The International Federation’s mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world’s largest humanitarian organization and its millions of volunteers are active in over 185 countries.

**Appeal number MAA00018**

19 February 2007

**AVIAN INFLUENZA (AI) PREPAREDNESS, MITIGATION AND RESPONSE.**

**Focus on Africa**

**In brief**

Update no. 1, Period covered: April to December 2006.

Appeal launched on 20 April 2006 for CHF 17.4m (USD 13.4m or EUR 11m) up to the end of 2007.

Appeal coverage: 18.3%. [Click here to go directly to the Contributions List on the website]

Outstanding needs: CHF 13.8m (USD 11.3m or EUR 8.6m).

Disaster Relief Emergency Funds (DREF) allocated: CHF 691,000 (USD 531,000 or EUR 438,000).

**Summary:** Though several cases of avian influenza (AI) were reported in Africa in 2006, human infection by the H5N1 AI virus has been minimal. During the better part of 2006, African Red Cross and Red Crescent societies, through their unique local networks and support from the International Federation, continued to reinforce or to scale up preparedness, mitigation and response efforts. This was done in coordination with their governments, with national societies playing key roles in their respective country avian influenza task forces (AITFs).

This update is being issued for information on measures that Red Cross and Red Crescent societies in Sub-Saharan Africa have taken in response to the increasing threats of AI to humans. A number of national societies have submitted proposals to access funds available from this global avian flu appeal, with Kenya Red Cross Society and Nigerian Red Cross Society receiving support from the Federation’s Disaster Relief Emergency Fund (DREF).

Given the potential magnitude and shuddering nature of the threat posed by AI and its possible conversion into pandemic influenza (PI) with disastrous consequences, the Federation is committed to using its comparative global advantages to support increased efforts by its member national societies to develop and implement successful measures leading to a viable risk-reduction and relevant national as well as global response capacity to AI and PI. With only 18.3% appeal coverage to date, a further CHF 13.8 million is needed. The Federation is renewing its appeal for donor support in order to enable national Red Cross Red Crescent societies implement activities outlined in the appeal [Click here to view the appeal].

**Background**

The International Federation of Red Cross and Red Crescent Societies (the Federation) started to respond to avian influenza (AI) or bird flu, based on an approach that AI and pandemic human influenza are two distinct but closely related issues. Given the potential magnitude and unprecedented nature of the threat posed by avian influenza and its possible conversion into pandemic influenza (PI) with disastrous consequences, the International Federation is
committed to using its comparative global advantages to support increased efforts by its member national societies to develop and implement successful measures leading to a viable risk-reduction and relevant national and global response capacity to AI and pandemic influenza. Current ongoing and planned efforts need to be reinforced or scaled up, and given its unique position, the International Federation launched this global appeal seeking CHF 17.4 million (USD 13.4 million/EUR 11 million) to provide vital support to national societies for an initial period of 12 months.

**Operational developments**

**Eastern Africa:** Only a handful of cases of AI contamination from birds to humans have been detected in the Eastern Africa region. The AI virus had been positively identified in Djibouti, with the first domestic poultry outbreak reported in April 2006. On May 2006, the Djibouti Ministry of Health confirmed the first case of human infection with the H5N1 avian influenza virus; a 2-year-old girl from Bahour, near Dammajouk, in the district of Arta, about 6 km from the Somali border.

Sudan reported the first poultry outbreak in Juba, on the 25 March 2006 and another one on 13 April 2006. It was well established that the virus was mainly spreading from birds to birds via trade. Other countries in the region remain at high risk of the epidemic due to their location on the birds’ migratory path, porous borders as well as cross-border poultry and poultry products trade. There had been suspected cases in Kenya and Ethiopia but tests ruled out the fatal H5N1 prototype.

Taking into consideration the wide consequences of the avian influenza for the countries affected (in terms of economic loss, loss of income and assets of the poultry farmers, and the potential for loss of human life), there was the need for national Red Cross and Red Crescent societies to assume fully their roles as auxiliaries to the national and local authorities. This role is a basic element of the Federation’s regional delegation in Nairobi (RDN) strategy on avian influenza preparedness and response.

**Southern Africa:** The Federation regional delegation in Harare formed a task force, in February 2006, to engage all national societies in preparedness to respond to any eventualities in the region and to identify focal persons in each country. Information and publications on AI issued from the Federation secretariat in Geneva, as well as by the World Health Organization (WHO), have been shared with the health focal persons in the ten countries of the Southern Africa region. This includes information about AI outbreaks in other countries/continents and the response actions taken.

