillance systems are well-established in both the human and animal sectors. The animal disease surveillance system includes surveillance of migratory birds and an emergency hotline. Programmes are in place to strengthen AI surveillance and reporting in animals and people. There has been some AI training of veterinary capacity. In addition, key health care personnel have been trained in each region of the country. Clinical case management guidance has been issued and the use of personal protective equipment and case contact tracing are planned. There is a strategy to acquire anti-virals and to purchase but not to produce pandemic vaccine. There is a plan to vaccinate poultry.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> A compensation scheme was established in April 2006 which compensates farmers and any member of the household at more than 70% of market value for poultry at an equal rate throughout the country.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent is unclear to which government has engaged domestic non-governmental sectors in the planning process.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Communications on AHI risk are being disseminated through pamphlets, radio and television. In addition, there is a 24 hour hotline for AHI.
7.	<i>Is there coordination with and across external partners?</i> The WHO EMRO is working in close collaboration with the national authorities on AHI as well as other disease and has conducted several workshops with the government to develop the national plan.
Constraints to implementation	No constraints were cited.

Country	Palestinian Territories (Occupied)
Summary	Current position: There have been 8 reported H5N1 outbreaks in poultry to date and no human cases. Specific resource and technical needs: technical trained personnel
Introduction	The country's 2001 GDP/c at PPP and 2005 GNI/c at PPP are unavailable; and the 2001 HDI (0.731) places it below the regional median.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force centrally coordinated by the Ministry of Health that meets bi-monthly. The integrated country plan has been endorsed by government but has not been tested with simulation exercise. Government has engaged the national NGOs and the private sector in the planning process. There are regular meetings with all stakeholders.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> Information is being sought about standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communication. There is the capacity to detect AI in people. Information is being sought about capacity to detect AI in animals; and there is an agreement with an OIE/FAO reference laboratory. The stated intervals of 1-2 days between outbreak or case onset and national reporting suggest capability for rapid action; and the interval between the 2006 outbreak onset and confirmation was 2 days. Culling, movement controls and related measures were implemented with success. AI controls on cross-border animal trade and movement, and on contact between species are planned; and vaccination is prohibited.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people as part of a joint project with the World Bank, managed by UNDP. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. The extent of veterinary AI training is unclear, although some health care personnel have been trained in AI case management. Clinical case management guidance has been issued and the use of personal protective equipment and contact tracing are implemented. There is a strategy to acquire anti-virals, and to purchase and produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> A farmer compensation scheme was put in place in April 2006 that compensates at more than 70% of the market value. The scheme has cost the government US\$2,000,000 since 2003.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged NGO's and the private sector in the planning process.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, UNICEF, UNDP, WHO and a bilateral actor (USA) have been assisting the country; and FAO, WHO and the World Bank have undertaken plan assessment or appraisal missions in the first half of 2006. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	The main cited constraints were financial, lack of technical trained personnel, political and security issues including divided territory.

Country	Saudi Arabia
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$14740) and 2001 HDI (0.769) lie respectively on and under the 75 th percentile for the region.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force supported by a central coordination body. Information is being sought about the status of an integrated country plan. Plans have been tested in simulation exercise. The extent is unclear to which government has engaged domestic non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There is strong political commitment and the national plan is being revised. Information is being sought about standard procedures for communication among agencies, government and hospitals; established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is AI detection capacity for animals. Information is being sought about detection capacity for human cases, and about any plans for AI controls on cross-border animal trade and movement, and on contact between species.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There is strong confidence in the human and animal health surveillance systems and the ability to deal with AI. An influenza surveillance network is being developed partially in recognition that Haj (pilgrimage) provides favourable conditions for the spread of infections. Use of personal protective equipment is planned, and there is a strategy to acquire pandemic vaccine. Antivirals for the entire population are planned, but procurement faces a supply shortage. Information about other potential elements of avian and pandemic influenza preparedness planning is being sought.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent is unclear to which government has engaged domestic non-governmental sectors in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Some awareness is being raised through TV and radio.
7.	<i>Is there coordination with and across external partners?</i> The FAO and WHO have been assisting the country. These two agencies with the World Bank have undertaken assessment or appraisal missions.
Constraints to implementation	

Country	Somalia
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: disease surveillance, capacity to detect AI in animals and people, technical trained personnel, coordination
Introduction	There are no data on the country's GDP/c or GNI/c at PPP, HDI or IDA Resource Allocation Index. The country is fragile and split into three zones. The major international organisations are based in Kenya. There have to date been no reported H5N1 outbreaks in poultry and no human cases; although part of the country adjoins Djibouti, there are no commercial poultry farms.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which meets monthly. Information is being sought about central coordination, about the existence and status of an integrated country plan, and about any simulation exercise testing of plans. Government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> Information is being sought about standard procedures for communicating between agencies, government and hospitals, for rapid sharing of information with WHO/FAO and OIE, and for communicating health messages with the public. The extent is unclear to which disease surveillance is integrated. There are 104 sentinel surveillance sites for communicable diseases and 125 labs in public hospitals; and information is being sought about their capacity to detect AI in animals and in people; currently samples are sent to Kenya. The extent is unclear to which AI controls on cross-border animal trade and movement, contact between species, and poultry vaccination are being planned. Information is being sought about issue of clinical guidance for the management of AI in humans, and any plans for tracing of contacts and for acquisition of pandemic vaccines.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> The extent is unclear to which programmes are in place to strengthen AI surveillance and reporting in animals and in people. There is a strategy for acquiring anti-virals; information is being sought about any pandemic influenza vaccination strategy.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> There have been efforts by FAO to communicate health messages through BBC Somalia. Information is being sought on the extent to which Somalia may adopt a regional communications strategy being developed by UNICEF and UNESCO.
7.	<i>Is there coordination with and across external partners?</i> The FAO, OCHA, UNICEF, UNDP, WHO, WFP, World Bank and bilateral actors (Kenya, USA) have been assisting the country. OCHA and the World Bank have undertaken assessment or appraisal missions. There are many coordination fora and there is a contact group system for coordinating drought response across WHO regions. The Somalia Aid Coordination Body is based in Kenya. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	The main cited constraints are finances and technical trained personnel.

Country	Sudan
Summary	Current position: There have been nine reported H5N1 outbreaks in poultry to date (2 nd August) and no human cases. Specific resource and technical needs: capacity to detect AI in animals, technical trained personnel
Introduction	The country's 2005 GNI/c at PPP (\$2000) and 2001 HDI (0.503) place it around the 10 th percentile for the region. The IDA Resource Allocation Index (2.6) lies on the regional 25 th percentile.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting periodically, supported by a central coordination body. The integrated country plan is in process but the extent to which plans have been endorsed by government and tested in simulation exercise. Apart from the private poultry sector, the extent is unclear to which government has engaged other non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI in people but the extent is unclear to which there is capacity to detect AI in animals. A stated 47-day interval between outbreak onset and national reporting suggests little capability for rapid action; on the other hand FAO analysis suggests a 24 day average interval (over 5 instances) between outbreak observation and reporting to the OIE. Therefore there is some uncertainty about notification times. The outbreaks in poultry farms in 2006 were addressed with culling and burying, movement controls, and related measures.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and people. AI controls on cross-border animal trade and movement, but not on contact between species, are being planned or implemented. Internal movement controls were used earlier in 2006. Poultry vaccination is not planned. The extent of veterinary capacity and AI training is unclear. Some health care personnel have received AI detection and management training; clinical case management guidance has been issued; the use of personal protective equipment and case contact tracing is planned. There is a strategy to acquire anti-virals, but not to purchase or produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilization of civil society and the private sector?</i> The extent is unclear to which government has engaged non-governmental sectors in the planning process.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought
7.	<i>Is there coordination with and across external partners?</i> The FAO, UNICEF, WHO and bilateral actors (Turkey, USA) have been actively assisting the country; and there have been a number of joint programmes between multilateral agencies and the government. FAO and WHO have conducted assessment or appraisal missions. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	The main cited constraints were finance, inter-ministerial coordination and communication, lack of technical trained personnel, political leadership and commitment, and bilateral donor response.

Country	Syria
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$3740) and 2001 HDI (0.685) lie around the 25 th percentile for the region.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force coordinated by the Ministries of Health, Agriculture, and Local Affairs and has met twice over the last 6 months. The plan is in process. The extent is unclear to which it has been tested in simulation exercise. The extent is unclear to which government has engaged domestic non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> Information is being sought about standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies and mechanisms for communicating public health messages to raise awareness and change behaviour. There is capacity to detect AI in animals and in people. AI controls on cross-border animal trade and movement are implemented and contact between species planned. Poultry vaccination is not planned. Information is being sought on anticipated or actual outbreak or case reporting intervals.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen animal but not human AI surveillance and reporting. There has been AI training of veterinary personnel; the extent is unclear to which health care personnel have also been AI trained. Poultry vaccination is not planned. Information is being sought about any plans to issue clinical case management guidance. The use of personal protective equipment and tracing of case contacts are planned. There is a strategy to acquire anti-virals, and to purchase pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought about any compensation scheme.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent is unclear to which government has engaged domestic non-governmental sectors in the planning process.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information is being sought about any mass AHI communication campaign.
7.	<i>Is there coordination with and across external partners?</i> FAO, WHO, UNICEF, WFP and UNDP are assisting the country; and the extent and quality of coordination with and among any such actors remain unclear.
Constraints to implementation	The main cited constraint was inter-sectoral coordination and communication.

Country	Tunisia
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: technical trained personnel, veterinary capacity
Introduction	The country's 2005 GDP/c at PPP (\$7900) and 2001 HDI (0.74) place it around the regional median. There have been no reported H5N1 outbreaks in poultry or in people.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force supported by a central coordination body. The integrated country plan is in process. The extent is unclear to which it has been endorsed by government and tested in simulation exercise. Government has engaged the non-governmental sector in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> Information is being sought about standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for communicating public health messages. There is capacity to detect AI in people and in animals. Selective or comprehensive poultry vaccination, AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. Information is being sought about the anticipated rapidity of response.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. Information about the extent of AI training of veterinary and health care personnel is being sought. Clinical case management guidance has been issued and the use of personal protective equipment and case contact tracing are planned. There is a strategy to acquire anti-virals and to purchase but not to produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged national NGOs in the planning process, but the extent of engagement with other non-governmental sectors is unclear. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought. The finalization of a communication plan is in process with the assistance of FAO/WHO.
7.	<i>Is there coordination with and across external partners?</i> The FAO and WHO have been assisting the country, and have undertaken a joint plan assessment or appraisal mission. Several missions, w/s and trainings have been conducted with the joint assistance of FAO/WHO.
Constraints to implementation	The main constraints cited were technical trained personnel, particularly veterinary capacity.

Country	United Arab Emirates
Summary	Current position: no direct experience of AI to date Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$24090) and 2001 HDI (0.816) place it around the 90 th percentile for the region. There have been no reported H5N1 outbreaks in poultry to date and no human cases.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has met occasionally, supported by a central coordination body. The integrated country plan has been endorsed by government and has been tested in simulation exercise. Government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for communicating public health messages. There is capacity to detect AI in animals and in people. AI controls on cross-border animal trade and movement, and on contact between species, are being planned or implemented. Poultry vaccination is not planned. Information is being sought on anticipated reporting intervals.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. The extent of AI training of veterinary and health care personnel is unclear. Clinical case management guidance has been issued and the use of personal protective equipment and case contact tracing are planned. There is a strategy to acquire anti-virals, and to purchase but not to produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged national NGOs and civil society in the planning process; the extent is unclear of engagement with the private sector. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO and WHO have been assisting the country, and have undertaken plan assessment or appraisal. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	No constraints were cited.

Country	Yemen
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI in animals and humans
Introduction	The country's 2005 GNI/c at PPP (\$920) and 2001 HDI (0.47) place it respectively below and on the 10 th percentile for the region. The IDA Resource Allocation Index (3.3) is relatively high for eligible countries in the region. There have been no reported H5N1 outbreaks in poultry or in people.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting occasionally, supported by a central coordination body. The integrated country plan is in process. The extent is unclear to which it has been endorsed by government and tested in simulation exercise. Government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies. Information is being sought on mechanisms for public health communications to raise awareness or change behaviour, and on the extent of capacity to detect AI in animals and in people. Poultry AI vaccination is planned or being implemented, as are AI controls on cross-border animal trade and movement, and on contact between species. Information is being sought on anticipated reporting intervals.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in people. Information is being sought about any such surveillance and reporting programmes in animals. The extent of AI training of veterinary and health care personnel is unclear. Clinical case management guidance has been issued and case contact tracing is planned. Information is being sought about strategies for anti-virals and for pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged national NGOs, civil society and the private sector in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, UNDP, WHO and a bilateral actor (USA) have been actively assisting the country. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	No constraints were cited.

EUROPE & CENTRAL ASIA

Country	Albania
Summary	Current position: two HPAI H5N1 outbreaks were reported in February and March 2006 Specific resource and technical needs: capacity to detect AI in animals
Introduction	The country's 2005 GNI/c at PPP (\$5420) and 2001 HDI (0.735) are in the lowest regional quartile, while the 2005 IDA Resource Allocation Index (3.7) at the 75 th percentile for eligible countries of the area. Two H5N1 outbreaks in poultry have been reported.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has met frequently, supported by a central coordination body. The integrated country plan has been endorsed by government. The extent is unclear to which it has been tested in simulation exercise. Government has engaged with some non-governmental sectors in the planning process, and UN agencies have been involved.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies; and there are established procedures for public health message communication. There is capacity to detect and confirm AI in people and in animals. Estimated 2-day intervals between outbreak onset in animals and notification to national and international authorities suggest that there are systems for rapid implementation of priority action.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes in place to enhance AI surveillance and reporting in animals and in people. AI controls on cross-border animal trade and movement and contact between different species of birds and other animals are planned. There is expert epidemiological capacity to trace AI infections in animals with mobilisation of a new veterinary epidemiological central and field unit. There is laboratory capacity to diagnose HPAI in country. The use of PPE and contact tracing are being implemented. Clinical guidance has been issued for training in the management of AI cases in people. There is a strategy for antiviral acquisition as well as provisions to purchase pandemic vaccine in the integrated country plan.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> There are compensation schemes for farmers in the event of poultry culling to more than 70% of market value of poultry.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged with national NGOs, civil society and professional associations (such as nurses, etc...) The extent and quality of sector mobilisation are unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> There has been an AHI communication campaign which has raised awareness on AI, although it is too early to observe any substantial behaviour change. A rapid assessment on knowledge and practices informed the communication campaign. There are established procedures for communicating health messages to raise awareness and change public behaviour.
7.	<i>Is there coordination with and across external partners?</i> UNICEF, UNDP, WHO, FAO, World Bank and USAID have been assisting the country; WHO and the World Bank have appraised or assessed the integrated country plan. There have been several joint missions. United Nations Country Team (UNCT) in Albania, specifically WHO, WB, UNICEF, and UNDP supported the drafting process of the Government's programme on Avian Influenza Control. On the request of the government, a United Nations joint programme was developed by UNICEF, WHO and UNDP under the leadership of the UN Resident Coordinator Office to address the immediate needs of the Government and prepare the ground for longer term interventions through the World Bank support. The external partners have continued to work in close collaboration with the government.
Constraints to implementation	Current constraints include: structure of information flow between government actors; adverse effects on the economy; intersectoral coordination. Previously cited constraints were finance, and inter-sectoral coordination and communication.

