Shifting from Emergency Response to Integrated Disease Control and Prevention

Avian and Human Influenza (AHI) infection has been costly for Vietnam in terms of human life and economic impact. To date, Vietnam has reported 106 human cases, including 52 fatalities - second only to Indonesia, and the direct costs are estimated at over US$200 million.

The damage caused by the epidemic, which peaked in 2004/2005, stretched along the entire poultry marketing chain. In the commercial sector, market closures and animal movement bans imposed in outbreak areas, combined with the mass culling of diseased or in-contact poultry, resulted in the depopulation of many farms, affecting the livelihoods of middlemen, feed mills, poultry medicine distributors and live-bird market operators, slaughterhouses and processors. Smallholder poultry owners suffered even more and despite limited compensation payments from Government, thousands lost their livelihood.

Responding to the Crisis

In 2004, at the request of the Government, a World Bank/FAO Cooperative Program team reviewed the National Action Plan for the Control and Eradication of Avian Influenza, and subsequently prepared an emergency project: “The Avian Influenza Emergency Recovery Project” (AIERP). This was the first such project anywhere in the World and it provided a model that was subsequently replicated in many countries. The Project focused on enhancing national surveillance and diagnostic capacity and helped to safeguard public health by raising awareness of the risks and mitigation measures.

The approach developed under AIERP provided the foundation for a second generation project, the Vietnam Avian and Human Influenza Control and Preparedness Project (VAHIP) which received $10 million from the AHF Facility.

Becoming effective in August 2007, the VAHIP aims to assist the government to shift from emergency response to medium to long-term integrated disease control and prevention programs for both poultry industry and economic impact. To date, Vietnam has reported 106 human cases, including 52 fatalities - second only to Indonesia, and the direct costs are estimated at over US$200 million.

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Continuing to Pioneer Advances

In Animal health, veterinary services have been strengthened through laboratory needs analysis, provision of missing equipment and training, and the introduction of laboratory quality management. Disease surveillance and epidemiological investigations have been improved at both the central and provincial levels.

Market-based disease control has been introduced and adopted - to break infection chains that bring disease back to farms through live birds. Ring poultry vaccination is also being conducted on a regular basis and border animal quarantine activities have been implemented.

Preparing for poultry sector restructuring, staff of the Department of Livestock have been trained and the Vietnam’s Women Union, working alongside FAO, have been mobilized to provide technical assistance in poultry production areas.

The AHI Facility is a Multi-donor Trust Fund administered by the World Bank and supported by Australia, China, the European Commission, Estonia, Iceland, India, Korea, Slovenia, the Russian Federation and the United Kingdom.

Emerging Lessons

As one of the countries that has pioneered an effective response to HPAI, lessons emerging from the Vietnam experience are particularly relevant. Some of the main lessons are:

• Close coordination and cooperation between animal health and human health especially at the provincial and local levels are one key to success: The single Provincial Project Management Unit where both animal and human health sector staff work together, share facilities and resources was a challenge to establish, but proved more efficient and successful then the split responsibilities found at the National level.

• Surveillance and control measures are still important in the medium and long terms: Despite a reduction in the number of cases since 2004, the risk of further outbreaks of avian influenza remains high especially if control measures such as vaccination are relaxed and biosecurity measures aimed at reducing the risk of infection are not introduced.

• Strengthening local capacity to respond to the evolving epidemiological situation and other emerging communicable diseases is important: Based on the success of the pilot investments in preventive medicine centers at the district level, these are likely to be replicated to all districts.

• Flexibility and timely response are critical: It is important to closely monitor the epidemiological situation and continually adapt control measures. The project supported piloting ring vaccination exercises in the project provinces and improving biosecurity at small scale poultry farms. Lessons from these should be learned to help the government in formulating more effective control measures which are more suitable to the country and farm conditions.

• International collaboration and knowledge sharing are vital in fighting against H5N1, H1N1, and other epidemics.

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