Following the global networks established with the United Nations Children’s Fund (UNICEF), WHO and other stakeholders, the regional delegation in Harare operationalized Federation participation in regional meetings. The meetings are held regularly in view of information sharing, dissemination of updates and reports with other agencies and vice versa, as well as information on AI preparedness from the global Red Cross Red Crescent network.

**West Africa:** The H5N1 strain was confirmed in Nigeria in February 2006, making Nigeria the first country in West Africa to record a case of AI. This first case was reported in a poultry farm in Kaduna State; later on, it spread to 17 other states. The outbreak in Nigeria posed serious threats to West and Central Africa, with fears of it spreading to neighbouring countries through uncontrolled legal and illegal trade in infected domestic and wild birds (or their products) as well as through migration of wild birds. Nigeria shares boundaries with Cameroon, Chad, Togo, Benin and Niger. Some cases were reported in poultry farms in Cote d’Ivoire, which does not share a border with Nigeria.

There are significant population movements and commercial exchanges along the borders of Nigeria with Central African countries, especially with the North West and Far North provinces of Cameroon. On its part, Cameroon shares borders with the North, Far North, and East provinces of Central African Republic (CAR). The North and Far North provinces of Cameroon stand as crossroads and important regions where people from Cameroon, Nigeria, Chad and CAR meet for commercial purposes.
Central Africa: The first case of AI in birds (H5N1 virus) was diagnosed in a bird’s carcass in Maroua, Far North Cameroon, and announced on 12 March 2006. It was alleged that about 2,000 birds from Eastern Europe migrated to the northern part of Cameroon (Lake Chad, Lagdo dam and Waza Park), the South-West parts of the country and cereal farms of Yagoua and Ndop. Furthermore, Cameroon was geographically close to Nigeria, which had already recorded a number of cases. The cases in Cameroon posed a serious threat since the affected province is one of the most populated and poorest provinces of the country. Health infrastructure is not reliable because civil servants in those zones rarely report to work.

Presently, the fear is that the epidemic may extend to CAR and Chad or to other provinces of Cameroon. In either case, population movements might accelerate the spread of the epidemic to an uncontrollable extend. There is a clear humanitarian need for Red Cross to dramatically scale up preparedness and response capacity, using the considerable experience the national societies have in Africa, where the volunteers have played an important and pivotal role containment of in outbreaks of deadly diseases – such as cholera and meningitis – and therefore are an invaluable asset to any government which has to deal with AI and a possible pandemic influenza (PI).

Red Cross and Red Crescent action — Progress, impact and constraints

Southern Africa

Discussions were held with the Federation regional disaster management department, in October 2006, and was agreed that an AI simulation exercise be included in the next Regional Disaster Response Team (RDRT) training scheduled for March 2007. However, the exact training dates are yet to be confirmed.

In November 2006, a discussion was held with the southern Africa regional water and sanitation (WatSan) department to sensitize them about avian influenza. Plans for 2007 are underway to ensure that all personnel and volunteers working for WatSan programmes in various countries are also sensitized and made aware of AI risks and how it can impact their programme.

Basic fact sheets about avian influenza have been sent by the regional health office in Harare to all the 10 national societies for training of volunteers. However, the national societies are yet to translate the materials into their local languages.

Avian influenza weekly updates (from September 2006 to date), from the South Africa Development Community (SADC) taskforce, are regularly forwarded to health programme officers of the ten national societies in the region. The Federation was represented at the SADC avian influenza preparedness meeting which was held in South Africa on 27 to 28 September 2006. All Southern Africa organizations presented their AI preparedness and response plans.

Informal sessions for volunteers have been proposed to be incorporated in all the regional and country trainings that will take place in 2007. Discussions with all technical departments (disaster management, health and care, and organizational development) that will conduct any training are going on. At least 500 volunteers are targeted to receive information in these trainings.

Some national societies (Zimbabwe, Botswana and Angola) in the region continue to participate in the government preparedness meetings that take place at country level, in view of addressing the agreed upon activities such as community mobilization. The national societies of Botswana and Malawi are reviewing their community-based first aid (CBFA) curricula to include topics on avian influenza.