Country	Armenia
Summary	Current position: no direct experience of H5N1 virus cases to date. Specific resource and technical needs: laboratory capacity to detect AI in humans and animals; veterinary capacity improvement.
Introduction	The country's 2005 GNI/c at PPP (\$5060) lies in the bottom quartile; and the 2001 HDI (0.729) approaches the 10 th percentile for the region. The 2005 IDA Resource Allocation Index (4.3) is highest among the eligible countries. No H5N1 outbreaks have been reported to date.
Success Factors	
1.	<p>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</p> <p>There is an Inter-Ministerial Task Force (IMTF), led by the Deputy Minister of Agriculture, which meets regularly. The integrated country plan has been endorsed by government. Per governmental decision, related activities against AI and national practical meetings have been implemented together with USAID and FAO. Currently, practical workshops are implemented in the <i>Marzes</i>, and will be implemented in other regions in the future. In the framework of WHO and FAO programs, practical exercises on prevention, and, if needed, on culling, will be organized. The Government has engaged national NGOs and the private sector in planning activities. There is evidence of commitment by the leadership.</p>
2.	<p>Are there clear procedures and systems for managing the rapid implementation of priority actions?</p> <p>Further information is being sought on standard procedures for communication among agencies, government and hospitals.</p> <p>There are established mechanisms for information-sharing by government with technical international agencies and public health communications. There is laboratory capacity for preliminary detection of the AI virus in humans (PCR) and animals (ELISA, rapid test), and very soon the veterinary laboratory will be equipped by USAID with the RT-PCR system.</p> <p>Surveillance of AI epidemiologic situation is planned and partially implemented on cross-border points in regards to animal (live birds and poultry meat) import/export processes. Clinical case definitions and standard management guidance has been issued and systems for ensuring rapid response are in place. Partners Coordination Meetings coordinated by WHO have restarted on 19 October and will take place quarterly. Informal contacts between the government and WHO or FAO for information sharing are on-going.</p>
3.	<p>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</p> <p>Expert epidemiological capacity to trace HPAI infections in animals is present with adequate human resources but there is a need of equipment and reagents. Laboratory facilities can perform preliminary HPAI detection, but do not have capacity for final confirmation of diagnosis. There is capacity to send samples to reference laboratories if needed.</p> <p>There are programmes in place to enhance animal and human AI surveillance and reporting with collaboration with WHO, FAO, USAID, CDC and the World Bank. Anticipated outbreak notification intervals are unclear. There has been some training for health care workers and veterinarians. AI controls within the country and on cross-border points are being implemented. HPAI controls of contact between different species of birds and other animals are being implemented.</p> <p>Selective or comprehensive poultry HPAI vaccination is not planned or being implemented. The use of personal protective equipment and the tracing of contacts are being planned for the control of AI in people at present. There is a strategy to acquire anti-virals and a pandemic vaccine but there is no strategy for the production of vaccine.</p>
4.	<p>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</p> <p>A compensation mechanism is under development. Information on AI prevention and anti-virus activities (booklets, posters, etc.) is provided to communities.</p>
5.	<p>Is there effective mobilization of civil society and the private sector?</p> <p>The IMTF periodically invites representatives of UN agencies, national and international NGOs, and the private sector to participate in their meetings. In addition, IMTF members have numerous individual meetings with those parties. In November, members of the IMTF will meet with all local veterinarians in the country.</p>
6.	<p>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</p> <p>A mass AHI communication campaign has raised awareness and did achieve its short term goals. There are ongoing efforts to further develop this campaign, coordinate communication activities among various partners and assess impact for future adjustments. The extent of established procedures for communicating health messages to raise awareness and change public behavior is unclear, but these will be developed as part of the USAID program.</p>
7.	<p>Is there coordination with and across external partners?</p> <p>The FAO, UNICEF, UNDP, WHO, World Bank and bilateral donors have been assisting the country. USAID, USDA, Center for Disease Control, Government of Austria are presently active in assisting the country on avian and human pandemic influenza. There are several joint AHI programs between host government and multi-lateral and bi-lateral agencies. WHO, the World Bank and USAID have previously assessed or appraised integrated country plans. No assessments by international experts have occurred since June 2006.</p>

Constraints to implementation	Main constraints cited are: Lack of experience in dealing with similar emergencies in-country, lack of laboratory and testing capacity, coordination, communication infrastructure in some parts of the country
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Country	Austria
Summary	Current position: HPAI H5N1 was detected in wild birds and cats. Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$33140) and 2001 HDI (0.929) place it above the 90 th percentile for the region. There has been one H5N1 outbreak reported to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting periodically, supported by a central coordination body. The integrated country plan is in process and has been tested in simulation exercise; the extent to which it has been endorsed by government is unclear. Government has engaged all non-governmental sectors in the planning process.
2.	<i>Are there clear Procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing with technical international agencies, and for public health communication. The country has the capacity to detect AI in animals and in people. AI controls on cross-border animal trade and movement, and on contact between species, are being planned or implemented. Clinical guidance on case management has been issued. Therefore there is the capability for rapid priority action.
3.	<i>Is primary attention given to functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes in place to enhance animal and human disease surveillance and reporting. AI controls on cross-border animal movement and on contact between species are being planned or implemented. Contact tracing of human cases is planned. There is a strategy to acquire anti-virals, and to purchase pandemic vaccine. However, the extent is unclear of any AI training of veterinarians and health care workers.
4.	<i>Are incentive and/or compensation schemes combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" schemes and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged in planning all non-governmental sectors. The extent and quality of their mobilisation remain unclear.
6.	<i>Have national mass communication campaigns that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses been implemented successfully?</i> Information on any mass communications campaign is being sought.
7.	<i>Is there coordination with and across external partners?</i> The country is a donor and an EU Member State. In this context, no specific issues of coordination with external partners arise.
Constraints to implementation	No constraints were cited.

Country	Azerbaijan
Summary	Current position: There have been two HPAI H5N1 poultry outbreaks reported to date (2 nd August), and eight human cases (5 fatal). Specific resource and technical needs: capacity to detect AI in animals, veterinary capacity, farmer “compensation” policy.
Introduction	The country’s 2005 GNI/c at PPP (\$4890) and 2001 HDI (0.744) are in the lowest quartile for the region. The 2005 IDA Resource Allocation Index (3.7) is at the 75 th percentile for eligible countries.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, supported by a cabinet of ministers, which has met in the last 6 months. The integrated country plan is now endorsed by government. The extent is unclear to which it has been tested in simulation exercise. The extent of engagement with non-governmental sectors in planning is unclear.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI in people and in animals. AI controls on cross-border trade and movement are implemented. Information is being sought on any plans to control contact between species and to vaccinate poultry.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes in place to strengthen surveillance and reporting in animals (one to be initiated by the World Bank) and humans. A stated two-day interval between outbreak onset and reporting to national authorities suggests the capability to mount a rapid response. Clinical case management guidance has been issued, and contact tracing is planned. There is a strategy for acquiring anti-virals and pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or “compensation” policy is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent of engagement with non-governmental sectors in planning is unclear. The extent and quality of sector mobilisation is unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> A mass communication campaign has taken place; and information on the impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, UNICEF, UNDP, and WHO have been assisting the country. Bilateral actors USAID, Asian Development Bank and JIKA are active in assisting the country with AHI. The extent and quality of coordination with and among the external partners is unclear.
Constraints to implementation	Cited constraints were inter-sectoral coordination and communication, veterinary capacity, and farmer “compensation” policy.

Country	Belarus
Summary	Current position: no direct experience with HPAI H5N1 to date Specific resource and technical needs: anti-virals
Introduction	The country's 2005 GNI/c at PPP (\$7890) and 2001 HDI (0.804) lie above the 25 th regional percentile, and it is not eligible for IDA. No H5N1 outbreaks have been reported to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has met 3 times in the last 6 months and is centrally coordinated by the Ministry of Health. The government has a very centralised governance structure with strong links between ministries and coordination meetings are attended by all ministries. The integrated country plan has been endorsed by government and has been tested in 3 simulation exercises since June 2006. The extent of engagement with non-governmental sectors in planning is unclear.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are established mechanisms for information sharing between government and technical international agencies, and for public health communication. Communication between ministries and from the central to the local level is very rapid as is response. The poultry sector is state-owned and directives from the MoA are carried out rapidly. The extent is unclear of any capacity to detect AI in animals and in people. AI controls on cross-border animal movement and trade, contact between bird species and poultry vaccination are implemented. Therefore there is capability for rapid action in case of emergency.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. Some veterinarians, village veterinary workers, and health care workers have been informed on AI issues although the extent of formal training is unclear. AI controls on cross-border animal movement and trade, and on contact between species, are planned or being implemented. Clinical case management guidance has been issued and case contact tracing is planned. There is a strategy for acquiring antivirals and for purchasing pandemic influenza vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent of engagement with non-governmental sectors in planning is unclear. The extent and quality of sector mobilisation is unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communications specific to AHI is being sought. Health information on many issues (HIV, healthy life, and other issues) is made available by the government and widely distributed through television, schools, universities and kindergartens.
7.	<i>Is there coordination with and across external partners?</i> Although there is a good communication between the UN and the government, the extent is unclear of coordination and collaboration between the two on issues of AI. WHO is providing some assisting to the country in raising awareness of policy makers on AI matters; UNDP is also assisting.
Constraints to implementation	Availability of adequate anti-virals was cited as the main constraint.

Country	Belgium
Summary	Current position: experience of HPAI H5N1 in one pair of illegally imported birds Specific resource and technical needs: capacity to detect AI in animals
Introduction	The country's 2005 GNI/c at PPP (\$32640) and 2001 HDI (0.937) place it around the 90 th percentile for the region. No poultry outbreaks of H5N1 have been reported to date. An illegal import of two infected birds was discovered in 2004.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting periodically, supported by a central coordination body. The integrated country plan is in process and has been tested in simulation exercise. The extent is unclear to which it has been endorsed by government. Government has engaged the private sector in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for sharing information between government and technical international agencies, and for public health communications. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. Clinical case management guidance has been issued.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes in place to strengthen AI surveillance and reporting in animals and in people. Case contact tracing is planned. There is a strategy to acquire anti-virals and pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" schemes and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged with the private sector; and the extent is unclear of engagement with other non-governmental sectors. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communications campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> WHO and a bilateral actor (USA) have been assisting the country. The extent and quality of coordination with and across these partners is unclear.
Constraints to implementation	No constraints were cited.

Country	Bosnia and Herzegovina
Summary	Current position: No HPAI H5N1 poultry outbreaks have been reported although virus was detected in wild swans and poultry were culled as a result. Specific resource and technical needs: capacity to detect AI in people, coordination and communication
Introduction	The country's 2005 GNI/c at PPP (\$7790), 2001 HDI (0.777) and 2005 IDA Resource Allocation Index (3.6) lies below the regional median.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> The country is fragmented into three entities, each of which has a health department; but in animal health there is a coordinating state-level body. There is an international Task Force led by the World Bank, which has coordinated activity with the state and with entities and across both animal and human health sectors. The Inter-sectoral Government body for AHI is the supporting central coordinating body. Regular meetings with all stakeholders occur to prevent duplication of effort and to harmonise interventions. On state level there is one existing veterinary plan adopted March 2006. For human health, an AHI strategy is being drafted with support from WHO and will provide a framework for the more detailed Entity strategies. This plan is still in process and pending approval by the Council of Ministers. On Entity level there are three integrated and detailed plans, one for each entity. The extent is unclear to which the strategies, on State or Entity level, have been tested in simulation exercise or have engaged non-governmental sectors in the planning processes. The extent is unclear of coordination between animal and human health in any entity or at state level. There are established mechanisms for information sharing between government and technical international agencies. However, information is being sought about any standard procedures in place for communication among government, agencies and hospitals, and for public health communications
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are programmes in place to strengthen capacity for AI surveillance and case reporting in animals and in people. There is capacity to detect and confirm AI infection in animals and in people. The extent is unclear of epidemiological capacity to trace AI infections in animals although there is laboratory capacity to diagnose HPAI as well as an agreement with an OIE/FAO reference laboratory. There is capacity to detect H5 virus in animals and people. However transport of samples to reference labs abroad for confirmation may pose an obstacle. AI controls on cross-border animal trade and movement have been implemented and there are plans to vaccinate poultry. However, information is being sought on any plans for controls on contact between animal species. The use of PPE and contact tracing is planned. Clinical guidance has been issued for training in the management of AI cases in people. There is a strategy to acquire antivirals and to purchase pandemic vaccine.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes to enhance AI surveillance and reporting in animals and in people. Passive surveillance of wild birds is in place on 10 lakes, performed by official veterinarians. Legislation foresees reporting of every suspected case and introduction of preventive measures. AI controls on cross-border animal trade and movement are being implemented. Routine passive surveillance of influenza-like illnesses (ILI) in humans exists in BiH; and virological surveillance with confirmation of influenza is exceptional. Information is being sought on issue of any clinical case management guidance. Case contact tracing is planned. There is a strategy for human anti-virals and for purchase of human pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> There is a "compensation" scheme for farmers for poultry culling.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent is unclear of engagement with non-governmental sectors in the planning process. The extent and quality of sector mobilisation remains unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> UNICEF has developed a communications strategy with donor support. Entities are engaged in this; and information is being sought about any mass AHI communications campaign. There are established mechanisms for communicating health messages to raise awareness and change behaviour.
7.	<i>Is there coordination with and across external partners?</i> UNICEF, FAO, OIE, UNDP, World Bank, USAID, EC and the WHO have been assisting the country; WHO has helped in developing an integrated human AI country plan. USAID is also active in assisting in developing a communication plan. The extent and quality of coordination are unclear. Joint AHI programmes between the government and multilateral agencies are continuing. There have been multilateral donor assessments and appraisals of plans.
Constraints to implementation	Cited constraints were inter-sectoral coordination and communication, and funding.

Country	Bulgaria
Summary	Current position: One wild swan case of HPAI H5N1 infection has been reported but no outbreaks in poultry, although the country adjoins Romania and Turkey. Specific resource and technical needs: coordination
Introduction	The country's 2005 GNI/c at PPP (\$8630) and 2001 HDI (0.795) are in the second regional quartile.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national AHI Task Force centrally coordinated by a pandemic and crisis committee established following a decree of the Council of Ministers. The committee has met 20 times over the last 6 months and the country plan is endorsed by Government and tested in 2 simulation exercises. Government has engaged all non-governmental sectors in planning.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI in animals and in people.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals (supported by OIE and USAID) and people (supported by WHO and USAID). There are now plans for AI control of cross-border trade and movement and controls on contact between species. Veterinary capacity is unclear. Information is being sought on issue of any clinical case management guidance. Contact tracing is planned and some health care workers have been trained in AI detection. There is a strategy to acquire anti-virals. Information is being sought on any pandemic vaccine strategy.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> A compensation scheme was established in January 2006 that compensates farmers at more than 70% of the market rate of poultry uniformly across the entire country.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged with poultry producers, the private sectors and other non-governmental sectors.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> A mass communication campaign has taken place that has raised awareness and contributed to changes in public behaviour.
7.	<i>Is there coordination with and across external partners?</i> The FAO, OIE, UNICEF, UNDP, WHO and the WB have been assisting the country. Bilateral actors (US and European Union) and USAID are also active and WHO, UNICEF, USAID, EU and the OIE have appraised the national pandemic plan.
Constraints to implementation	Coordination was cited as a constraint.

Country	Croatia
Summary	Current position: HPAI H5N1 has been found in a number of wild migratory bird species but no poultry outbreaks have been reported to date. Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$12750) and 2001 HDI (0.818) lie in the second regional quartile.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, supported by a central coordination mechanism which has met several times over the last 6 months. The integrated country plan has been endorsed by government. The extent is unclear to which plans have been tested in simulation exercise. Government has engaged the private sector in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is the capacity to detect AI infection in animals and in people.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. FAO analysis suggests an average 11 day interval between observation and reporting to the OIE. There is a one day interval between outbreak onset and reporting to national authorities. AI controls on cross-border animal trade and movement, and on contact between species, are being implemented. Poultry vaccination is planned. Clinical guidance has been issued for the management of human cases and case contact tracing is planned. There is a strategy for acquiring antivirals and to purchase and produce pandemic vaccination.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> A government compensation scheme was put in place by the government in November 2005 that compensates farmers and any member of the household at more than 70% of the market value for poultry.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged the private sector and other non-governmental actors in planning. The extent and quality of sector mobilisation are unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> A mass communication campaign has taken place that has raised awareness and contributed to changing public behaviour.
7.	<i>Is there coordination with and across external partners?</i> The FAO, OIE, and WHO have been assisting and there are a number of joint programmes with the government. WHO has assessed or appraised the integrated plan. The extent and quality of coordination with and among these actors are unclear.
Constraints to implementation	Cost of anti-virals.

Country	Cyprus
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$22230) and 2001 HDI (0.891) place it in the third quartile for the region. There have been no reported H5N1 poultry outbreaks to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a central coordinating body. Information on any national task force is being sought. The integrated country plan has been endorsed by government. The extent is unclear to which it has been tested in simulation exercise. Government has engaged with the non-governmental sector in the planning process although the extent of engagement is unclear.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI in animals and in people.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. AI controls on cross-border trade and movement, and on contact between species, are planned or being implemented. Veterinary capacity and the extent of AI training of health care workers are unclear. Clinical case management guidance has been issued and tracing of case contacts is planned. There is a strategy for acquiring anti-virals, and for purchasing and producing pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged with a non-governmental sector but the extent and quality of engagement and mobilisation are unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign is being sought.
7.	<i>Is there coordination with and across external partners?</i> UNDP and WHO have been assisting the country. The extent and quality of coordination with and among these actors are unclear.
Constraints to implementation	The main constraint cited was physical difficulty of access.

Country	Czech Republic
Summary	Current position: A small number of cases of HPAI H5N1 in wild swans have been reported but none in poultry to date. Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$20140) and 2001 HDI (0.861) lie in the third regional quartile.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has met occasionally, supported by a central coordination body. The integrated country plan is in process but the extent is unclear to which plans have been endorsed by government and tested in simulation exercise. The extent is unclear to which government has engaged non-governmental actors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among government, agencies and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is the capacity to detect AI in animals and in people. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to enhance AI surveillance and reporting in animals and people. There is limited veterinary capacity, and the extent of AI training of health care workers is unclear. However clinical case management guidance has been issued and contact tracing is planned. AI controls on cross-border animal trade and movement are planned or being implemented. FAO analysis suggests an average 3 day interval (on 14 instances) from observation to reporting to the OiE, indicating the capability to mount a rapid response. There is a strategy to purchase antivirals and pandemic vaccination.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought on any incentive or "compensation" scheme.
5.	<i>Is there effective mobilization of civil society and the private sector?</i> The extent is unclear to which government has engaged non-governmental actors in the planning process.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information is being sought on any mass communication schemes.
7.	<i>Is there coordination with and across external partners?</i> The OiE, WHO and the European Centre for Disease Control are actively assisting the country. The extent and quality of coordination with and between these actors is unclear.
Constraints to implementation	No constraints were cited.

Country	Denmark
Summary	Current position: There have been several HPAI H5N1 detections in wild birds and one poultry outbreak reported to date (2 nd August). Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$33570) and 2001 HDI (0.93) are respectively above and on the 90 th percentile for the region.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has met periodically, supported by a central coordinating body. The integrated country plan has been endorsed by government and tested in simulation exercise. The extent is unclear to which government has engaged non-governmental actors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communication. There is capacity to detect AI in animals and humans. AI controls on cross-border and internal animal trade and movement, and on contact between animal species, were implemented in accord with EU legislation. One-day intervals between outbreak onset and reporting to national and international authorities suggest a rapid response.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. Information is being sought on any plans to vaccinate poultry. AI controls on cross-border animal trade and movement, and on contact between animal species, were implemented during recent outbreaks of infection. Clinical case management guidance has been issued and case contact tracing is planned. There is a strategy to acquire anti-virals and to purchase but not produce pandemic vaccine. The extent of AI training of health care workers is unclear.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" schemes and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent is unclear to which government has engaged non-governmental actors in the planning process. The extent and quality of sector mobilisation are unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign is being sought.
7.	<i>Is there coordination with and across external partners?</i> The country is a donor and an EU Member State. In this context, no specific issues of coordination with external partners arise.
Constraints to implementation	No constraints were cited.

Country	Estonia
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$15420) and 2001 HDI (0.833) lie at about the regional median. There have been no HPAI H5N1 outbreaks reported to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a central coordination mechanism which supports the national Task Force or National Infectious Animal Disease Control Committee, which has met twice this year. Responsibility for AHI response and preparedness is clearly divided between the Ministry of Agriculture and Ministry of Social Affairs corresponding to the administrative field. The integrated county AHI plans are both in process and endorsed by government. The plans have been tested in simulation exercises in several parts between May and October, 2006. Government has engaged with a non-governmental sector in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There is capacity to detect and confirm AI infection in animals and in people. Reporting of cases in animals and in people to national authorities and international agencies is expected to be immediate. Standard procedures through a joint Ministry of Agriculture and Ministry of Social Affairs Crisis Communication Plan are in place for communication among different agencies, the government and hospitals. There are also established mechanisms for the government to share information rapidly with WHO/FAO/OIE.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes in place to strengthen capacity for AI surveillance and outbreak reporting in birds and in people. There is epidemiological capacity to trace AI infections in animals. There are laboratory facilities with diagnostic capacity for HPAI. Specific AI controls on cross-border trade and movement, contact between different species of birds and other animals and selective vaccination of zoo birds have been implemented. The use of PPE has been implemented and contact tracing is planned. Clinical guidance has been issued for training in the management of human AI cases. The integrated country plan has provisions for purchase and production of pandemic vaccine as well as a strategy to acquire antivirals.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> There are compensation schemes in place for farmers for culling at 50-70% of market value for poultry.
5.	<i>Is there effective mobilization of civil society and the private sector?</i> Government has engaged with national NGOs and the private sector in planning, but the extent and quality of non-governmental sector mobilisation is unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information is being sought on any mass communications campaigns.
7.	<i>Is there coordination with and across external partners?</i> The OIE and WHO have actively been assisting the country. The extent and quality of coordination with and among these actors are unclear.
Constraints to implementation	The main constraints are financial, namely if the compensation system doesn't account of different bird species, it may encourage farmers to hide diseased birds rather than report them. There are limited expert and financial resources in public health as well.

Country	Finland
Summary	Current position: no direct experience with HPAI H5N1 to date Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$31170) and 2001 HDI (0.93) lie above the 75 th percentile for the region. There have been no H5N1 outbreaks to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, supported by a central coordination body. The integrated country plan has been endorsed by government and tested in simulation exercise. Government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI in animals and in people.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. There are no plans to vaccinate poultry, but controls on contact between animal species are planned or being implemented. Clinical case guidance has been issued and case contact tracing is planned. There is a strategy to acquire anti-virals and to purchase but not to produce pandemic vaccine. A one-day interval between outbreak onset and reporting to national and international authorities indicates a rapid response capability.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" schemes and related communications activity is being sought
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged all non-governmental sectors in the planning process. The extent and quality of sector mobilisation are unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaigns is being sought.
7.	<i>Is there coordination with and across external partners?</i> Not applicable in this case.
Constraints to implementation	No constraints were cited.

Country	France
Summary	Current position: sporadic outbreaks of HPAI H5N1 in wild birds and domestic poultry between February and April 2006 Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$30,540) and 2001 HDI (0.925) place it above the 75 th percentile for the region.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is national Task Force with a central coordinating body, which has met about 100 times in the last six months. The AHI plan has been endorsed by government and tested in six simulation exercises.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI in animals and in people. AI controls on cross-border animal trade and movement are being implemented. The extent to which measures to control cross-species contact is unclear.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in humans. AI controls on cross-border animal trade and movement are being implemented. Selective or comprehensive poultry vaccination is being implemented. Training of health and veterinary workers in both public and private sectors is planned. In the human health sector, clinical case management guidance has been issued, and the use of personal protective equipment and case contact tracing is planned. There is a strategy to acquire anti-virals, and to produce and purchase pandemic vaccine.
4.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> A farmer compensation scheme was put in place in September 2001 funded entirely by the government and compensating farmers at more than 70% of the market value for poultry uniformly across the country.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged with civil society, national NGO's and the private sector in its planning. Private sector groups engaged include private laboratories, restaurants and the transport sector.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Public awareness campaigns have been conducted and were seen to be successful in raising awareness and contributing to changes in public behaviour.
7.	<i>Is there coordination with and across external partners?</i> WHO and OIE are active. The European Union and European Centre for Disease Control are also engaged.
Constraints to implementation	The main constraints cited are planning for more than 2 million French national living abroad, regional coordination, ascertaining the impact of an influenza pandemic on daily life and economic performance.

Country	Germany
Summary	Current position: There has been one H5N1 outbreak in poultry, and a number of outbreaks in wild birds and other fauna, and in a zoo bird. The sources of infection remain unclear. Movement controls, zoning and related measures have been implemented. Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$29210) and 2001 HDI (0.921) place it above the 75 th percentile for the region.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has met occasionally, supported by a central coordination mechanism. The integrated country plan has been endorsed by government and tested in simulation exercises. Government has engaged with the non-governmental sector in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There is the capacity to detect AI in animals and people; and the response to the recent occurrences demonstrates the capacity to mount a rapid response with appropriate priority actions including zoning, movement controls, and measures to reduce risk of contact between species.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. Clinical case management guidance has been issued, and case contact tracing is planned. There is a strategy to acquire anti-virals, and to produce and to purchase pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" schemes and related communication activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged with the non-governmental sector in the planning process. The extent and quality of sector mobilisation are unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communications campaigns is being sought.
7.	<i>Is there coordination with and across external partners?</i> The ECDC appraised the national plan in April 2006.
Constraints to implementation	

Country	Georgia
Summary	Current position: One HPAI H5N1 outbreak (February, 2006) in wild migratory birds has been reported to date, but there have been none reported in poultry. Specific resource and technical needs: coordination and communication, human resources capacity
Introduction	The country's 2005 GNI/c at PPP (\$3270) is below the 10 th percentile, and the 2001 HDI (0.746) approaches the 25 th percentile for the region. The 2005 IDA Resource Allocation Index (3.8) is in the fourth quartile.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> The commitment is apparent in the establishment of the Governmental Steering Commission on Avian Influenza in Georgia (GSCAIG) chaired by the Prime Minister. The GSCAIG was established in January 2006 and consists of the State Minister for European Integration, Minister of Finance, Minister of Labour, Health and Social Affairs, Minister of Environment and Minister of Agriculture. Responsibility for day-to-day coordination across government rests with the inter-ministerial task force headed by the deputy minister of health. The draft National AI preparedness plan has been developed by the taskforce. The extent is unclear to which it has been endorsed by government and been tested in simulation exercise. The extent is unclear to which government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. A special notification scheme is included in the draft National Plan. A one day table-top exercise workshop has been delivered by DETRA. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI infection in animals and in people.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes in place to enhance AI surveillance and reporting in animals and people. There is epidemiological capacity to trace HPAI infections in animals as well as the laboratory diagnostic capacity. AI controls on cross-border animal trade and movement have been implemented. Information on outbreak and case notification times is being sought. Information is being sought on any plans to vaccinate poultry, and for controls on contact between different species of birds and other animals. Clinical case guidance has been issued, case contact tracing and the use of PPE is planned, and up to 252 public health workers and 114 medical personnel are being trained in a USAID funded project. There is a strategy to acquire anti-virals. Information is being sought on any provisions to purchase or produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> There are compensation schemes in place for poultry culling for farmers at 50-70% of market value. The compensation scheme is part of the draft national plan and is included in the WB animal health component of the project; it has not yet been implemented.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent is unclear to which government has engaged non-governmental sectors in the planning process. The extent and quality of sector mobilisation are unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Since February, there has been a continuing mass communication campaign for AHI which has raised awareness and/or contributed to changes in public behaviour. There are established procedures for communicating health messages to raise awareness and change public behaviour.
7.	<i>Is there coordination with and across external partners?</i> The FAO, OIE, UNICEF, World Bank, WHO and bilateral actors (USAID, CDC/HHS, USA and EC) are actively assisting the country. WHO, FAO and the World Bank have assessed or appraised the integrated country plan, although not since June 2006. There is coordination with and among these partners, although its quality is unclear.
Constraints to implementation	The main cited constraints were coordination between sectors; human capacity; finance; communication; and disparity between human and animal health.

Country	Kazakhstan
Summary	Current position: HPAI H5N1 was reported in a small number of wild migratory birds in early 2006, and one poultry outbreak has been reported. Government applied a policy to vaccinate poultry in the affected area. Outbreaks reported in southern Russia appear to stop at the country's northern border. Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$7730) and 2001 HDI (0.765) approximate the 25 th regional percentile.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a Task Force supported by a central coordination body. The integrated country plan is in process and has been tested in simulation exercise. The extent to which it has been endorsed by government is unclear. Government has engaged national NGOs in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is the capacity to detect AI infection in animals and in people. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to enhance surveillance and reporting in animals and people. Although vaccination was implemented in the context of outbreaks in early 2006, AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. A one-day interval indicated between outbreak onset and reporting to national authorities suggests a rapid response capability. Clinical guidance for the management of cases in humans has been issued and tracing of case contacts planned. There is a strategy for acquiring antivirals and pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" schemes and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged national NGOs in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Some awareness has been raised through articles in the newspaper and public service announcements on cable TV. Awareness raising in schools is planned.
7.	<i>Is there coordination with and across external partners?</i> The UNICEF, UNDP, WHO and a bilateral actor (USA) are actively assisting the country. The extent and quality of coordination with and among these actors are unclear.
Constraints to implementation	No constraints were cited.

Country	Kosovo, UNMIK
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI in people or in animals
Introduction	The status of Kosovo, a part of the Former Yugoslavia, is still in the process of being determined. The GDP is €1,640million and the HDI is 0.734 (both from Human Development Report 2004). There are no other GNI or IDA Resource Allocation Index figures. There have been no reported H5N1 outbreaks to date. Kosovo is under UNMIK administration.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> The Kosovo Government has established an avian influenza cell within the Prime Minister's Office of Public Safety (OPS) as well as a coordination group comprising the Ministry of Agriculture, the Ministry of Health, which sees the participation of and regular contact with UN Agencies (WHO, FAO, UNDP/Un Development Coordinator office, UNICEF), the World Bank and representatives from UN peacekeeping mission (UNMIK). The two Ministers report to the Council of Ministers. Two working groups, headed respectively by the Ministry of Agriculture and the Ministry of Health, have been formed to outline the poultry and human components of the HPAI contingency plan for Kosovo. The Kosovo Veterinary and Food Agency (KVFA) and Ministry of Agriculture have conducted simulation exercises. The coordination group has met 6 times in the last 6 months and a national AI plan has been developed (by the Ministries of Agriculture, Forestry and Rural Development). The extent is unclear to which this integrates avian and human pandemic influenza planning to incorporate animal, health, logistics and security. The extent of engagement of the non-governmental sectors in the planning process is unclear.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for sharing information between government and technical international agencies, and for communicating health messages to raise public awareness and change behaviour. The extent is unclear of any capacity to detect AI in people or in animals. However, 254 clinical staff and 90 village health workers have been trained on AI detection. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented poultry vaccination is being considered. Information is being sought about reporting intervals and potential response speed.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. The extent of AI training of veterinary workers is unclear. Public health care personnel (344) have been trained and most of the public health care personnel work also in the private sector. Information is being sought on any issue of clinical case management guidance, and on any plans for case contact tracing. There is a strategy to acquire anti-virals and to purchase but not to produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought on any incentive or "compensation" schemes and related communications activity. There has been discussion on including such mechanisms in a draft World Bank project that may be implemented in Kosovo.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent of engagement of the non-governmental sectors in the planning process is unclear. Civil society and private sector have not been involved into avian flu activities.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Under the lead of UNMIK a TV awareness campaign was organised in coordination with Ministry of Agriculture mostly targeting farmers, poultry holders, veterinarians. UNICEF is currently supporting the Government in preparing a more extensive information and awareness campaign that would target indistinctively the whole population of Kosovo.
7.	<i>Is there coordination with and across external partners?</i> The WHO, FAO, UNICEF, WB and UNDP & OCHA through the office of UN Development Coordinator have been assisting Kosovo. OCHA has assessed the existing plans and drafted an outline for an integrated pandemic plan (animal – health – pandemic components). In July 2006, FAO conducted a mission to assess the Operational Plan for Zones Infected with Avian Influenza. In August and September 2006, there was a World Bank mission to assess support needed by the Ministries of Agriculture and Health. A World Bank project is under preparation in collaboration with the above ministries and UNICEF, WHO, FAO and the Office of the UN Development Coordinator. There are regular updates and communications among these actors on their interventions on AI response and preparedness. Bi-lateral actors as EAR and USAID have also being active.
Constraints to implementation	The main constraint remains the lack of funds.

Country	Kyrgyzstan / Kyrgyz Republic
Summary	Current position: no direct experience with HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI in animals, trained technical personnel, veterinary capacity
Introduction	The country's 2005 GNI/c at PPP (\$1870) and 2001 HDI (0.727) lie below the 10 th percentile for the region. The 2005 IDA Resource Allocation Index (3.5) is at the 25 th percentile. There have been no reported H5N1 outbreaks to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, with supporting central coordination body, which has met occasionally. The integrated country plan has been endorsed by government. The extent is unclear to which it has been tested in simulation exercise. The extent of engagement of the non-governmental sectors in the planning process is unclear.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI cases in people; information is being sought on capacity to detect AI in animals.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to enhance AI surveillance and reporting in animals and in people. AI controls on cross-border animal trade and movement are planned or being implemented. The vaccination of poultry is planned or being implemented; information is being sought on any plans to control contact between species. A one-day interval between animal outbreak or human case onset and reporting to national authorities suggests a rapid response capability. Clinical guidance for the management of AI cases in humans has been issued and the tracing of case contacts planned. There is a strategy for acquiring antivirals and pandemic influenza vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" schemes and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent of engagement of the non-governmental sectors in the planning process is unclear. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> The UNDP, WHO and bilateral actor USA through CDC are actively assisting the country. WHO, the World Bank and the CDC have assessed or appraised the integrated country plan. The extent and quality of coordination with and among these actors remain unclear.
Constraints to implementation	Cited constraints were lack of trained technical personnel and specifically lack of veterinary capacity.

Country	Latvia
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: coordination, communication, trained technical personnel
Introduction	The country's 2005 GNI/c at PPP (\$13480) and 2001 HDI (0.811) lie in the second quartile for the region. There have been no H5N1 outbreaks reported to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force supported by a central coordination body. The integrated country plan is in process and the extent is unclear to which it has been endorsed by government; the plan has been tested in simulation exercise. The extent of engagement of the non-governmental sectors in the planning process is unclear.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is the capacity to detect AI in humans, although it is not clear whether there is the same veterinary capacity. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance in animals and in people. The extent of AI training of veterinary and health care personnel is unclear. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. Information is being sought on the issue of any clinical case management guidance, and on plans for contact tracing. There is a strategy to acquire anti-virals. Information is being sought on any pandemic vaccine strategy.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent of engagement of the non-governmental sectors in the planning process is unclear. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, OIE, WHO and the European Commission are actively assisting the country. The extent and quality of coordination with and among these actors are unclear.
Constraints to implementation	Cited constraints were finance, inter-sectoral coordination and communication, and lack of trained technical personnel.