Eastern Africa

All the governments in the Eastern Africa region have already established their national avian influenza task forces and all the national societies in the region have been integrated into the respective national task forces. The main role of the national societies is to complement the efforts of the national avian influenza task forces by facilitating access to relevant information by local communities already benefiting from national society community level programmes.
The Federation regional delegation in Nairobi avian influenza Task Force has developed a regional contingency plan. All the 14 national societies (NSs) in the region have received the Federation AI facts and recommendations, WHO documents, international health regulations and other Federation documents.

The Uganda Red Cross Society, Kenya Red Cross Society, Sudanese Red Crescent, the Red Cross Society of Eritrea, Malagasy Red Cross Society, and the Somali Red Crescent Society have been actively involved in the social mobilization teams of the government task forces. The remaining NSs (Red Crescent Society of Djibouti, Seychelles Red Cross Society, Tanzania Red Cross National Society, Rwandan Red Cross, Burundi Red Cross, Comoros Red Crescent and the Ethiopian Red Cross Society) have not yet identified specific roles in the national task forces but are also inclined upon community sensitization and education, focusing on AI prevention and control.

Information, education and communication (IEC) materials to be used by the volunteers in the community, as well as volunteer toolkits, have been developed by the regional delegation in Nairobi avian influenza Task Force and disseminated to all the 14 national societies, both in English and French.

National societies of Eastern Africa have developed AI prevention and outbreak preparedness and response plans. In their plans, the national societies are focusing on IEC to the community, volunteer training on AI, personal protective equipment (PPE) for the staff and the volunteers.

Following the domestic poultry outbreak reported in April 2006 in Djibouti, the government took the lead in the intervention, mostly focusing on the culling of the domestic birds in the affected areas. The Red Crescent Society of Djibouti was involved in distributing IEC materials to the community, providing logistical support and participated in the culling process. The senior health officer from the regional delegation in Nairobi conducted a rapid assessment and assisted the NS in preparing a plan of action for intervention, which was then handed over to the NS’s management. The Djibouti NS also received IEC materials which were prepared by the regional avian influenza Task Force. The materials, which were already translated into French, were used by the NS in community social mobilization and sensitization.

In order to prevent cross-border infection in Somalia (which shares a border with Djibouti), a ban on importation and exportation of poultry products in both countries (Djibouti and Somalia) was instituted by the respective governments. The Somalia Red Crescent Society developed and adopted IEC materials, for sensitizing the community and volunteers on AI, and conducted active education and sensitization at the border with Djibouti.

As a preparedness measure, the Somalia Red Crescent Society was supported by the Federation to purchase 275 AI toolkits (which include surgical gloves, masks, disposable plastic aprons, clinical thermometers, gumboots, head gear, protection glasses and soap) for use by staff and volunteers in the event of an outbreak. A portion of the toolkits were dispatched to Hargeisa, in Somaliland, upon reports of AI in the neighbouring Djibouti, with the rest retained in the regional delegation warehouse in Nairobi for future emergency deployment. The NS has also stockpiled PPE for staff in the health facilities.

The Heath and DM teams of the Federation Somalia delegation, in consultation with Somalia Red Crescent Society and the regional delegation in Nairobi health teams, developed an AI information brochure. The brochure was translated into Somali language and distributed to all branches, with priority being given to the branches in Somaliland neighbouring Djibouti.

Somalia Red Crescent Society staff and volunteers, in collaboration with WHO and other partners, are actively involved in communicable diseases surveillance in Somalia. Any suspected AI outbreak can therefore be noted and reported in good time. So far no AI case has been reported in Somalia.

In response to the poultry AI outbreak in Juba – Sudan, on the 25 March 2006, the Sudan Red Crescent was involved in providing IEC to the communities.

On its part, the Kenya Red Cross Society developed and adapted IEC materials for the media and members of the community. This was done as a preparedness measure.
Central Africa

Thanks to the support of the Federation, the national society of the Central African Republic (CAR) took measures to prevent and prepare any potential outbreak of AI epidemic in Berberati, a town located along the border with neighbouring Cameroon. Concretely, the NS conducted an assessment of the operational capacities of its Berberati local committee and contacted local administrative authorities to discuss measures to be taken. In addition, the NS trained 50 volunteers, three coaches and a local coordinator. The trained volunteers were then divided into several groups in the seven sub-divisions of Berberati where they carried out sensitization activities in mosques, churches and schools using leaflets. A local radio station and the UN radio were also used to sensitize a larger number of people to the potential epidemic.