Country	Liechtenstein
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: technical trained personnel
Introduction	The country's HDI is not reported in current world development surveys. The country's GDP in the year 2003 was 4'135 million CHF and the GNI in the year 2003 was 3'538 million CHF. There have been no H5N1 outbreaks to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has met frequently, supported by a central coordination body. The integrated country plan is endorsed by government. The extent is unclear to which the plan has been tested in simulation exercise. Government has engaged with the non-governmental sector in planning.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for public health communications and for information sharing with technical international agencies, via Switzerland. There is capacity to detect AI in animals and in people, within the framework of the Swiss Health Service. An anticipated one-day interval between outbreak onset and reporting to national authorities suggests a rapid response capability. AI controls on cross-border trade and movement, and on contact between species are implemented.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. With Swiss support, there is epidemiological expertise to trace animal AI infections. There are no laboratories with HPAI diagnostic capacity within the country but there is an agreement with the Swiss Veterinary Service. Specific controls on cross-border trade and movement are implemented based on a Customs Union Treaty with Switzerland. Controls on contact between different species of birds and other animals are planned while poultry vaccination is not. Clinical case management guidance has been issued, PPE use has been implemented and contact tracing is planned. There is a strategy to acquire anti-virals and to purchase pandemic vaccine. AI training of veterinary and health care personnel is implemented and in process.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Compensating schemes are in place for farmers for culling at more than 70% of market value.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged with civil society and national NGOs in the planning process. The non-governmental sector is committed to the planning process. Parts of the non-governmental sector are: the medical association, the association for home care, the association home for the aged and nursing home of Liechtenstein (which is a foundation), the hospital (there is one hospital in Liechtenstein) and an epidemiological counselling specialist. These sectors are now in full engagement.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> There has been a mass communication campaign which raised awareness and/or contributed to changes in public behaviour. Last winter they have been implemented successfully. Planning is in hand to establish procedures for communicating health messages to raise awareness and change behaviour.
7.	<i>Is there coordination with and across external partners?</i> There are no bi- or multi-lateral agencies presently active in assisting with AHI planning although there is coordination with and across an external partner. This partner is the Swiss government and the Swiss Health Agency. Liechtenstein is also working with the Swiss cantons. There have been no assessments by multilateral agencies.
Constraints to implementation	To get enough of the appropriate human resources for preparedness planning and plan implementation.

Country	Lithuania
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$14220) and 2001 HDI (0.824) are just below the median average for the region. There have been no reported H5N1 outbreaks to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has met periodically, supported by a central coordination body. The integrated country plan has been endorsed by government and tested in simulation exercise. Government has engaged the non-governmental sector in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communication. There is capacity to detect AI in animals and in people. Information is being sought on reporting interval data to suggest the potential rapidity of response.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to enhance AI surveillance and reporting in animals and in people. AI controls on cross-border trade and movement, and on contact between species, are planned or being implemented. Clinical case management guidance has been issued, and case contact tracing is planned. However the extent of AI training of veterinary and health care personnel is unclear. There is strategy for acquiring pandemic vaccine. Information is being sought about antiviral strategy.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" schemes and related communication activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged with national NGOs and civil society in the planning process. The extent and quality of sector mobilisation are unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaigns is being sought.
7.	<i>Is there coordination with and across external partners?</i>
Constraints to implementation	No constraints were cited.

Country	Macedonia
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI in animals, AI surveillance and reporting in animals
Introduction	The country's 2005 GNI/c at PPP (\$7080) and the 2001 HDI (0.784) lie below the regional median. There have been no reported H5N1 outbreaks.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> According to the law, there is a national Task Force, supported by central coordination body, the Crises Management System in charge of the Response to Crises, including Avian Influenza. The integrated country plan has been endorsed by government. The extent is unclear to which it has been tested in simulation exercise. The extent of engagement of the non-governmental sectors in the planning process is unclear. The two Commissions on AI and Human Pandemic Influenza depending on the Ministries of Agriculture and Health have developed sectoral plans; and information is being sought on the development of an integrated AHI strategy.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There is capacity to detect and confirm AI infection in animals and in people. There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes to enhance AI surveillance and reporting in animals and in people. Surveillance in the veterinary sector is strong and wild bird monitoring is taking place. A guideline for general practitioners, epidemiologists and infectious diseases, prepared by several professionals (members of the National AI commission) is in process of being published. There is epidemiological capacity to trace AI infections in animals, although the extent of training needs is unclear. There are laboratory facilities for HPAI diagnosis. AI controls on cross-border animal trade and movement are planned. Information is being sought on plans for any controls on contact between different bird species and for poultry vaccination. Clinical case management guidance has been issued, and case contact tracing and the use of PPE is planned. There is a strategy to acquire anti-virals and to both purchase and produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought on plans for any compensation schemes for farmers for culling.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent of engagement of the non-governmental sectors in the planning process is unclear. The extent and quality of sector mobilisation are unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> A communications campaign has been conducted jointly by the Ministry of Health and UNICEF which included programmes on TV and radio and dissemination of pamphlets. The Ministry of Education is disseminating information to schools, the Ministry of Health to the health sector and the Ministry of Labour to institutions. Communications campaigns appear to have raised awareness and/or contributed to changes in behaviour. There are established procedures for communicating health messages to raise awareness and change behaviour. WHO with the Ministry of Health has organised a series of workshops for journalist on national and local level on issues relevant to communication on AI and pandemic human influenza.
7.	<i>Is there coordination with and across external partners?</i> FAO, UNICEF, WHO, UNDP and USAID are assisting the country with AHI planning. Funding has been requested from the EC and USAID. There are joint AHI programmes between the government and multilateral agencies. No multilateral agencies have assessed or appraised the country AHI plans. WHO has been directly involved in assigning the government in developing National Action Plan and National Operation Plan on AI and Human Pandemic Influenza as well as assessment of the laboratory capacities for detection of human influenza (both seasonal and pandemic) has been performed. Additionally, WHO has supported country-wide training of health workers (clinicians, epidemiologist and health inspectors) in AI detection.
Constraints to implementation	The main cited constraint is coordination. Previous cited constraint was financial.

Country	Malta
Summary	Current position: no experience with Specific resource and technical needs:
Introduction	
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> A national pandemic committee has been set up chaired by the principal permanent secretary and endorsed by the prime minister. Information is being sought. Information is being sought on the existence and status of an integrated national plan. The extent is unclear to which government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies; and there are established procedures for public health message communication. There is capacity to detect and confirm AI in people and in animals. It is anticipated that outbreak and case notification would occur immediately.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes to enhance surveillance and reporting in animals and in people. The extent is unclear to which there are controls on contact between different species or on cross border trade and movement. The use of personal protective equipment and case contact tracing is planned. Clinical guidance has been issued and some training of health workers in case management has taken place. The country has already acquired antivirals to cover 25% of the whole population and there is a strategy for purchasing but not producing pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Incentive or compensation schemes are being discussed in parliament.
5.	<i>Is there effective mobilization of civil society and the private sector?</i> The extent is unclear to which government has engaged non-governmental sectors in the planning process.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> No mass communications campaigns have been done directly related to HPA but campaigns targeted at groups like poultry workers, hunters, vets, public health workers and doctors have taken place.
7.	<i>Is there coordination with and across external partners?</i> Coordination across external partners is taking place. The extent and quality of coordination is unclear.
Constraints to implementation	Limitations to financial and human resources

Country	Moldova
Summary	Current position: no HPAI H5N1 outbreaks reported to date Specific resource and technical needs: technical trained personnel; coordination and communication
Introduction	The country's 2005 GNI/c at PPP (\$2150) and HDI (0.70) place it below the 10 th percentile as one of the poorest countries in the region. The 2005 IDA Resource Allocation Index (3.5) is at the 25 th percentile. There have been no H5N1 outbreaks reported to date although the country adjoins the Ukraine and Romania, which have both seen outbreaks.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force supported by a central coordination mechanism. The integrated country plan has been endorsed by government and tested in simulation exercise. Government has engaged the private sector in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for sharing information between government and technical international agencies, and for public health communications. There is capacity to detect AI in animals. Information is being sought about capacity to detect AI in people.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are laboratory facilities with HPAI diagnostic capacity and programmes are in place to strengthen AI surveillance in animals and in humans. AI controls on cross-border animal trade and movement are implemented and are planned for controls on contact between species. HPAI vaccination for poultry is not planned. The use of PPE and contact tracing is planned. Clinical guidance has been issued for training in AI case management. There is a strategy to acquire anti-virals. Information is being sought about strategy for pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communication activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged the private sector in the planning process; the extent is unclear of engagement with other non-governmental sectors. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> A communication campaign started in spring 2006 with support of USAID and UNICEF. There are established procedures for communicating health messages to raise awareness and change public behaviour.
7.	<i>Is there coordination with and across external partners?</i> The FAO, UNICEF, UNDP, WHO, World Bank, and several bilateral actors (DFID, EU, USAID) have been assisting the country. FAO, WHO and the World Bank have undertaken plan assessment or appraisal missions. The extent and quality of coordination with and among these actors remain unclear.
Constraints to implementation	Main cited constraints were finance, inter-sectoral coordination and communication, lack of technical trained personnel, and risk perception.

Country	Norway
Summary	Current position: no direct experience with HPAI H5N1 to date Specific resource and technical needs: none cited
Introduction	The country's 2005 GNI/c at PPP (\$40420) and 2001 HDI (0.944) place it above the 90 th percentile for the region. There have been no reported H5N1 outbreaks to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, supported by a central coordination mechanism. Regular meetings with all stakeholders occur to improve harmonised interventions and prevent duplication of effort. The integrated country plan has been endorsed by government and tested in simulation exercise. Government has engaged with a non-governmental sector in planning.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI in humans.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. There is epidemiological capacity to trace AI infection in animals and there is a laboratory with HPAI diagnostic capability as well as an agreement with a reference laboratory. AI controls on cross-border animal trade and movement, and on contact between species are being implemented and poultry vaccination are planned. Clinical case management guidance has been issued, and case contact tracing and the use of PPE are planned. There is a strategy to acquire anti-virals and to purchase pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> There are compensation schemes for poultry culling at greater than 70% market value.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged with a non-governmental ornithological sector. The extent and quality of non-governmental sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign in the human health field is being sought. The internet and media in the animal health field have raised awareness and contributed to changes in behaviour. There are established procedures for communicating health messages to change public behaviour.
7.	<i>Is there coordination with and across external partners?</i> The WHO, OIE and UNDP have been assisting the country. There is also a close cooperation with the EU-commission and the ECDC and a standing collaboration with the EU commissioner in the scope of the EEA agreement. Relating to the animal health aspect of AI, there is a close formalised collaboration within the scope of OIE, and the EEA-agreement (with the European Commission).
Constraints to implementation	

Country	Poland
Summary	Current position: Outbreaks of HPAI H5N1 in wild migratory birds were reported in early-mid 2006 and control measures imposed. Specific resource and technical needs: human and financial resources needed
Introduction	The country's 2005 GNI/c at PPP (\$13490) lies in the second quartile and 2005 HDI (0.858) just above the median for the region.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task force with the Ministry of Health as the supporting coordination body. The integrated country plan has been endorsed and prior to June 2006, tested both in simulation exercise as well as during HPAI H5N1 outbreak in wild migratory birds. Government has engaged non-governmental sectors in planning.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for sharing information between government and technical international agencies, and for public health communications. There is capacity to detect and confirm AI infections in animals and in people. A stated one-day interval from onset to reporting to national authorities and 3 days for international agencies suggests a capability for rapid response.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to enhance AI surveillance and reporting in animals and in people. There is a well established AI surveillance system with epidemiological capacity to trace AI infections in animals as well as a laboratory with HPAI diagnostic facilities. AI controls on cross-border trade and movement, and on contact between species, are being implemented; and internal movement controls were imposed in managing the recent wild bird outbreaks. The extent of AI training of veterinary and health care personnel is unclear. Information is being sought on any plans to vaccinate poultry. Clinical guidance for the management of cases in humans is being issued. The use of PPE is being implemented as is contact tracing. There is strategy for acquiring antivirals and pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communication activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged with non-governmental sectors in the planning process, namely national NGOs, the private sector and the Red Cross (about to sign joint programme) and other Church organisations. Business and academic circles also involved.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> A mass communication campaign was conducted; and information about the extent to which it succeeded in raising awareness and contributing to changes in public behaviour is indicated in Eurobarometer awareness data. There are established procedures for communicating health messages to raise awareness and change public behaviour.
7.	<i>Is there coordination with and across external partners?</i> FAO, IOM, OIE, UNDP and WHO have been assisting the country as has the ECDC. Since June 2006, WHO, EC and ECDC have conducted assessed of appraised the integrated country AHI plans.
Constraints to implementation	Lack of human and financial resources.

Country	Romania
Summary	Current position: There have been 230 H5N1 outbreaks in farm and backyard poultry reported to date (FAO, 6 th October) but no human cases have been detected. The country has therefore been one of the most severely affected in the region. Specific resource and technical needs: bio-security, coordination and communication, technical trained personnel, simulation exercises
Introduction	The country's 2005 GNI/c at PPP (\$8940) and 2006 HDI (0.805) place it above the 25 th percentile for the region. Major wetlands in the Danube Delta are frequented by wild migratory waterfowl.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force which met frequently during the Avian Influenza outbreaks, and is supported by a central coordination body. Meetings to improve harmonised and aligned interventions for Avian Influenza were convened for which all stakeholders were present. The integrated country pandemic intervention plan (http://www.ms.ro/afis/dbdown.asp?ID=1993) has been drafted. The extent is unclear to which government has engaged with non-governmental sectors in the planning process. As the Avian Influenza outbreaks have passed, there has been a slowdown in efforts towards completion and testing of pandemic preparedness plans.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There is a clear and well organised emergency management system in Romania that was involved in the Avian Influenza outbreaks and would be mobilised during a pandemic. Information is being sought about standard procedures for communication among agencies, government and hospitals for infectious disease outbreaks, and for public health communications. However, there are established mechanisms for information sharing between government and technical international agencies. There is capacity to detect AI in animals and in people. A stated 1-day interval between outbreak onset and reporting to national authorities suggests a rapid response capability.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in people. There is expert epidemiology capacity to trace HPAI infections in animals. There are laboratory facilities with HPAI diagnostic capacity. AI controls on cross-border trade and movement are being implemented. HPAI vaccination of poultry is planned. The use of PPE and contact tracing has been implemented. Clinical case management guidance has been issued. Recent outbreaks have been attributed to illegal poultry movement, poor bio-security resulting in transmission through fomites, and contact with wildlife. The extent of AI training of veterinary and health care personnel is unclear. There is a strategy to acquire anti-virals, and both to purchase and to produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Compensation schemes for poultry culling for farming heads of households are in place, and are combined with information/communication.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent is unclear to which government has engaged with non-governmental sectors in the planning process. The extent and quality of sector mobilisation remain unclear. Civil Society and Private Sector are a part of the emergency management system; the extent is unclear to which these sectors could be engaged further, especially to ensure business continuity and maintenance of essential services in the event of a pandemic.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> There has been a mass communication campaign which raised awareness and contributed to changes in public behaviour. Information is being sought about established procedures for communicating health messages to raise awareness and change public behaviour.
7.	<i>Is there coordination with and across external partners?</i> FAO, UNICEF, UNDP, WHO, OIE and the World Bank have been actively assisting the country. WHO has conducted 3 appraisal missions and bilateral actors (USAID, CDC, EC, ECDC, the Netherlands). There are several joint AHI programmes with multilateral agencies. USAID and UNDP are currently performing assessments and appraisals of integrated country plans.
Constraints to implementation	The main constraint cited is coordination. Previous cited constraints included: inter-sectoral coordination and communication, technical trained personnel, risk perception, and exercise testing.

Country	Russian Federation
Summary	Current position: There have been 121 H5N1 outbreaks in poultry reported to date (2 nd August) mainly in northern Caucasus area, but no human cases. Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$10640) and 2001 HDI (0.779) lie in the second regional quartile.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has met regularly, supported by a central coordination body. Its activities have been high profile and publicised. Government showed commitment to AHI issues at the 2006 G8 meeting. The integrated country plan is in process and has been tested in simulation exercise; the extent is unclear to which it has been endorsed by government. The extent to which government has engaged non-governmental sectors in the planning process is unclear.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for communicating health messages to raise awareness and change public behaviour; the extent is unclear to which there are established mechanisms for information sharing with technical international agencies. There is the capacity to detect AI in animals and in people. AI controls on cross-border trade and movement, and on contact between species, are planned or being implemented. The poultry sector is highly commercialised and veterinary controls and regulations are very strict.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and people. AI controls on cross-border trade and movement, and on contact between species, are being planned or implemented as is poultry vaccination. The extent of AI training of veterinary and health care personnel is unclear. In the animal health sector, response to outbreaks usually takes 2-3 days; the surveillance system is of high quality and the veterinary sector is well developed from the Soviet era. Clinical case management guidance has been issued and case contact tracing is planned. There is a strategy to acquire anti-virals. WHO, in its assessment found the Russian surveillance system above average.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" schemes and related communication activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent to which government has engaged non-governmental sectors in the planning process is unclear. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Communications materials targeted at health workers and hunters have been disseminated in problem areas. Information is being sought on ant mass AHI media campaign.
7.	<i>Is there coordination with and across external partners?</i> The FAO, UNICEF, UNDP, and WHO have been actively assisting the country. The WHO has undertaken plan assessment or appraisal missions; and bilateral donors have seen the integrated country plan. Russian and Ukrainian ministries have committed to working in close coordination on AHI issues.
Constraints to implementation	The main cited constraint was physical difficulty of access.

Country	Serbia
Summary	Current position: March 2006 outbreak of H5N1 was rapidly contained by the government Specific resource and technical needs: equipment and skilled human resource capacity to control the spread of the disease in case of a country-wide epidemic; culling and incinerating equipment and training. Upgraded bio-security in national reference laboratory (NRL); pathogenicity assessment of H5 and H7 isolates at the NRL; enhance capacity for eradication in case of mass outbreak; strengthen AI surveillance, diagnosis and eradication capacity needed because more than 50% of the poultry population comprises semi-commercial or backyard poultry in which bio-security measures are limited. Enhanced compensation system.
Introduction	The country's 2005 IDA Resource Allocation Index (3.7) is at the regional median for IDA eligible countries, but there is no available GNI/c at PPP or HDI data. Outbreaks of bird flu in March 2006. So far 11 cases of bird flu have been registered in Serbia, 10 cases on wild birds (mostly swans) and one case in domestic poultry.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There are two technical working groups at the ministerial level: Mo Agriculture and Mo Health. Both are established by their respective ministries and have representatives in the other working group. In the government plan of activities made by the MoH, 7 ministries are involved (Education, Police, MoH, MoA, Local Governance, Foreign Affairs, Trade). These technical working groups are supported by a central coordination body, which was formed in March 2006. The integrated country plan has been endorsed by government and tested in the March 2006 outbreak. Government has engaged civil society in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI in animals; information is being sought on capacity to detect AI in people. AI controls on cross-border trade and movement, and on contact between species, are planned or being implemented. A stated 4-day interval between outbreak onset and reporting to national authorities indicates an anticipated speed of response.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. AI controls on cross-border trade and movement, and on contact between species, are planned or being implemented. Clinical guidance on case management has been issued, and case contact tracing is planned. A number of health care personnel have been trained in AI case management. Veterinary capacity is significant; and information is being sought about the extent of skilled human resources for controlling the spread of the disease should there be a country-wide epidemic. There is a strategy to acquire anti-virals and to purchase pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Compensation system is in place; information is being sought about the categories and baseline prices for compensation, monitoring of market prices, the percentage of damage that GoS is prepared to compensate, national price fixing, fast compensation to prevent hidden sales, administrative procedures for control, the creation of an Animal Health Fund that can be used during time of peace for upkeep of the preparedness levels, and maintenance of control of the compensation fund on a rolling yearly basis including secured funding sources.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged civil society in the planning process; the extent is unclear of engagement with other non-governmental sectors. The extent and quality of sector mobilisation are unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> There has been distribution of materials to farmers and to families via school children. Information is being sought about any existing or planned AHI mass communication campaigns.
7.	<i>Is there coordination with and across external partners?</i> The FAO, IOM, WHO, UNICEF and UNDP have been actively assisting the country and the national plan was presented to bi-lateral donors in April. FAO, WHO and the World Bank have conducted assessment or appraisal missions. The extent and quality of coordination between these actors are good and will continue to be improved.
Constraints to implementation	The main cited constraint was finance.

Country	Slovak Republic
Summary	Current position: HPAI H5N1 detected in wild birds in February Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$15760) and 2001 HDI (0.836) place it in the third regional quartile. No H5N1 outbreaks have been reported to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force supported by a central coordination body. The integrated country plan has been endorsed by government and tested in simulation exercise. The extent is unclear to which government has engaged any non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications to raise awareness and change behaviour. There is capacity to detect AI in animals and in people. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. An anticipated 1-day interval between outbreak or case onset and reporting to national authorities and international agencies suggests a rapid response capability.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in people. Clinical case management guidance has been issued and case contact tracing is planned. The extent of AI training of health care and veterinary personnel is unclear. It is not clear if there are programmes to strengthen veterinary surveillance and reporting. However, AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. There is a strategy to acquire anti-virals and to purchase pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought on any incentive or "compensation" scheme and related communications activity.
5.	<i>Is there effective mobilization of civil society and the private sector?</i> The extent is unclear to which government has engaged any non-governmental sectors in the planning process.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information is being sought on any mass communications campaigns.
7.	<i>Is there coordination with and across external partners?</i> The FAO, WHO, OIE and the ECDC have been assisting the country. The extent and quality of coordination with and between these actors is unclear.
Constraints to implementation	No constraints were cited.

Country	Slovenia
Summary	Current position: HPAI H5N1 detected in wild birds in February and March 2006 Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$22160) and 2001 HDI (0.881) place it in the third quartile for the region. There have been reported instances of HPAI H5N1 in wildfowl but not in poultry.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been met twice in the last six months and is centrally coordinated by the Ministry of Agriculture. The integrated country plan is in process and tested in simulation exercise. Government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing by government with technical international agencies, and for public health communications. There is capacity to detect AI in animals and people. AI controls on cross-border animal trade and movement, and on contact between species, are being implemented. FAO analysis suggests a 6-day average interval (over 16 instances) between outbreak observation and reporting to the OIE, indicating possible speed of response.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. Clinical case management guidance has been issued, and case contact tracing is planned. Training of health workers on case definitions, laboratory diagnostics and sentinel surveillance for seasonal influenza has taken place. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. Veterinary services have the knowledge of the AI and measures which have to be implemented in the case of suspicion or outbreak of the AI. There is a strategy to acquire anti-virals and to purchase and produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> According to the legislation the Republic of Slovenia compensation will be provided to holders of animals that have been killed or slaughtered and for objects and raw materials that have been damaged ruined or destroyed in carrying out containment measures for AI. The amount to be compensated is more than 70% of the market value for poultry.
5.	<i>Is there effective mobilization of civil society and the private sector?</i> Government has engaged national NGOs and the private sector in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Mass communication campaign has been carried out. Information is available on regular basis.
7.	<i>Is there coordination with and across external partners?</i> The FAO, WHO, OIE World Bank, EC and a bilateral actor (USA) have been actively assisting the country. The FAO, WHO and World Bank have undertaken plan assessment or appraisal missions. The extent and quality of coordination with and among these agencies are unclear.
Constraints to implementation	Operationalisation of plan, engagement of civil society and private sector.

Country	Spain
Summary	Current position: A single case of HPAI H5N1 in a wild bird has been reported in 2006, but no outbreaks in poultry or people. Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$25820) and 2001 HDI (0.918) are well into the third regional quartile.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting periodically, supported by a central coordination body. The integrated country plan has been endorsed by government and been tested in simulation exercise. Government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect and trace AI in animals (including 18 laboratories), and to detect cases in people. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. The wild bird case indicated a 7 day interval between onset and confirmed notification to national and international bodies.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. AI controls on cross-border animal trade and movement, and on contact between species, are being implemented; and poultry are being vaccinated. The extent of AI training of veterinary and health care personnel is unclear; but clinical case management guidance has been issued and case contact tracing is being implemented. There is a strategy to acquire anti-virals (10 million treatment courses); and there is provision both to purchase and to produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any "compensation" scheme for AI is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged civil society and the private sector in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> There has been a mass communication campaign, which has raised awareness. Information on its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> Regular meetings are convened and attended by all stakeholders to improve harmonised and aligned interventions and to prevent duplication of effort.
Constraints to implementation	Uncertainty

Country	Sweden
Summary	Current position: There have been instances of HPAI H5N1 detected in wild birds but not in poultry. Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$31420) and 2001 HDI (0.941) lie above the regional 90 th percentile.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which is centrally coordinated and has met twice in the last six months. The integrated country plan has been endorsed by government and tested in simulation exercise. Government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI in animals and in people. AI controls on contact between species are planned or being implemented. Poultry vaccination is planned or being implemented and it is unclear whether AI controls on cross-border animal trade and movement are being planned or put into effect.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in people and in animals. Clinical case management guidance has been issued, and case contact tracing is planned. There is a strategy to acquire anti-virals, and to purchase and to produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on the compensation scheme in place is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged civil society and the private sector in the planning process. The extent and quality of sector mobilisation are unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass AHI communication campaign is sought. However, public awareness has been raised.
7.	<i>Is there coordination with and across external partners?</i>
Constraints to implementation	No constraint was cited.

Country	Switzerland
Summary	Current position: Cases of H5N1 in wild birds in February and March 2006 Specific resource and technical needs:
Introduction	
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national task force, supported by the Federal Department of Home Affairs acting as the central coordinating body, which meets regularly. The integrated country AHI plan has been endorsed by government and has been tested in simulation exercises
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There is capacity to detect and confirm AI infection in animals and in people. The average time from observation of AI in birds to reporting to national authorities is 2 days and 1 day to international agencies. Despite no standard procedures for communication among different agencies, the government and hospitals, there is coordinated communication between national offices of public health and animal health concerning AI cases in wild birds. However, there are established mechanisms for the government to share information rapidly with WHO/FAO/OIE. A point of contact phone number has been set up for information exchange in the event of an emergency with WHO and there is a reporting system and information exchange with OIE.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes in place to strengthen capacity for AI surveillance and outbreak reporting in animals and in people. Active wild bird surveillance in a joint venture with neighbouring Germany and Austria is occurring as well. There is epidemiological capacity to trace AI infections in animals through the Epidemiological unit of the Swiss Federal Veterinary Office, national databases, harmonized outbreak investigation procedure. There are laboratory facilities with AI diagnostic capacity. Specific AI controls on cross-border trade and movement and on contact between different species of birds have been implemented. Poultry vaccination is not planned. The use of PPE has been implemented and contact tracing is planned. Clinical guidance has been issued for training in the management of human AI cases. The integrated country plan has provisions to purchase pandemic vaccine as well as a strategy to acquire antivirals. It is not clear if there are plans to produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Compensation schemes are in place for farmers affected by culling measures. Compensation values are in excess of 70% of market value.
5.	<i>Is there effective mobilization of civil society and the private sector?</i> The government has engaged national NGOs, the private sector and others in planning efforts. Universities and ornithological stations have been engaged as well.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> A mass AHI communication campaign concerning AI cases in wild birds and consequences for the poultry industry has occurred. The campaign raised awareness and contributed to changes in public behaviour. There are established procedures for communicating health messages to change public behaviour.
7.	<i>Is there coordination with and across external partners?</i> No bi- or multi-lateral agencies are presently active in assisting the country on AHI planning and none have assessed or appraised the country plans.
Constraints to implementation	Uncertainty.

Country	Tajikistan
Summary	Current position: No direct experience of HPAI H5N1 to date. Specific resource and technical needs: Capacity to detect AI in people; AI surveillance and reporting in animals and people; Communication for behaviour change; Advocacy and awareness-raising among policy makers. The World Bank's avian influenza control and human pandemic preparedness and response project, implemented by three UN agencies (UNICEF, WHO and FAO), will begin on 26 October 2006.
Introduction	There have been no reported H5N1 outbreaks to date. The country's 2005 GNI/c at PPP (\$1260) and 2001 HDI (0.677) are among the lowest in the region, and the 2005 IDA Resource Allocation Index (3.3) lies on the 10 th percentile among the IDA eligible countries.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national AHI task force which has met periodically, supported by a National Steering Committee and chaired by the Deputy Prime Minister. Regular meetings are attended by all stakeholders to improve harmonised and aligned interventions. The integrated country AHI plan is in process. The extent is unclear to which it has been tested in simulation exercises. The Government has engaged the non-governmental sector in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There is capacity to detect and confirm HPAI infection in animals and AI in people. Information is being sought on any standard procedures in place for communications among different agencies, the government and hospitals. Communications between government and hospitals occur in a traditional manner. Information is being sought about the extent to which other relevant agencies are integrated into this structure. AI controls on cross-border animal trade and movement are planned.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen capacity for AI surveillance and outbreak reporting in animals and in people. There is expert epidemiology capacity to trace HPAI infection in animals, and information on training is being sought. There is laboratory capacity for HPAI diagnosis. Specific HPAI controls on cross-border trade and movement are planned as are controls on contacts between different species of birds and other animals. Poultry vaccination for HPAI is planned. The use of PPE and contact tracing has been implemented for the control of AI in people. Clinical guidance has been issued for training in the management of AI cases in people. The integrated country plan includes strategies to acquire anti-virals and to purchase and produce pandemic vaccine. The health component of the AI Contingency Plan (Plan on Sanitary-Epidemiological and Medical Countermeasures Against Pandemic Highly Pathogenic Avian Influenza) has been recently updated by the Ministry of Health with WHO technical assistance.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> There is a compensation scheme for farmers and heads of households for poultry culling. Compensation and public awareness are included in the WB project.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The government has engaged national NGOs, civil society and the private sector in planning.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> A mass AHI communication campaign has occurred which raised awareness and contributed to changes in public behaviour. Information is being sought about its impact and achievement of goals. UNICEF has a strategy for such a campaign. Target groups and some hygiene promotion activities already have been integrated into existing UNICEF school-based hygiene promotion projects. Public opinion research has been conducted by the Strategic Research Centre, with UNICEF technical assistance, which identified the level of knowledge about Avian Flu among the population and common practices of handling poultry in rural communities. Based upon the survey findings, communication activities will be implemented in partnership with a range of local NGOs, mass media and CSOs. Sample information materials have been developed.
7.	<i>Is there coordination with and across external partners?</i> Coordination among partners is strong. FAO, UNICEF, WHO and the World Bank are active in assisting the country with AHI planning. One joint AHI programme between the government and a multi-lateral agency is current. No missions have occurred since June 2006 but a joint mission of UNICEF, WHO, FAO and the World Bank occurred in May 2006.
Constraints to implementation	Main constraint cited is technical capacity. The poorest of the former Soviet republics and the second most mountainous country in the world, Tajikistan faces great challenges.

Country	Turkey
Summary	Current position: There have been 200 H5N1 outbreaks in poultry and 30 wild birds reported to date (2 nd August), and 12 human cases (4 fatal) in 2006 (as of 9 th August). Turkey was the most severely affected country in the region. Specific resource and technical needs: controls on contact between species, coordination between central and provincial levels and communication
Introduction	The country's 2005 GNI/c at PPP (\$8420) and 2001 HDI (0.734) place it around the 25 th percentile for the region.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which meets about once a month centrally coordinated by the Prime Minister's office. The integrated country plan is in process and had been tested in one simulation exercise. Line ministries started their staff training and prepared communication strategies. UN agencies have plans and are carrying out simulation exercises. Government has engaged civil society in planning.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There are AI controls on cross-border animal trade and movement and controls on contact between species are planned. There is capacity to detect AI in animals and in people. Suspected disease in animals is investigated within one day. It may take up to 5 days to obtain laboratory confirmation. Control measures are implemented on the basis of a combination of clinical science and laboratory results.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> There are programmes in place to strengthen AI surveillance in animals and in people. A World Bank project is strengthening laboratory capacity. Clinical case management guidance has been issued in animal and human and there is case contact tracing in animal and human. There is a strategy to acquire anti-virals and to purchase but not to produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> A compensation scheme was put in place in February 2006 compensating farmers and heads of households at more than 70% of the market value.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged all non-governmental sectors in the planning and implementation process.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> There have been successful communications campaigns. Information is being sought about the impact on behaviour and on the spread of infection among poultry.
7.	<i>Is there coordination with and across external partners?</i> The FAO, OIE, UNICEF, UNDP, WHO and other actors (EC, USA) have been actively assisting the country. No assessments have been carried out.
Constraints to implementation	The main constraints cited were inter-sectoral coordination.