In Cameroon, the local Cameron Red Cross Society – with the support of the Federation – trained 50 Red Cross volunteers in the various sub-divisions of the Far North Province on AI prevention and control. The training was conducted on the basis of 30 volunteers in Maroua and 20 in Kousseri. After the training, AI sensitization materials were distributed to leaders of target committees to facilitate their work. Using the leaflets, the trained volunteers went on sensitizing the populations in churches, mosques, markets and other public squares where people often meet.

West Africa

Red Cross and Red Crescent activities have mainly focused on advocacy, social mobilization and awareness campaigns, IEC, behavioural change communication (BCC) as well as attending in-country task force meetings with other stakeholders such as ministries of health and WHO among others. The national societies of Cote d’Ivoire, Ghana, Liberia, Nigeria and Sierra Leone actively participated in these meetings in their respective countries.

In Nigeria, the Nigerian Red Cross Society, like other national societies in the region, has a team of trained staff and health action team volunteers who have been responding to outbreaks of disease such as cholera, meningitis and measles. The NS’s AI plan of action was built on the existing structure to upgrade the knowledge of the volunteers and communities on the emerging disease.

During the advocacy and awareness campaigns, information such as mode/routes of transmission, prevention of the virus as well as the signs and symptoms were discussed and shared in the communities. The awareness campaign was made possible through the allocation of CHF 100,000 from the Federation’s Disaster Relief Emergency Fund (DREF). Refer to http://www.ifrc.org/docs/appeals/06/MDRNG001.pdf for more information.

In total, 30 volunteers assisted in distributing 20,000 posters and pamphlets. Sensitization discussions were held in schools, market places and churches as well as on the television and on the radio. In addition, an avian influenza specialist from the Federation was engaged in Nigeria. The consultant provided technical support to the national society and, in the process, helped build the capacity of the NS.

As reported earlier, some cases were reported in poultry farms in Cote d’Ivoire. The Red Cross Society of Cote d’Ivoire was active in conducting social awareness campaigns in the country. Although the NS did not receive any funding for these activities, it nonetheless went to communities to educate the population about the mode of transmission and ways to prevent AI. Education sessions were held in market places and schools.

In Liberia, the Liberian Red Cross Society is a member of the national avian influenza Task Force (AITF). The NS recruited and trained five volunteers from each chapter to serve as in the avian influenza response team. The NS has also worked closely with the local media to disseminate appropriate information to the communities in their local dialect. The Liberian Red Cross Society incorporated AI information, dealing with prevention and response to potential human contamination, into existing forums such as television debates and talk shows. The NS also supported the efforts of all participating agencies that are members of AITF.

Although there have been no funded AI activities in Togo, Ghana and Sierra Leone, the national societies of the three countries are active members of their respective national AI task forces.
In Senegal, Niger, Burkina Faso and Gambia, the national Red Cross societies worked on their AI strategic plans closely with their national governments (through the ministries of health). While developing the plans, the NSs ensured that all implementing partners were identified, communities were fully involved, partnerships were developed and that all partners worked together on preparation, and if needed, response. In addition, the plans factored an open framework for appraisal and rapid movement from appraisal to implementation. The Sahel countries had two objectives to combat the avian influenza epidemic:

- Stop AI in birds, thereby stamping out the disease at the place where infections start;
- Preventing the emergence of pandemic by limiting human exposure.

**Impact**

- The resource materials and documents provided to national societies have helped in increasing their level of awareness on AI as well as increased their capacity in planning for preparedness and response.
- The participation of national societies in their respective national AI task forces has enabled them clearly identify the roles they can play in collectively preparing for prevention, response and mitigation of AI.
- The IEC materials prepared by the Federation regional delegations/Secretariat, and shared with national societies, have made it easy for the national societies to adopt them and use them in their operating contexts.

**Constraints**

- There is still laxity of some governments to recognize that AI is still a threat. In Eastern Africa, most of the country task forces no longer meet and the urgency/enthusiasm that was there in the beginning of 2006 has faded away. This hinders the progress by NSs to implement preparedness and intervention measures.
- Although Benin neighbours Nigeria, where the first AI case was reported, the Red Cross of Benin has not carried out any AI preparedness activities.
- The northern states in Nigeria faced great challenges because about 60-70% of poultry farms in the north of the country are backyard farms reared by primary school children.

**Coordination**

In Eastern Africa, the coordination of AI interventions at country level is done by the members of the country task forces. At the regional level, there is a regional inter-agency task force in which the Federation regional delegation is an active member. The lead role in the task force is taken by WHO.