Country	Turkmenistan
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: finances, laboratory capacity, trained personnel
Introduction	The country's 2001 GDP/c at PPP (\$4320) (2005 GNI/c at PPP data are unavailable) and HDI (0.748) approach the 25 th percentile for the region. There have been no reported H5N1 outbreaks to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has met occasionally, supported by a central coordinated by the Ministry of Health and Medical Industry. The integrated country plan is in process. The extent is unclear to which it has been endorsed by government and tested in simulation exercise. The extent is unclear of engagement by government with non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for communicating public health messages to raise awareness and change behaviour. Information is being sought about any established mechanisms for information sharing between government and technical international agencies. There is capacity to detect AI in people; information is being sought about capacity to detect AI in animals and about disease reporting interval data to indicate potential speed of response. AI controls on cross-border animal trade and movement and on contact between species are implemented.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in people. Information is being sought about any programmes to strengthen surveillance and reporting on animals. AI controls on cross-border animal trade and movement, and controls on contact between species, are planned or being implemented. Information is being sought about any plans to vaccinate poultry. Clinical case management guidance has been issued, and case contact tracing is planned. There is a strategy to acquire anti-virals; information is being sought about any strategy to purchase or to produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought about any planned or existing compensation scheme.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent is unclear of engagement by government with non-governmental sectors in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> A mass communication campaign has taken place that has raised awareness and contributed to changes in public behaviour.
7.	<i>Is there coordination with and across external partners?</i> The UNICEF, FAO, UNDP, WHO and bilateral actors (USA and UK) are actively assisting the country. WHO has assessed or appraised the integrated country plan. The extent and quality of coordination among these actors are unclear.
Constraints to implementation	The main cited constraints were finance, laboratory capacity, and trained personnel.

Country	Ukraine
Summary	Current position: There have been 24 H5N1 outbreaks in poultry reported to date (2 nd August) and no human cases. The country adjoins Romania and the Danube Delta wetlands through which pass many species of migratory wildfowl. Specific resource and technical needs: capacity to detect AI in people, controls on contact between species, inter-ministerial coordination and communication.
Introduction	The country's 2005 GNI/c at PPP (\$6720) and 2001 HDI (0.766) lie respectively below and on the 25 th regional percentile.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting periodically, supported by a central coordination body. A coordination council has been created under the national decree which includes UN agencies, all ministries, civil society and donors and headed by the Minister for Emergencies. The integrated country plan has been endorsed by government. The extent is unclear to which it has been tested in simulation exercise. The extent is unclear of engagement by government with non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies. Information is being sought about established procedures for communicating health messages to raise public awareness and change behaviour. There is the capacity to detect AI in animals. The extent of capacity to detect AI in people is unclear. Information is being sought about any plans for controls on cross-border animal trade or movement, and on contact between species. There is a stated 2-day interval between outbreak onset and national and international reporting, suggesting a capability for rapid response. The extent is unclear to which existing resources would suffice in larger disease outbreaks.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. Clinical case management guidance has been issued and case contact tracing is planned. However, the extent of AI training of veterinary and health care personnel remains unclear. There is a strategy to acquire anti-virals and to purchase but not to produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent is unclear of engagement by government with non-governmental sectors in the planning process. The extent and quality of sector mobilisation remain unclear. But with UN support, there are plans for conducting simulation exercises with NGOs, civil society, the private sector and the government.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> A communications strategy is being planned by UNICEF with support from USAID and EC. The media is very active and messages are targeted at farmers including backyard poultry farmers.
7.	<i>Is there coordination with and across external partners?</i> The FAO, WHO, OIE, UNICEF and UNDP and bilateral actors USAID and EC have been actively assisting the country. FAO, WHO, UNDP and the World Bank have assessed or appraised the integrated country plan. The extent and quality of coordination with and among these actors remain unclear but the coordination council will play a central role in this.
Constraints to implementation	The main cited constraints were inter-sectoral coordination and communication.

Country	United Kingdom
Summary	Current position: There have been no reported HPAI H5N1 outbreaks in poultry, but there has been a case of infection in imported birds while in quarantine and a case detected in a wild bird. Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$32690) and 2001 HDI (0.93) place it respectively below and on the 90 th percentile for the region. This profile refers to England and to the equivalent arrangements in the Devolved Administrations and in Northern Ireland.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting frequently, supported by a central coordination body. The integrated country plan is still in process and has been tested in simulation exercise; the extent is unclear to which it has been endorsed by government. Government has engaged with all non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for sharing information between government and technical international agencies, and for communicating health messages to raise public awareness and change behaviour. There is expert veterinary capacity to detect and trace AI in animals, including an OIE/FAO reference laboratory. There is capacity to detect AI in humans. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. Stated 3-day intervals between animal outbreak onset and national and international reporting, and anticipated 1-day intervals in human cases, suggest the potential speed of response.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals (through seroprevalence surveys, veterinary investigations, wild bird surveys and "passive" reporting of unusually high mortality in birds by the public). There are also programmes to strengthen surveillance and case reporting in people. AI controls on cross-border animal trade and movement are being implemented, and on contact between species are being planned. There are plans to vaccinate poultry. There are 250 state veterinarians in addition to private sector vets. Clinical case management guidance has been issued; and contact tracing is planned, with guidance available on numbers of contacts to be traced depending on the nature of the case. There is a strategy to acquire anti-virals (for 25% of UK population), and there are provisions to purchase and to produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> There is a farmer "compensation" scheme, established in 1981 (a uniform rate set at more than 70% market value) and 100% publicly funded, which has cost approximately US\$1.1 million since 2003.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged all non-governmental sectors in the planning process. These include bird and animal protection societies, media communications groups, and organisations representing private sector businesses. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass AHI communication campaign is being sought.
7.	<i>Is there coordination with and across external partners?</i> No external partners have been assisting the country. WHO has assessed or appraised the integrated country plan. There are regular meetings convened and attended by all stakeholders to improve harmonised and aligned interventions and to prevent duplication of effort.
Constraints to implementation	The main constraints cited were vaccine technology, availability and capacity.

Country	Uzbekistan
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: trained technical personnel
Introduction	The country's 2005 GNI/c at PPP (\$2020) and 2001 HDI (0.729) fall below the 10 th percentile for the region. The 2005 IDA Resource Allocation Index (3.0) is the lowest among IDA eligible countries in Europe and Central Asia. There have been no reported H5N1 outbreaks to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting periodically, supported by a central coordination body. The integrated country plan has been endorsed by government and has been tested in simulation exercise. The extent is unclear of engagement by government with non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures of communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for communicating public health messages to raise awareness and change behaviour. There is capacity to detect AI in animals and in people. AI controls on cross-border animal trade and movement are planned or being implemented. Stated one day intervals between outbreak onset and reporting to national authorities and international agencies suggest a rapid response capability.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. AI controls on cross-border animal trade and movement are planned or being implemented; information is being sought on plans for any controls on contact between species. The veterinary capacity includes village veterinary workers; and health care personnel have been trained in AI case management. Clinical case management guidance has been issued. Information is being sought on any plans for case contact tracing. There is a strategy to acquire anti-virals. Information is being sought on any strategy to purchase or produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> The contingency plan contains a "compensation" scheme; and further information is being sought about this.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent is unclear of engagement by government with non-governmental sectors in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Mass communication through TV, radio, posters, etc. has been carried out; information is being sought about its impact.
7.	<i>Is there coordination with and across external partners?</i> The UNICEF, WHO, UNDP, the USA, FAO, Asian Development Bank, and World Bank have been assisting the country. The largest single contributor is the Defence Threat Reduction Agency (USA Department of Defence) which has significantly increased diagnostic capacity. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	Limited coordination is the main constraint. Lack of finance and limited human capacity are also playing an important role.

THE AMERICAS

Country	Argentina
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: coordination
Introduction	The country's 2005 GNI/c at PPP (\$13920) and the 2001 HDI (0.849) place it in the top 10 percent for the region. There have been no reported H5N1 outbreaks in poultry or people.
Success Factors	
1.	<p><i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i></p> <p>There is a national Task Force, which has met 4 times in the last six months and is centrally coordinated by the National Directory for Health Emergencies and includes the National Department for Public Health. The integrated country plan has been endorsed by government and tested in simulation exercise with provincial exercises now in hand. Government has engaged non-governmental sectors in the planning process.</p>
2.	<p><i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i></p> <p>There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing among government and technical international agencies. Information is being sought about public health communications. There is capacity to detect AI in animals and in people. SENASA has 7 emergency teams that can be deployed to investigate and contain suspicions of AI. AI controls on cross-border animal trade and movement, and on contact between species are implemented. Estimated time between outbreak detection and reporting to authorities is 36 hours.</p>
3.	<p><i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i></p> <p>Programmes are in place to strengthen AI surveillance and reporting in animals and in people. 150 vets have been trained on AI in the public and private sector. The Ministry of Health has been enhancing surveillance since 2001 and since then has developed programmes like the national surveillance system of health (SNVS) and the national surveillance system for laboratories (SIVILA) which includes 35 surveillance units for influenza (UCI). Residence programmes for country epidemiology (PRESEC) are strengthening the whole system with a surveillance and response project for AHI which is subsidized by the US CDC. Clinical case management guidance has been issued and case contact tracing is planned. There is a strategy for acquiring anti-virals; some stock has already been purchased. The production of pandemic vaccine is planned and seasonal flu vaccination is already carried out for vulnerable populations. Poultry vaccination is not planned.</p>
4.	<p><i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i></p> <p>A national compensation policy has been in place since 1900. It has never had to be implemented for AHI but has been used for other animal diseases like Foot and Mouth disease.</p>
5.	<p><i>Is there effective mobilization of civil society and the private sector?</i></p> <p>Government has engaged civil society and the private sector in the planning process. The extent and quality of sector mobilisation remain unclear.</p>
6.	<p><i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i></p> <p>Information is being sought on any mass communication campaigns.</p>
7.	<p><i>Is there coordination with and across external partners?</i></p> <p>The OiE, FAO, and WHO have been assisting the country. WHO has undertaken a plan assessment or appraisal mission, OPS and the US Centre for Disease Control have assessed communications, OPS, WHO, CDC for avian and pandemic flu and FAO for avian flu. FAO, UNDP, WHO and bilateral partner US has been assisting the country and there are several joint programmes ongoing. The quality of coordination with and among actors is unclear.</p>
Constraints to implementation	Implementation of pandemic planning at the health service level, cross-sectoral coordination.

Country	Bahamas
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI in people, human resources, commitment by all sectors
Introduction	The country's 2001 GDP/c at PPP (\$16270) (2005 GNI/c PPP data are unavailable) and the HDI (0.812) place it respectively above and below the 90 th percentile for the region. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force supported by the Ministry of Health and National Insurance as the central coordination body. The integrated country plan is still in process and is due to be endorsed by government. However it was partially tested in simulation exercise. The extent is unclear to which government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There is capacity to detect and confirm AI infections in animals. The extent is unclear to which there is capacity to detect AI in people. There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies and for public health communications. The government is considering building a veterinary laboratory to have detection capacity for animals. Anticipated outbreak notification intervals are unclear.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> The Department of Agriculture and the Ministry of Health have implemented programmes to strengthen AI surveillance and reporting in animals and in people. Epidemiological expertise to trace HPAI outbreaks in animals is weak as there are only four veterinarians in the public sector who provide surveillance, evaluation and assessment of animal diseases with limited laboratory capacity. A Ministry of Agriculture surveillance programme is ongoing and laboratory capacity to diagnose HPAI is being built. There is not an agreement with an OIE/FAO reference laboratory. AI controls on cross-border animal trade and movement are planned. The extent of any plans for controls on contact between different species of birds and other animals and for poultry vaccination is unclear. Few health care workers and veterinarian have been trained in AI surveillance, detection and management. Further information is being sought about the issue of clinical case management guidance. The use of personal protective equipment and case contact tracing is planned. There is a strategy for acquiring anti-virals and to purchase but not produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought on any compensation scheme (mass communication campaign).
5.	<i>Is there effective mobilization of civil society and the private sector?</i> Government has engaged non-governmental sectors in the planning process, namely civil society and national NGOs.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> The extent of any mass AHI communication campaign is unclear. However, there are established procedures for communicating health messages to raise awareness and change public behaviour.
7.	<i>Is there coordination with and across external partners?</i> The FAO and PAHO/WHO have been assisting the country. WHO/PAHO has assessed the country plans and the PAHO/WHO Veterinary Public Health Advisor met with the Department of Agriculture to review sectoral plans. The WHO/PAHO has provided technical support in the assessment of the national preparedness plan and veterinary laboratory capacity. FAO has conducted an assessment or appraisal mission. The Inter American Development Bank (IDB) has also been active in assisting plans. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	Constraints cited were: lack of human resources and commitment by some sectors to complete the plan.

Country	Barbados
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI in animals and people
Introduction	The country's 2001 GDP/c at PPP (\$15560) (2005 GNI/c PPP data are unavailable) and the HDI (0.888) place it in the top decile for the region. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is no national Task Force, but there is a central coordination body (Ministry of Health). The integrated country plan is in process and has not yet been endorsed by government nor tested in simulation exercise. Government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> Further information is being sought about standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. CAREC (Caribbean Regional Epidemiological Centre) is working to establish a laboratory network for the Caribbean sub-region. The extent of any plans for AI controls on cross-border animal trade and movement, and on contact between species, or poultry vaccination is unclear. Anticipated notification intervals are unclear.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Further information is being sought about programmes to strengthen AI surveillance and reporting in animals and in people. The extent of AI training of veterinary and health care personnel is unclear. Further information is being sought around the issue of clinical case management guidance, case contact tracing planned, strategy for anti-virals and for pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilization of civil society and the private sector?</i> Government has engaged national NGOs, civil society and the private sector in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought
7.	<i>Is there coordination with and across external partners?</i> The FAO, UNICEF, UNDP, UNEP, and WFP have been assisting the country. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	The main cited constraint was perception of low risk by the public.

Country	Belize
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: technical trained personnel
Introduction	The country's 2005 GNI/c at PPP (\$6740) and the 2001 HDI (0.776) approximate the regional median. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting periodically, supported by a central coordination body. The integrated country plan has been endorsed by government but the extent to which it has been tested in simulation exercise is unclear. Government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI in animals and in people. AI controls on cross-border animal trade and movement are planned or being implemented, but the extent is unclear of controls on contact between species or plans for poultry vaccination. Anticipated outbreak notification times are unclear.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> The extent is unclear of programmes in place to strengthen AI surveillance and reporting in animals – surveillance of wild birds and poultry is stated to be routine. AI controls on cross-border animal trade and movement are planned or being implemented. The extent of AI training of veterinary and health care personnel is unclear. Clinical case management guidance has been issued, and case contact tracing is planned. There is a strategy to acquire anti-virals, but information is being sought on any pandemic vaccine strategy.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought on any compensation scheme.
5.	<i>Is there effective mobilization of civil society and the private sector?</i> Government has engaged national NGOs, civil society and the private sector in the planning process. These include the National Emergency Management Organization, and the Belize Agricultural and Health Authority. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information is being sought on any mass communication campaigns.
7.	<i>Is there coordination with and across external partners?</i> The UNICEF, UNDP, WHO and a bilateral actor (USA) have been actively assisting the country. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	The main cited constraints were finance and a lack of technical trained personnel.

Country	Bolivia
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI in people, technical trained personnel
Introduction	The country's 2005 GNI/c at PPP (\$2740) and the 2001 HDI (0.972) place it below the 10 th percentile for the region. The IDA Resource Allocation Index (3.7) lies on the regional median for eligible countries. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has met 24 times in the past 6 months and includes the Ministries of Health and Agriculture, the Civil Defence, OPS/OMS, FAO USAID and the Red Cross. The integrated country plan is in process and the extent is unclear as to whether it has been endorsed by government. The plan has been tested in 2 simulation exercises. Government has engaged a non-governmental sector in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> Further information is being sought about standard procedures for communication among agencies, government and hospitals and for public health communications. There are established mechanisms for information sharing between government and technical international agencies. There is capacity to detect AI in animals and in people. Surveillance is enhanced through existing systems for Newcastle Disease. AI controls on cross-border animal trade and movement and on contact between species are planned. Poultry vaccination is neither planned nor being implemented. Anticipated reporting intervals are unclear.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. The full extent of AI controls on cross-border animal trade and movement, or on contact between species is unclear. The extent of AI training of veterinary and health care personnel is unclear. Clinical case management guidance has been issued and case contact tracing is planned. There is a strategy for purchasing but not producing pandemic vaccine and for acquiring anti-virals.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought on any compensation schemes.
5.	<i>Is there effective mobilization of civil society and the private sector?</i> Government has engaged the private sector in the planning process; and there are plans to engage with the poultry industry and with a wildlife conservation body. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> The extent of any mass communications campaign and of mechanisms for communicating health messages to the public is unclear.
7.	<i>Is there coordination with and across external partners?</i> The FAO, UNDP, WHO and bilateral actors (USA and Japan) have been actively assisting the country. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	The main cited constraint was lack of technical trained personnel.

Country	Brazil
Summary	Current position: no direct experience of HPAI H5N1 to date Prospects for efficient AHI strategy implementation: good Specific resource and technical needs: healthcare services capacity.
Introduction	The country's 2005 GNI/c at PPP (\$8230) and 2001 HDI (0.777) place it above the regional median.
Success Factors	
8.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is national Task Force with a central coordinating body, which meets about once a month. The AHI plan has been endorsed by government and tested in two simulation exercises.
9.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI in animals and in people. AI controls on cross-border animal trade and movement, and on contact between species, are being implemented.
10.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in humans. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. Selective or comprehensive poultry vaccination is not planned. 560 vets and 520 village vet workers have been trained in AI detection. Training has also been conducted for migratory bird surveillance. In the human health sector, approximately 500 clinical staff in the public health sector have been trained in AHI detection, clinical case management guidance has been issued, and the use of personal protective equipment and case contact tracing is planned. There is a strategy to acquire anti-virals, and to produce but not to purchase pandemic vaccine.
11.	<i>Are incentives and/or "compensation" schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> A farmer compensation scheme is in place, stipulating compensation at more than 70% of the market value for poultry.
12.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged with civil society, national NGO's, medical societies, religious groups, ethics representatives, the army and academic groups in planning.
13.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Public awareness campaigns have been conducted and were seen to be successful in raising awareness and contributing to changes in public behaviour.
14.	<i>Is there coordination with and across external partners?</i> FAO, UNICEF, UNDP, WHO, OIE and the World Bank are active. The US and Comit� Veterinario Permanente del MERCOSUR have also been assisting the country. The World Bank is providing assistance through a recently approved US\$500.000 Grant to strengthen the Southern Agricultural Council (Consejo Agropecuario del Sur (CAS)) for Avian Flu Preparedness in Argentina; Bolivia; Brazil; Chile; Paraguay; and Uruguay and the CAS. In addition, ongoing preparations are underway for a regional project. Close coordination exists between the World Bank, CVP, OIE, OPS, FAO and others through the GFTAD. Although these activities are regional in nature, they involve specific actions in Brazil.
Constraints to implementation	The main constraints cited are healthcare services capacity and preparedness.

Country	Canada
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$32220) and the 2001 HDI (0.937) place it in the top decile for the region. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force supported by a central coordination body. The integrated country plan is in process and the extent is unclear as to whether it has been endorsed by government. It has been tested in several simulation exercises. Government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI in animals and in people. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. There is an anticipated 1-day interval between outbreak onset and reporting to national authorities.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and people. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. Veterinary capacity has been trained in AI. The extent of AI training of health care personnel is unclear. Clinical case management guidance has been issued, and the use of personal protective equipment and case contact tracing is planned. There is a strategy to acquire anti-virals, and to purchase and produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought about any compensation scheme (mass communication campaign).
5.	<i>Is there effective mobilization of civil society and the private sector?</i> Government has engaged national NGOs, civil society and the private sector in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Further information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, OIE and WHO have been assisting the country. There is also collaboration with Mexico and the USA to ensure coordinated North American planning and response. However the extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	No constraints were cited.

Country	Chile
Summary	Current position: no direct experience of HPAI H5N1 to date but experienced H7N3 outbreaks in May 2002. Specific resource and technical needs: technical trained personnel
Introduction	The country's 2005 GNI/c at PPP (\$11470) and the 2001 HDI (0.831) place it above the 75 th percentile for the region. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting periodically, supported by a central coordination body. The integrated country plan has been endorsed by government and has been tested in simulation exercise. The extent of engagement of non-governmental sectors in the planning process is unclear. The country has had past experience in fighting avian influenza through the eradication of H7N3 at a cost of \$32million in 2002.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for communicating public health messages. There is capacity to detect AI in animals and in people. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. Anticipated outbreak notification times are unclear.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. The extent of AI training of veterinary and health care personnel is unclear. However, clinical case management guidance has been issued, and case contact tracing is planned. There is a strategy to acquire anti-virals, and to purchase but not to produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought about any compensation scheme (mass communication campaign).
5.	<i>Is there effective mobilization of civil society and the private sector?</i> The extent of engagement of non-governmental sectors in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Further information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, WHO, PAHO and a bilateral actor (USA) have been actively assisting the country. FAO and WHO have assessed or appraised country plans. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	The main constraint cited was a lack of technical trained personnel.

Country	Colombia
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$7420) and the 2001 HDI (0.779) place it above the regional median. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force supported by a central coordination body. The integrated country plan has been endorsed by government but the extent to which it has been tested in simulation exercise is unclear. Government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for communicating public health messages. There is capacity to detect AI in animals and in people. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. Stated intervals between outbreak or case onset and reporting to national authorities (1 day) and international agencies (7 days) and previous experience and capacity building for dealing with other avian influenza strains suggest a potential capability for rapid action.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. Information is being sought about policy on farmer compensation schemes for poultry culling. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. The extent of AI training of veterinary and health care personnel is unclear. Further information on the issue of clinical case management guidance is being sought. Case contact tracing is planned. There is a strategy to acquire anti-virals, and to purchase but not to produce pandemic vaccine.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought about any compensation scheme (mass communication campaign).
5.	<i>Is there effective mobilization of civil society and the private sector?</i> Government has engaged national NGOs, civil society and the private sector in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, UNICEF, WHO and bilateral actors (other Andean countries, USA) have been assisting the country and WHO has assessed the country plan. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	The main constraints cited were law on contractual guarantees, and the implementation of the national plan at local levels.

Country	Costa Rica
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI in people
Introduction	The country's 2005 GNI/c at PPP (\$9680) and the 2001 HDI (0.832) place it around the 75 th percentile for the region. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force supported by the Ministry of Health as the central coordination body. The integrated country plan is still in process and has not been endorsed by government. The National Plan was evaluated during an international meeting of the Centro American sub-region in Panama City using as a reference the verification list and the WHO plan. A national revision and adjustment workshop took place based on the results of the international evaluation. An exercise of national and sub-national simulation is pending in the areas of health services and epidemiological surveillance. Government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. The OPS/OMS is part of the National Commission for Influenza and acts as bridge of information between the Government institutions represented there. There is technical capacity to detect and confirm AI in animals and somewhat in people. A stated 1-day reporting interval for human cases to national authorities and international agencies suggests a rapid response. Equivalent figures for animal outbreaks are being sought.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals but it is unclear whether there is capacity to detect AI in people. AI controls on cross-border animal trade and movement are being implemented. It is unclear if clinical case management guidance has been issued; some health care workers have been trained in this, and case contact tracing is planned. The full extent of planning for PPE, for acquiring antiviral, and for pandemic vaccine purchase or production is unclear.
4.	<i>Are incentives and/or compensation schemes being combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme plans and related communications activity is being sought.
5.	<i>Is there effective mobilization of civil society and the private sector?</i> The extent of engagement with civil society, national NGOs and the private sector in the planning process is unclear. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> A mass communication campaign to raise AHI awareness has just begun and it is too early to evaluate just yet.
7.	<i>Is there coordination with and across external partners?</i> FAO, UNDP and WHO have been actively assisting the country. The extent and quality of coordination between actors remain unclear. A National Integral Plan for Influenza has been prepared.
Constraints to implementation	Previously, the main cited constraint was political leadership and commitment. Currently, constraints and solutions include implementation of strategic and technical measures as outlined in the National Plan of Preparation and Response in a Situation of Pandemic Influenza; adaptation and implementation of the National Plan at sub-national levels (regional and local); obtaining necessary funding from the Government for the plan to become operational.

Country	Cuba
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs:
Introduction	The country's 2001 GDP/c at PPP (\$5259) (2005 GNI/c at PPP data are unavailable) and the 2001 HDI (0.806) place it around the regional median. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting regularly, supported by a central coordination body. Information is being sought about the status of the integrated country plan and about simulation test exercise of plans. The extent of engagement of non-governmental sectors in the planning process is unclear.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI in animals and in people. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. Anticipated outbreak notification intervals are unclear.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals but not in people. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. The extent of AI training of veterinary and health care personnel is unclear; but clinical case management guidance has been issued and case contact tracing is planned. Information about strategy to acquire anti-virals and to purchase or produce pandemic vaccine is being sought.
4.	<i>Are incentive and/or "compensation" schemes combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent of engagement of any non-governmental sectors in the planning process is unclear. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO and WHO have been actively assisting the country. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	No constraints were cited.

Country	Dominican Republic
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$7150) and the 2001 HDI (0.737) place it around the regional median. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting regularly, supported by a central coordination body. The integrated country plan is in process and has not yet been endorsed by government. Information is being sought about any test exercise of plans. Government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communication. There is capacity to detect AI in animals and in people. AI controls on cross-border animal trade and movement are planned or being implemented. There is no indication of possible outbreak and case notification intervals.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals. AI controls on cross-border animal trade and movement are planned or being implemented. There has been some AI training of veterinary capacity, including village veterinary workers. The extent of AI training of health care personnel is unclear, but clinical case management guidance has been issued and case contact tracing is planned. There is a strategy to acquire anti-virals and to purchase but not to produce pandemic vaccine.
4.	<i>Are incentive and/or "compensation" schemes combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged national NGOs and the private sector in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, IOM, OIE, UNICEF, UNDP and WHO have been actively assisting the country. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	No constraints were cited.

Country	Ecuador
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: public health communications
Introduction	The country's 2005 GNI/c at PPP (\$4070) and the 2001 HDI (0.731) place it above the 10 th percentile for the region. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national inter-ministerial committee for AI, which has met 4 times in the last 6 months and has members from the Ministries of Agriculture, Public Health and Environment. The integrated country plan is in process but the extent is unclear whether it has been endorsed by government. Information is being sought about simulation exercise of plans. Government has engaged the non-governmental sector in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> The extent of standard procedures for communication among agencies, government and hospitals is unclear. There are established mechanisms for information sharing between government and technical international agencies. There is capacity to detect AI in animals and in people. AI controls on cross-border animal trade and movement are being implemented but the extent of plans for controls on contact between species and poultry vaccination are unclear. The interval between outbreak detection and reporting to national and international authorities is expected to be immediate.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are now in place to strengthen AI surveillance and reporting in people and in animals. AI controls on cross-border animal trade and movement, and on contact between species. Information is being sought on the extent of AI training of veterinary and health care personnel are unclear. Clinical case management guidance has now been issued and case contact tracing is planned. There is a strategy for acquiring antivirals and for purchasing but not producing pandemic vaccination.
4.	<i>Are incentive and/or "compensation" schemes combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> The extent of any compensation schemes is unclear.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged the private sector and civil society in the planning process. The National Cooperation of Bird Breeders (CONAVE) and the Charles Darwin Scientific Station for Birds and Conservation (AMAVEA-E) and the polytechnic school for the army (Army-ESPE) have also been engaged.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign on AHI is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, WHO, OIE, Pan American Centre for Foot-and-Mouth Disease (PANAFTOSA), the World Bank and a bilateral actor (USA) have been actively assisting the country. The FAO, PANAFTOSA, WHO and World Bank have undertaken assessment or appraisal missions. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	

Country	Guatemala
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI in animals, inter-ministerial coordination and communications, trained technical personnel
Introduction	The country's 2005 GNI/c at PPP (\$4410) and the 2001 HDI (0.652) place it respectively below the 25 th and 10 th regional percentiles. There have been no reported H5N1 outbreaks in poultry or people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting frequently, supported by a central coordination body. The integrated country plan is in process but the extent is unclear as to which plans have been endorsed by government. The extent of engagement of non-governmental sectors in the planning process is unclear but the private sector plays a significant role in surveillance and poultry industry bio-security. Information on simulation exercise testing of plans is being sought.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI in people but not in animals. AI controls on cross-border animal trade and movement are planned or being implemented, but not controls on contact between species. Port disease surveillance is handled by the international regional organisation for animal health and protection (OIRSA). Anticipated notification intervals are unclear.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes to strengthen AI surveillance and reporting are in place for people. The private sector poultry industry maintains a modern high bio-security surveillance system. AI controls on cross-border animal trade and movement are planned or being implemented, but not controls on contact between species. Wild bird surveillance is in hand but subject to limited capacity. The extent of AI training of veterinary and health care personnel is unclear, although a small number of veterinarians have been trained in AI detection. Hospital sentinel surveillance is in place. Clinical case management guidance has been issued, and case contact tracing is planned. There is a strategy to acquire anti-virals, and to purchase but not to produce pandemic vaccine.
4.	<i>Are incentive and/or "compensation" schemes combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is yet to be supplied.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent of engagement of non-governmental sectors in the planning process is unclear. The extent and quality of sector mobilisation remain unclear; but the private sector poultry industry plays a central role in maintaining surveillance and bio-security.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, WHO (PAHO) and bilateral actors (USA, Spain) have been actively assisting the country and WHO have assessed the integrated country plan. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	The main constraints cited were finance, coordination and communication, and lack of trained technical personnel.

Country	Guyana
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI in people, technical trained personnel, veterinary capacity (including surveillance), farmer compensation policy
Introduction	The country's 2005 GNI/c at PPP (\$4230) and the 2001 HDI (0.74) lie below the 25 th percentile for the region. The IDA Resource Allocation Index (3.4) lies in the lowest quartile. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting regularly, supported by a central coordination body. The integrated country plan is in process and has not been endorsed by government. Government has engaged non-governmental sectors in the planning process. Information on simulation exercise testing of plans is being sought.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. Information is being sought on capacity to detect AI in animals or in people; on AI controls on cross-border animal trade and movement; on controls on contact between species; and on potential outbreak notification intervals.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals. The extent of any plans for AI training of veterinary and health care personnel is unclear. Information is being sought on the issue of clinical case management guidance and on case contact tracing. There is a strategy to acquire anti-virals, but information is being sought about pandemic vaccine strategy.
4.	<i>Are incentive and/or "compensation" schemes combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged national NGOs, civil society and the private sector in the planning process. The extent and quality of sector mobilisation is being sought.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, UNICEF, UNDP, WHO and bilateral actors (Brazil, Canada, China, Cuba, EU, and USA) have been actively assisting the country. WHO/PAHO are leading assessment of needs for capacity building. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	The main cited constraints were finance, lack of technical trained personnel, lack of veterinary capacity (including surveillance), and farmer compensation policy.

Country	Haiti
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI in people, laboratory capacity and networks
Introduction	The country's 2005 GNI/c at PPP (\$1840), 2001 HDI (0.467) and 2005 IDA Resource Allocation Index (2.8) places it below the 10 th percentile for the region. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting periodically, supported by a central coordination body. The integrated country plan has been endorsed by government. Government has engaged non-governmental sectors in the planning process. Information is being sought on any simulation test exercise of plans.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI in animals but not in people. Information is being sought about plans for AI controls on contact between species and possible outbreak notification intervals.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals. The extent of AI training of veterinary and health care personnel is unclear. Clinical case management guidance has been issued, but the extent of plans for case contact tracing is unclear. There is a strategy to acquire anti-virals, and to purchase but not produce pandemic vaccine.
4.	<i>Are incentive and/or "compensation" schemes combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought about any compensation scheme (mass communication campaign).
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged national NGOs and the private sector in the planning process, but not civil society. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, UNICEF, UNDP, WHO and a bilateral actor (USA) are actively assisting the country and there are a number of joint AI programmes. WHO, UNDP and USAID have assessed or appraised the integrated country plan. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	The main constraints cited were finance and weak laboratory capacity and networks.

Country	Honduras
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI in people
Introduction	The country's 2005 GNI/c at PPP (\$2900) and the 2001 HDI (0.667) place it below the 10 th percentile for the region. The IDA Resource Allocation Index (3.9) is in the top quartile for IDA eligible countries of the region. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting regularly, supported by a central coordination body. The integrated country plan is in process but the extent is unclear to which plans have been endorsed by the government or tested in simulation exercise. The extent of engagement of non-governmental sectors in the planning process is unclear.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> The extent of standard procedures for communicating between agencies, government and hospitals; of established mechanisms for information sharing between government and technical international agencies and of public health communications is unclear. There is capacity to detect AI in animals. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. Anticipated outbreak or case notification intervals are unclear. The extent is unclear to which there is capacity to detect AI in humans.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. The extent of AI training of veterinary and health care personnel is unclear. Clinical case management guidance has been issued, and case contact tracing is planned. There is a strategy to acquire anti-virals. Information on pandemic vaccine strategy is being sought.
4.	<i>Are incentive and/or "compensation" schemes combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought about any compensation scheme (mass communication campaign).
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has not engaged any non-governmental sectors in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought. Training on AI/HI for local journalists has begun.
7.	<i>Is there coordination with and across external partners?</i> The FAO and WHO are actively assisting the country; WHO has assessed or appraised the integrated country plan. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	No constraints were cited.