The Somali Red Crescent Society and the Federation Somalia delegation are members of the communicable diseases working group of the Body for Coordination of International Support to Somalis (CISS). As members, they played a key part in developing the WHO avian influenza communication strategy for Somalia; the NS’s AI brochure was shared with WHO, the International Committee of the Red Cross (ICRC) and CISS partners.

In Central Africa, immediately after AI cases were reported in Cameroon, the government of Cameroon set up a crisis committee composed of the Ministry of Health, Ministry of Animal Husbandry, Fisheries and Animal Industries, Centre Pasteur du Cameroun (CPC), WHO, UNICEF, the UN’s Food and Agriculture Organization (FAO), and the Cameroon Red Cross Society. A joint team of the Ministry of Health and Ministry of Animal Husbandry, Fisheries and Animal Industries travelled to the northern part of Cameroon to assess the situation in higher risk zones; this mission led to the banishment of importing poultry from neighbouring Nigeria.

Meanwhile, the government of CAR set up an inter-ministerial committee to propose solutions. This committee met every Friday, under the supervision of the Ministry of Rural Development, in order to adopt a national document to be submitted to donors. The document is pending finalization.

In West Africa, an international meeting was organized in Mali at the end of 2006, with participation of the Federation and other international NGOs. Another important regional meeting was the high authority’s schedule of the Economic Community of West African States (ECOWAS). The meeting took place in Dakar, Senegal, on 22 to 23 February 2006 with participation of counties from Sahel; Niger, Mali, Guinea, Guinea-Bissau, Mauritania, Gambia, Cape Verde and Senegal.
A vital part of the actions taken at West Africa regional level is the RC/RC AI workshop organized by the Federation regional delegation in Dakar and held on 11 to 12 May 2006 in Dakar (Senegal). The result from that meeting, in which most national societies participated, was mainly the drafting of the AI Strategic Framework.

**National society capacity building**

**Eastern Africa:** An AI consultative workshop, which brought together all the 14 national societies in the region, was organized by the health team of the regional delegation in Nairobi. The aim was to work towards comprehensive preparedness and response to avian influenza and Human Influenza pandemic. The objectives of the meeting included providing technical updates on AI to national societies, discussing national preparedness and response plans, identifying areas of RC/RC involvement and participation (in coordination with respective ministries) and developing an outline for a preparedness/response plan for RC/RC national societies in the region.

**West Africa:** On the regional level, a regional strategic framework was developed by the national societies that participated at the regional workshop held on 11 to 12 May 2006. The workshop was hosted by the Federation regional delegation in Dakar, with support from the public health emergencies unit of the Geneva Secretariat.

The objective of the workshop was to create a framework for preparedness, contingency planning and possible support mechanisms for the 24 countries in the region. It focused on prevention, preparedness and response to AI as well as preparedness for a pandemic influenza. The regional strategic framework and proposed approach is designed in such a way that the projected strategy can be used in any public health emergency or other epidemics. It has been integrated in the regional health strategy and the regional disaster management strategy.

**Way forward**

**Eastern Africa:** National societies should continue carrying out IEC to empower the communities through the existing programmes and structures. The NSs need to be supported in actualization of their preparedness and response plans, as most of them are facing funding limitations.

**Southern Africa:** The Federation regional delegation in Harare is committed to ensure that all national societies in the region are prepared for any potential AI outbreak. Technical assistance will be offered to the NSs in designing preparedness plans and liaising with their governments. These plans have to be designed based on roles agreed upon with their governments. The NS’s leadership has been encouraged to take a leading role in the development of these plans.

**Sahel:** There is the need of political support from government authorities. The urgency/enthusiasm that was evident in early 2006 should be rekindled since the threat of AI still exists. Furthermore, good preparedness for the humanitarian impact of a potential epidemic should be considered. Finally, more resource mobilization – at global and country levels – should be done so as to enable the national societies to continue with prevention measures.

**How we work**

All International Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation’s website at [http://www.ifrc.org](http://www.ifrc.org)
The Federation’s Global Agenda
The International Federation’s activities are aligned with under a Global Agenda, which sets out four broad goals to meet the Federation’s mission to “improve the lives of vulnerable people by mobilizing the power of humanity”.

Global Agenda Goals:
• Reduce the numbers of deaths, injuries and impact from disasters.
• Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

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