Country	Jamaica
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: funds to purchase equipment and reagents for improving laboratory capacity and field personnel for surveillance
Introduction	The country's 2005 GNI/c at PPP (\$4110) and the 2001 HDI (0.757) place it respectively below and above the 25 th percentile for the region. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force centrally coordinated by the Ministry of Agriculture and Lands has met monthly since completion of the national plan. The integrated country plan is endorsed by government and has been tested in a desk top simulation exercise. Government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and agencies, and for public health communications. There is capacity to detect AI in animals and in people. AI controls on cross-border animal trade and movement, and on contact between species are implemented. Poultry vaccination is not planned. Anticipated outbreak or case notification intervals are unclear.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. AI controls on cross-border animal trade and movement, and on contact between species, are implemented. There has been some AI training of veterinary personnel but the extent is unclear of any training of health personnel. Information on the issue of clinical case management guidance is being sought, although case contact tracing is planned. There is a strategy to acquire anti-virals but not pandemic vaccine.
4.	<i>Are incentive and/or "compensation" schemes combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any compensation schemes is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged the private sector, academic and professional veterinary organisations in the planning process but not other non-governmental sectors. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> There has been a mass communication campaign that has raised awareness and contributed to changes in public behaviour.
7.	<i>Is there coordination with and across external partners?</i> The FAO, UNICEF and WHO and a bilateral actor (USA) have been actively assisting the country; FAO has assessed or appraised the integrated country plan. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	The main constraints cited were limited funds to purchase equipment and reagents for improving laboratory capacity and field personnel for surveillance.

Country	Mexico
Summary	Current position: no direct experience of HPAI H5N1 to date. However, the country experienced an outbreak of H5N2 in 1992. The virus mutated into a high pathogenic strain and which was not controlled until 1995. Sporadic outbreaks of the low pathogenic strain of H5N2 also occurred during this time. Specific resource and technical needs: inter-ministerial coordination
Introduction	The country's 2005 GNI/c at PPP (\$10030) and the 2001 HDI (0.80) place it respectively above the regional 75 th percentile and median. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting regularly, supported by a central coordination body. The integrated country plan has been endorsed by government but the extent is unclear of engagement of non-governmental sectors in the planning process. Information on simulation test exercise of plans is being sought.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for public health communication, but it is unclear whether there are established mechanisms for information sharing between government and technical international agencies. There is capacity to detect AI in animals and in people. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. Stated 1-day intervals between outbreak or case onset and reporting to national authorities and international agencies suggest potential capability for rapid action.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented. The extent of AI training of veterinary and health care personnel is unclear; but clinical case management guidance has been issued and case contact tracing is planned. There is a strategy to acquire anti-virals, and to purchase and produce pandemic vaccine.
4.	<i>Are incentive and/or "compensation" schemes combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent of engagement of non-governmental sectors in the planning process is unclear. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, IOM, OCHA, UNICEF, UNDP, UNEP, WHO and World Bank have been actively assisting the country. FAO, OCHA, UNDP, WHO and the World Bank have assessed or appraised the integrated country plan. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	The main constraints cited were inter-ministerial coordination and communication.

Country	Nicaragua
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: departmental delays, lack of funds.
Introduction	The country's 2005 GNI/c at PPP (\$3650) and the 2001 HDI (0.643) place it around the lowest regional decile; and the 2005 IDA Resource Allocation Index (3.7) approximates the regional median. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting regularly, supported by a central coordination body. The integrated country plan is in process but the extent is unclear to which plans have been endorsed by government. Government has engaged non-governmental sectors in the planning process. Information on simulation test exercise of plans is being sought.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. The national network centre for the international sanitary regulation is located at the MINSA and reports to the WHO. There is capacity to detect AI in animals and in people. It is an estimated 7 day interval between outbreaks in animals and reporting to national authorities. Stated 1-2 day intervals between outbreak or case onset and reporting to national authorities and international agencies suggest capability for rapid action. AI controls on cross-border animal trade and movement, and on contact between species, are planned or being implemented.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. There is a joint community surveillance programme between MAGFOR and MARENA. There is epidemiological capacity to trace HPAI infections in animals. AI controls on cross-border animal trade and movement, and on contact between species are planned. There are no plans to vaccinate poultry. The extent of AI training of veterinary and health care personnel is unclear; but clinical case management guidance has been issued and case contact tracing and PPE use is planned. There is a strategy to acquire anti-virals. Information is being sought on any strategy to purchase or produce pandemic vaccine.
4.	<i>Are incentive and/or "compensation" schemes combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged national NGOs and the private sector in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought. There are established mechanisms for the government to share information rapidly with international agencies.
7.	<i>Is there coordination with and across external partners?</i> The FAO, UNICEF, UNDP and a bilateral actor (USA, USAID, CDC, and United States Southern Command) have been actively assisting the country. UNDP, WHO and USAID have assessed or appraised the integrated country plan. A joint mission of WHO and CDC appraised or assessed country level planning. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	Cited constraints include: delays in the development of plans and lack of funds to implement these plans.

Country	Panama
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: inter-ministerial coordination and communications
Introduction	The country's 2005 GNI/c at PPP (\$7310) and the 2001 HDI (0.788) place it above the regional median. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force supported by a central coordination body. The integrated country plan is in process but the extent is unclear to which plans have been endorsed by government and tested in simulation exercise. Government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> The extent of standard procedures for communication among agencies, government and hospitals is unclear. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI in animals and people. Stated 3-4 day intervals between outbreak or case onset and reporting to national authorities and international agencies suggest the potential speed of action.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals. Information is being sought on AI controls on cross-border animal trade and movement; controls on contact between species; and plans to vaccinate poultry. The extent of AI training of veterinary and health care personnel is unclear; but clinical case management guidance has been issued, and case contact tracing is planned. There is a strategy to acquire anti-virals, and to purchase but not to produce pandemic vaccine.
4.	<i>Are incentive and/or "compensation" schemes combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged national NGOs and civil society in the planning process, but not the private sector. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, WHO and a bilateral actor (USA) have been actively assisting the country; and there are a number of joint programmes in place. WHO and FAO have assessed or appraised the integrated country plan. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	The main constraints cited were finance, coordination and communication

Country	Paraguay
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$4970) and the 2001 HDI (0.751) place it in the second quartile for the region. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force supported by a central coordination body that has met once in the last six months. The integrated country plan is in process and has been assessed by the Ministry of Health. Two simulation exercises have taken place, one at the central national level and another at the borders with Argentina, Brazil and Paraguay. The extent of engagement of non-governmental sectors in the planning process is unclear but engagement with the poultry sector has been initiated.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> Information on standard procedures for communicating among agencies, government and hospitals is being sought. There are established mechanisms for information sharing between government and technical international agencies; and there is a draft of an inter-sectoral communications plan which outlines mechanisms for communicating health messages to the public to raise awareness and change behaviour. There is capacity to detect AI in animals and in people. A 10-day interval between outbreak or case onset and reporting to national authorities is expected. For cases in humans the estimated time between case onset and reporting to national and international authorities is one month.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. AI controls on contact between species are planned or being implemented, but the extent to which there are plans for controls on cross-border animal trade and movement are unclear. Surveillance of HPAI is being conducted using the same systems used for Newcastle disease and other avian diseases. Training of veterinary personnel at the central and departmental level has begun; health personnel have been trained on clinical case management in children, case contact tracing is planned. Information on strategy to acquire anti-virals is being sought. There is a strategy to purchase but not to produce pandemic vaccine.
4.	<i>Are incentive and/or "compensation" schemes combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought about any compensation scheme (mass communication campaign).
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> The extent of engagement of non-governmental sectors in the planning process is unclear. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> The plan for communicating risk on pandemic influenza has been finalized and is based on current available science.
7.	<i>Is there coordination with and across external partners?</i> The FAO, UNICEF, WHO and a bilateral actor (USA) have been actively assisting the country; and there is a joint programme between the Ministry of Health, WHO, UNICEF and USAID and another between FAO and the Ministry of Agriculture and Cattle Raising. FAO, WHO and USAID have assessed or appraised the integrated country plan. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	Low perception of risk coupled with the lack of capacity to deal with public health emergencies of the magnitude of a pandemic.

Country	Peru
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI in people, trained technical personnel, veterinary capacity
Introduction	The country's 2005 GNI/c at PPP (\$5830) and the 2001 HDI (0.752) place it in the second quartile for the region. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting frequently, supported by a central coordination body. The integrated country plan has been endorsed by government. Government has engaged non-governmental sectors in the planning process. Information on simulation test exercise of plans is being sought.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication between agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI in animals. Anticipated outbreak or case reporting intervals are unclear. Information on AI controls on cross-border animal trade and movement is being sought.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. A number of village veterinary workers and health care personnel have received AI detection training. Clinical case management guidance has been issued, and case contact tracing is planned. There is a strategy to acquire anti-virals, and to purchase but not to produce pandemic vaccine.
4.	<i>Are incentive and/or "compensation" schemes combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought about any compensation scheme (mass communication campaign).
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged national NGOs, civil society, the private sector and university institutions in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, OIE, UNDP, WHO and a bilateral actor (USA) have been assisting the country. FAO and the US National Marine Research Institute have assessed or appraised the integrated country plan. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	The main cited constraint was a lack of trained technical personnel, particularly a lack of veterinary capacity.

Country	Suriname
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI in people and animals, trained technical personnel
Introduction	The country's 2001 GDP/c at PPP (\$4599) (2005 GNI/c at PPP data are unavailable) and the 2001 HDI (0.762) place it around the 25 th percentile for the region. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has been meeting periodically, without a supporting central coordination body. The integrated country plan is in process; the extent is unclear to which plans have been endorsed by government or tested in simulation exercise. Government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. The extent is unclear to which there is capacity to detect AI in animals or in people. AI controls on cross-border animal trade and movement are planned or being implemented. Anticipated intervals between case or outbreak onset and reporting are unclear.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals. AI controls on cross-border animal trade and movement are planned or being implemented. The extent of AI training of veterinary and health care personnel or programmes to strengthen AI surveillance and reporting in humans is unclear. Information is being sought on the issue of clinical case management guidance. Case contact tracing is planned. There is a strategy to acquire anti-virals, and to purchase but not to produce pandemic vaccine.
4.	<i>Are incentive and/or "compensation" schemes combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought about any compensation scheme.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged the private sector and the national disaster preparedness committee in the planning process. The extent is unclear of engagement of other non-governmental sectors in planning.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information is being sought on any mass communication campaigns.
7.	<i>Is there coordination with and across external partners?</i> The WHO and a bilateral actor (France) have been actively assisting the country. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	The main constraints cited were finance and a lack of trained technical personnel.

Country	Trinidad and Tobago
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: capacity to detect AI in people
Introduction	The country's 2005 GNI/c at PPP (\$13170) and the 2001 HDI (0.802) place it at around the 75 th percentile for the region; and the 2005 IDA Resource Allocation Index (3.5) approximates the 25 th percentile There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, but no supporting central coordination body. Information is being sought about the status of the integrated country plan and about simulation exercise testing of plans. Government has engaged a non-governmental sector in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. The capacity to detect AI in animals or in people is unclear. AI controls on cross-border animal trade and movement, and on contact between species, are being planned or implemented. Anticipated intervals between outbreak or case onset and national or international reporting are unclear.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals. There has been some AI training of veterinary capacity, including village veterinary workers. The extent of AI training of health care personnel is unclear. Information is being sought on the issue of clinical case management guidance and plans for case contact tracing. There is a strategy to acquire anti-virals, and to purchase but not to produce pandemic vaccine.
4.	<i>Are incentive and/or "compensation" schemes combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information is being sought about any compensation scheme (mass communication campaign).
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged the private sector and the university veterinary medicine school in the planning process, but not other non-governmental sectors. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, OIE, WHO and a bilateral actor (USA) have been actively assisting the country. The extent and quality of coordination with and among actors remain unclear.
Constraints to implementation	

Country	United States of America
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$41950) and 2001 HDI (0.937) are the highest in the region, and it is a major international donor working closely with a number of countries around the world. There have been no reported H5N1 outbreaks in poultry or in people to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a Task Force supported by a central coordination body. The integrated plan has been endorsed by government and tested in simulation exercise. Government has engaged non-governmental sectors in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are established mechanisms for communicating public health messages. There is capacity to detect AI in animals and in people. A stated one-day interval between outbreak onset and reporting to national authorities suggests potentially rapid action. The extent to which there are plans for AI controls on cross-border animal trade and movement is unclear. Controls on contact between species are planned or being implemented.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. The extent of AI training of veterinary and health care personnel is unclear. Information is being sought on the issue of clinical case management guidance; but case contact tracing is planned. There is a strategy to acquire anti-virals, to purchase and to produce pandemic vaccine.
4.	<i>Are incentive and/or "compensation" schemes combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any incentive or "compensation" scheme and related communications activity is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged national NGOs, civil society and the private sector in the planning process. The extent and quality of sector mobilisation remain unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign and its impact is being sought.
7.	<i>Is there coordination with and across external partners?</i> This does not apply within the country.
Constraints to implementation	No constraints were cited.

Country	Uruguay
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs:
Introduction	The country's 2005 GNI/c at PPP (\$9810) and 2001 HDI (0.83) lie above the 75 th percentile for the region. There have been no H5N1 outbreaks reported to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national Task Force, which has met twice in the last in the last six months supported by the Ministries of Public Health and Agriculture & Fishing. The integrated country plan has been endorsed by government. The extent of engagement of non-governmental sector in the planning process is unclear. Information on test exercise of plans is being sought.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communicating among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for communicating public health messages. There is capacity to detect AI in animals and in people. AI controls on cross-border animal trade and movement and on contact between species, are planned or being implemented.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and in people. There has been some AI training of veterinary capacity, but the extent of AI training of health care personnel is unclear. Clinical case management guidance has been issued, and case contact tracing is planned. There is a strategy to acquire anti-virals, but information on strategy for pandemic vaccine purchase or manufacture is being sought.
4.	<i>Are incentive and/or "compensation" schemes combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> Information on any compensation plans is being sought.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government has engaged the private sector in the planning process, but not national NGOs or civil society. The extent and quality of sector mobilisation are unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> Information on any mass communication campaign is being sought.
7.	<i>Is there coordination with and across external partners?</i> The FAO, UNDP and WHO have been actively assisting the country. The extent and quality of coordination with and among the actors are unclear.
Constraints to implementation	The main constraint cited was finance.

Country	Venezuela
Summary	Current position: no direct experience of HPAI H5N1 to date Specific resource and technical needs: inter-ministerial coordination and communication
Introduction	The country's 2005 GNI/c at PPP (\$6440) and 2001 HDI (0.775) approach the regional median. There have been no reported H5BN1 outbreaks to date.
Success Factors	
1.	<i>Is there a strong commitment to ensuring AHI strategy implementation at the highest political level, accompanied by effective leadership of all concerned stakeholders?</i> There is a national inter-ministerial Task Force centrally coordinated by the Ministry of Health that has met 7 times in the last six months and is supported by a central coordination body. The integrated country plan has been endorsed by government and tested in simulation exercise conducted jointly by the Ministry of Health and the "Autonomous Service for Poultry Health" (Servicio Autonomo de Sandidad Agropecuaria). Government has engaged a non-governmental sector in the planning process.
2.	<i>Are there clear procedures and systems for managing the rapid implementation of priority actions?</i> There are standard procedures for communication among agencies, government and hospitals. There are established mechanisms for information sharing between government and technical international agencies, and for public health communications. There is capacity to detect AI in animals and in people according to bio-security measures delineated in the national plan. Anticipated notification times are unclear.
3.	<i>Is attention being given to improve functioning of veterinary and human health services at all levels, with a transparent approach to the sharing and dissemination of information about suspected diseases outbreaks, immediate efforts to establish their cause, and prompt responses (including restriction of movement of animals that are at risk)?</i> Programmes are in place to strengthen AI surveillance and reporting in animals and people are being implemented at all levels with transparency in information sharing regarding possible outbreaks of diseases; immediate measures to establish the cause and prompt response including restricting movement of animals that could be compromised. There is a strategy to acquire anti-virals, and to purchase but not to produce pandemic vaccine.
4.	<i>Are incentive and/or "compensation" schemes combined with effective communication to communities on the importance of immediately reporting disease outbreaks in animals to responsible authorities?</i> There is plan for incentive and/or compensation schemes with effective communication to communities on the importance of immediate reporting of outbreaks in animals to responsible authorities but it is yet to be implemented.
5.	<i>Is there effective mobilisation of civil society and the private sector?</i> Government is working to engage the private sector and national NGOs in the planning process. The extent and quality of sector mobilisation are unclear.
6.	<i>Have national mass communication campaigns (that promote healthy behaviour and focus on reducing the extent to which humans might be exposed to HPAI viruses) been implemented successfully?</i> A mass communication campaign has taken place.
7.	<i>Is there coordination with and across external partners?</i> The Ministry of Health requested the support of the UN in Venezuela for the development of information materials. The support will be given through the inter-agency communications group on communications (UNCG). A joint programme is expected to be signed but the plan of activities has yet not materialized. The discussions included multi-lateral agencies like IICA.
Constraints to implementation	